



**Canadian Mental
Health Association**
Waterloo Wellington



**SELF HELP &
PEER SUPPORT**

Trauma Informed Peer Support

**Center for Excellence in Peer
Support**

Washington P Silk
March 31st 2016

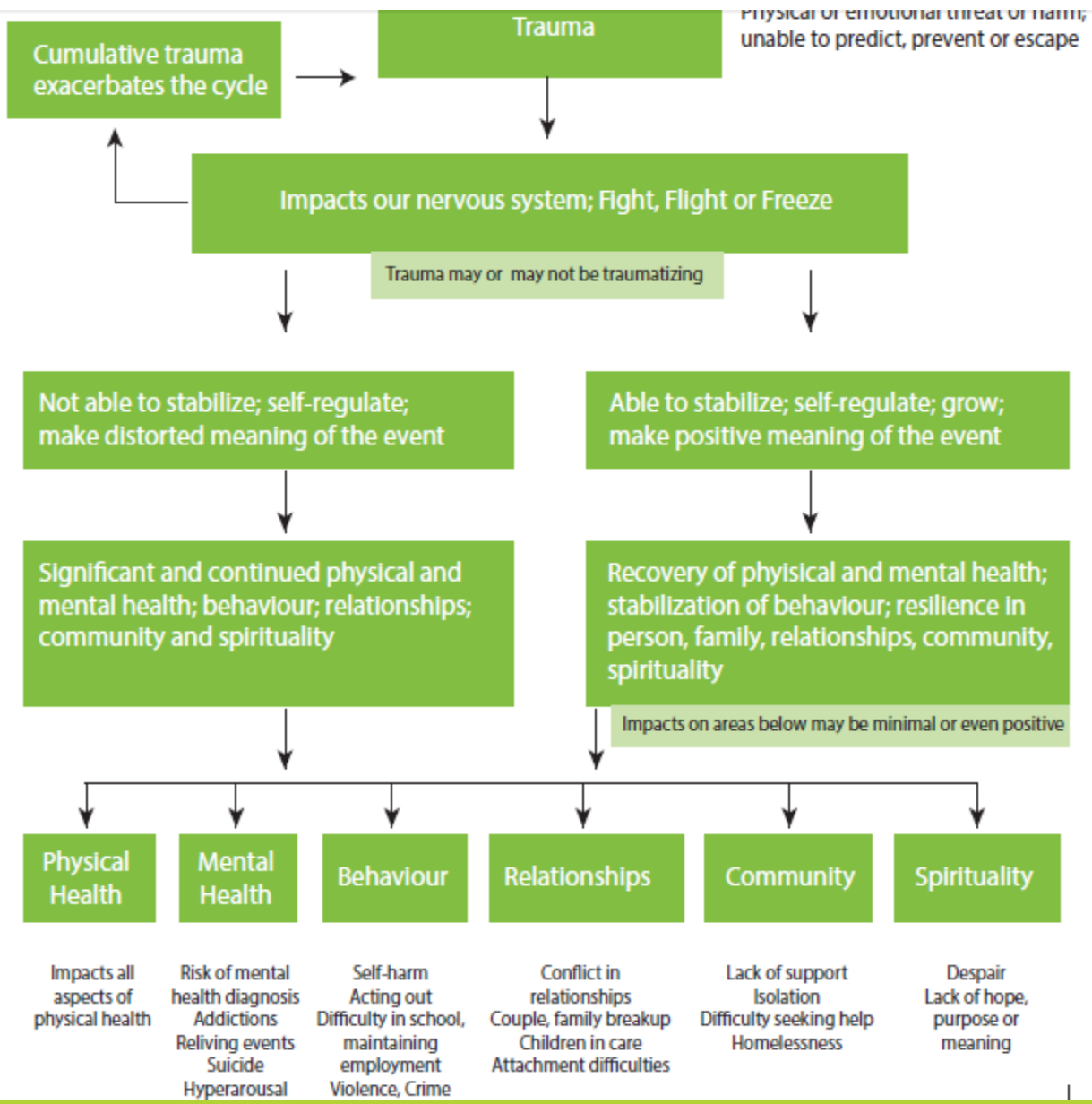
What is Trauma?

- The DSM 5 Defines it as...

