

Peer supporters who work in behavioral health settings, the judicial system, or other hierarchical settings alongside non-peer staff face unique challenges that can intensify when these organizations are not trauma-informed. This chapter will look at issues that can arise for peer supporters, help you identify program elements that can cause re-traumatization, and explore some basic strategies for promoting trauma awareness. It will also outline some communication strategies that can help you avoid conflict as you work with non-peer colleagues and co-workers to address trauma and healing with the women you support.

PROVIDING PEER SUPPORT WITHIN ORGANIZATIONS

Understanding Your Role

As a paid or volunteer peer supporter working within an organization, you represent a kind of relationship not typical of service systems, one in which you and the people you support share responsibility for your relationships, and in which growth and learning are the goals. As we discussed in earlier chapters, peer support is not like the support you might get from a doctor, counselor, or case manager. While there may be exceptions, most of the time non-peer supporters remain helpers throughout the life of the relationship, while the person they are helping remains in that role until they do not need help anymore.

The principles of peer support sometimes conflict with established ideas about what “helping relationships” are in traditional human service systems. How well you are able to use the principles of peer support in your work depends to a large degree on organizational culture: what your organization believes about recovery; whether it recognizes the prevalence and impact of trauma and the importance of being trauma-informed; what its values and usual ways of doing business are; and whether its policies, procedures, and practices support what peers bring to the organization.

Partnering with non-peer staff means navigating multiple viewpoints about recovery, peer support, and trauma. You are likely to be involved with multiple relationships, including relationships with women seeking support, with your co-workers, and with your supervisors and administrators. Each of these relationships will put different demands on you. As a peer supporter, you may have multiple (and sometimes conflicting) goals, including to:

- communicate a basic understanding about what you bring to your work;
- communicate the importance of trauma-informed organizations;
- engage in trauma-informed peer support with women, even if the organization is not fully trauma-informed; and
- help your organization begin to see women in a gender-responsive and trauma-informed way.

No matter what the challenges might be, it is important to keep in mind that your very presence as an employee is a statement that your organization is attempting to change its values and beliefs about healing and recovery.

Understanding Your Impact

Your role at your agency is not just to perform the duties listed in your job description. You also represent a new (and possibly misunderstood) way of doing business. Your job qualifications include your personal insight into recovery and your understanding of the challenges that can get in the way of healing. In some organizations and systems that have hired peer support staff, their perspectives have played a dramatic role in shifting attitudes and beliefs. But it is unrealistic to expect peer supporters to make significant organizational change without strong and consistent support from organizational leaders and administrators. Being clear about your role and your expectations about what you can accomplish will be important as you partner with non-peer colleagues and co-workers to support women healing from trauma.

Key questions you should consider:

- What impact do I want to have on the women I support?
- What impact do I hope to have on my co-workers and colleagues?
- What kind of change do I hope to help create in my organization or in the larger system?
- In my current role, where will I have the most impact?
- Who in the organization is most supportive of my work and my values? Can I cultivate them as allies and supporters?

When organizations hire peer support staff but do not create new policies and procedures that actively support these roles, difficult issues will inevitably emerge. For example, an agency might create a policy that prevents employees from sharing any personal information with clients. If the policy is not adapted when peer supporters are hired, there will likely be a lot of confusion for everyone, as sharing personal information is essential to peer support.

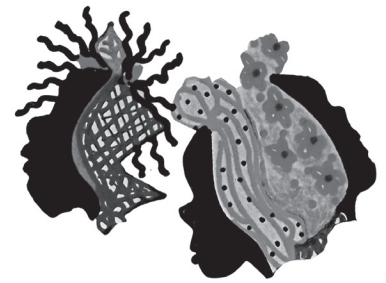
Peer staff are often more isolated than their non-peer colleagues, as there are usually fewer peer staff than non-peer employees. When you experience challenges, it is harder to compare notes with others, which could cause you to doubt your own perceptions. Conflicting expectations can become stressful if peer staff are expected to use their status to persuade their peers to comply with treatment plans that do not support individual voice and choice.

When working in organizations that are not trauma-informed, this conflict can become extreme if peer supporters are required to participate in interventions that their agencies think are helpful, but which actually reinforce or re-create traumatic experience. How you navigate such conflict is critical to your effectiveness at work and to the nature of your relationships with co-workers.

Understanding Your Organization

Hopefully, you and your colleagues are working in an organization because you want to make a positive difference. However, it can be very difficult for one person to make meaningful change unless there is a fundamental shift in beliefs within the organization. Understanding how organizations operate may help you avoid some frustrations and help you think about what changes you can make, what impact you want to have, and who you need to involve in that process.

