8. healing-centred connection: principles in trauma-informed care

In this module, we bring together all the learnings from previous modules to support the creation of environments and relationships that are safe and trauma-informed.

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6. core values

7. life application story

8. the intersection of all the other modules

9. let's start with hope…

1. welcome

welcome to

WHERE WE ARE AT

healing-centred connection: principles in trauma-informed care

Welcome to *Where We Are At*, a training course for Provincial Peer Support Workers. We're glad you're here! This course is made up of 16 modules, all designed to support your training in peer support work.

The purpose of module **8, healing-centred connection: principles in trauma-informed care** is to support the creation of environments and relationships that are safe and trauma-informed.

Any of the modules in this training can stand alone, but you'll notice they are very interconnected. All of the concepts and core values have many layers, and they will look a little different when you see them through the lens of different topics. For example, self-determination, one of the core values that is essential for peer support work, will look a little different when we look at it through the lens of learned helplessness, grief and loss, or goal planning, but the main message will always be the same.

You will get to experience all of those layers and intersections when you move through each module of the training. Feel free to navigate back and forth between modules as you move along since learning never has to be linear. There will be references to other modules intersected throughout.

Thank you for joining us on this educational journey!

2. gratitude

Before we begin this new *learning* journey, we ask that you reflect on the following question:

What am I grateful for today?

We know that taking time to reflect can give us the clarity and strength to do what can sometimes be difficult emotional work.

Download the reflection journal below and use it to record your thoughts. Please don't rush. Take all the time you need. This journal will be used for several questions throughout the module.

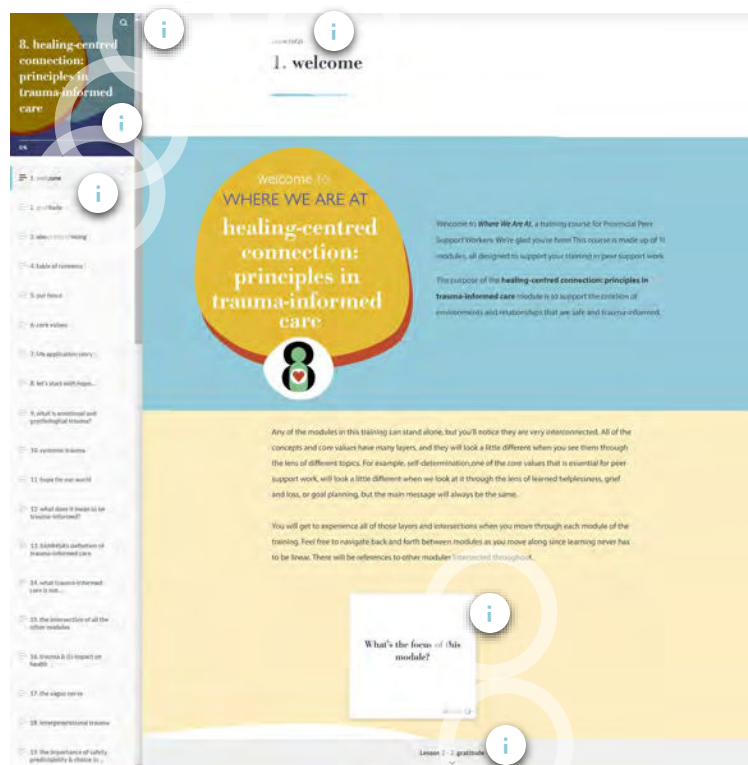**PDF** **M08_reflection-journal.pdf**
70.8 KB
↓

3. about this training

**The course content has been guided by consultations that were held with peer support workers. It's with the utmost respect for their experience and wisdom that we share these learnings.**

course navigation

You may have questions on how to use this course. We designed an interactive diagram to give you the chance to explore the different functions on the screen. Click the buttons below to learn more.
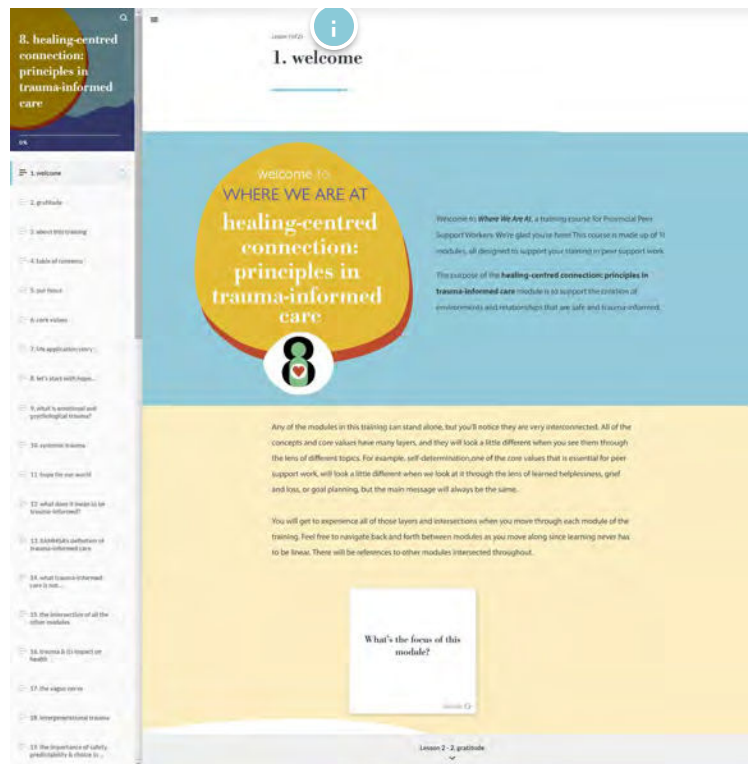
Lesson titles

Lesson 1 of 25

Above each lesson title, the lesson count is shown.

CONTINUE

reflection journal

As you discovered in the previous section, included in this training is a re. ection journal. The journal is designed for you to use throughout the training. It's full of reflective questions related to the topics being explored that will get you engaging in the world around you with curiosity.

Feel free to use the journal in a way that works for you:

1   You can print it off and write in it or just use it to support reflective processing

2   You can use the fillable PDF version and complete it online

3   You can write in your own journal, using the questions as guides

We encourage you to find a safe, comfortable spot to engage with these questions.

CONTINUE

where we are at

provincial peer support worker training curriculum

The *Where We Are At* educational curriculum includes 16 modules. You'll find a brief description of each below.

1. the foundations

An overview of all the practices and knowledge that will be transferable to all of the modules in this training.

2. peer support & wholeness   __

Provides an introduction to peer support work and explores differences between the peer support role and other roles within the mental health and substance use systems.

3. categories & containers: unpacking our biases   __

Helps you understand how and why we judge.

4. self-determination   __

Looks at self-determination, the theory of self-determination and how peer support workers can support creating an ecology where people trust their own inner wisdom.

5. cultural humility   __

Explores how to approach your peer support work through the lens of cultural humility and helps you understand how culture (and the destruction of culture) shapes our lives.

6. understanding boundaries & what it means to co-create them   __

Examines boundary creation within the context of peer support, grounded in the core value of mutuality.

7. connection & communication

Focuses on cultivating compassion and empathy, listening deeply to understand, and asking powerful questions to increase reflection and connection.

8. healing-centred connection: principles in trauma-informed care

Brings together all the learnings from previous modules to support the creation of environments and relationships that are safe and trauma-informed.

9. social determinants of health

Explores the social determinants of health and how social, economic and other factors lead to better or worse health outcomes.

10. supporting someone who is grieving

Examines how to understand grief and loss in order to support someone who is grieving, without trying to "fix" or "save" them.

11. substance use & peer support

Explores the principles and methodologies around the harm reduction approach to substance use disorders and some of the history around the criminalization of substance use.

12. mental health & supporting those in crisis

Explores the mindset shift necessary to support someone through a crisis.

13. goal planning

Focuses on how peer support relationships can support the creation and meeting of goals.

14. building personal resilience

Explores ways to build resiliency, create wellness plans and practice self-compassion.

15. family peer support

Explores family peer support work and how, by working from a place of shared lived experience, family peer support workers can create positive change for families by building long-term relationships based on trust with those supporting loved ones.

16. working with youth & young adults

Explores the unique application of peer support principles to working with youth and young adults.

4. table of contents

Below you'll find a short overview of the topics you'll find in this module.

As you move through these topics, please remember you can always return to this page to revisit the main ideas being explored in each lesson.

life application story

A scenario about healing-centred connection.

the intersection of all the other modules

Points out ways this module intersects with and builds upon the concepts explored in other modules.

let's start with hope...

Discusses how focus on creating healing-centred connections will eventually ripple out to the wider society and influence the creation of healing-centred systems that support wide levels of healing.

what is emotional & psychological trauma?

Describes different types of trauma.

systemic trauma

Explains some causes and consequences of systemic trauma.

hope for our world

Looks at the ways our actions can potentially repair flawed, harmful systems.

what does it mean to be trauma-informed?

Explains how being trauma-informed in an organization means creating a sense of safety for all people.

SAMHSA's definition of trauma-informed care

Examines Substance Abuse Mental Health Services Administration's (SAMHSA's) definition of trauma-informed care.

what trauma-informed care is not...

Describes misconceptions about trauma-informed care.

trauma & its impact on health

Describes ways trauma can negatively impact a person's health.

the vagus nerve

Explains ways the vagus nerve can be stimulated to reduce stress levels.

intergenerational trauma

Describes intergenerational trauma and gives examples of how it affects people's lives in a negative way.

the importance of safety, predictability & choice in our peer support interactions

Explains how to give people you support safety, predictability and choice.

radical healing & connection __

Describes how healing from trauma must happen within community.

resilience – strengthening the roots of well-being __

Explains ways to build resilience in the face of trauma.

5. our focus

What's the focus of this module?

1 of 1

Because trauma is pervasive, and we, as peer support workers, have often experienced it personally, we serve others with the assumption that they have a history of trauma as well, and that this trauma will likely return if they don't feel safe. For this reason, it is essential that we create safety and offer predictability in our support roles.