*“Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:
(1) Directly experiencing the Traumatic Event(s) occurred to a close family member or close friend – in cases of actual or threatened death of family or member or friend, the event(s) must have been violent or accidental; (4) experiencing repeated or extreme exposure to adverse details of the traumatic event(s) (eg. First responders collecting human remains; police officers repeatedly exposure to details of child abuse)*

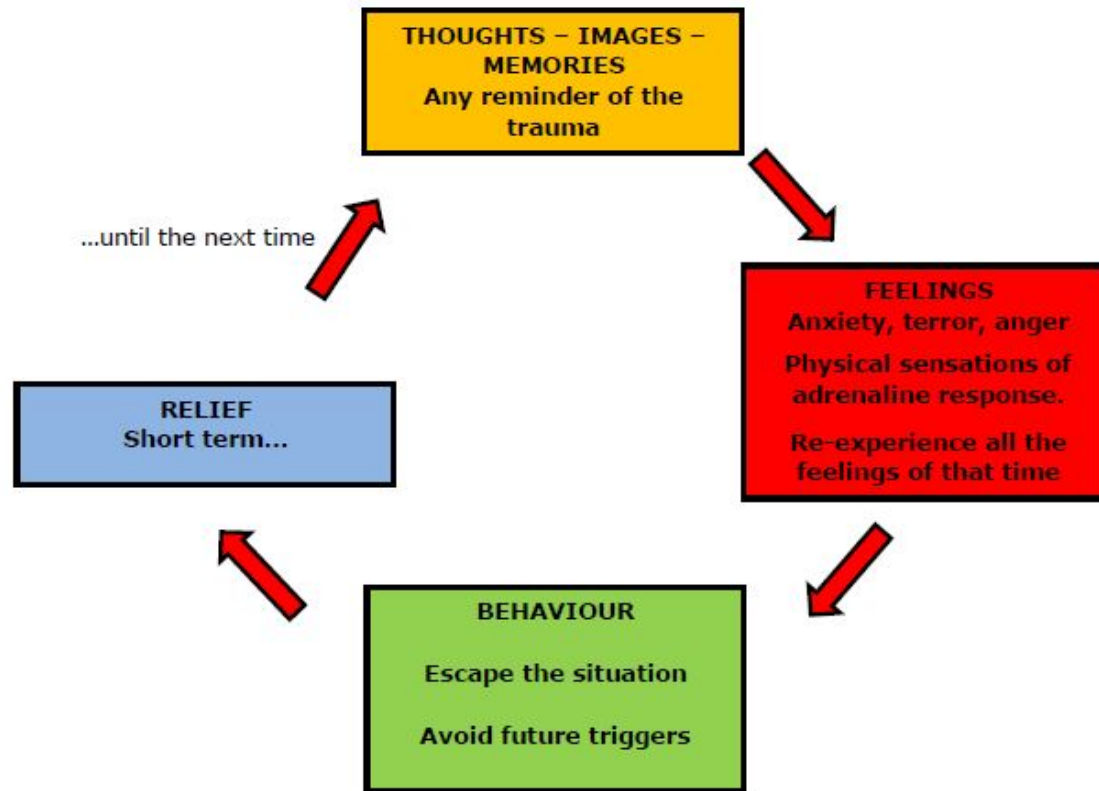
What is Trauma?

- Is an emotional shock that overwhelms our abilities to cope making us go to into fight/flight or freeze response
- Normal response to abnormal situations
- Affects our brain chemistry
- Experiencing a Trauma can cause mental health distress, that gets labels like PTSD, DID, BPD



What does it look like?

Example of a vicious cycle of PTSD



What does it feel like?



Who can experience Trauma? How?

- Individuals
- Families
- Communities

For example in the consumer survivor community...

- **Historical Experiences**
 - Forced / coerced treatment
 - Institutionalization
 - No hope for recovery
 - Plus all the current issues....
- **Current Experiences**
 - Lack of hope and compassion
 - Stigma
 - Difficulty finding and accessing help
 - Poverty, unemployment, and inadequate housing
 - Incarceration
- Lack of continuity with treatment / workers
- Lack of diversity of treatment options
- Wait times
- Medication and side effects
- Marginalization of certain groups and culturally unsafe practices

Trauma and Gender

- 10% of woman and 5% of men are diagnosed with PTSD
- Up to 1/3 of people exposed to Trauma develop PTSD
- Trends show that men have higher rates of trauma but woman have more childhood trauma and are more likely then men to develop PTSD
- In Ontario 38% of transgender folks experience suicidal thoughts and 10% attempt

PTSD and Addiction...

- Of folks in substance abuse treatment, 12%-34% have current PTSD. For women, rates are 33%-59%.
- Gender plays a role: For women, typically a history of sexual or physical childhood trauma; for men, combat or crime. No Research has been done on Trans folks.
- Drug choice: No one drug of choice, but PTSD associated with severe drugs; “self-medication” in 2/3 of cases (i.e., PTSD first, then substance abuse).