Organizations are complex collections of stated mandates and unspoken beliefs. Just as people have their own history and culture, so do organizations. The culture of an organization is the sum total of the beliefs, values, and usual ways of doing business created by the people working there, as well as its history of past successes and failures. The “job description” of the organization—the purpose for which it was created—places constraints on the activities and the decision-making ability of individual workers.



Where I worked, I had to administer an assessment at intake and again at 6 months to satisfy funding requirements. I hated having to do this assessment with the women. I knew they had been traumatized. I knew that my agency was re-traumatizing them. Fear of losing funding tends to desensitize agencies to the emotional needs of their clients. Among other things, the assessment asks people to disclose whether or not their parental rights were terminated. I will never forget the shame, the pain, the rage, and the humiliation on these women’s faces. There was no way to open that subject responsibly—especially in a first meeting—when I typically only had an hour to work with someone. Even now, I feel disgusted about what I was mandated to do.

– Kristin Simpson

There may be times when your values are in conflict with the culture and prevailing practices of the organization. It is commonplace for people working in hierarchical institutions to feel caught in the middle. As a peer supporter, how can you be empowering to the women you support when your supervisor and her supervisor are demanding compliance? There are no easy answers to this dilemma, but recognizing that the stress you are feeling is the result of the situation you are in—that it is not due to some failure on your part—is a good start. It is also helpful to have a peer support group where you can discuss what is going on without fear of repercussions.



Most peer supporters can expect to encounter challenges to peer support practices, especially in creating mutual relationships based on authentic, personal experience where power is shared. For example, the funding needs of your organization may require you to write daily progress notes on the women you support. By doing so, you may create the perception that your voice, rather than theirs, is the only valid voice. Perhaps you are expected to talk about women at team meetings that they cannot attend. It is hard to avoid power differences and inequality if the organization's practices create this kind of unequal power, and these practices start to shape your relationships with women, rather than the values and principles of peer support.

These issues are magnified when you are aware of the link between power and trauma and how the loss of control impacts women. Many practices that an organization considers business as usual can re-traumatize women. This includes coercion, such as seclusion and restraint; forcing women to accept unwanted services in order to receive vital resources like food and shelter; or monitoring women to ensure that they take prescribed medication or attend certain programs. When women are not involved in collaborative decision-making about their treatment or what is happening to them, this can derail trust and safety in relationships.

Even if your organization does not yet see women in a trauma-informed way, you can. The change you hope to bring to organizations that are not aware of trauma can happen at the level of your relationships with women you support. Here are some ways to address these issues.

- *Be transparent in your relationships.* Let the women you work with know about any limits to confidentiality of the information they share with you. Be clear about reporting requirements that you are subject to—for example, the duty to report child abuse and elder abuse or imminent harm to self or others. This will help them decide what information to share with you. At the same time, help the woman create connections to others who can support her while keeping her information confidential: linkage to her faith tradition, healers in her community, or independent self-help and peer support groups that are not subject to these requirements.

- *Let women know up front the limits of your relationship.* Your agency may have policies about contact with clients outside of work hours. Try to maintain an authentic connection by talking openly about these limits and exploring what your peer relationship can accomplish. Provide links to others with whom women can develop meaningful connections in their communities. Support their explorations of intimacy and friendship beyond the limits of the program.
- *Don't assume the women you are working with know what peer support is.* You have an opportunity to explore any assumptions that you and the women you support may have about the nature of peer support. When people can identify the intent of their peer support relationships, they begin to establish some of the ways in which peer support is different from friendship. It is the intention that makes peer support what it is about, building relationships that are respectful, mutually responsible, and mutually transforming.¹

CHALLENGES

Boundaries and Peer Support

Some of your organization's policies about outside contact may differ from the type of relationships common in the peer community. You may want to discuss this issue with a supervisor. For example, what do you do if your agency has a policy that does not allow you to associate with people receiving services outside of your work hours, but someone you have been supporting shows up at an NA group that you attend, which is also the only NA group in your area? Or maybe you are a member of a local peer organization and have been hired as a peer supporter at the local community mental health center, where many people you know from the peer organization also go for support. Peer supporters should not have to choose between a job and participation in their community, especially community activities that are part of their enrichment and self-care routines. You may want to explore ways that you and your organization can negotiate boundaries rather than try to adopt a one-size-fits-all that forces unhelpful choices on you and the women you support. Keep in mind that "professional boundaries" reinforce unequal relationships that separate people. Discuss with your supervisor ways that you can lessen potential sources of inequality.

¹ Mead, S. & Copeland, M.A. (2004). *Wellness Recovery Action Plan and Peer Support*. Dummerston, VT: Peach Press, page 10.

