Implementing the Principles of a Trauma Responsive Service System Webinar Series

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Learning Objectives

- Explain why trauma-informed programs operate with the universal expectation that trauma has occurred
- Explain each of SAMHSA's principles and why it is important
- Give positive examples of the implementation of each principle
- Name at least 3 changes that would make your own work setting more trauma-informed

Slide 2

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SAMHSA's Principles

- Six principles that guide a trauma-informed change process
- Developed by national experts, including trauma survivors
- Goal: Establish common language/framework
- Values-based
- A *way of being*

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SAMHSA's Six Key Principles of a Trauma-Informed Approach

- Safety
- Trustworthiness and Transparency
- Peer Support
- Collaboration and Mutuality
- Empowerment, Voice, and Choice
- Cultural, Historical, and Gender Issues

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Principle: Cultural, Historical, and Gender Issues

The organization actively moves past cultural stereotypes and biases, offers gender-responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

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#healingincommUNITY

Maurissa Stone-Bass, MHS
The Living Well
Baltimore, MD

The Living Well

The Living Well Center for Social & Economic Vibrancy

The Living Well Center for Social and Economic vibrancy a physical and social canopy for community engagement and development.

We operate as an organic think tank for social entrepreneurs, universities, the philanthropic community, health and wellness entities, the non-profit and business community.

We engage our eco-system of community change makers, artist, healers and resource allocators as collaborators.

Our canopy celebrates indigenous approaches for community wellness, economic and social vibrancy.

Our goal is to help transform ideas for social impact into action while providing access to safe, affordable, accessible space, thought and social capital.

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Objective

Participants will explore the context of how race, historical context and the culture norms of Black and Brown communities impacts the trust and under reporting from victims of violent crimes and how employing healing technologies can build trust and community healing. Participants will learn organizational culture dynamics that impact victims engaging and completing services provided.

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Begin Within

Organizations are living breathing organisms that are made up of cellular eco systems. Each system operates within a construct of beliefs and behaviors that respond to the operating culture of the organization. Each organizational member brings their values and beliefs as a layer and player within the groups' social systems. These overt and covert systems interact and produce an environment that will behave the underlying values.

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Services providers are the reflection of their **policies and practices**.

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Organizational Culture Dynamics

Culture of your organization is described as:

- History of the organization or service model
- Lived Experience (how have people been treated?)
- Aesthetic Standards (code of dress?)
- Communication Styles (multi-generational, technological, conflict, etc)
- Power dynamics
- Intersection of Environment and Culture
- Funding

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1965 Moynihan Report

Moynihan argued that the rise in black single-mother families was caused not by a lack of jobs, but by a **destructive vein in ghetto culture,** which could be **traced to slavery times and continued discrimination in the American South under Jim Crow**.

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The New Jim Crow

- It's harder to see
- Built into the system
- Barriers are built into social norms and operating norms of educational, health care, housing, law and employment.

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Historical Trauma

Traumatic experiences shared by communities can result in cumulative emotional and psychological wounds that are carried across generations. This concept is called historical trauma. As a result, many people in these same communities experience higher rates of mental and physical illness, substance abuse, and erosion in families and community structures.[3] The persistent cycle of trauma destroys family and communities and threatens the vibrancy of entire cultures. Historical trauma is not just about what happened in the past. It's about what's still happening.

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Why We Don't Report

"Common reasons for individuals not reporting crime include fear of not being believed, insecurity, and fear of getting into trouble."

These reasons are most common for not reporting rape.

It is commonly assumed that most of the rape cases go unreported; some estimates go up to or above 90%.

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Why We Don't Report

Many Black women are under pressure to not report Black men and subject them to the legal system.

According to a national study, 91% of Black women are sexually assaulted by Black men 75% of those attacks are by someone known to the victim, such as a family member or friend.

Black women and girls may face both internal and external pressure not to report their attackers.

It may even be seen as a betrayal to expose a member of their community to the police, as there is often a strong imperative to protect Black men after centuries of oppression and discrimination.

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Why We Don't Report

Arrests in courthouses and a general fear of deportation are impacting the ability of the justice system to operate fairly and protect public safety."

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Institutional Racism

"Federal Housing Authority, under the New Deal, turned down Black individuals for mortgages, especially if they wished to live in white neighborhoods. As a result, many Black people were homeless or forced to scramble for housing that was either temporary or gravely filthy. In fact, a number of African-Americans died due to unsanitary living conditions."