Why Getting Help is Hard...

- Organizations are not Trauma informed
(working on this locally with our Waterloo Regional Trauma Informed Group)
- PTSD does not go away with abstinence
- Cannot be treated only within the medical model
- Separate treatment systems re: mental health and addiction



"It's a new anti-depressant—instead of swallowing it, you throw it at anyone who appears to be having a good time."

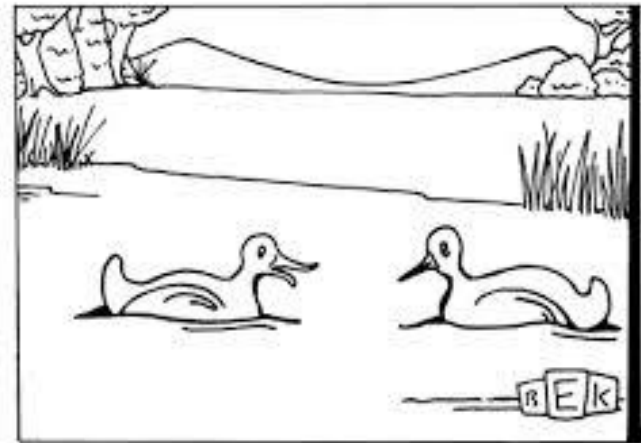
Power and Privilege

Power dynamics in society keep Trauma experiences invisible for example; Poverty, Racism, Ableism, Saneism, Homophobia

Stigma

Victim Blaming

Societal Violence;
Residential Schools



"Maybe you should ask yourself why you're inviting all this duck hunting into your life right now."

Experiencing Trauma Within the Mental Health System...

When people do reach out for help they may have felt re-traumatized by some mental health responses (eg loss of power and rights, seclusion and restraints, etc) it is not surprising to find that many people struggle or have complicated feelings when reaching out for help.

So What is Trauma Informed Peer Support?



Core Principles

Core Principles of Trauma Informed Care

Safety (Physical and Emotional)

Trustworthiness

Choice

Collaboration

Empowerment

(Fallot & Harris, 2006)

Peer Support Values and Principals

Empowerment

Hope

Self

Determination

Elimination of

Prejudice and

Discrimination

Meaningful Choice

Qualities Essential to Working with people who have experienced Trauma

- Empathy
- Compassion
- Ability to talk openly and honestly
- Self-Awareness
- Flexibility
- Comfort ability with the unknown
- Willingness to learn
- Willingness to emotionally connect
- Ability to treat folks as equals
- Mutuality and Collaboration
- Self Care
- Doing your own emotional work

Trauma Informed Peer Practices:

Builds on shared experience and mutual exchange

Eliminates the power differential inherent in traditional mental health settings/clinical relationships

Provides for reciprocal receiving and giving of support: Fosters relationships that establish new ways of understanding their experiences - **not as clinical pathology rather as understandable reactions to trauma.**

- Shery Mead 2008

Trauma Informed Peer Practices:

- Operate on an Empowerment Model
- Understand the role of trauma in people's lives
- Facilitate Healing
- Respect Voice and Choice
- Work with Survivors in a Collaborative Way with Mutual Goals
- Minimize Re-Traumatization
- Meet the Survivor Where They Are
- See Adaptive Behaviors as Strength and with Purpose

-Shery Mead 2008

Trauma Experiences Disconnect People...

By...

- Making people feel powerless
- Unable to trust or form close relationships
- Impact relationships with self, others communities (avoidance of triggers)
- Creates distance between people (isolation)