This module will bring together all the learnings from previous modules to support our efforts to create environments and relationships that are safe and trauma-informed. By doing this, we learn to support the calming of the nervous system which, in turn, allows people the safety and capacity to heal and grow.

This module also will help us understand that trauma is almost never caused individually, and that healing can't be done individually either. We need a systems approach, one that focuses on healing-centred relationships.

after reviewing this module, you'll be able to...

Define and articulate what it means to be trauma-informed and the importance of putting it into practice.


Identify key components of trauma-informed care and their application in clinical and community settings.

Examine and articulate the impact of trauma on health, and learn simple practices that support the calming of the sympathetic nervous system.
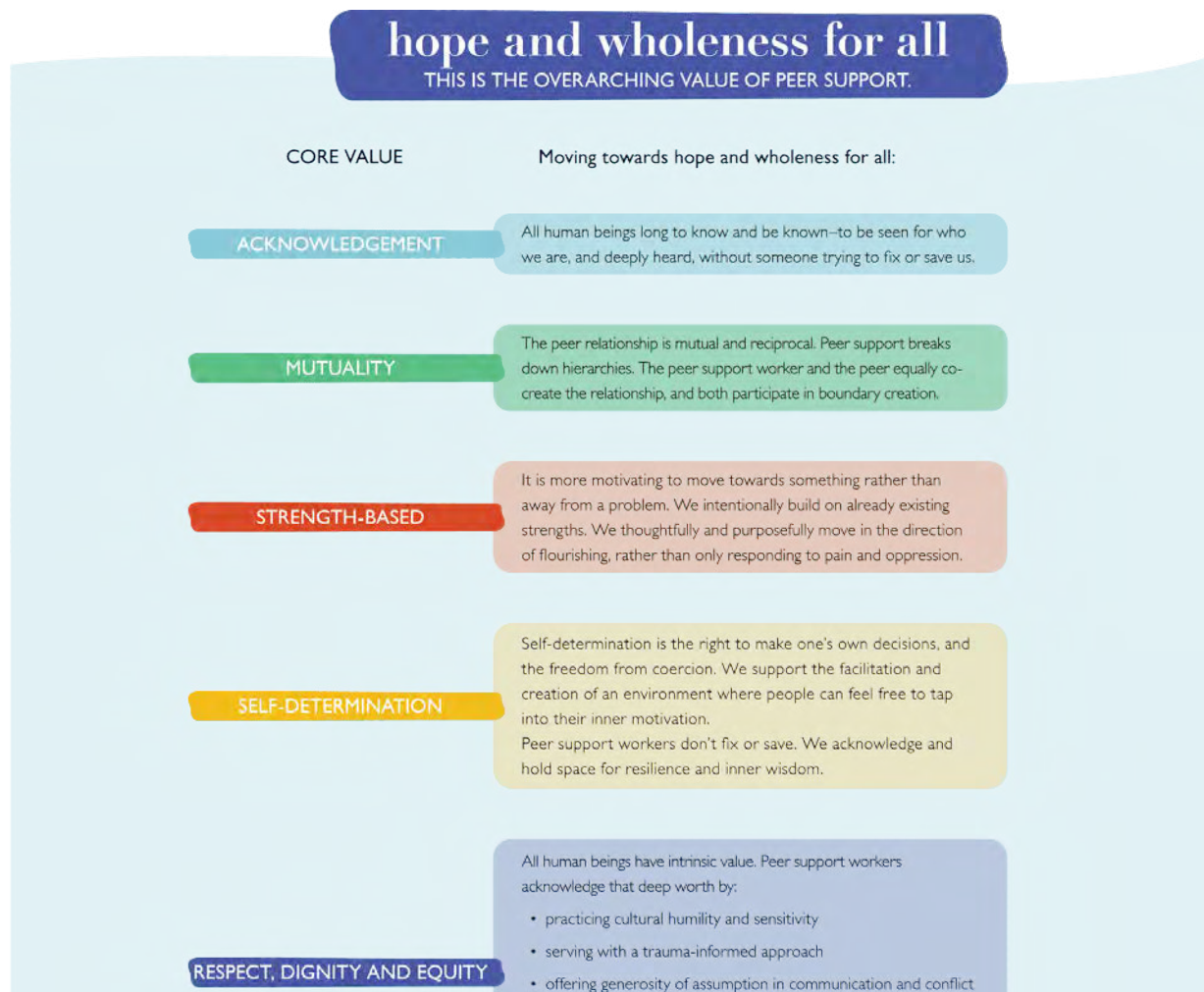
Discuss and integrate healing modalities into your practice that support post-traumatic growth and resilience building.
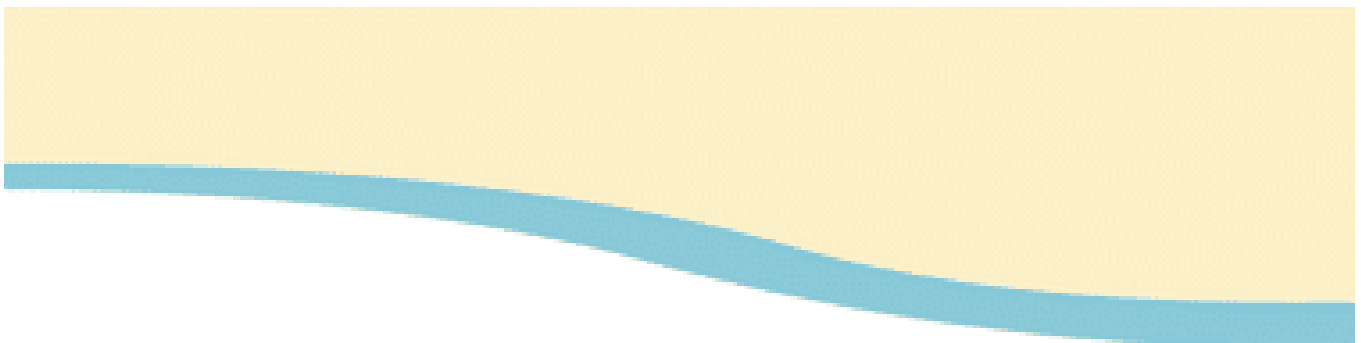
6. core values

The following core values are essential for peer support work. At the end of this module, you'll be asked to decide which ones are key to this topic.

hope and wholeness for all
THIS IS THE OVERARCHING VALUE OF PEER SUPPORT.

CORE VALUE	Moving towards hope and wholeness for all:
ACKNOWLEDGEMENT	All human beings long to know and be known—to be seen for who we are, and deeply heard, without someone trying to fix or save us.
MUTUALITY	The peer relationship is mutual and reciprocal. Peer support breaks down hierarchies. The peer support worker and the peer equally co-create the relationship, and both participate in boundary creation.
STRENGTH-BASED	It is more motivating to move towards something rather than away from a problem. We intentionally build on already existing strengths. We thoughtfully and purposefully move in the direction of flourishing, rather than only responding to pain and oppression.
SELF-DETERMINATION	Self-determination is the right to make one's own decisions, and the freedom from coercion. We support the facilitation and creation of an environment where people can feel free to tap into their inner motivation. Peer support workers don't fix or save. We acknowledge and hold space for resilience and inner wisdom.
RESPECT, DIGNITY AND EQUITY	All human beings have intrinsic value. Peer support workers acknowledge that deep worth by: • practicing cultural humility and sensitivity • serving with a trauma-informed approach • offering generosity of assumption in communication and conflict

- mindfully addressing personal biases

Peer support is about meeting people where there are at and serving others with a knowledge of equity.

BELONGING AND COMMUNITY

Peer Support acknowledges that all human beings need to belong and be a part of a community. Peer support recognizes that many people have barriers that keep them from developing community. We actively work towards deconstructing those social blockades that prevent inclusion and acceptance. Peer support workers serve with a social justice mindset, and intentionally practice empathy, compassion & self-compassion.

CURIOSITY

We are always intentional about how curiosity and inquiry support connection, growth, learning and engagement.

This curiosity isn't fueled by personal gain but by a genuine interest in connection. We encourage curiosity while respecting the boundaries and protecting the privacy of the people we support.

We are continually curious, but not invasive, while challenging assumptions and narratives. We ask powerful questions. We offer generosity of assumption to those who think differently than we do. We know that listening and asking questions are more important than providing answers.

*Note on the meaning of the term "generosity of assumption" from the glossary of terms: *Assumptions happen when we don't know the whole story, and allow our brains to fill in the blanks. Often we make negative assumptions about people or situations. Generosity of assumption means that we extend someone the most generous interpretation of their intent, actions, or words.*

7. life application story

Check out this scenario with Nadia and Amy.

scenario ___

Nadia and Amy had been meeting up at the same place for the past few weeks, and Nadia, a peer support worker, thought they were ready for a change. They were supposed to meet at the café that afternoon but being

outside seemed like a much better option to Nadia. She texted Amy, certain she would be excited about the change in plans.

Hi Amy!! It's such a beautiful day outside. I really need some sun after all this rain we've been having. Instead of meeting up at the cafe, I think it would be good for us to meet at the park downtown! I think it's a good idea for us to get some exercise. How about I meet you there on the bench by the main gate at the same time?

Okay. Texted Amy

Great! See you soon.

Nadia waited at the meeting spot for 45 minutes, but Amy never showed up. She didn't respond to her texts. Nadia was upset because she had taken time out of her otherwise busy day to meet and was really looking forward to a walk and spending time with Amy at the park.

When she got home, Nadia texted Amy again: *Hey! Is everything okay? I waited at the park for you for 45 minutes today. I was worried.*

Amy: *Yeah sorry. I wasn't feeling well.*

At first Nadia was annoyed. Couldn't Amy have texted that earlier? She felt that Amy wasn't respecting her time. Nadia thought about it for a while. Amy had talked to her a bit about her traumatic experiences in foster care, and how it led to her many struggles, including dealing with change. She didn't mention anything over text about having a problem with the change, but maybe she actually wasn't okay with it. Nadia also realized that layers of communication can be lost in texting, so maybe she was just assuming that Amy was okay with the change.