***Prejudice During the Great Depression*, an article published by the International School of Kuala Lumpur,**

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Racial Trauma

- Many ethnic and racial groups experience higher rates of posttraumatic stress disorder (PTSD) as compared to White Americans. One explanation for this is the experience of racism, which can itself be traumatic.
- When traumatization is due to experiences of racism it is sometimes called racial trauma. Racial trauma can result from major experiences of racism such as workplace discrimination or hate crimes, or it can be the result of an accumulation of many small occurrences, such as everyday discrimination and microaggressions.

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Micro Aggressions

- Microaggressions are defined as “brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative slights and insults to marginalized individuals and groups.” The “micro” in microaggression refers to person-to-person interactions, while “macro” refers to systemic racism. Systemic racism includes social structure and institutions.

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Culture is Caught not Taught

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Race Literacy

If I say that you participate in systematic racism, do you hear that I'm calling you a racist?

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Intersections

How safe are the intersections of race, sexuality, gender, ethnicity, social determinants to have an authentic voice in their experience with your service provision?

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Suffering in Silence

"The gender paradox on mental health suggest that many more boys and men are suffering in relative silence from depression."

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High Risk Environments

- High Risk Environments are historically constructed by the federal/local governments and lenders who used the practice or red lining to withhold Black & Brown social uplift via housing and homeownership.
- These practices have created environments that are under resourced as a result there are in safe and affordable housing, poor education systems, access to health care and jobs.

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Exposure to Violence

"Boys and men from racial/ethnic and sexual minority populations are at increased risk for violence victimization and perpetration due in part to greater exposure to high risk environments and less protection and support when violence is experienced."

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Sense of Place

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What's the Narrative

- Who are we hiring?
- From what lens are we measuring success?
- What are we numb to?
- Is it safe to be authentic
- What's your **M.U.S.**?

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Mental Health Services

- Who uses mental health services?
- Are people who use your services mandated to attend?
- Does your staff/clinicians represent the racial/ethic demographics served?
- How are you employing indigenous practices as resources for healing?
- Does the organization employ mindfulness practices and provide spaces for quiet meditation?

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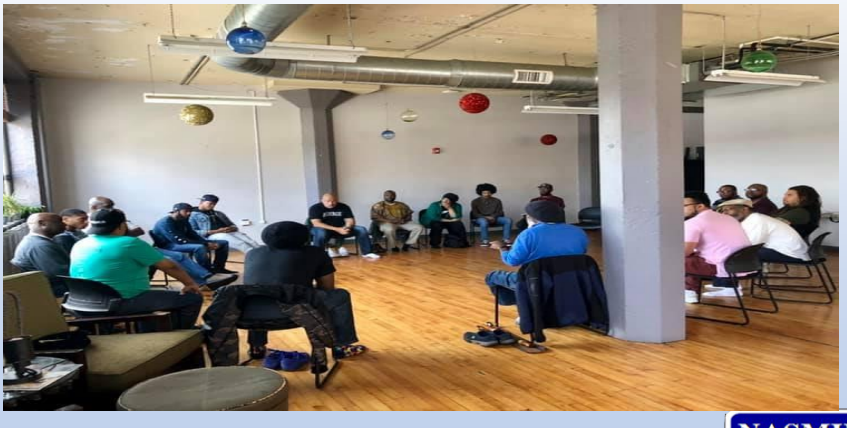
"Men Don't Talk"



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Healing Inside Out

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Principle: Peer Support

Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, serving as models of recovery and healing, and maximizing a sense of empowerment.

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PROMISE RESOURCE NETWORK
CONSULT. TRAIN. SUPPORT. TRANSFORM.