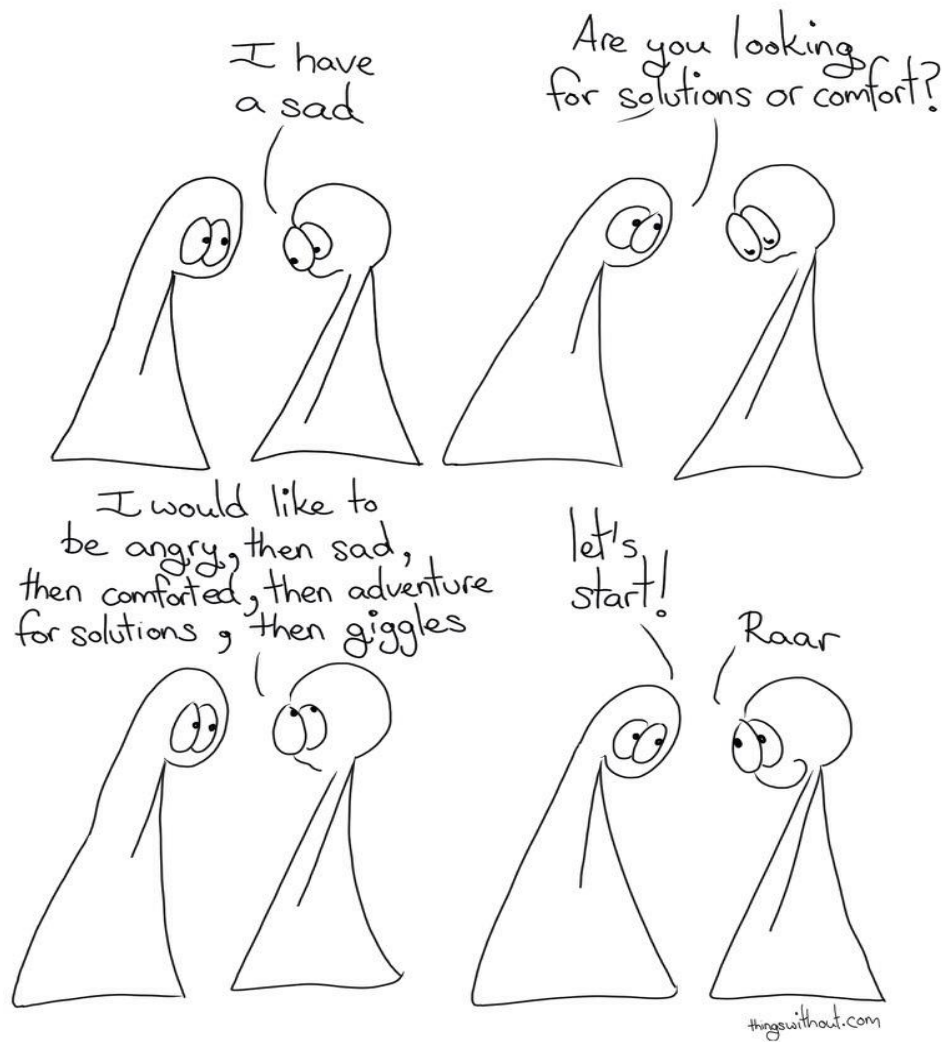
13 Things Peers do that cause Disconnect...

- ✓ Ordering, directing
- ✓ Cautioning
- ✓ Wanting to make a difference
- ✓ Arguing or lecturing
- ✓ Telling people what they should demoralizing
- ✓ Being unaware
- of your own power
- ✓ Agreeing, approving, praising
- ✓ Over relating
- ✓ Interpreting or analyzing
- ✓ Reassuring or sympathizing
- ✓ Questioning or probing
- ✓ Withdrawing, joking or changing the subject
- ✓ Steering the conversation or pushing your own agenda

Shery Mead 2008

Connection Vs Disconnection

*When you speak to me about your deepest question, **you do not want to be fixed or saved: you want to be seen and heard, to have your truth acknowledged and honored.** If your problem is soul-deep, your soul alone knows what you need to do about it, and my presumptuous advice will only drive your soul back into the wood.” - Parker Palmer*



Peer support is about normalizing what has been named as abnormal because of other people's discomfort.

(Dass & Gorman, 1985).

Your Lived Experience...

“You talk to another survivor and what takes you two years to explain to your therapist you can say in two minutes to another survivor.”

Approach and Language

Not Trauma Informed

- My illness
- What is wrong with me?
- My client/consumer
- I am here to help you
- Further along in recover (same as high and low function)
- Coping
- Safety is defined as risk management
- Helpers decide what helps looks like
- Relationship is based on problem-solving and accessing resources

Trauma Informed

- My Experiences
- What has happened to me?
- People I work with...
- I am here to learn with you
- Risking new thinking/ behavior
- Change patterns
- Safety is defined by the person
- People choose the help they want
- Relationship is based on autonomy and connection

Adapted from Shery Mead 2008 and MHEP

Peer Support is Unique

- Due to Stigma you might be the first person they are reaching out to help understand their experiences: Mutuality
- Offer an alternative to the medical model
- No assessments or evaluation
- Self Help Peer Support Values
- Person Centered

Post Traumatic Growth

“Posttraumatic growth relates to the experiences of positive change that results specifically from highly challenging life crisis. Posttraumatic growth may include enhanced personal strength, appreciation of life, improve relationships, spiritual change, new opportunities. “

How do we grow?

