Please sit with someone you don't know

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The Role of Peer Practice for Healing Trauma

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Southern Counties Regional Partnership (**SCRP**)
Strategies for Addressing Trauma Conference
March 8, 2023
Sheraton Fairplex Hotel and Conference Center, Pomona, CA

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In Loving Memory of Our Beloved Peer Leaders

Jay Mahler, Sally Zinman, & Tina Wooton

"*There is no empowerment without employment!*"

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ROCCO CHENG & ASSOCIATES

- Established by Dr. Rocco Cheng aiming to provide culturally and linguistically responsive training, consultation, and technical assistance
- RCA has trainers with solid mental health background as professionals and/or peers
- RCA provides training for employers and peers mostly in Southern California counties
- RoccoAssociates@gmail.com

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Agenda

1. Introduction
2. Basic Principles of Peer Support
3. Neurodivergent Perspectives in Diversity
4. Trauma-informed Care
5. Supporting Peers

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Learning Objectives

After attending this workshop, participants will be able to learn at least:

1. 3 basic principles of peer support
2. 3 basic principles of trauma informed care
3. 3 ways to support peers while they provide support for others dealing with trauma.

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I. Introduction

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Case Examples

Pat (they/them) just started a position as a peer support staff at your organization 6 months ago. Pat fled to America as a war refugee 7 years ago. Pat has been diagnosed with PTSD and substance use disorder, and is currently stable in their medication regime. They've been given an assignment responding to a community shooting to help support the survivors and their families.

- Please keep this case ex. in mind as we go through the workshop

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Including Consumer and Peer Perspectives

- Consumers/Peers are primary stakeholders and experts of their own life.
- Consumers/Peers give us the unique insight of their lived experiences and strengths.
- “Nothing about us without us!”
- With the passing of SB803, we need to consider the perspectives of individuals with lived experience more than ever.

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Challenges of Not Including Consumers and Peers

- Does not foster sense of trust and collaboration
- “Lost in translation”
- May create a mismatch service delivery that is not effectiveness

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Contributions from Ind. w/ Lived Experience

- Engagement
- Authenticity
- Humility
- Creativity in problem-solving
- Realistic expectation of the system and individual contribution
- Person-centered
- Relationship-focused
- Recovery-oriented

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Peer Staff Contribution

Help shape/modify services to meet the needs of the client and community:

- Determine cultural appropriateness of intervention
- Work towards **cultural integration**
  - Cultural exchange in which one group assumes the beliefs, practices and rituals of another group without sacrificing the characteristics of its own culture
  - Healthy intermingling of the beliefs and rituals of two unique cultures
  - Programs utilize cultural practices or strengths from the community to improve services provided

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Consumer Contributions to MH system

- There is no “system” without consumers.
- Who’s the true expert?
- Mental health condition is to the consumer/peer, like water is to fish.
- Please be reminded that many of your staff also have lived experience (self/family members).

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II. Basic Principles of Peer Support

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SAMHSA's Working Definition of Recovery

*A process of change through which individuals improve their health and wellness, live a **self-directed** life, and strive to reach their **full potential**.*

Recovery in:

- Health
- Home
- Purpose
- Community

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SAMHSA's Ten Guiding Principles of Recovery

1. Hope
2. Person-Driven
3. Many Pathways
4. Holistic
5. **Peer Support**
6. Relational
7. **Culture**
8. **Addresses Trauma**
9. Strengths/Responsibility
10. Respect

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Principle 5: Peer Support

Recovery is supported by peers and allies

- *Peers*
  - encourage and engage other peers
  - provide each other with a vital sense of belonging, supportive relationships, valued roles, and community

- *Professionals/Allies*
  - provide clinical treatment and other services that support individuals in their chosen recovery paths
  - allow individuals to advocate for themselves

Principle 7: Culture

Recovery is culturally-based and influenced

- Culture and background are keys in determining a person's unique pathway to recovery

- Services should be culturally grounded, attuned, sensitive, congruent, and competent, as well as personalized to meet each individual's unique needs

Principle 8: Addresses Trauma

Recovery is supported by addressing trauma

- Trauma is often a precursor to or associated with mental health problems and related issues
- Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration

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Diversity Affects Recovery

- Personal history
  - Trauma
  - Stress level
  - Coping strategies and resilience
  - Ethnic identity and pride
  - Recovery experiences
- Family environment
  - Support (non-rejection)
- Social environment
  - Social isolation vs. support
  - Stigma
- Spirituality

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Core Principles & Values of Peer Support