Peer Voice NC
MOBILIZING TO ELEVATE RECOVERY

Supporting Peer Support: Healing through Shared Experience

Cherene Caraco, CEO of Promise Resource Network,
Project Director of Peer Voice NC

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Peer Voice NCO
MOBILIZING TO ELEVATE RECOVERY

PRN is a survivor led space for healing, wellness and exploration of identities beyond victim, "mentally ill," "addict," "the homeless," and "felon"

Three-fold aims:
Elevate the voices of people directly impacted to advance wellness, recovery and resilience through peer support

Utilize the earned wisdom to re-develop behavioral health practices and services to be trauma aware, informed and competent

Ignite social justice based reform on policies and practices that create inequity, marginalization and disenfranchisement of people with labels of mental illness in the name of treatment and "justice"

PVNC is a statewide survivor led movement of over 600 people mobilizing to provide leadership for policy and system transformation based on their Expertise by Experience

Coalitions:
Peer Justice Initiative (PJI)
Recovery Alternatives to Forced Treatment (RAFT)
Peer Support Expert Commission
Peer Run Wellness Centers
Peer and Recovery Policy and Leadership
Youth and Collegiate Recovery
Community Inclusion: I'm IN!
Peer Support in In

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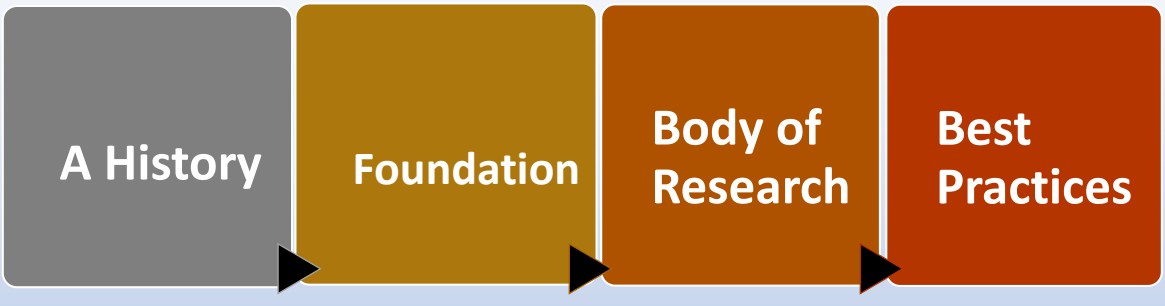
Peer Support has….



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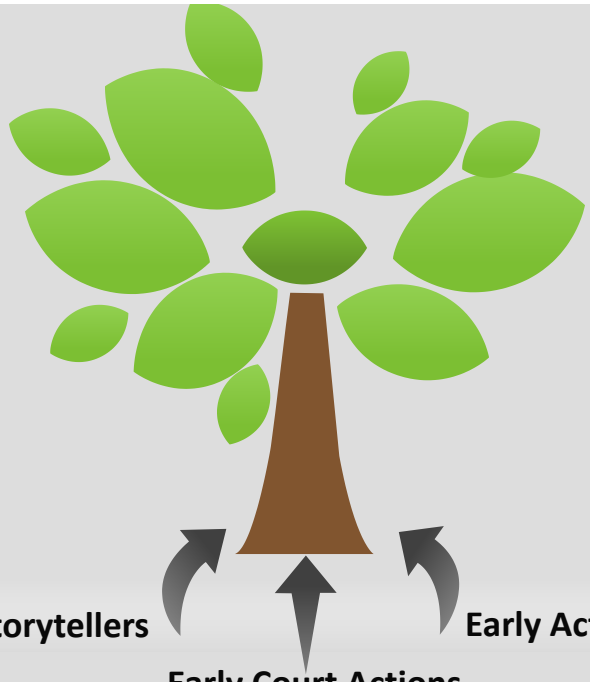
Roots

of the

Mental Health

Peer Movement



Range of Roles for PSS

- Completely Informal "Drop in" Services
- Support in Advocacy Groups, e.g. NAMI, AA
- Peer Run Organizations
- Clinical & Medical Settings

1999-2000

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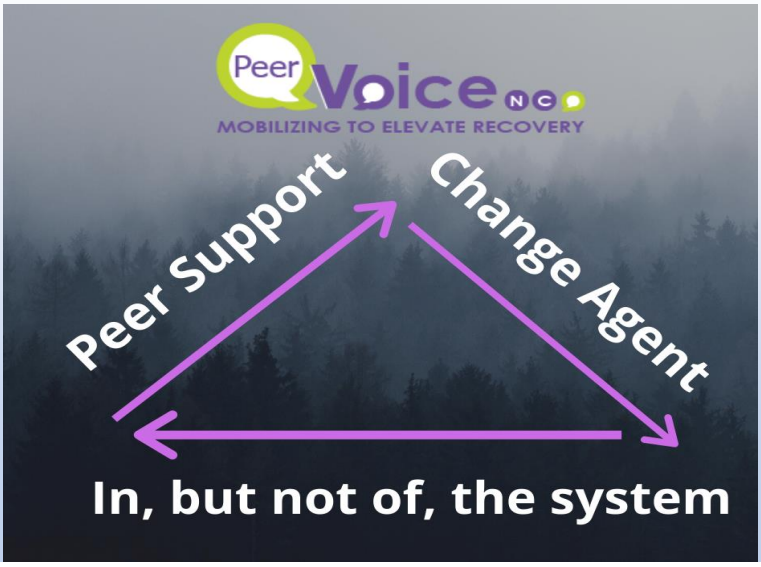

