Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
Webinar: Engaging Women in Trauma-Informed Peer Support

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The webinar is sponsored by:
SAMHSA’s National Center on Trauma-Informed Care and it’s Promoting Alternatives to Seclusion and Restraint through Trauma Informed Practices; in partnership with NASMHPD and The National Council for Community Behavioral Healthcare.
Cathy Cave, Sr. Project Associate, Advocates for Human Potential, is a seasoned trainer currently actively involved as a consultant and provider of content expertise for organizational change, leadership, strength-based service approaches, ending homelessness, consumer-provider alliance building, empowerment, trauma informed care, countering racism and oppression, community collaboration, and cultural and linguistic competence. She brings a perspective shaped by survivor, family, parent, and program administration experiences.
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Cheryl Sharp is the Special Advisor for Trauma Informed Services for the National Council for Community Behavioral Healthcare. Cheryl holds the unique perspective of a person with lived experience both as a family member and as a past consumer of services, as well as a provider of services. She is a nationally known speaker and trainer in several areas, including trauma, WRAP, Mental Health First Aid, and Intentional Peer Support, and serves on several executive advisory boards. She recently received the Lou Ann Townsend Courage Award for her contributions on behalf of those who struggle with mental and emotional challenges. She was a leader/facilitator for the STAR Process, an intensive program that focuses on healing from trauma, grief and loss.
BACKGROUND AND PURPOSE OF THE GUIDE
Peer Engagement Guide

Purpose

To help make trauma-informed peer support available to women who have experienced trauma and violence.
Goals of the Guide

• Provide peer supporters with knowledge to be advocates and skills to support others
• Encourage development of peer support models across human services
• Support providers to effectively partner with peers for trauma informed systems change
• Promote a systemic approach to trauma informed practices, advocacy, and prevention
Contents

I. Fundamentals
• Introduction to Trauma and Trauma-Informed Practices
• Am I a Survivor? Applying These Concepts to Self and Others
• Peer Support Fundamentals
• Gender Politics, Criminalization of Women, and Trauma

II. Cultural Considerations
• Culture and Trauma
• Religion, Spirituality, and trauma
• Trauma-Informed Peer Support Across the Lifespan

III. Moving Into Action
• Trauma and Peer Support Relationships
• Self-Awareness and Self-Care
• Organizational Context: Working in Systems
• Trauma-Informed Storytelling and Other Healing Practices
• Self Inflicted Violence
• Reclaiming Power Through Social Action
Format of the Guide

- Information and statistics describing the challenges
- Stories from survivors illustrating specific points
- “How-to” discussions with specific techniques
- Exercises for self-exploration and for working with peers
- Additional resources
TRAUMA and IT’S IMPACT
Trauma occurs when an external threat overwhelms a person’s coping resources.
Trauma Results From

- Childhood sexual, physical, emotional abuse
- Neglect, abandonment
- Rape, sexual assault, trafficking
- Domestic violence
- Experiencing/witnessing violent crime
- Catastrophic injury or illness, death, loss, grief
- Institutional abuse and neglect
- War/terrorism
- Community and school violence, bullying
- Cultural dislocation or sudden loss
- Historical/generational targeted violence
- Chronic stressors like racism, poverty
- Natural disasters
- Invasive medical procedures
- Any misuse of power by one person over another
Trauma

- Shatters trust and safety, leaving people feeling powerless
- Can lead to profound disconnection from self and others
- People are often unaware that their current challenges may relate to earlier trauma
- People differ in their ability to give voice to those experiences
The ACE Study

• Decade long: 17,000 people involved
• CDC and Kaiser Permanente collaboration
• Largest epidemiological study of trauma ever done
• Looked at effects of adverse childhood experiences over the lifespan
Adverse Childhood Experiences

- Physical, sexual or verbal abuse
- Neglect
- Loss of a parent or sibling to death or suicide
- Abandonment
- Incarceration of a parent or sibling
- Witnessing violence
- Severe physical injury or illness
- Mentally ill household member
- Parental separation or divorce
ACE study found