- Recovery-Oriented
- Person-Centered
- Non-Coercive
- Relationship-Focused
- Trauma-Informed Care

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Cultural Differences in Expression

Symptoms, Meaning	Causation, Prevalence	Family Factors
Coping Styles	Treatment Seeking	Mistrust
Stigma	Immigration	Overall Health Status

adapted from WISE

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III. Neurodivergent Perspectives in Diversity

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The Neurodiversity Movement

Neurodiversity: refers specifically to the limitless variability of human cognition and the uniqueness of each human mind. *A political term.*

- Includes all mental illnesses as neurominorities
- Any significant conditions that affect the functioning of the brain and physiological system can be considered divergent
- GOOD for the species

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"Neurodiversity may be every bit as crucial for the human race as biodiversity is for life in general. Who can say what form of wiring will be best at any given moment?"

— Harvey Blume, *The Atlantic,* 1998

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Common Neurodivergent Struggles

- Trauma, fatigue, rejection, depression, anxiety
- Processing and learning differences
- Executive functioning challenges
- Sensory differences
- Muscle and movement coordination
- Impulse control
- Processing speed
- Empathy
- Sleep difficulties

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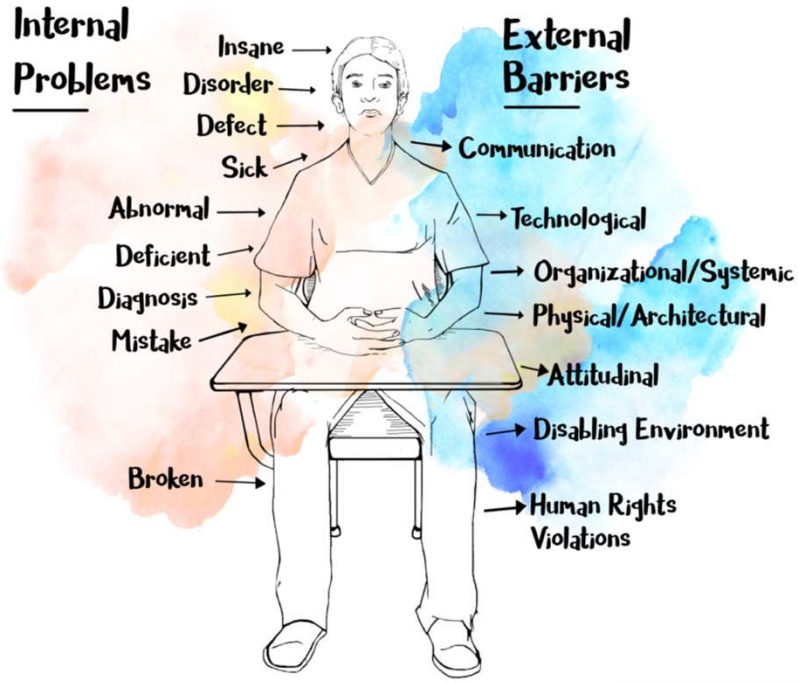

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Disability

≠

Personal Health Condition

Disability

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Mismatched Human Interactions

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The **social model of disability** situates the problem in ***social structures*** and emphasizes on socio-political contexts.

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Functioning Labels

"The difference between high functioning autism and low functioning is that high functioning means your deficits are ignored, and low functioning means your assets are ignored."
- Laura Tisoncik

- Outdated
- Inherently ableist
- Ignores someone's strengths or someone's support needs
- Creates hierarchy based on neurotypical norms

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IV. Trauma-Informed Care

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Trauma-Informed Care

- What is Trauma-Informed Care?
- Medical Model of “what is wrong with this person” vs. Recovery Model of “what has happened to this person”.
- Recognize trauma symptoms and acknowledge how trauma shapes a person’s worldview - both provider and service recipient.
- Promoting an environment of healing rather than re-traumatization.

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6 Principles to a Trauma-Informed Approach

Center for Disease Control and Prevention (CDC) in collaboration with SAMSHA’s National Center for Trauma-Informed Care (NCTIC):

1. Safety
2. Trustworthiness & Transparency
3. **Peer Support**
4. Collaboration & Mutuality
5. Empowerment Voice & Choice
6. **Cultural, Historical, & Gender Issues**

https://www.cdc.gov/cpr/infographics/00_docs/TRAINING_EMERGENCY_RESPONDERS_FINAL_2022.pdf

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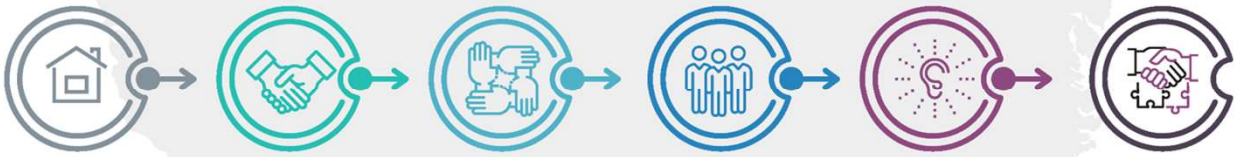
6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's Center for Preparedness and Response (CPR), in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC), developed and led a new training for CPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work.

Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:



1. SAFETY
2. TRUSTWORTHINESS & TRANSPARENCY
3. PEER SUPPORT
4. COLLABORATION & MUTUALITY
5. EMPOWERMENT VOICE & CHOICE
6. CULTURAL, HISTORICAL, & GENDER ISSUES

Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by CPR and NCTIC was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

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1. Safety

- Ensuring physical and emotional safety.
  - How do you do this at your agency?
  - Safety for one person can be traumatizing for others.
  - What can be improved?
  - What can you do as an individual to enhance "safety" for your clients and colleagues?
- Welcoming environment with respect for privacy.
  - What is the current set-up?
  - Any modification needed?

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2. Trustworthiness and Transparency

- Task clarification, consistency, and interpersonal boundaries.
  - With clients, between colleagues, within supervisory relationship,
- Respectful professional boundaries are maintained.
- Therapy vs. Supervision vs. Peer Consult
- Build trust between supervisor and peer.
  - How to you promote or enhance this?
- Build trust between providers, and between providers and patients.

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3. Peer Support

- “Trauma Survivors”
- Key for establishing safety and hope, build trust, and enhance collaboration.
- Utilize “lived experience” to promote recovery and healing.
- Effective peer support counters the impact of trauma by providing the authentic self, shared experience, and listening ears.
- Refer back to Guiding Principles of Peer Support.

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Re-Traumatization

- Definition: any situation or environment that resembles an individual's trauma history, which then triggers trauma reaction (feelings/ thoughts/behaviors) that is associated with the original trauma.
- Often unintentional within the system: environment, people, setting, interactions.
- Exist within all level of system.
- Recognize the signs and symptoms of trauma exposure on physical and mental health.
- Training needs.

Jennings, A. (2015). Retraumatization [PowerPoint slides]. Retrieved from http://theannainstitute.org
SAMHSA (2014). A Treatment Improvement Protocol: Trauma-Informed Care in Behavioral Health SErvices, Tip 57. U.S. Department of Health and Human Services, 14-4816

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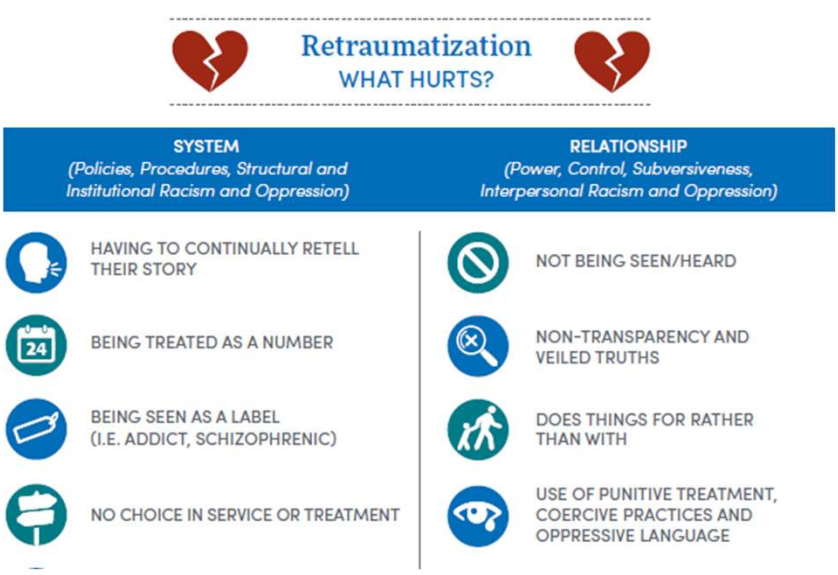

Chart by the Institute on Trauma and Trauma-Informed Care (2015)
https://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care.html

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4. Collaboration and Mutuality

- Making decisions with the individual and sharing power.
  - Too often we only think of this in terms of working with clients.
  - Sharing power within supervisory dynamic, and collegial relationship.
- Individuals provide significant role/contribution in planning, providing, and evaluating service.
  - Solicitation of ideas/contributions/evaluation within all level of system.
  - "Public Hearing" approach.