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Peer Support Reflection:

WHEN HAVE YOU RECEIVED PEER SUPPORT?

WHEN HAVE YOU PROVIDED PEER SUPPORT?

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PEER SUPPORT

ONEW

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Poll:

- The earliest known peer supporter in mental health services was in:

  A) 1999

  B) 1829

  C) 1976

  D) 1795

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Poll:

- The earliest known peer supporter in mental health services was in:

  A) 1999

  B) 1929

  C) 1940

  D) 1795

Unbelievable, right !!

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1795 Painting

"Dr. Pinel Unlocking the Chains in the Asylum"

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Pussin's Advice to Dr. Pinel:

- *"As much as possible, all servants are chosen from the category of mental patients. They are at any rate better suited to this demanding work because they are usually more gentle, honest, and humane"*

Experts by Experience

- Share ourselves to inspire hope in others
- From lived experience, share what did and didn't work within treatment settings to change practices
- Educate others through use of our Experience
- Agitate !!

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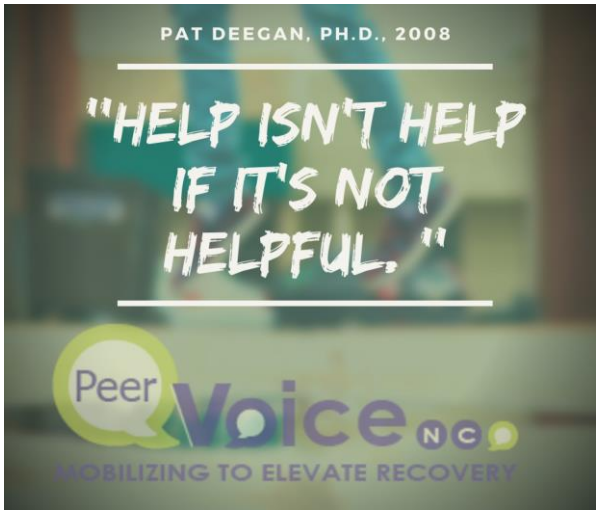
THE DIFFERENCE BETWEEN SUPPORT AND ADVICE?

...POWER

Peer Supporters, know your role



Redefining "Help"

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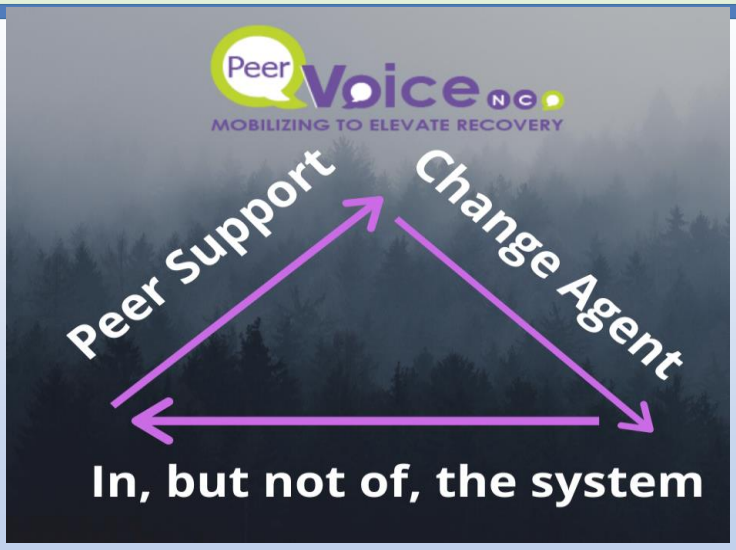

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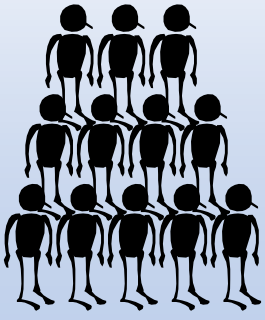
Civil Rights Movement
Human Rights Movement

We stand on their shoulders!