Nadia: *Okay, I'm sorry to hear that you're not feeling well. Is there anything else? I know I changed plans at the last minute. Please let me know if that didn't work for you.*

Amy texted back: *Thanks. Yeah… at first it sounded like a fun idea, but to be honest the change stressed me out. I felt like I didn't have a choice in the plan, and I'm also not feeling up for a walk today. I really feel comfortable at our usual place. This has been a hard week for me, and I was looking forward to getting a special drink. I don't do well with spontaneous changes to plans.*

Nadia: *I'm really sorry that I changed the plan at the last minute. I wish I had texted you my thoughts earlier. I also realize now that I didn't give you a choice in the decision. That wasn't right. I'm glad that you feel comfortable at our usual place. We can for sure keep meeting there if that feels good for you. I really like it there too, and maybe we can even snag a table outside if it's sunny, and we're feeling up for that.*

Amy: *I'm good with that. I would like to go to the park sometime, but if we can plan for it ahead of time, that would make me feel a lot more comfortable. I would like to be emotionally prepared. I know it sounds silly, but it's important to me.*

Nadia decided to give Amy a call. This was an important conversation, and she didn't want to risk misunderstanding by continuing to text.

Amy answered the phone and was glad to chat about it.

Nadia said, "I do hear what you're saying, and I understand. Thank you so much for letting me know how you're feeling. I'm grateful that you felt comfortable telling me. I am sorry for not considering your needs. I'm hearing that this is one of your needs to feel safe, and I really want to support you in the best way I can. I get that! I have needs like that too. Remember when we talked about boundaries when we first met, and we defined what we both needed. I'm really glad to know now that this is one of your needs. I will remember this and do my best to respect it."

Nadia continued, "I'm really looking forward to meeting up next week. Would it work for you if we check in 3 days before and see what the weather forecast is supposed to be like, so we can decide between the café and the park?"

Amy: Yes! That works for me! Thank you so much for understanding Nadia! I feel so much better.

CONTINUE

questions for reflection
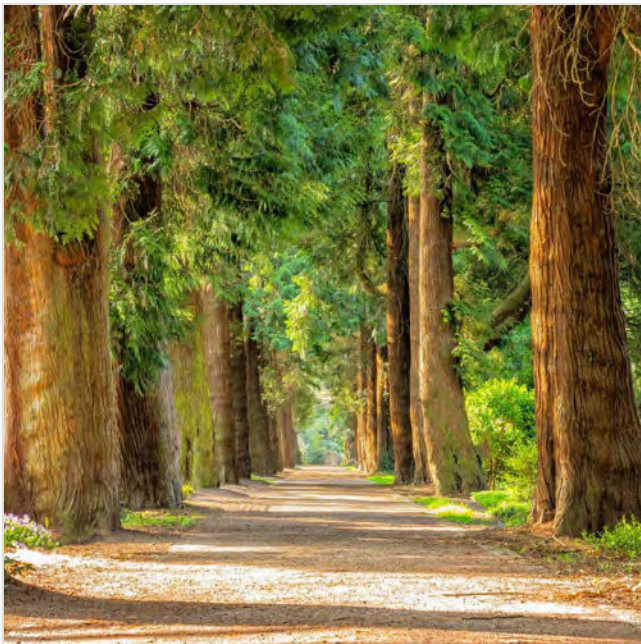
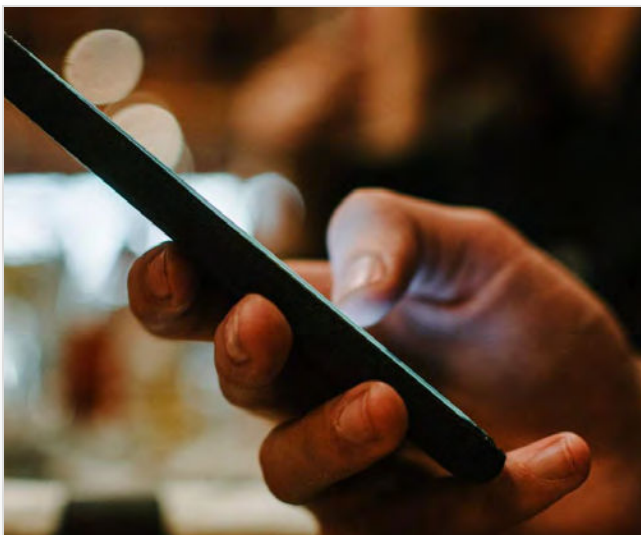Answer these questions in your reflection journal.
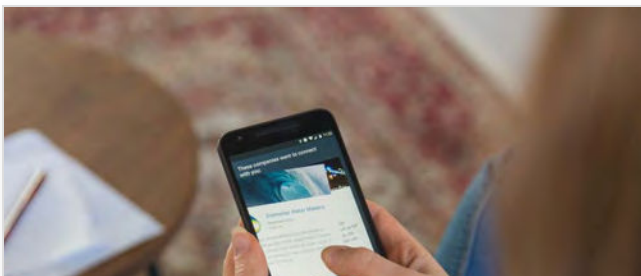
What was wrong with Nadia's

What was wrong with Nadia's approach in her first text to Amy?

What did you notice about Nadia's assumptions and biases at first? Did she have much awareness of Amy's perspective?

In module 7. connection & communication, we talked about connection, disconnection and reconnection. What did you notice in this scenario in regards to these terms?

What did you notice about Nadia's awareness of supporting Amy's self-determination in this module?

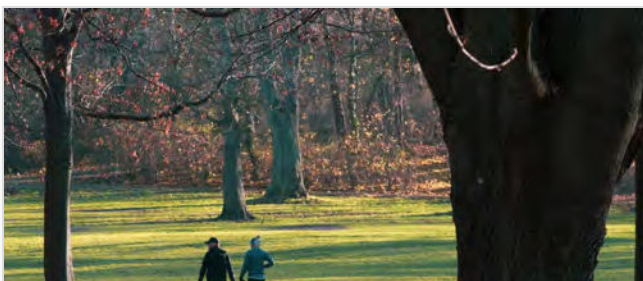**What did you notice about boundary co-creation in this scenario?**

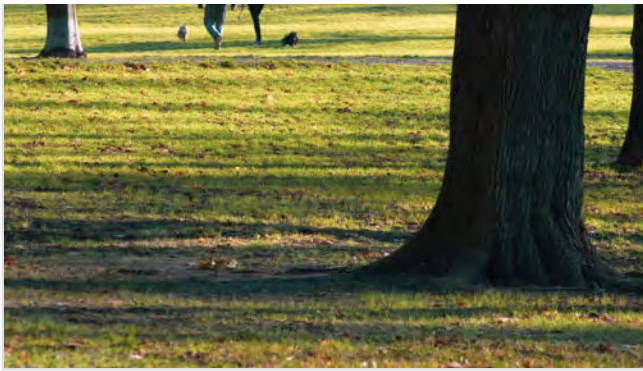What did you notice about communication style in this scenario?

This communication could have gone quite differently, and Amy may have been left feeling a lot of shame and embarrassment. What did Nadia do to make sure that Amy wasn't shamed?
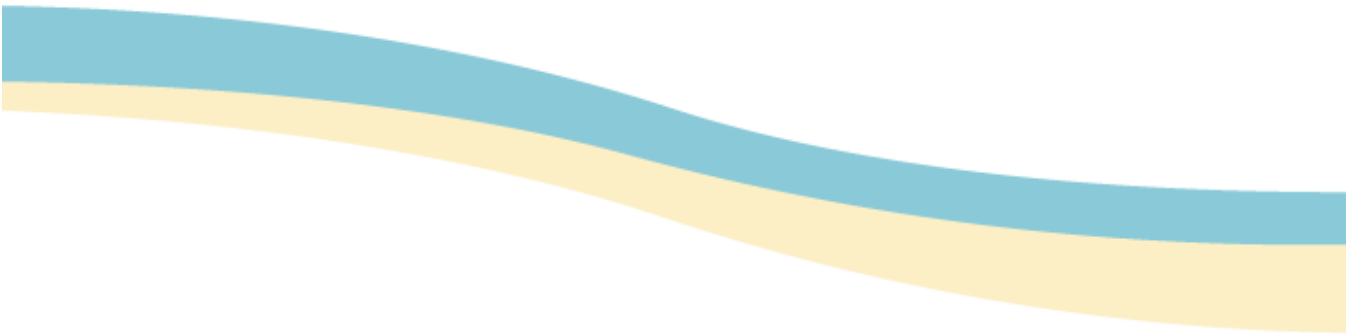
Can you relate to either Amy or

Nadia's situation in this scenario (or both)? How did that feel?

8. the intersection of all the other modules

The scenario with Nadia and Amy really brings together how all the other topics we have already covered in this training intersect to support a trauma-informed atmosphere. These principles aren't stand-alone, they all build on each other, and complement each other, and we see that come together in an amazing way in this module.

The following practices integrate with those in this module and, together, lay a foundation for using a trauma-informed lens to support others:

☐ Understanding principles of self-determination [module **4. self-determination**]

☐ Being aware of our worldview, judgements and biases [module **3. categories & containers: unpacking our biases**]

☐ Embracing cultural humility [module **5. cultural humility**]

☐ Co-creating boundaries and making an effort to respect them – and dialogue about them – when necessary [module **6. understanding boundaries & what it means to co-create them**]

☐ Developing basic communication skills, such as speaking and texting, as well as qualities that build connection, like empathy and compassion [module **7. connection & communication**]

☐ Establishing hopes, dreams and goals [module **13. goal planning**]

☐ Building personal resilience [module **14. building personal resilience**]

9. let's start with hope...

Trauma is a difficult topic. It involves heavy and complex issues that affect us both as individuals and as communities. Trauma is systemic in nature and supporting people who have experienced trauma must include a systemic approach to healing. This means that as we support individuals, we must also work towards healing the systems that traumatize people. As we look at trauma and healing, we must remember peer support's core value of mutuality. We all come to the table with our own wounds. Together, we all get to support each other towards healing those wounds through relationship and connection; it's a community endeavour. We live within systems that are . awed and will continue to cause harm until we change them, so healing is a mutual and intentional practice. As we have talked about throughout this training, peer support is a movement – a movement that changes systems!