Does this mean that there should never be boundaries between peer supporters and those they support? Not at all. If a friend or intimate partner receives services from the agency where you work, you may not provide peer support to them in your paid role. Think about what it would mean to a friend if you had access to confidential information about her that she may not want you to have. It would also be unfair and potentially traumatic if you were to facilitate a peer support group in which a former intimate partner is seeking support. Figuring out what boundaries exist and how useful they are is not a clear-cut process for peer staff. New policies and creative ideas are needed to support peer relationships in traditional organizations.

Traumatized Organizations and Staff

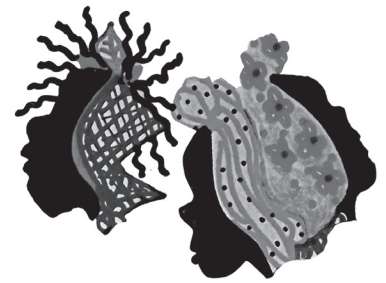
Organizations themselves can be traumatized. Events like layoffs, reorganizations, the death of a co-worker or someone served by the organization, lawsuits, or negative media attention can be intensely traumatic. Most organizations deal with such stressors by trying to move on. But, just like with individuals, trauma can affect every aspect of organizational behavior.

For example, tragic circumstances, such as a worker being assaulted on the job, can radically change organizational culture, redefining what safety, support, and help mean for everyone. Traumatized organizations may legitimize force and control as a way to deal with distress rather than address the complex factors that contribute to violence. In extreme situations, assault and injury of workers by clients may result in controlling or even abusive practices that become embedded in the culture of the organization for years to come.

We know from the statistics presented in Chapter 1 that many workers in human service systems have experienced trauma in their own lives, making them susceptible to re-traumatization, particularly if they have not done their own healing. Addressing trauma may be difficult for them, since it raises uncomfortable personal issues. As a trauma-informed peer supporter, what can you do if you think a co-worker or your supervisor is displaying a traumatic response?

Recognizing the behavior as a trauma response and applying what you know about trauma is the first step. For example, we know that trauma survivors need to feel that they are in control. If a co-worker or supervisor is acting particularly controlling, it may be unwise to challenge or confront their behavior immediately. It is better to wait until the situation

has calmed down to talk things through. We also know that when people's trauma histories have been activated, they are likely to respond emotionally rather than logically. If possible, always take a second person with you to act as an emotional buffer, to witness the interaction, and to help you process your own reactions afterwards. You might also want to keep a record of your interactions.



Co-optation

In the context of peer support, co-optation happens when peer supporters lose connection with peer values and begin to take on the perspectives and beliefs of non-peer staff. This may lead them to engage women in ways that are more typical of professional or therapeutic relationships, rather than peer support relationships.

It can be hard to keep true to the principles of peer support when agency policies are written for non-peer staff and the agency has not developed new policies that support the unique role of peer support. If co-workers think of peer supporters as less valuable than other employees, resentments can build and peer supporters can feel alienated. The pressure to conform and fit in can lead to self-doubt and confusion about your role. Becoming like non-peer staff can happen simply because there is no one to compare notes with or learn from.

Your own experience with powerlessness and disenfranchisement may make you especially vulnerable to group pressure to conform to organizational attitudes that do not support healing. Co-optation can be accidental; perhaps you are trying to model the kind of relationship you may have had with a clinician that was helpful to you. You may be the only peer support worker at your organization and really not know how to navigate critical issues that compromise your ability to maintain shared power and mutuality with women survivors. Even past experience with victimization can cause peer supporters to identify with staff in a position of power, equating recovery with authority and control. If your agency does not value its peer support workers, you may be uncomfortable or even ashamed of your role.



While there are no easy answers to the pressure to conform to expectations that do not reflect the principles of trauma-informed peer support, there are resources available for networking and support.

- Educate yourself about the history of the consumer/survivor/ex-patient movement and the evolution of peer support.²
- Reach out to local, state, and national organizations for consumers/survivors and peers. There are resources at the end of this chapter for you to explore. If you do not have access to the Internet, contact local networks in your region. See if there is a statewide consumer/survivor organization. You may also want to become familiar with your local Independent Living Center and other resources for people with disabilities.
- If you are considering a position as a peer supporter, it might be helpful to sit down with peers that work for the company to find out more. In your interview, you might ask how the organization views the role of peers and the value it places on peer staff. Ask about the policies that will support your ability to use your recovery story in your work and your ability to offer alternative perspectives about services and supports based on your own experience.