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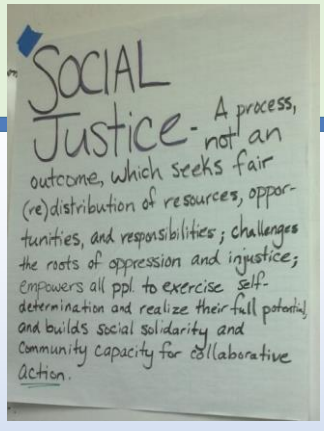
The Recovery and Peer Movements



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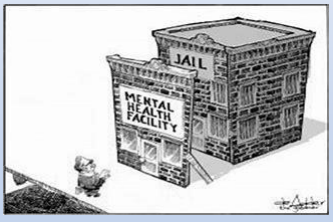
In the NAME of Treatment

Seclusion and Segregation
Restraint
Involuntary commitment
Forced medications
Coercion/Threats
Low expectations
Overuse of medications
Harmful language
Incarceration



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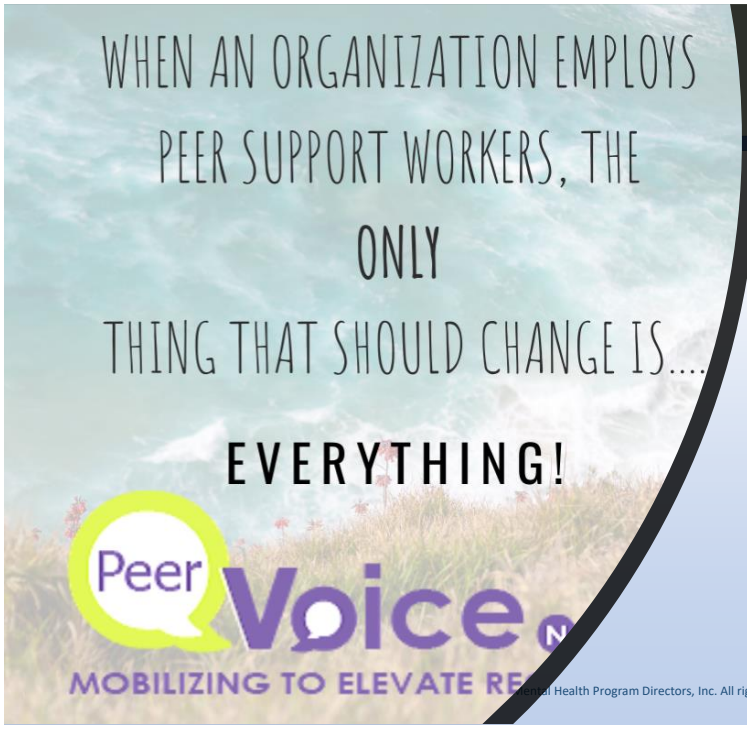

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Disruptive Innovators

Because, even though we know it's the right thing to do, it's not always the welcomed thing !!"

-Pat Deegan

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"Stay in Your Lane"*
A Peer Specialist…

Is Not A Clinician or Case Manager
We don't diagnose or treat.

Is Not A Friend or Parent
Friendly partner and mentor rather than friend
Mutual relationship (not power-over) focused on needs of person using services

Does Not Offer Advice
We support people to find their own solutions.

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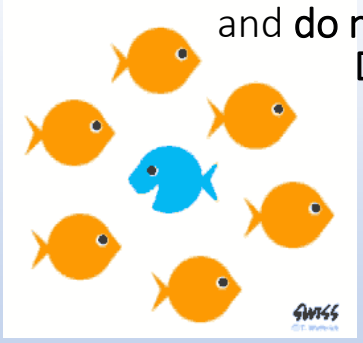
Peer Support Roles…

COMPLEMENT



and **do not**
DUPLICATE

traditional roles in the behavioral health system.