Trauma is common. Creating a trauma-informed lens is one of the important steps we can collectively take to create safe ecosystems within our organizations that will support people to heal and flourish. This means we must realize the prevalence of trauma and do everything needed to avoid retraumatizing people. But this approach must not stop at being trauma-informed; we need to define what we "are" as clearly as what we "are not."

What we "are" involves having MORE than just a trauma-informed lens. To actually create healing-centred connections, we need other values, capacities and strengths:

Clarity of purpose, mutuality, grounding in core values and a clear strength-based direction for moving towards where we want to be, is essential. Prioritizing building resilience in others, acknowledging and growing strengths, addressing inequity, while cultivating love, hope and joy, is absolutely essential to this work.
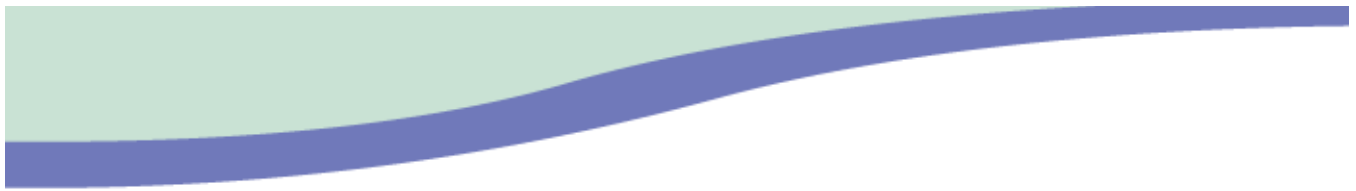
We also need acceptance from society, culture, government, leadership, communities, organizations and schools. This is a tall order. However, the way we impact those bigger systems is by creating a healing-centred culture within our own organizations; when we are passionate and dedicated to a common purpose such as this, it can't help but spread.

As we move forward in this module, let's keep a few ideas in mind:

☐ As a peer support worker, you are a champion of a "radical" healing movement that has the power to heal and transform.

☐ Trauma-informed care is an important starting point. It's a common philosophy that supports us to create safe spaces for people to heal and develop relationships.

☐ Healing from trauma requires courage, risk and tenacity, and that's why we need others to support us.

☐ Some people are denied the opportunity to find the supports they need to heal from trauma, and for that we will forever be committed to this work.

☐ One of the goals of this module is to go beyond trauma-informed care and support radical healing and deep connection. We don't simply want to manage trauma or support someone to return to a pre-trauma state; we want to support people to flourish and thrive.

That leads to our biggest message in this module: that healing is possible.

Many people are able to heal from their trauma, and healing-centred connections are one of the most important ways to do this. There are also many therapeutic supports that can advance the healing process, with new

modalities being discovered all the time. Be encouraged by this!

CONTINUE

questions for reflection

Answer these questions in your reflection journal.

What are some things you need to feel safe and connected?

What qualities do you look for in your supporters?

10. what is emotional & psychological trauma?

NOTE: If you have your own background of trauma, we will be digging into some challenging topics that could bring up some discomfort for you. If it does, please do what you need to take care of yourself. Consider tackling this module at the same time as you review some of the practices in module **14. building personal resiliency**.

CONTINUE

When we think of trauma, we often think of a particular event. A stressful event *causes* trauma, but emotional and psychological trauma is actually the result of a stressful event.

trauma

the emotional response following a stressful event

Psychological and emotional trauma can leave someone feeling scared, unable to cope, helpless, overwhelmed, numb and/or disconnected from self and others, and distrustful.

Trauma can be caused by a threat to one's physical or psychological safety. Sometimes simply witnessing someone else's harm can also cause emotional and psychological trauma.

The website Help.org says, "It's not the objective circumstances that determine whether an event is traumatic, but your subjective emotional experience of the event. The more frightened and helpless you feel, the more likely you are to be traumatized."

This is why when two people experience the same event, one of them can continue life as usual, while the other can be left with significant trauma.

The document called *Engaging Women In Trauma-Informed Peer Support: A Guidebook,* written by Andrea Blanch, Beth Filson, Darby Penny and Cathy Cave, defines trauma this way:

> Trauma occurs when an external threat overwhelms a person's coping resources. It can result in specific signs of psychological or emotional distress, or it can affect many aspects of the person's life over a period of time. Sometimes people aren't even aware that the challenges they face are related to trauma that occurred earlier in life. Trauma is unique to each individual—the most violent events are not always the events that have the deepest impact. Trauma can happen to anyone, but some groups are particularly vulnerable due to their circumstances, including women and children, people with disabilities, and people who are homeless or living in institutions. (April 2012)

CONTINUE

types of trauma

The following are the three ways trauma is typically categorized:

Acute

Results from a single overwhelming event.

EXAMPLES: Car accident, single act of abuse, natural disaster, sudden major loss or witnessing violence.

Chronic

Results from events that happen over and over again, for prolonged amounts of time. Can be the same event or different events.

EXAMPLES: This could include domestic violence, the effects of poverty, neglect, bullying or the ongoing treatment needed for an illness such as cancer.

Complex

Similar to chronic trauma, complex trauma results from events that happen repeatedly for longer periods of time. The difference is that these events were perpetrated by a trusted caregiver and involve a sense of betrayal. Complex trauma often happens in childhood.

Complex trauma can be harder to treat, as it can impact the person's sense of worth and can come with symptoms like shame and dissociation. These symptoms can happen with acute and chronic trauma but, is more likely to happen with complex trauma.

Outside of these three categories, there are several other types of trauma that people can encounter:

CONTINUE

microaggression

Dictionary.com defines microaggression this way:

microaggression	**1. a subtle but offensive comment or action directed at a member of a marginalized group, especially a racial minority, that is often unintentionally offensive or unconsciously reinforces a stereotype:** microaggressions such as "I don't see you as Black."

1 of 1

Though microaggressions are subtle, when they happen often, they add up and can result in trauma.

Small words actually wield great power to cause harm.

In the journal article *Challenging Definitions of Psychological Trauma: Connecting Racial Microaggressions and Traumatic Stress,* authors Nadal, Erazo and King argue that mental health professionals should take the impact

of microaggressions seriously. They make the case that racism creates trauma, and professionals should use culturally-informed, trauma-focused supports to "normalize and empower people of color."

They state: *"By not naming racism or other forms of oppression as a legitimate type of trauma, people of color (and others) continue to internalize that they are not coping with discrimination effectively, instead of externalizing the role of historical and systemic oppression in their lives."*

The following excerpt is from the study:

> Future researchers can further examine racial trauma and microaggressive trauma as concepts that negatively impact the lives of people of color and prohibit their ability to thrive in all aspects of their lives. Researchers can examine if microaggressions can perhaps trigger past experiences of racial trauma similar to retraumatizations. Scholars have found retraumatization to be detrimental to psychological health (see Duckworth & Follette, 2012), while others have supported that accumulative or complex trauma and revictimization often results in greater symptomology (Courtois, 2008). So, while racial microaggressions may appear innocuous or harmless, they may trigger memories of intensity or frequent racial discrimination, which may exacerbate trauma symptoms. (2019)

Microaggressions can apply to many other areas, including ableism. Examples of comments used a microaggressions include: "I saw you using a wheelchair yesterday, so why are you walking today;" and "You don't look autistic."

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vicarious trauma, secondary traumatic stress & retraumatization

Both vicarious trauma and secondary trauma are indirect trauma. They occur when someone is a witness to another person's trauma.

Retraumatization is when something happens and a person is reminded of their own personal trauma.

VICARIOUS TRAUMA	SECONDARY TRAUMA	RETRAUMATIZATION

The term "vicarious trauma" was coined by Pearlman & Saakvitne in 1995.

Vicarious trauma is indirect trauma that can happen when a clinician/practitioner is constantly exposed – and a witness – to other people's trauma. It's different than burnout. Burnout happens when we don't attend to our well-being through restoring and refueling. Burnout can stem from many different causes including lack of boundaries and attention to one's well-being. Vicarious trauma is more similar to "clinician's illusion," a condition that happens when a clinician only works with people who are unwell and begins to doubt that recovery is possible. As a result of vicarious trauma, a practitioner begins to see the world through a lens of trauma.

For example, a domestic violence worker, who hasn't experienced this kind of violence personally, begins to question if any relationship can be safe because the amount of violence they observe is affecting their perception of safety in intimate relationships. Being a witness to other people's trauma begins to affect their own worldview and causes a traumatic response within them.

Vicarious trauma can also happen when someone is overexposed to detailed traumatic stories in other roles and capacities. EXAMPLES: court workers, police officers, child and youth social workers, as well as situations where someone is over-watching the news or is working in the criminal justice system.

VICARIOUS TRAUMA	SECONDARY TRAUMA	RETRAUMATIZATION

Secondary trauma has similarities and dissimilarities to vicarious trauma.

On the one hand, secondary trauma is similar to vicarious trauma because it occurs when an individual supports someone who is experiencing a serious trauma. Even though the trauma is not first-hand, the person still develops PTSD-like (Post Traumatic Stress Disorder) symptoms.

On the other hand, secondary trauma happens quickly and unexpectedly, while vicarious trauma happens slowly over time.

VICARIOUS TRAUMA	SECONDARY TRAUMA	RETRAUMATIZATION

Retraumatization occurs when someone is exposed to a situation that consciously or unconsciously triggers a memory of a previous personal trauma. The body reacts with a stress response that feels as intense as the original trauma.

One of the main goals of trauma-informed care is that we want to do as much as we can to prevent retraumatization for the people we serve.

Since many peer support workers come into this work with personal trauma, awareness of retraumatization is essential in this work.

As a peer support worker, developing practices that support your well-being can be very beneficial. For example, it's important to have good connections with people on your team so that you're able to debrief and get the support you need after a potentially triggering events occurs. Awareness of your triggers and stressors is also important so you can avoid certain situations when you can.