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5. Empowerment, Voice and Choice

- Prioritize empowerment and skill building.
- Provide opportunity to give feedback, validation, and timely acknowledgement.
- Respect individual's choice and control.
- Strength-focused, individual-centered, evidence-based.
- Rights and Responsibilities clearly communicated.

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6. Cultural, Historical, and Gender Issues

- Training needs.
- Cultural stereotypes and biases - consider our prior discussions on Neurodiversity.
- Gender-responsive services.
- Healing values of traditional cultural connections.
- System wide responsiveness to individuals served (giving cultural, historical and gender issues/needs).
- Recognizes and addresses **historical trauma.**

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What does Trauma-Informed Care Look Like?

- Needs are identified by survivor not by staff or program.
- Safety defined by each survivor and not by organization's risk management.
- Survivors choose the help they want rather than dictated by the program requirement.
- Relationships are based on autonomy and connection.
- Help is collaborative and responsive, not a top-down manner.

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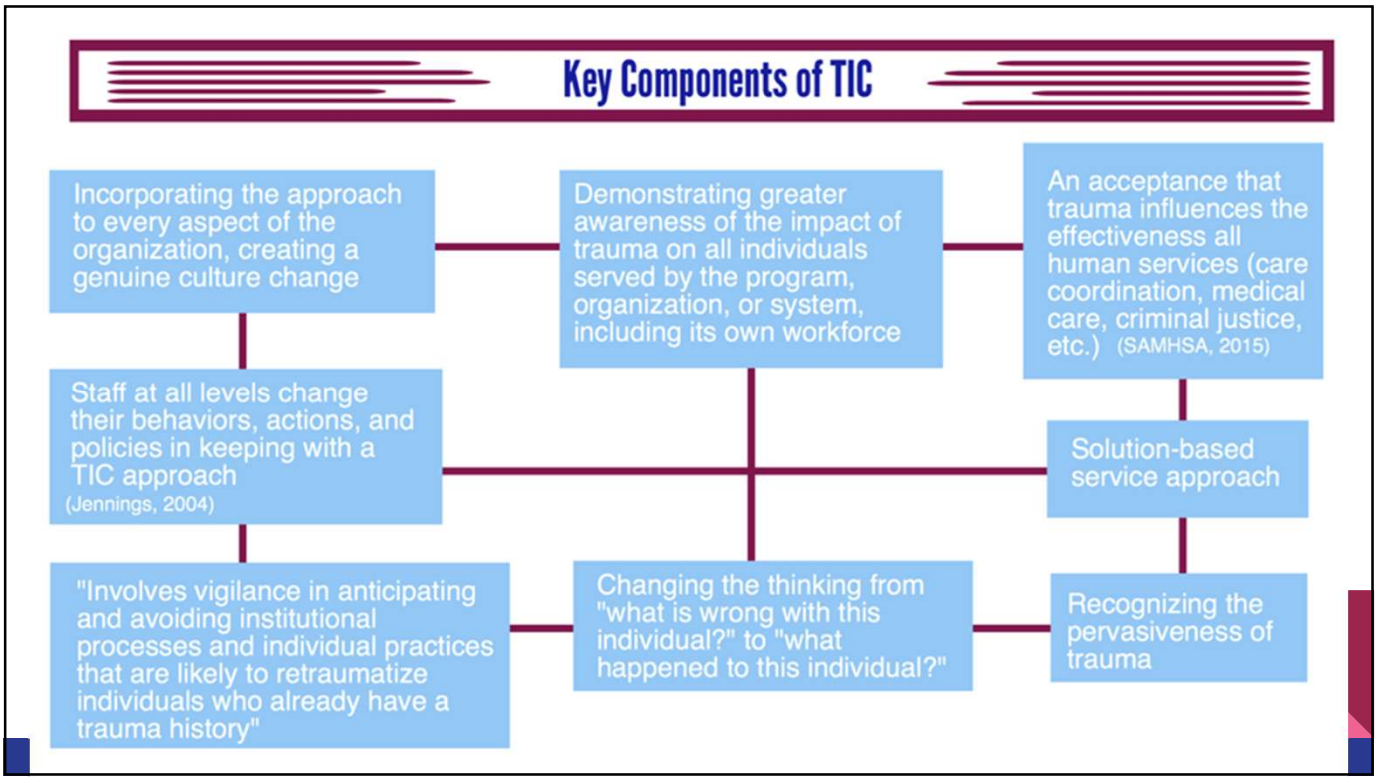

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Developing a Trauma-Informed Approach

4 "R'S" - "A program, organization, or system that is trauma-informed:

- **REALIZES** the widespread impact of trauma and understands potential paths for recovery;
- **RECOGNIZES** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and
- **RESPONDS** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively
- **RESIST RE-TRAUMATIZATION**."

