

# Trauma-informed Approaches to Peer Support

Putting Peer Principles into Practice

# Objectives

- Define trauma.
- Describe the impact of trauma on peer support participants.
- Compare how the core principles of recovery-oriented peer practice align with those of trauma-informed approaches.
- Provide examples of how trauma-informed approaches can enhance peer work/ peer practice.

# Defining Trauma



# Trauma

*SAMHSA (the 3 Es):*

“Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”

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# Why Understanding Trauma is Important

- Trauma is pervasive
- Trauma's impact is broad and diverse
- Trauma's impact is deep and life-shaping
- Trauma; especially interpersonal violence and trans-generational transmission is self-perpetuating
- Trauma is insidious; differentially affects the more vulnerable
- Trauma affects how people approach services
- Service systems have often been re-traumatizing

# Trauma

A variety of experiences may qualify as traumatic.

Examples include:

- ✓ Physical abuse
- ✓ Psychological abuse
- ✓ Sexual assault
- ✓ Intimate partner violence
- ✓ Adverse childhood experiences
- ✓ Neglect
- ✓ Loss
- ✓ War and conflict
- ✓ Poverty
- ✓ Racism
- ✓ Community violence
- ✓ Discrimination
- ✓ Medical trauma
- ✓ Natural disasters

# Complex Trauma

1. Repetitive, prolonged or cumulative
2. Most often interpersonal, involving direct harm, exploitation, and maltreatment including neglect/abandonment/antipathy by primary caregivers or other ostensibly responsible adults,
3. Often occur at developmentally vulnerable times in the victim's life, especially in early [childhood](#) or [adolescence](#), but can also occur later in life and in conditions of vulnerability associated with disability/disempowerment/dependency/age/infirmity

(Courtois, 2012)

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# Historical Trauma

Cumulative emotional and psychological wounding, over the lifespan and across generations, emanating from massive group trauma experiences.



*Historical Trauma and Cultural Healing*,  
University of Minnesota Extension  
[http://www.extension.umn.edu/family/cyfc/  
our-programs/historical-trauma-and-  
cultural-healing/](http://www.extension.umn.edu/family/cyfc/our-programs/historical-trauma-and-cultural-healing/)