11. systemic trauma

We tend to look at trauma as a person's individual experience. We like to know why something is the way it is, so we look to make sense of someone's trauma by putting all of the blame onto someone or something. While there certainly is a specific person or situation that caused a traumatic event, and we must address that, often we neglect to see how the whole society/system has created conditions for the trauma to exist.

EXAMPLE – A child who experiences bullying in school

Creating consequences for the child who is bullying is important – and necessary. However, to make a lasting change, we must **also** look at that child's home life. Are they themselves experiencing any form of abuse? Are their basic needs being met? Are they in a nurturing environment? Are they living in poverty, or are they dealing with a systemic issue related to social determinants of health? Supporting the child who is experiencing bullying also means that we need to support the child who is the bully, and that includes addressing the needs of the child's family.

As a society we generally don't address systemic trauma. We create band-aid approaches to deal with its aftermath, but we don't tend to focus on healing or prevention. As we've talked about throughout the training, we live in an individualistic society that doesn't often consider the collective needs of its people. In a more interconnected society, we would be working hard to change the systemic conditions that both create trauma and allow retraumatization to happen. We, as individuals and as a society, need to learn to perceive trauma differently. Unless we intentionally work to change these traumatizing systems, unless we learn to see and interact with the world through a trauma-informed lens, history will continue to repeat itself.

The truth is that we're a traumatized nation – a traumatized world. Trauma gives rise to more trauma. It's cyclical and will continue to be this way until we're more deliberate about disrupting the cycle.

What can be done about systemic trauma? Is there a way we can do our part? YES! Like we cover in module **2. peer support & wholeness**, change starts slowly – with individuals – and gains momentum over time until it becomes a movement. To support this movement, we need to adopt a trauma-informed lens, build healing-centred connections and integrate the core values of peer support in our work. We also need to address the systemic governmental problems that continue to create injustices. We can instigate change through voting, by

spending our money in ways that promote healing, by protesting injustices and by sharing our ideas with government officials.

CONTINUE

examples of systemic trauma

racialized trauma

The Indian Act

Here in Canada, the Indian Act came into law in 1876. In the book *21 Things You May Not Know About the Indian Act*, author Bob Joseph shares details of the Act that created the colonial system we know today and how it continues to traumatize Indigenous peoples. The Indian Act

- Created reserves

- Mandated residential schools

- Restricted First Nations from leaving their reserve without permission from a government official

- Allowed unused portions of the reserve to be leased out by the government to colonizers

- Forbade First Nations peoples from forming government, or even voting

- Forbade First Nations peoples from speaking their language, practicing their religion or any form of culture – from potlatches to wearing traditional regalia

This is just a sampling. Basically, the Act treated First Nations people as non-human. Over time, it has shifted and changed, but the original 1876 legislation set the stage for an unjust system that oppressed Indigenous peoples. The Truth and Reconciliation movement is working to break down the deeply racist colonizing roots we

are still experiencing today. However, for any kind of lasting cultural shift to occur, all of society needs to participate in creating change.

and whenever such Indian has been assigned by the band a suitable allotment of land for that purpose, the local agent shall report such action of the band, and the name of the applicant to the Superintendent-General; whereupon the said Superintendent-General, if satisfied that the proposed allotment of land is equitable, shall authorize some competent person to report whether the applicant is an Indian who, from the degree of civilization to which he or she has attained, and the character for integrity, morality and sobriety which he or she bears, appears to be qualified to become a proprietor of land in fee simple; and upon the favorable report of such person, the Superintendent-General may grant such Indian a location ticket as a probationary Indian, for the land allotted to him or her by the band. *[sent of Band to be enfranchised. Inquiry thereupon. Location ticket on favourable report.]*

(1.) Any Indian who may be admitted to the degree of Doctor of Medicine, or to any other degree by any University of Learning, or who may be admitted in any Province of the Dominion to practice law either as an Advocate or as a Barrister or Counsellor or Solicitor or Attorney or to be a Notary Public, or who may enter Holy Orders or who may be licensed by any denomination of Christians as a Minister of the Gospel, shall *ipso facto* become and be enfranchised under this Act. *[Indians admitted to degrees in Universities, &c.]*

87. After the expiration of three years (or such longer period as the Superintendent-General may deem necessary in the event of such Indian's conduct not being satisfactory), the Governor may, on the report of the Superintendent-General, order the issue of letters patent, granting to such Indian in fee simple the land which had, with this object in view, been allotted to him or her by location ticket. *[Patent after certain period of probation.]*

88. Every such Indian shall, before the issue of the letters patent mentioned in the next preceding section, declare to the Superintendent-General the name and surname by which he or she wishes to be enfranchised and thereafter known, and on his or her receiving such letters patent, in such name and surname, he or she shall be held to be also enfranchised, and he or she shall thereafter be known by such name or surname, and if such Indian be a married man his wife and minor unmarried children also shall be held to be enfranchised; and from the date of such letters patent the provisions of this Act and of any Act or law making any distinction between the legal rights, privileges, disabilities and liabilities of Indians and those of Her Majesty's other subjects shall cease to apply to any Indian, or to the wife or minor unmarried children of any Indian as aforesaid, so declared to be enfranchised, who shall no longer be deemed Indians within the meaning of the laws relating to Indians, except in so far as their right to participate in the annuities and interest moneys, and rents and councils of the band of Indians *[Indian to declare name chosen; and to be known by it. Wife and minor children enfranchised. Effect of such enfranchisement.]*

A page from the Indian Act as published in the Statutes of Canada, 1876 (Canadian Research Knowledge Network, Acts of Parliament)

CONTINUE

impact of slavery on the world today

Similarly, when we consider the roots of slavery in North America, we become aware of why our society still struggles with systemic racism. We Canadians tend to think that Canada wasn't involved with slavery. This isn't fully accurate. Slavery existed here – first in the colony of New France, and later in British North America – for nearly 200 years. And though slavery ended within the British Empire in 1834, 33 years before Canada officially became a sovereign country in 1867, slaves living here before that time had no legal rights and were not considered fully human under the law.

Because the slave trade was intrinsic to the development of North America, it has deeply impacted the system of government we know today. The systems of slavery and segregation meant that the laws governing our lands elevated the value of white lives over Black lives. This problem continues to be systemic because it is so ingrained in the way laws are written today.

CONTINUE

the patriarchy and trauma

Sexism and patriarchy are systemic problems that can perpetuate trauma for all genders. For centuries, Western society and culture have favoured the white, heterosexual male over anyone else. This bias has created an opportunity for systemic trauma that affects people outside of that demographic to this day.
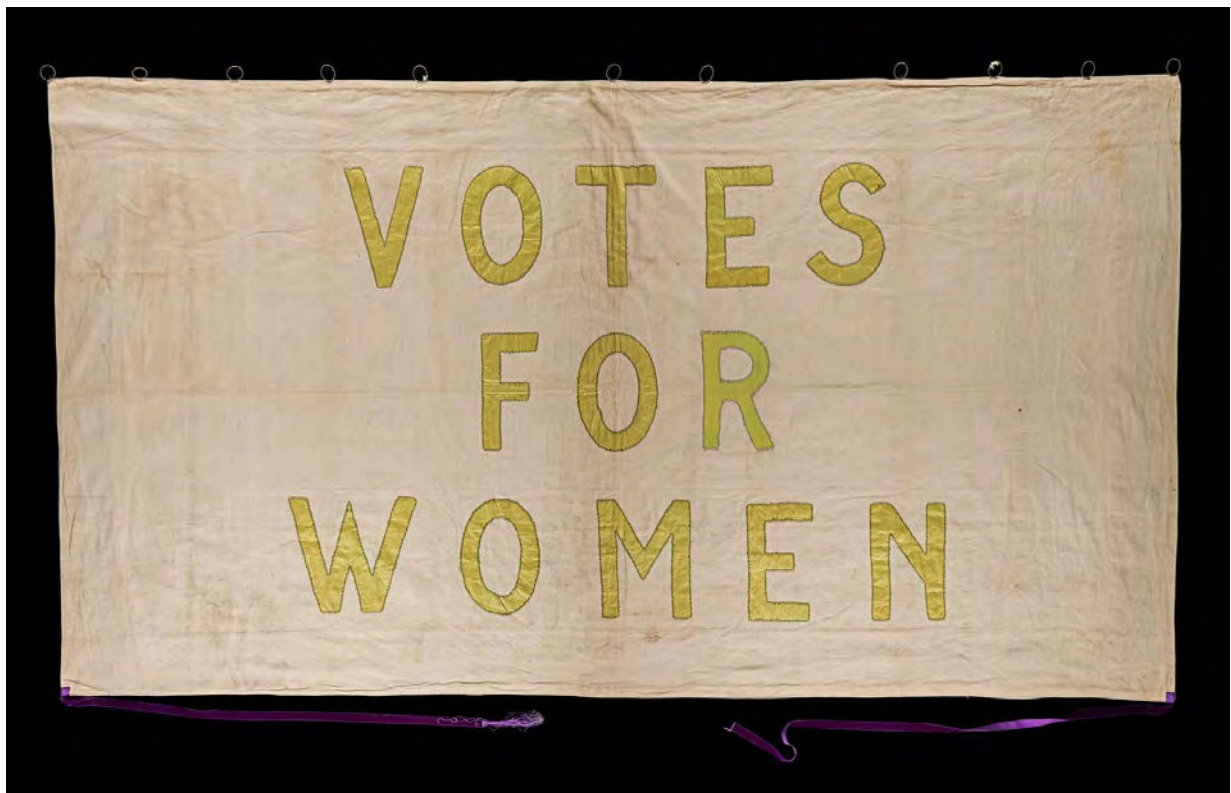
suffrage —

Canadian women were only allowed to vote after 1918, with Quebec being the last province to grant women suffrage in 1940.

autonomy —

Indigenous women did not have autonomy of their own status until the Indian Act was changed in1985. Before that, Indigenous women who married someone non-indigenous would lose their status.

sexual assault —

Women and girls are more likely to experience sexual assault. The #MeToo movement helped to bring awareness to the issue, but we still have a long way to go.

poverty —

Women tend to have more barriers that keep them in poverty.

wages —

Women in the workplace are paid less than men.

leadership

Women hold fewer leadership positions than men.

mental health

Girls are more likely than boys to have adverse childhood experiences that lead to a mental health diagnosis.