• 2/3 of respondents had at least one ACE
• 20% had 5 or more
• Direct linkages between trauma and a wide range of physical, emotional, and social challenges

• Rates of chronic physical illness, substance abuse, mental health diagnoses & homelessness rise exponentially when people experienced multiple adverse childhood events
Factors That Intensify Trauma

• Trauma occurring early in life can have severe long term consequences
• Deliberate violence is particularly damaging, especially when it is inflicted by trusted caregivers
• Violence, compounded by betrayal, silence, blame, or shame impact the ability to form intimate relationships over time
Rates of Trauma

• Studies show: between 60-85% of people with serious psychiatric diagnosis are trauma survivors

• Similar rates for people with histories of substance abuse, foster care, homelessness, and incarceration

• For incarcerated women, the rate is near 100%
Healing from trauma, like healing from a physical injury, is a natural human process.

Mollica, 2006
Polling Question 1:

• Have service recipients in your organization received education regarding trauma and its impact?
  - Yes
  - No
TRAUMA INFORMED PRACTICES
Responses to Trauma: Fight, Flight, or Freeze

- Common human responses to a perceived threat.
- Often misunderstood as “non-compliance”
- Can lead to negative or punitive reactions to people struggling for control over their bodies, minds, and selves.
- Trauma survivors may respond to the present through the lens of their past.
Non-Trauma Informed Services

- Recreate the fear and helplessness of the original trauma
- Cause distrust, sadness, anger, frustration, confusion
- These reactions are seen as “symptoms,” which increases the rationale for “management” and potential for coercion
Trauma-Informed Practices

• Based on universal expectation that trauma has occurred
• Asks “What happened to you?” not “What’s wrong with you?” AND ...
• Seeks to understand the meaning people make of their experiences.
• Focus on safety, autonomy, choice, and the elimination of coercion
Trauma-Informed Practices

• Consider cultural relevance and strive to be culturally responsive
• Can be implemented in any setting
• Everyone - staff and service users - is educated about the impact of trauma
• Focus is on resilience, self-healing, mutual support, and empowerment
PEER SUPPORT FUNDAMENTALS
Peer Support is a dynamic, flexible approach to connection and mutual understanding among equals, based on a core set of values and principles.
Some organizations define peer support as a “helping relationship” similar to the hierarchical roles of professionals.

In this guide, it is defined as the development of mutual relationships built upon peer support principles.
Peer Support is NOT

• A “program model”
• Focused on diagnoses or deficits
• About “helping” others in a hierarchical way
• Being a “counselor”
• Pressuring people to comply with treatment
• Monitoring people’s behavior
Peer Support Fundamentals

• Peer Support is rooted in:
  – A natural human response to shared adversity
  – The desire for healing & growth
  – Compassion for self and others
  – Consciousness-raising

• Builds upon reciprocal relationships among a community of equals
No Matter the Setting, Peer Support Principles are:

- Voluntary
- Non-judgmental
- Respectful
- Reciprocal
- Empathetic
Peer Support Settings/Activities

- Independent peer support groups
- Peer-run organizations
- Peer support staff within mainstream programs
- Internet/social media
- Formal support groups
- Informal or 1-1 peer support
- Educational focus
- Social focus
- Advocacy focus
Avoid “Helping” that Hurts

“Helping” in a top-down manner may
— reinforce feelings of helplessness
— imply that one person is more “recovered” than the other
— convey the message that the survivor is incapable of directing her own life
Trauma-Informed Peer Support

• Uses everyday “human experience” language, not “symptom speak”

• Relates directly to survivors’ experiences and the meaning they make of their lives, not labels of “mental illness” or addiction
Trauma-Informed Peer Support

• Sees coping strategies, not “symptoms”

• Helps survivors examine the totality of their life situation to make sense of how they are coping and surviving

• Creates a safe space to consider new coping strategies
Authentic Mutual Relationships

• As is true in professional relationships, peer support relationships may unintentionally recreate the same power dynamics that are central to abuse experiences.