Peer support is a way of relating that maintains equality in your relationships with your peers while sharing responsibility for these relationships. The frame of reference from which peer supporters operate has to do with an empathic understanding of powerlessness and the disabling aspects of alienation and discrimination that are often the result of living with a psychiatric diagnosis or other labels of disability. Explore with your supervisor and/or administrators, co-workers, and the women themselves the kinds of policies and practices that can best support trauma-informed practices.

² *The Substance Abuse and Mental Health Services Administration's (SAMHSA) Resource Center to Promote Acceptance, Dignity and Social Inclusion Associated with Mental Health (ADS Center). The History of the Mental Health Consumer/Survivor Movement* by Gayle Bluebird, Su Budd, and Sally Zinman; archived presentation December 17, 2009. Available at http://www.stopstigma.samhsa.gov/teleconferences/archive/training/teleconference12172009_TRANSCRIPT.aspx

SMALL STEPS TO BIG CHANGE: SUPPORTING THE SHIFT TO TRAUMA-INFORMED ORGANIZATIONS

Awareness about the impact of trauma has resulted in a re-examination of what were once considered good practices in mental health and substance use, including the use of seclusion and restraint and the recognition that their use constitutes “treatment failure.”³ The issue of violence in our communities has made the need for trauma-aware social services and supports essential. The justice system needs to become trauma-informed so that it recognizes and can respond to the criminalization of survivors and the role of violence and unaddressed abuse in recidivism rates.

You can take part in building trauma-informed organizations through your relationships with women survivors and your co-workers; through activism at the local, state, or national level; or by participating in government advisory boards and committees. There are resources at the end of this chapter about trauma-informed philosophy and practices and what a trauma-informed organization looks like. There is no change too small; the following sections may offer you ideas that you can try.

Help Educate Staff

Use your own recovery story to help others understand what coercive practices feel like for those receiving services. But make sure that you do so in a way that builds cooperation by offering alternative ideas. Use any part of your story that illustrates your point. Many providers have been taught that what they are doing is good treatment. Bringing your perspective to the discussion can be a helpful first step in identifying practices that do not support healing. One of the most important tools you have in helping staff understand a new perspective is not to use clinical language.

³ SAMHSA. (2003). *Breaking the Bonds*. SAMHSA News XI(2). Available at www.samhsa.gov/samhsa_news/VolumeXI_2/article6.htm

Make Changes in the Physical Environment

Help your organization understand that women may be responding negatively to stressors in the program environment. Overhead fluorescent lighting, noise, and the lack of personal space can be problems. Coercive or controlling environments are disrespectful and may feel unsafe. Irrelevant groups and lack of meaningful relationships with staff can result in coping strategies that are misidentified as symptoms. All of these factors can elicit fight, flight, or freeze responses in women. Helping staff connect women's behavior, thoughts, or feelings to the context in which they emerge is central to making an environment trauma-informed. The resource list at the end of the chapter has information on creating trauma-informed cultures.

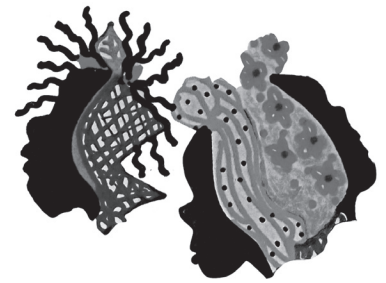
Using Collaborative Conversations

Effective communication is vital to creating change in your organization. Here are some ways you can keep your relationships with staff open and avoid arguments that shut down opportunities for collaboration.

Create Understanding by Exploring Worldview

A person's worldview is the theory of the world that they use (consciously or not)—their mental model of reality. Each of us has a unique worldview, shaped by everything that has taken place in our lives: what we have been taught and what we have come to believe based on our experiences. Understanding another person's worldview is important to effective communication and builds new opportunities for partnerships that better meet the needs of the women you support. Let's consider an example:

You may be aware that how you think about healing and recovery and how your non-peer colleagues think about it are very different. While you may both use the same language, what you mean can be worlds apart. Workers on a crisis unit who come in contact with people only when they are in profound distress may think of recovery as getting individuals stable enough to leave the hospital or increasing the length of time between hospitalizations. For you, based on your own experience with hospitalization, incarceration, homelessness, or drug addiction, recovery probably means a whole lot more; you may see it as a profound transformation that can occur for anyone. In the following dialogue, listen for how the peer supporter explores her supervisor's world view:



“I was wondering if we could talk about something that has come up for me around one of my job duties. It feels like there is a contradiction between helping women become independent and what I am supposed to do in my first meeting: sign women up for SSDI. Can you help me understand how our agency sees SSDI helping women get back on their feet?”