Women are twice as likely as men to receive a mental health diagnosis (source: World Health Organization).

We could go on and on, but the point is that there are many things that have contributed to systemic issues that continue to affect people today. A white male-dominated culture creates conditions that increase the possibility for women to experience systemic trauma.

These same systemic conditions have also led to widespread homophobia and transphobia. Many LGBTQ2+ people experience microaggressions, mistreatment, aggression and violence that can cause trauma.

the war on drugs & the opioid crisis

Consider the opioid crisis: there are so many layers of trauma that have come together to create the crisis we are experiencing today. The war on drugs in the 1970s and the subsequent criminalization of drugs have put people into a cycle of crime with no benefit towards eradicating drug use. Incarceration has had little impact on misuse rates. In addition, the criminalization of drugs has created a major systemic problem. BIPOC (Black, Indigenous, People of Colour) have been disproportionately incarcerated, which has contributed to racialized trauma, and the trauma of the opioid crisis. Research has since told us that harm reduction principles are much more effective in supporting people. We dig into this topic more in modules **11. supporting someone who uses substances** and **2. peer support & wholeness.**

dislocation, attachment & trauma

Perspectives related to trauma and addiction come from two famous doctors who hail from right here in B.C.! Dr. Bruce Alexander, a former professor at Simon Fraser University, and Dr. Gabor Maté, who worked for many years at The Portland Hotel Community in Vancouver, have both made an impact in the field of trauma and addictions with their work.

"RAT PARK"	CHILDHOOD TRAUMA

Through his "Rat Park" experiment that has been replicated many times, Dr. Alexander theorized a connection between dislocation and addiction. Meaning: when a person loses their sense of belonging and has their culture taken from them, they are more likely to experience addiction later in life. Alexander proposes that connection to others is a key aspect in recovery and prevention of addiction.

"RAT PARK"	CHILDHOOD TRAUMA

Dr. Gabor Maté shares his perspective that there is a connection between early childhood trauma and addiction in adulthood. For many years he worked in the downtown east side of Vancouver with people struggling with severe addiction who were also experiencing homelessness. He states that he has never worked with someone who didn't have childhood trauma. Though his message is heavy, there is still so much hope in it. Like Alexander, Maté talks about how the need for connection and attachment to others is essential to healing and recovery.

CONTINUE

trauma in the mental health system

As we talked about in module **2. peer support & wholeness** and module **12. mental health & supporting those in crisis** , many people have experienced trauma through the very system that's trying to help them. Conditions are, for sure, better than they were in the 1960s and 70s, but we still have a long way to go. The way the Mental Health Act is written and enacted means that some people are still taken to a hospital handcuffed in a police car. Many people still have traumatic experiences in hospital settings. Autistic people, for example, are constantly traumatized due to the lack of neurodivergent people working in support positions who can directly empathize. As you can imagine, these experiences can bring additional trauma to a person's life, thus retraumatizing them.

We need some reforms for sure, but, in the meantime, everyone involved with people experiencing a mental health crisis should make every effort to engage with a trauma-informed lens.
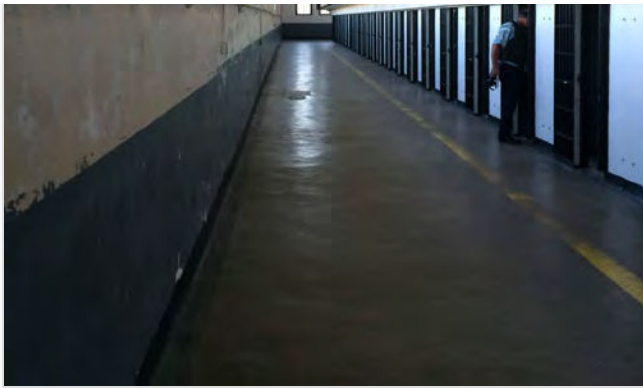
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question for reflection

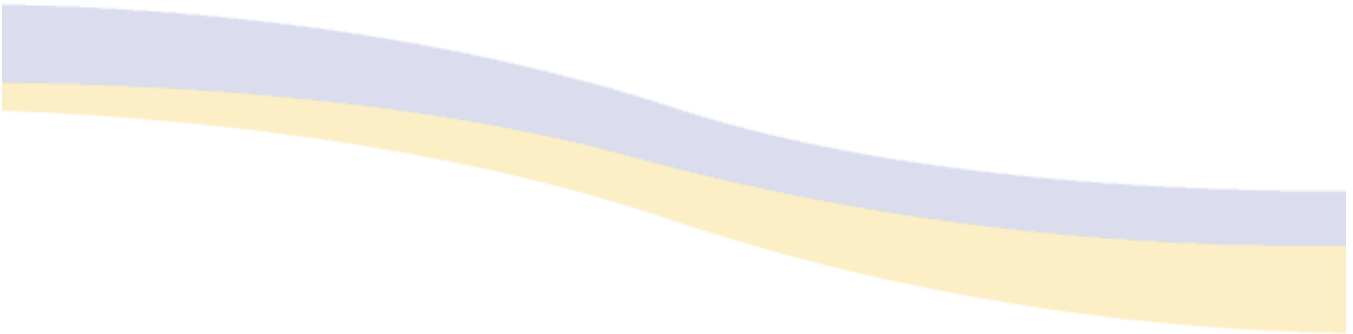Answer this question in your reflection journal.

There are many other types of systemic trauma that we didn't touch on above, including those

related to religious institutions, foster care, the school system, the workplace and the criminal justice systems.

Can you think of some other examples of systemic trauma

12. hope for our world

interconnection & systems

Consider the aspen tree, which is native to Canada. In a forest of aspens, we see a gathering of single trees. However, aspens are not solitary. Beneath the surface, they are an interconnected community of trees that share nutrients through their roots. All of the roots interconnect and create one singular root system. Together, they are survivors. The strength of the community allows these trees to thrive, while the forest regenerates for many years.

We often forget that, similar to aspen trees, we as human beings are inextricably interconnected.

When we look at the world through a lens of interconnection, we see how we all impact each other in profound ways. Our well-being is connected to our communities and the societies we are a part of. Our actions don't just affect us; they ripple out like waves in a body of water. Some waves amplify each other; others cancel each other out. But all have an impact, either directly or indirectly.

We see this impact in systemic trauma. When someone is mistreated by one system, the mistreatment trickles down and impacts many others, including family members of the person impacted, the people they all connect with and the people working within the system itself. This can make progress seem slow or undetectable at times.

The encouraging part is that we can also impact the system in a positive way! Consider all the people you interact with in your life. When you impact someone in a positive way, that kindness radiates out and spreads to others. When you challenge an injustice, the same happens. This is how we begin to repair these flawed, harmful systems.

We can't forget that shifting systems is a marathon, not a sprint. When we each do our little part, it has a powerful cumulative effect on others. But we can certainly make an impact collectively when we remember essential inspiration, hope, connection and endurance.

CONTINUE

hope through trauma-informed care

There is hope for those of us who have experienced trauma, and there is hope for the systems that traumatize and retraumatize people. That hope expands into new possibilities when we focus on building strengths and resiliency in ourselves, the people we support and all stakeholders.

We can be encouraged by people who are championing this cause.

Tarpon Springs, a little town in Florida, has declared themselves the first trauma-informed city in North America. In 2010, the community learned about what it meant to be trauma-informed, and many community leaders came together to collaborate on a new approach to service that included seeing everything through a trauma-informed lens. As a result, they make an effort to seek the root causes of their most challenging issues rather than address only the symptoms. As a community, instead of asking, 'What's wrong with them?' when someone perpetrates a crime, they are asking, 'What happened to them?'

Peace4Tarpon

"We know that a connected and trauma aware community is a healthy and resilient community. Human beings are resilient and can heal from trauma, especially when we are all working toward the same vision. Our vision is for the Tarpon Springs Community to become a place where all are safe, healthy,educated, respected and valued. We are all in this together, and as a community, we can do this together!" (Peace4Tarpon)

Below is the Mission of an initiative of community leaders that have gathered to support community members:

> Tarpon Springs Trauma Informed Community Initiative's mission is to provide everyone in our community with information on the causes and consequences of trauma, public and provider education, resource assistance and advocacy for appropriate prevention and intervention services. To effect long-term community improvement we work to increase awareness of issues facing members of our community who have been traumatized to promote healing.

As you can imagine, with such lofty goals, progress is difficult to measure. One community member reflected on their progress in the following blog.

Are We There Yet? Sarah's Story

A few weeks back, a participant in a conference call about trauma-informed communities asked me an interesting question: "If I were to come to Tarpon Springs, would I notice anything different about it? Would I be able to tell that it's trauma-informed and that Peace4Tarpon had an impact?"

The question gave me pause. That's what we hope for, but how would we know?

I've been thinking a lot lately about what it means to be a trauma-informed community — not only how we measure up, so to speak, but how and when does culture change and a shift in perspective arrive? How do we know we're "there" — wherever "there" is?

Bottom line, we are a work-in-progress. Big change and evolution happen at micro-levels. It's just like aging. We don't notice the small daily changes in our faces or bodies until we see a photo from a few years ago and have

one of those "Oh, wow, I looked so young then!" moments.

I think that's how it's working with us.

Our journey together creates more depth in our understanding of trauma, trauma resolution, and resilience — even the ego strength needed to really process stuff. All of it is fascinating and amazing to be part of as both observer and participant and all of it is couched squarely within the principle of voice and choice.