• These inequalities should be openly addressed in peer support relationships and not seen as rationales to eliminate peer support opportunities.
Polling Question 2:

- As a peer have you ever received training or education on peer support, either as a peer support specialist or simply establishing and maintaining supportive relationships with other peers?
  - Yes, as a peer support specialist
  - No, as a peer support specialist
  - Yes, as a peer in relationship with others
  - No, as a peer in relationship with others
CULTURAL CONSIDERATIONS
We don’t see things as they are, we see things as we are.

Anais Nin
The Guide Focuses On

- Women’s history
- Criminalization of women
- Impact of racism
- Intersecting oppressions
• Culture influences the experience of trauma and how people express their pain.

• One’s own cultural experience affects beliefs, behaviors, and attitudes toward others.

• Assumptions made about others and their beliefs may become barriers to effective peer support.
Different Perspectives

I am an individual. I am my family. My community is my family. I make my family. My elders are the authorities. My church is my family.

Spirituality, language, immigration, country of origin, economics, where you live, who lives with you, sexual orientation, incarceration, military life, political beliefs, age... all determine beliefs about family, belonging, and authority.
Identifying as a Survivor

• Some may not label what happened as “trauma”
• Some may believe that violence is their fault, is something to be endured, or shouldn’t be discussed
• Each of us needs to choose when and how to voice our experiences
  – the difference between using the terms “victim” and “survivor” may have strong meaning or may be the only language the person has to talk about their experiences.
Cultural Understanding

Lifespan Concerns

– Age when trauma began
– Family connections; partner, children
– Community connectedness
– Coping strategies changing with age
– Trauma memory may emerge years later
Religion & Spirituality

• Why raise this issue?
  – Many peers use spiritual practices in recovery, see recovery as a spiritual journey
  – Trauma and violence may raise religious questions

• How to avoid pitfalls?
  – Create a safe and inclusive environment
Trauma survivors often have sensitive “radar” for detecting dishonesty and good reasons to be sensitive to misuse of power and authority.
MOVING INTO ACTION
POLLING QUESTION 3:

Are you aware of the impact of trauma on your own life?

☐ Yes
☐ No
Self-Awareness

Be aware of:

– the impact of trauma on your own life
– your own emotional “hotspots”
  • Words, sights, smells, sounds, behaviors, characteristics, emotional responses
– how your own experiences and healing processes may influence your feelings and responses to women you support
Self-Care

Choose self-care strategies to manage stress, replenish compassion and motivation, and help you grow.

– Physical: exercise, diet
– Intellectual: learning, reading, conversations
– Emotional: friendship, art, music
– Spiritual: yoga, mediation, prayer
– Be clear about sense of belonging and personal successes outside of the work
Story-telling and Healing

Personal narratives:
  – organize experience, help make sense of what has taken place
  – lay the groundwork for survivors to develop hope about the future
  – can also be told through spoken word, music, dance or movement, drumming, art, and writing
Is Telling the Story Necessary for Healing?

Women must be supported if they choose NOT to share their story
  – Not everyone can or wants to tell their story
  – There may be cultural constraints on self-disclosure
  – It may be too painful
  – It may be currently unsafe
Understanding Self-Inflicted Violence

• Self-Inflicted Violence evolves as a way to cope with trauma
• A response to distress—past and/or present
• The behavior has meaning for each survivor, such as:
  – Regaining control
  – Asserting autonomy
  – Relief of emotional pain
Support to Heal

• Examine your own feelings and beliefs about self-inflicted violence

• Educate yourself and the women you support

• Treat women who self-injure the same as those who do not

• Create a safe space for women to talk about the meaning of self-injury in their lives

• It’s not your job to fix anyone!
Social Action

A way for survivors to reclaim a sense of purpose and justice

– Organizing around a common goal
– Giving witness testimony
– Working to change harmful practices/policies
– Challenging injustice
– Creating supportive alternatives
Organizational Considerations

- Peer supporters working in mainstream programs can face extraordinary challenges.
- Primary role: to bring a different type of conversation to treatment and service settings.
If you have come here to help me, then you are wasting your time, but if you have come here because your liberation is bound up with mine, then let us work together.

Lila Watson
Question and Answer Session with the Presenters

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Thank you for participating in today’s webinar!