“Well, we feel that some of our guests have gone through so much that trying to go to work right away is setting them up for failure. We prefer to help women transition slowly.”

The peer supporter now understands the agency's perspective and how they define support and help. Exploring the supervisor's worldview has allowed this peer supporter to maintain a partnership without alienating team members and to find common ground in a desire to be of assistance to women trying to rebuild their lives. Understanding another person's worldview also sets the stage for ongoing dialogue and using your recovery story.

Creating Collaboration by Using Your Recovery Story

Let's keep working with the scenario above. The peer supporter has done a good job finding out where her supervisor is coming from, but now needs to offer a different perspective based on her own experience. The peer supporter might say:

“I understand that our agency wants to help women who are struggling. After a long-term hospitalization, I asked a social worker at the hospital how I was going to keep a roof over my head. I didn't have a clue about how to find a job, but I figured she could help. Instead, she told me it would be to my advantage not to work and to go on SSDI. But when I was on SSDI, the message was that I would be sick and dependent for the rest of my life.”

The peer supporter is letting the supervisor know what it feels like on the receiving end of a certain conversation. This may lead to more discussion, and it allows the peer supporter to offer a new way of understanding help.



Create Collaboration by Offering New Ideas

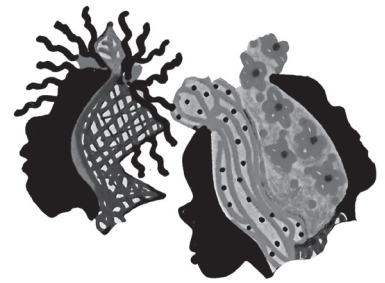
Working on a team means working in collaboration with multiple points of view and beliefs, all based on the experience of the people involved. It would be a mistake to think that the peer supporter's experience is the only truth about the consequences of SSDI. The peer supporter's story is simply another way of seeing the situation. Trauma-informed principles—voice, choice, safety, trust, empowerment, and collaboration—can offer new ways of doing business. The peer supporter might say:

“What would you think about offering women choices around SSDI or employment instead of automatically signing them up? No matter what they choose to do, it would send the message that we believe in their ability to make their own decisions and that we are here to support them to do that. I’d be happy to look at what we may need to do to create better supports for women who want to start working right away.”

While the challenges of working as a peer supporter in traditional systems may seem daunting, it is easier to figure out how to deal with them once you understand the boundaries set by organizational culture and have some tools to address these issues. Most importantly, remember that you are not alone in facing these issues. Actively cultivate peer support for yourself and resources to help educate co-workers and administrators.

CHAPTER SUMMARY: KEY POINTS

- Peer supporters represent a different type of relationship than that found in many organizations that work with trauma survivors and that are not peer-led or peer-operated.
- Organizational structure can challenge the principles of peer support.
- Trauma-informed change can occur at the level of one's relationships with women survivors and at the level of the organization, as well as the level of the system.
- There are many resources that can aid peer supporters in maintaining the integrity of their role even when working in organizations that are not trauma-informed.



Resources

Blanch, A. & Prescott, L. (2002). *Managing Conflict Cooperatively: Making a Commitment to Nonviolence and Recovery in Mental Health Settings*. Free download available at

<http://www.nasmhpd.org/docs/publications/archiveDocs/2002/ManagingConflictCooperativelyADR.pdf>

Bloom, Sandra L. (1997). *Creating Sanctuary: Toward the Evolution of Sane Societies*. New York: Routledge.

Bloom, Sandra L, & Farragher, Brian J. (2010). *Destroying Sanctuary: The Crisis in Human Service Delivery Systems*. Oxford: Oxford University Press.

Fallot, Roger D. & Harris, M. (2009). *Creating Cultures of Trauma-Informed Care: A Self-Assessment and Planning Protocol*. Available at <http://www.theannainstitute.org/CCTICSERVIMP.pdf>

Mead, S. & MacNeil, C. (2004). *Peer Support: What Makes it Unique?* Free download available at <http://www.mentalhealthpeers.com>

National Association of Peer Specialists, <http://www.naps.org>

National Institute of Corrections, Resources and information for free download at <http://nicic.gov/wodp/default.aspx?View=Tag&T=6&pg=8>

Non-Violent Communication, <http://www.cnvc.org>

Rosenberg, Marshall B. (2003). *Nonviolent Communication: A Language of Life*; 2nd ed. Ecinitas, CA: PuddleDancer Press.

The Substance Abuse and Mental Health Services Administration (2005). *Road Map to Seclusion and Restraint-Free Mental Health Services*.

Available at <http://www.store.samhsa.gov/shin/content/SMA06-4055/SMA06-4055-A.pdf>