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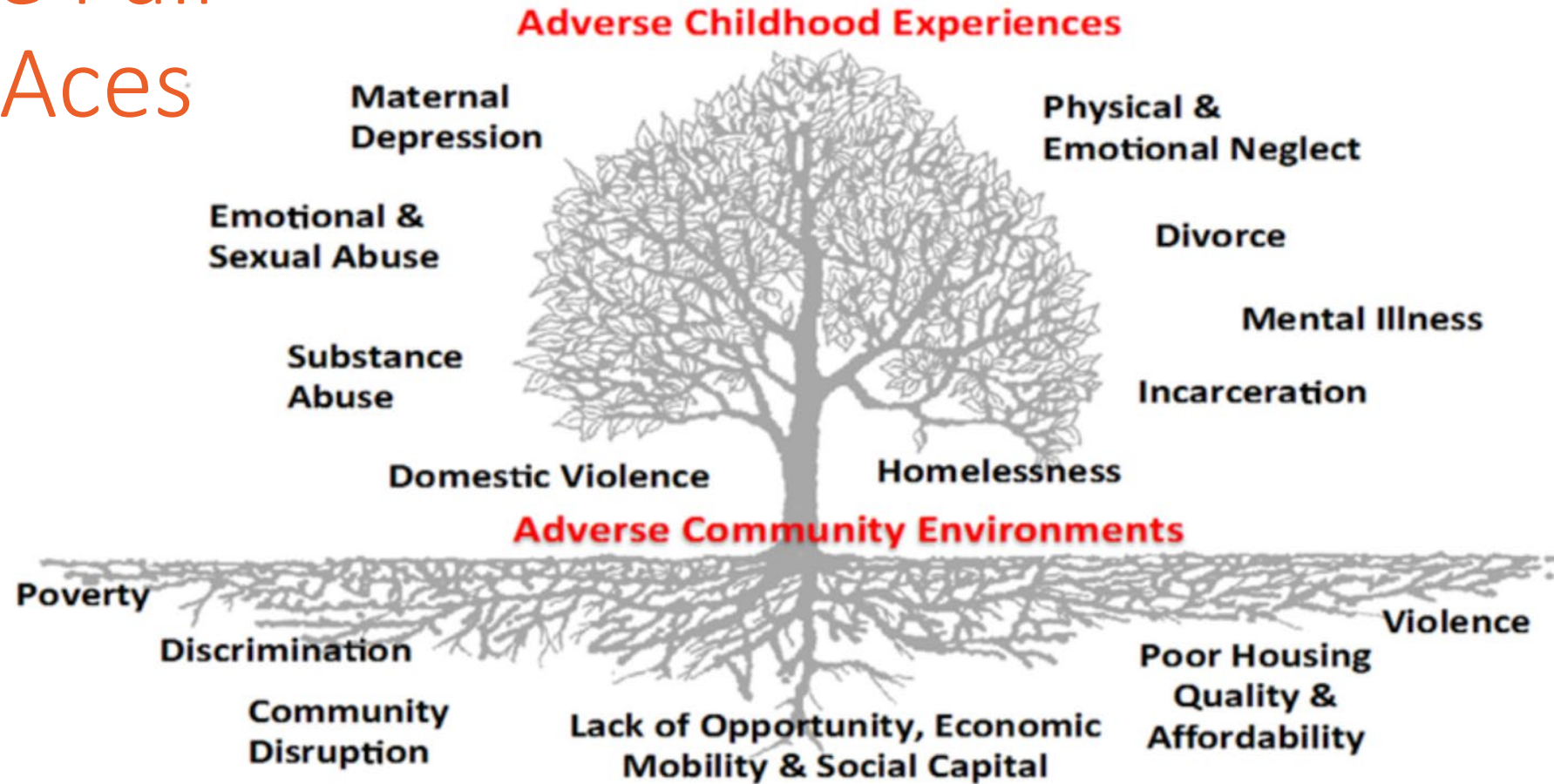




# Impact of Trauma



# The Pair of Aces



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

# Childhood Experiences and Substance Use

- Adult alcoholism directly related to ACEs – **500% increase**
- Male child with ACE score of 6 – **4600% increase** in likelihood of injection drug use later in life when compared with a male child with ACE score of 0
- Adult female – **78% of injection drug use** can be attributed to ACEs

# Intergenerational Poverty

- Leads to family stress, child abuse and neglect, substance abuse, mental health challenges, and domestic violence  
*(Wilson, 2005)*
- Those in poverty tend to live near one another, clustering in neighborhoods and regions. High concentration results in higher crime rates, underperforming public schools, poor housing and health conditions, as well as limited access to private services and job opportunities.  
*(Kneebone, Nadeau & Berube, 2011).*

# Trauma is Often Overlooked

- Behavioral responses resemble common delinquent behaviors and are under-identified as trauma symptoms
- Stress manifestation is different by ages, stages, expression
- Many just don't connect the symptoms to trauma

...Thus leading to punishment rather than help or support



# Survival Mode Response

**STRESS** =

Inability to

- Respond
- Learn
- Process

# Core Principles



# Paradigm Shift

We begin to ask,

**“What happened to you?”**

rather than

**“What is wrong with you?”**

We have to ask,

**“What’s strong?”**

rather than

**“What’s wrong?”**

**Of course, peer practice is all about that shift**





# Trauma-Informed Peer Practice

## Realizes

- **Realizes** the widespread impact of trauma and understands potential paths for recovery

## Recognizes

- **Recognizes** signs and symptoms of trauma in individuals, families, staff, and others involved in the system

## Responds

- **Responds** by fully integrating knowledge about trauma into policies, procedures and practices

## Resists

- Seeks to actively **resist** re-traumatization

# Core Principles

## Trauma-informed Approach

1. Safety
2. Trustworthiness and transparency
3. Collaboration and mutuality
4. Empowerment
5. Voice and choice
6. Respect for cultural, historical and gender differences

(Fallot 2008, SAMHSA, 2012)

## Peer Practice

1. Mutuality
2. Reciprocity
3. Recovery-oriented, person-centered
4. Voluntary
5. Relationship-focused
6. Safe space
  - Respect, Compassion, Acceptance



# Safe Space

## How do you create a safe space?

- How important is it?
- What's different here?
- Can I see myself here?
- What is not being said?
- What else is possible?