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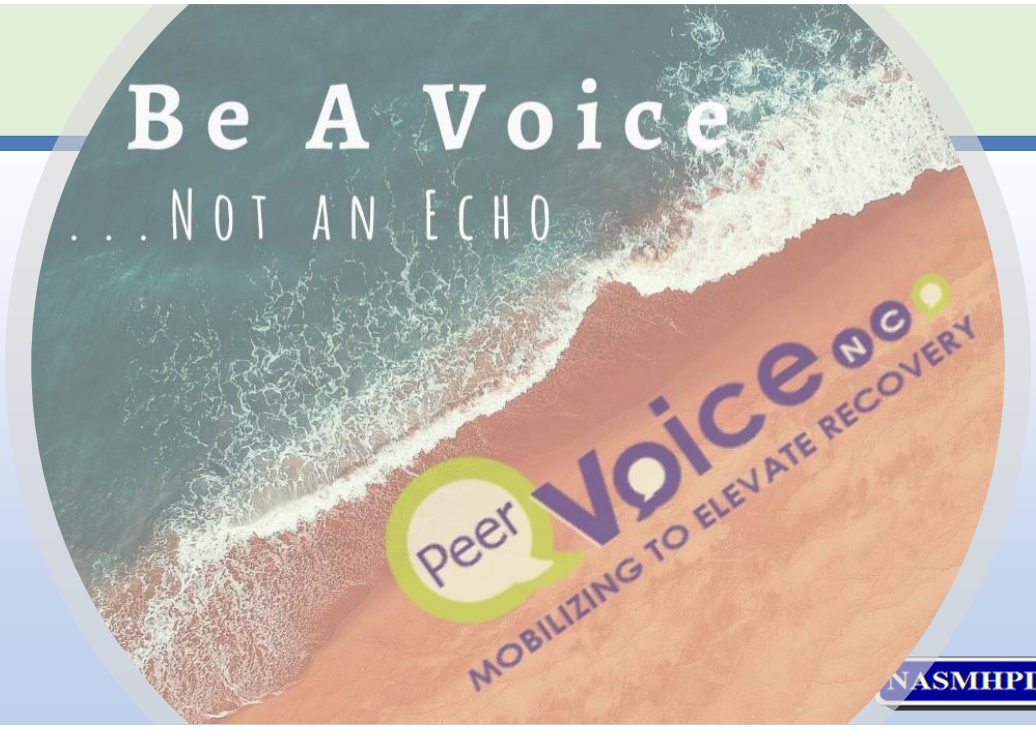

Peer Voice NEO
MOBILIZING TO ELEVATE RECOVERY

when we say
people are service resistant
what we are actually saying is
our services are people resistant

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A Person Fell in a Hole

A person experiencing emotional distress fell into a hole and couldn't get out.
A businessman went by.

The person in the hole called out for help.

The businessman threw him some money and told him, "Get yourself a ladder."

But the person could not find a ladder
in this hole he was in.

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A doctor walked by. The person said, "Help, I can't get out." The doctor gave him drugs and said, "Take this, it will relieve the pain,"

The person in the hole said thanks, but when the pills ran out, he was still stuck down there, all alone.

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A renowned psychiatrist rode by and heard the person's cries for help.

He stooped and said, "How did you get there? Were you born there? Were you put there by your parents? Tell me about yourself, it will alleviate your sense of loneliness."

So the person talked with him for fifty minutes,
then the psychiatrist had to leave, but he said he'd be back next week. The person thanked him, but was still in his hole.

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A priest came by. Again, the person in the hole called out for help. The priest gave him a Bible and said “Lets pray together.” He got down on his knees and prayed, then left.

The person was very grateful; he read the Bible, but he was still stuck in that hole.

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A Peer Mentor happened to be passing by. The person cried out, "Hey, help me, I'm stuck in this hole."

Right away, the Peer Mentor jumped in the hole with him.

The person in the hole said, "What are you doing? Now we're both stuck here."

But the Peer Mentor said, "It's okay, I've been here before, and I know how to get out."

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Peer Support

- From Oppression to Advocacy
- From Isolation to Together
- From acceptable tyranny to human and civil rights
- From Incompetent to Badass World Changers

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Peer Voice NC
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QUESTIONS????

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Virtual Training Program for Peers on Trauma Informed Peer Support

August 4 & 5, 2020

Email jeremy.mcshan@nasmhpd.org for registration information

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Additional Resources

Visit our Webpage for more information on Trauma-Informed Care and the 6 principles of Peer Support

https://www.nasmhpd.org/content/national-center-trauma-informed-care-nctic-0

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