A few months ago, we had an interesting experience at one of our monthly Forums. At the back of the room was a woman I didn't recognize. That's not unusual — new folks come to our meetings every month. But when we went around the room to do quick introductions, there came an unexpected moment that was sobering, interesting, and that prompted me to ask myself some hard questions.
"Sarah" introduced herself and said she hoped she was in the right place. She had discovered Peace4Tarpon on the Internet as a "trauma-informed community" and had made the trek from South Florida to attend our forum. Not a big deal – right? People visit us from all over the map.
She went on to say that she had autism-spectrum disorder and that it was really hard for her to speak in front of us and to be in the room. Indeed, she looked very uncomfortable — rocking, wringing her hands, looking down at her lap. And suddenly I realized a couple of things.

First — it was pretty amazing she made it from South Florida to Tarpon Springs on her own as by outside eyes, her mannerisms would be seen as eccentric at the very least. Worst case, she might be labeled "mentally ill" and taken into protective custody.

Second — I also saw Sarah as an amazingly brave person to be in the room and to speak in front of this large group of strangers.

She went on to explain that when she read about Peace4Tarpon and Tarpon Springs on-line, she thought to herself that maybe this was a safe place where she would be accepted and be able to be part of the community.

I was stunned. All of a sudden, there was a huge magnifying glass pointing right at us. How were we measuring up? Would we be able to truly welcome and accept Sarah? Were we a safe place?
At one point Sarah became overwhelmed and one of our partners took her to the employee break-room next door where she could regroup. There is a "rest of the story" and it's also pretty amazing, but the question that remains and still looms large — How did we measure up? What about the next time?
As communities work toward becoming trauma-informed, experiences like this are likely to continue. It's one thing to be something on paper or in a meeting, or working on programs or projects, but a trauma-informed community is more than any of that. It's about community. It's about creating safety, choice, voice, trust, empowerment and other high ideals within a messy, human community.
When the rubber hits the road, what happens then?

That's my big question.

How can we continually do better? How can we be that welcoming and safe place with a heart and understanding mind to embrace those who struggle with homelessness, substance abuse, or any trauma symptoms commonly found in every family, every neighborhood, and every city across this country.
We want Tarpon Springs to be that kind of town. That's our vision and goal. We work toward that every day as best we can. We encourage and support everyone to offer their unique peace/piece to the solution.

Sarah offered us her piece that day, as a teacher and courageous seeker. Although this was not the right time for Sarah to move to Tarpon, we made a connection with her that will remain. Beyond that, it was an honor for us to have seemed like "a right place" for her.

Years from now, I hope that we will look back at snapshots of us on this journey and see how far we've come.

Looking back to our beginnings, I can see how much we've grown. I can also smile and say: "We were so young then!"

There's comfort, leniency and acceptance in that, even as we know there's a long, interesting road ahead.

SOURCE https://www.peace4tarpon.org/stories/are-we-there-yet-sarahs-story/

Over time, perhaps many cities will take a stance similar to Tarpon Springs; but, in the meantime, we can take a trauma-informed approach in our work in peer support.
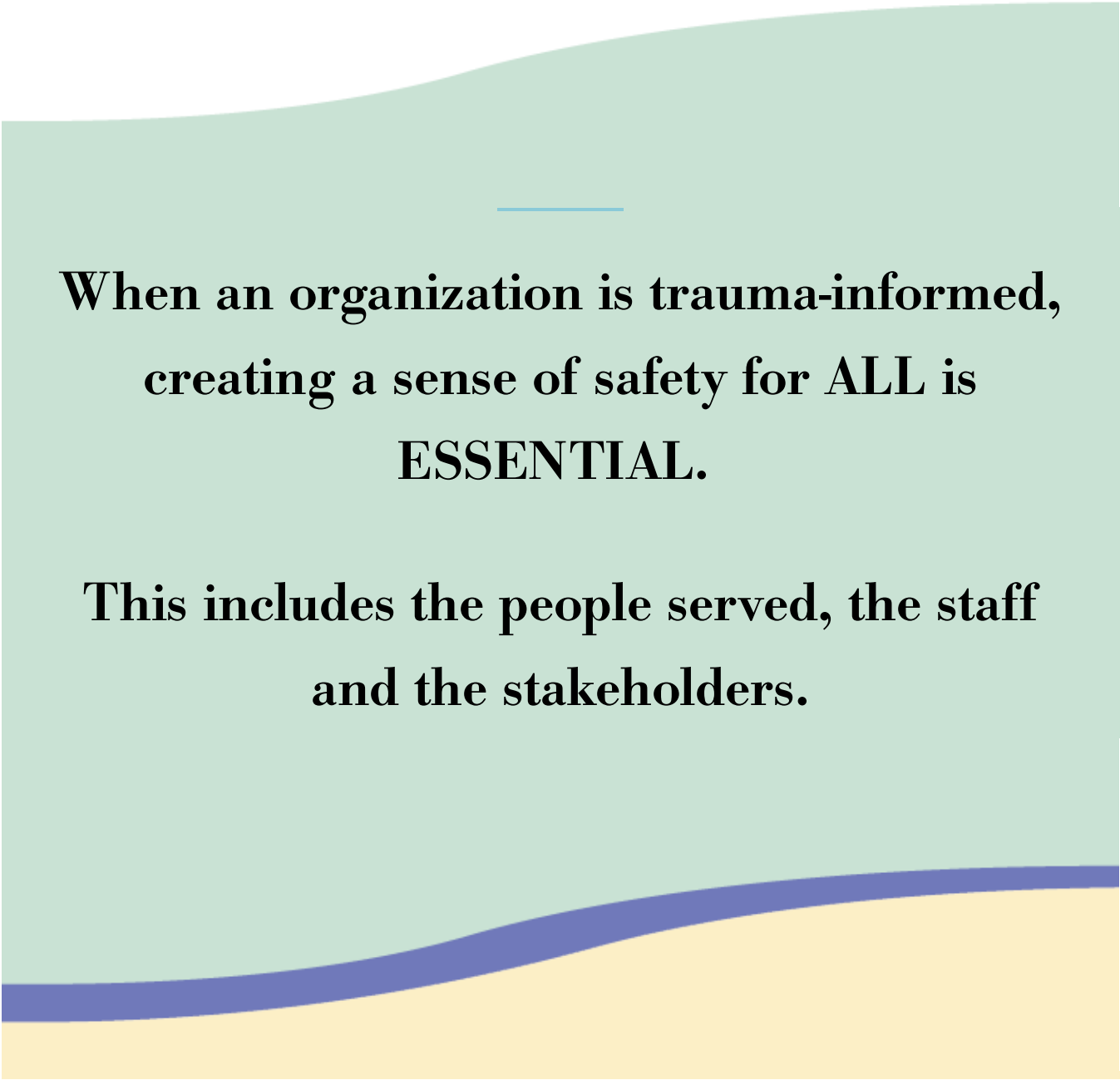
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you can't fix everything & that's okay

It's important to note that there might be times in our own journey, in the thick of our own struggle, when we may not be able to practice activism. That's okay! We may need others to come alongside to support and advocate for us. This is one of the beautiful aspects of peer support – the MUTUALITY of support!!

Preventing and healing trauma is a systemic issue that needs to be . xed with collaboration and a systems approach. Know that you can't do it alone.

13. what does it mean to be trauma-informed?

When an organization is trauma-informed, creating a sense of safety for ALL is ESSENTIAL.

This includes the people served, the staff and the stakeholders.

Trauma-informed care is about both honouring and standing up for human rights and social change.

The goals of a trauma-informed approach include:

- [ ] Preventing traumatizing events from happening in the first place

- [ ] Preventing situations that can retraumatize people who are already dealing with trauma

- [ ] Making new practices that create healing ecologies and build on people's already existing strength and resilience

When an organization is trauma-informed, it means that everyone working there, from the receptionist, front-line workers, to the CEO, understands the pervasiveness of trauma. Everyone works towards creating safety for all.

CONTINUE

You will notice through this whole training that we encourage the awareness of our assumptions and biases. If we don't know what our biases and assumptions are, we can't address them. But when we do, we can choose to challenge and remove them.

So, it might sound like a contradiction to hear us tell you this, but, in the case of trauma, we want you to add an assumption rather than remove it. What's this assumption? That everyone we work with has trauma. Is this true?

No. But the benefit of assuming that everyone we work with has trauma is that we develop a deeper awareness of our actions and become more sensitive to how our words and behaviours affect others.

The following is an excerpt from The Sanctuary Model website by Dr. Sandra Bloom:

> Bloom and Farragher applied the notion of "trauma-organized systems" to the organizations who provide services to traumatized individuals and families (Bloom and Farragher 2010). Their starting point is that organizations are, like individual, living systems (Senge, Scharmer et al. 2004). Being alive, they are vulnerable to stress, particularly chronic and repetitive stress. They asserted that chronic stress stealthily robs an organization of basic interpersonal safety and trust and thereby robs an organization of health. Similarly they believe that organizations, like individuals, can be traumatized and the result of traumatic experience can be as devastating for organizations as it is for individuals.

This statement makes it clear that organizations are living systems and vulnerable to the effects of collective stress. This is why principle-centred leadership and building resilience with a trauma-informed lens are very important. When we look at our work through a lens of interconnection, we see that human beings are never fully alone. We all continually impact and affect each other whether we realize it or not. This impact can affect the whole in a good way or in a bad way. The goal of this module is to equip us to support our tiny piece of the system in a positive way. These ideas will support our work now, and we can take them with us for future endeavours.

CONTINUE

Many of us taking this training will someday find ourselves in a leadership position. In fact, from a broad perspective, it's likely that all of us will be in some kind of position of leadership at some point in our lives. It's our hope that the content of this training will support those of us called to lead a team or an organization. Commitment and integration of the core values we talk about in this training are essential for supporting or leading others.