SAMHSA, (2014). Concept of Trauma and Guidance for a Trauma-informed Care Approach. U.S. Department of Health and Human Services.

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V. Supporting Peers

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Boundaries & Role Conflict

Peer Support Staff need a lot of support because they:

- Manage a lot of client crisis and trauma
- Higher likelihood of job confusion and job stress
- Higher likelihood of needing an unconventional job structure
- Higher likelihood of stigma and discrimination
- Increased risk of role conflicts (e.g., previous therapist)
- Increased difficulty with maintaining clear boundaries (due to similar lived experiences)

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Trauma-Informed Communication

- Presume competence/resilience
- Remember privilege/power and avoid pathologizing language
- Accept different meaning/function of behaviors
- Assess for compensatory strategies
- Recognize burnout and compassion fatigue
- Consider differences in feelings and emotion expression
- Consider adaptations/tailoring of treatment modalities
- Provide accessible materials (e.g., lay terms, ASL, AAC)

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Trauma-Informed Supervision

A trauma lens informs our understanding of supervision in several ways. Supervision should be structured in a way for staff to gain support, debrief about their work, and advance their skills and knowledge. When operating from a trauma lens, supervisors should also support professional growth and encourage learning opportunities. It is crucial for organizations to create safe spaces for meaningful and sometimes difficult conversations, and to mitigate the impacts of vicarious trauma (Walsh, 2017).

- Supervision is not therapy.
- Supervision is not only case management.
- Supervision is not only a performance evaluation.
- Clear expectation.
- Individual vs. Group supervision
- Formal vs. Informal supervision

https://pcar.org/sites/default/files/resource-pdfs/trauma_informed_supervision_guide_508.pdf

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Trauma-Informed Organization, Leadership & Advocacy

- Be transparent; describe and explain the system as you know it to peers
- Be accountable; do what you say you will do
- Boost organizational capacity in providing trauma-informed care trainings and support.
- Cultural changes.

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Back to our Case Example

Pat (they/them) has just started a position as a peer support staff at your organization 6 months ago. Pat fled to America as a war refugee 7 years ago. Pat has been diagnosed with PTSD and substance use disorder, and is currently stable in their medication regime. They've been assigned to respond to a community shooting to help support the survivors and their families.

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Case Discussion

- What do you think Pat can contribute to this assignment?
- What do you think are Pat's needs/concerns in responding to the community crisis?
- What would you do to support Pat as their supervisor?
- What would be helpful to equip the supervisor and Pat (e.g., policies and procedures; resources; training)?

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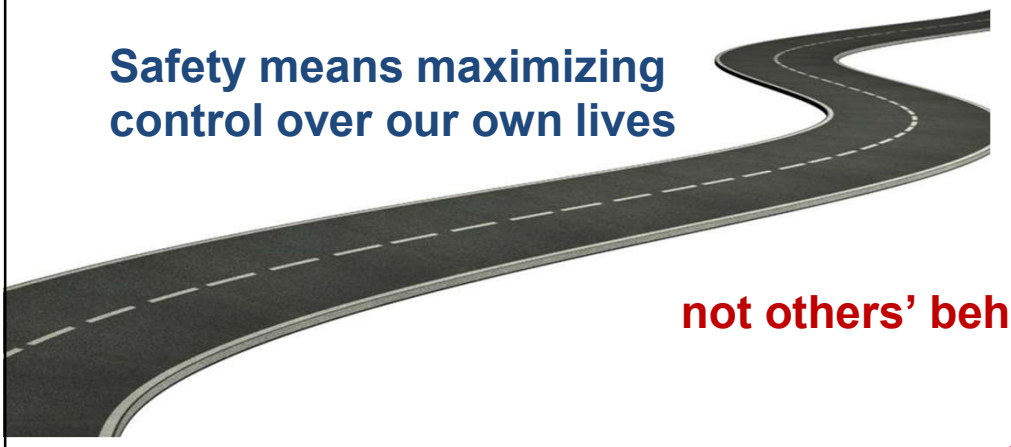
Final Thoughts

Safety means maximizing control over our own lives



not others' behaviors.

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Further questions?

Contact us at:
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