# Physical Environment

## What hurts?

- Congested areas that are noisy and chaotic
- Poor signage that is confusing
- Uncomfortable furniture
- Separate bathrooms
- Being shifted from one place to another
- Cold non-inviting colors and paintings/posters on the wall

## What helps?

- Comfortable, calming rooms—both community and spaces that offer privacy
- Furniture is clean and comfortable
- No wrong door philosophy: we are all here to help
- Integrated bathrooms (participants and staff)
- Wall coverings, posters/pictures that convey a hopeful positive message



# Person-centered

What does *recovery* mean to YOU?

How can I support you with that?



# Attitudes and Beliefs

## What hurts?

- Ask questions that convey the idea that “there is something wrong with the person”
- Focus on deficits
- View a person’s difficulties only as *symptoms* of a substance use problem

## What helps?

- Ask questions to understand what harmful events may contribute to current problems
- Focus on the limitless possibilities
- Recognize that *symptoms or behaviors* may be coping strategies or adaptations related to adverse experiences (trauma)



# Voluntary

Would you care to participate?

# Relationship-focused

## How do we create connections?

### What hurts?

Interactions that are:

- Humiliating
- Harsh
- impersonal,
- Disrespectful
- Critical
- Judgmental

### What helps?

Interactions that express:

- Kindness
- Patience
- Reassurance
- Calm
- Acceptance
- Active listening





# What in the Room from Trauma?



Fear  
Anger  
Defiance  
Difficulty forming relationships  
Physical Illness  
Guilt  
Sleep problems  
Perfectionism  
Persistent irritability  
Shame  
Hyperarousal  
Inattention  
Need to control

Difficulty concentrating  
Aggression  
Low self-esteem  
Disrupted Mood  
Avoidant behavior  
Dissociation  
Traumatic grief  
Sensory sensitivity  
Trauma re-enactment  
Regressive behavior  
Depression

# Arousal Continuum

Adapted from Dr. Bruce Perry's *The Boy Who Was Raised as a Dog*

<i>Internal State</i>	CALM	ALERT	ALARM	FEAR	TERROR
<i>Cognitive Style</i>	ABSTRACT	CONCRETE	EMOTIONAL	REACTIVE	REFLEXIVE
<i>Regulating Brain Region</i>	NEOCORTEX Cortex	CORTEX Limbic	LIMBIC Midbrain	MIDBRAIN Brainstem	BRAINSTEM Autonomic
<i>Dissociative Continuum</i>	REST	AVOIDANCE	COMPLIANCE Robotic	DISSOCIATION Fetal Rocking	FAINTING
<i>Arousal Continuum</i>	REST	VIGILANCE	RESISTANCE Crying	DEFIANCE Tantrums	AGGRESSION
<i>Sense of Time</i>	EXTENDED FUTURE	DAYS HOURS	HOURS MINUTES	MINUTES SECONDS	NO SENSE OF TIME

# Strategies for Preventing Escalation

- Remain respectful and non-judgmental
- Seek to gather more information  
How can I help? What do you need?
- Actively listen for the unmet need
- Reflect and clarify to be sure you understand
- Allow for silence
- Allow expression of emotions

# Trauma Narrative

- Storytelling allows us to make sense of what happened to us
- Recounting events is often a way of making what might have felt “unreal”, “real”
- Storytelling can occur at anytime and in many ways, if we are listening...

# Power of the (Appropriate) Sharing

- WAIT – Why Am I Talking?
- What to share and when
- What's too much, what's just enough
- Using our trauma narrative:
  - in mutual relationships
  - as educators
  - as advocates

# Dialogue



# Please Share

- What have been your peer practice experiences related to trauma?
- What do you think are the most important peer practice competencies for a trauma-informed approach?
- Just as peer workers do not diagnose, they do not “treat trauma”. What is the proper role for peer practitioners?



# Thank You

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