Evidence shows that working as peer will not only foster personal recovery but also may enhance humanistic growth of the individual stemming from mutual support.

Specifically: Self Discovery, Mental and Physical Health Improvements, building support systems, professional development

What is Vicarious Trauma?

Vicarious traumatization can be thought as when a peer helper is emotionally engaged and working with folks who experience Trauma and it can shift or disrupt your sense of hope and meaning in your life.

Need a check in?

Compassion Satisfaction Scale

16 Warning Signs of Trauma Exposure Response

BUT Vicarious Trauma

Evidence also shows helping professionals who are engaged, committed and emotionally present are more at risk for vicarious trauma.

Further Evidence shows that for peers if their work place culture does not emphasize person centered care, self determination and hope they are less likely to receive the benefits of post-traumatic growth and the humanistic growth of mutual aid.

16 Warning Signs of Trauma Exposure Response

- Feeling Helpless and Hopeless
- A Sense That One Can Never Do Enough
- Hypervigilance – everything needs to happen now!
- Diminished Creativity
- Inability to Embrace Complexity
- Minimizing
- Chronic Exhaustion/Physical Ailments
- Inability to listen/deliberate avoidance
- Dissociative Moments
- Sense of Persecution
- Guilt
- Fear
- Anger and Cynicism
- Inability to Emotionally Empathize/Numbing
- Addiction
- Grandiosity

How Can Peers be resilient from vicarious Trauma?

Empowerment

When I see the need

Personal/
Lived Experince

Systemic Supports

Reflection

Beleif in the
Value of
Recovery

Unique
Pers-
pectives

Under-
standing

Different
Spaces-
being
otuside

Know-
ledge

When I
feel
Support

Time with
Clients

Respect

Unders-
tanding

Not in the
morning

Emotional
Balance

Listening

Open to
Experinces

Happy

When I
relate to
Issues
personally

Respect

Patience

Time with
Clients

When I
am well
and on
Track

Helpful Resources:

- Phone App – “Hello Cruel World App”
Alternatives to Suicide
- PTSD Coach app
- Safe Coping Skills Sheet
- Creating Meaning in PTSD and Substance Abuse Worksheet
- Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others
- Trauma Informed Tool Kit - KLINC
- Trauma Training April 13th 2016

References:

- FalLOT, R. (2011). The impact of trauma on wellness: Implications for comprehensive systems change. SAMHSA webinar.
- FalLOT, R. & Harris, M. (2009). Creating cultures of trauma-informed care (CCTIC): A self-assessment and planning protocol. University of Iowa: Community Connections.
- Mancini M & Lawson H. (2009). Facilitation Positive Emotional Labor in Peer-Providers of Mental Health Services. Administration in Social Work.
- Frank Reissman.(1965). The “Helper” Therapy
- Bledsoe C. (2001) Principal Unique Eyes and Different Windows of Opportunity: The Consumer Provider Perspective. The Haworth Press.
- Mowbray & Et Al. (1998). Consumer as Mental Health Providers: First-Person Accounts of Benefits of Limitations. The Journal of Behavioral Services & Research
- Gredden J &Et All. (2010). Buddy-to-Buddy, a citizen soldier peer support program to counteract stigma, PTAS, depression and suicide. Association for Research in Nervous and Mental Disease
- Moran G & Et al. (2011) Benefits and Mechanism of Recovery Among Peer Providers with Psychiatric Illness. Qualitative Health Research.
- Moran G. (2012). Toward Understanding the Impact of Occupation Characters on the Recovery and Growth Processes of Peer Providers. American Psychological Association.
- Mead Shery & Macneil C. (2005) A Narrative Approach to Developing Standards for Trauma Informed Peer support. American Journal of Evaluation.
- Sherry Mead Consulting (2008)
- Christine Deneweth (2015). All About PTSD. Everyday Feminism
- Trauma and The Brain. www.getselfhelp.co.uk
- Flight or Fight Response. Psychology.tools
- PTSD & Memory Psychology Tool
- Najavita LM (2002) Seeking Safety: A treatment Manual for PTAS and Substance Abuse. Dealing with the Effects of Trauma – A Self – Help Guide SAMHSHA
- National Center on Trauma-Informed Care (2012). [Engaging Women in Trauma-Informed Peer Support](#)
- Trauma Informed Tool Kit (2013). KLINC http://trauma-informed.ca/wp-content/uploads/2013/10/Trauma-informed_Toolkit.pdf