The reason we keep referring back to the core values of peer support is that integrating these values can deeply impact an organization as a whole and the people served. Also, when we choose to integrate these core values
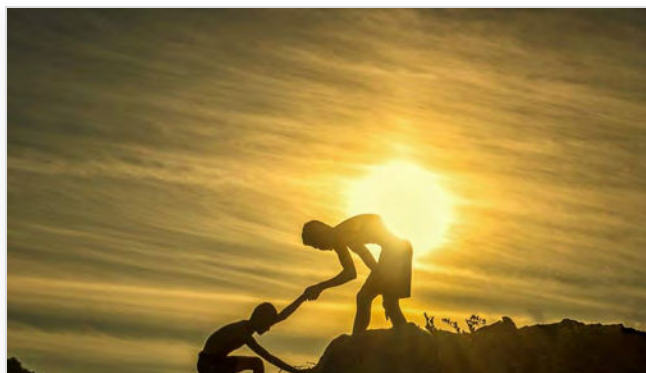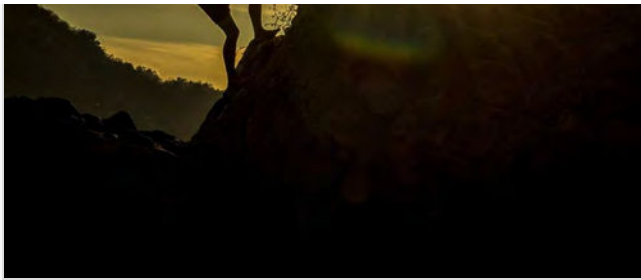
into our lives and worldview, they can change us too.

CONTINUE

questions for reflection

Answer these questions in your reflection journal.

What are practices that you can do that will support you to deal with the stress that comes your way?

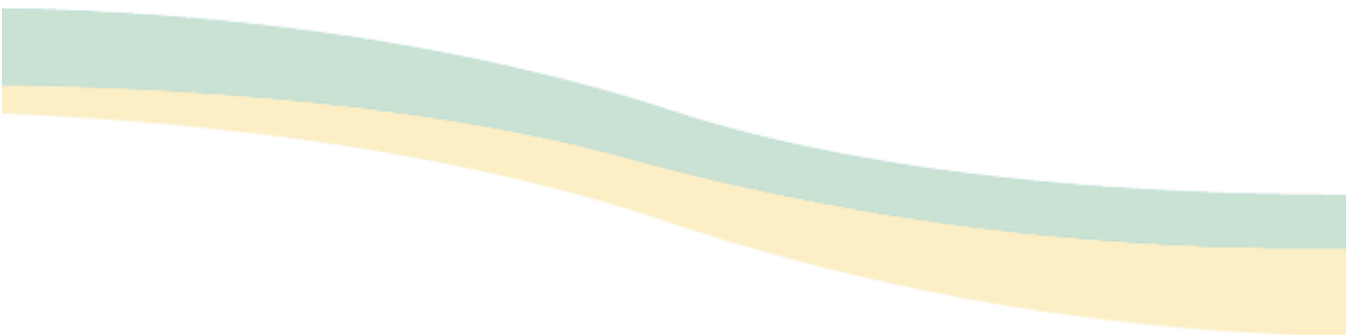Examples: self-compassion practices, deep breathing, exercise, boundary creation, open communication, stimming and more.

What are some ideas that a team such as your peer support team can do to deal with collective stress?

Examples: open communication, regular meetings, laughter, connection.

14. SAMHSA's definition of trauma-informed care

Here in Canada, we don't have a definitive definition of what trauma-informed care is. Most Canadian agencies borrow that definition from the U.S. government agency **S**ubstance **A**buse **M**ental **H**ealth **S**ervices **A**dministration (**SAMHSA**).

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (2014) says that trauma-informed agencies

☐   Realize the widespread impact of trauma and understand potential paths for healing

☐   Recognize the signs and symptoms of trauma in service users, staff and others involved with the system

☐   Respond by fully integrating knowledge about trauma into policies, procedures, practices and settings

☐   Resist retraumatization actively

CONTINUE

questions for reflection

Answer these questions in your reflection journal.

You'll notice in the second bullet point it says "service users, staff and others involved within the system." That means everyone. Why do you think it's important to assume that everyone can come to the table with trauma?

1 of 3

How do you think that will affect the way a program is run?

In a previous chapter, we mentioned racial trauma and microaggressions. What must an individual and agency do to make sure they aren't unconsciously perpetuating microaggressions that cause trauma in BIPOC peoples?

SAMHSA's six principles of trauma-informed care

SAMHSA of the U.S.A. also identifies the following six principles of a trauma-informed approach:

Safety

We must challenge our own worldview and assumptions to create safety in ALL domains, including physical, psychological, social and moral. That means we consider all ages, cultures, races and demographics of people served, as well as the safety of staff, clients, co-workers and stakeholders.

Trustworthiness & Transparency

Trustworthiness and transparency should be at the core of any organization's operations and decisions. Building and maintaining trust with service recipients, staff and stakeholders is essential to creating a safe and healing culture. Even when difficult decisions, such as those around funding, must be made, it is important to be open and inviting to other voices in the process. Keeping secrets and withholding information is not trauma-informed and can cause further harm to those involved.

Creating a culture of trustworthiness and transparency starts with strong relationships that have the ability to move through conflict in a transformational way. Doing so will not only promote healing and connection, but also help to create a trauma-informed approach in the workplace.

Peer Support

Peer support is an essential part of a trauma-informed organization, as it shares the message of hope and healing throughout the organization, and highlights the importance of collaboration and mutuality. An organization that creates opportunities for deeper mutual connections among all staff is trauma-informed.

Collaboration & Mutuality

A collaborative approach is necessary for the whole organization. It includes breaking down of hierarchies, removing power differentials and creating a spirit of mutuality. Everyone in the organization is involved, from leadership to front-line staff. Policies must support the welfare of those served and staff. Self-care practices are encouraged to create connections and promote a healing environment.

Empowerment, Voice & Choice

Organizations must recognize the resilience of trauma survivors and empower them to build on it. Self-empowerment is developed by learning new skills and validating personal strengths to help people regain their voices. Everyone must have a choice when it comes to recovery, as lack of choice can make them feel unsafe. Trauma-informed care must be personalized and not rely on a one-size-fits-all approach.

Cultural, Historical & Gender Issues

The SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach says:

> The organization actively moves past cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, geography), offers gender responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

This principle really highlights the content included in module **3. categories and containers: unpacking our biases**, module **5. cultural humility**, and module **9. social determinants of health**.

Connection and reconnection to one's culture is especially important in healing. As supporters, an attitude of humility, with a focus on past resiliency and history, is essential.

We Choose to See Through a Trauma Informed Lens Everyday

When we as individuals are trauma-informed, it means that we understand how common trauma is and how deeply it affects someone. Being trauma-informed also means that we have awareness of how trauma can affect someone on a daily basis and that we must do everything we can to prevent unintentionally retraumatizing someone.

15. what trauma-informed care is not...

People have many misconceptions about trauma-informed care; we want to address some of them here.

Trauma-informed care is NOT trauma therapy.

You don't need to be a clinician to support someone in their healing process. Creating healing-centred connections is different from trauma therapy. Some people may truly need therapy, and that should be offered by a trained trauma therapist. There are many therapies that are supportive of trauma recovery, such as Eye Movement Desensitization Reprocessing (EMDR), and they should be offered by someone who is trained, such as a trauma therapist or social worker.

However, there are many practices that are therapeutic that can be just as transformative, or even more so. Building healing-centred relationships, for example, is an essential part of thriving.

Trauma-informed care is NOT a focus on the negative.

On the contrary, trauma-informed care should focus on healing and resilience. A trauma-informed approach educates service providers to be aware of how their words, attitudes and behaviours can deeply affect someone who has experienced trauma and trains them to avoid retraumatizing people.

Trauma-informed care is NOT about justifying poor behaviour. ___

Sometimes people experiencing trauma behave poorly. Trauma-informed care doesn't justify poor behaviour. Trauma-informed care supports accountability, personal responsibility and expectations around conduct. It also steers away from punishment, supports people with compassion and empathy and helps everyone create healthy boundaries.

Trauma-informed care is NOT just about training. ___

It's about so much more. Trauma-informed care must be a priority and guide for all organizations. It should

- Inform all decision making

- Be at the forefront of policy and procedure development

- Inform decisions about all physical environments

- Be considered in any vision or mission statements as well as the development of goals for an organization

- Shape HR policies

- Guide how staff are supported

Trauma-informed care is NOT just about being nice and kind. ___

Compassion is at the forefront of this work, but compassion isn't soft and flimsy. A compassionate approach is firm, has clear boundaries and is grounded in love and empathy.

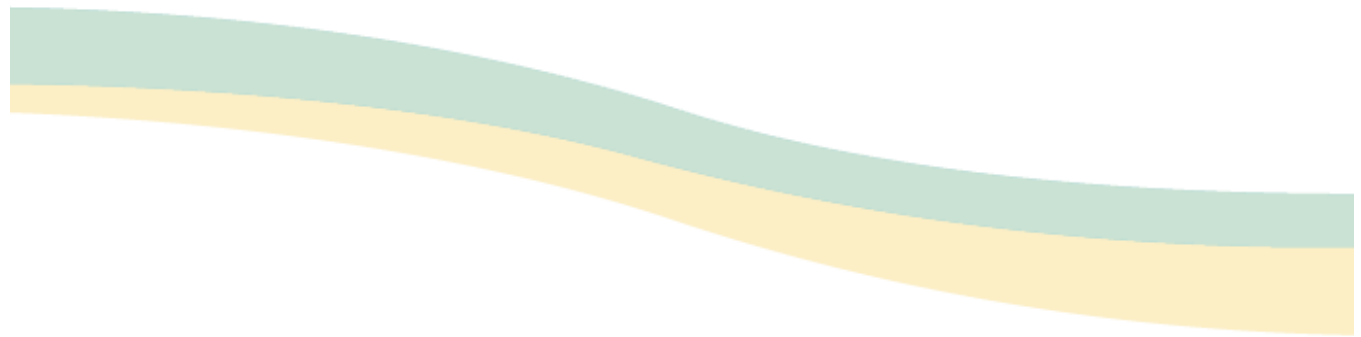**Trauma-informed care is NOT just focused on the individual.** ___

Trauma-informed care supports individuals, but it's a systems approach.

Trauma-informed care is NOT just a buzzword.　—

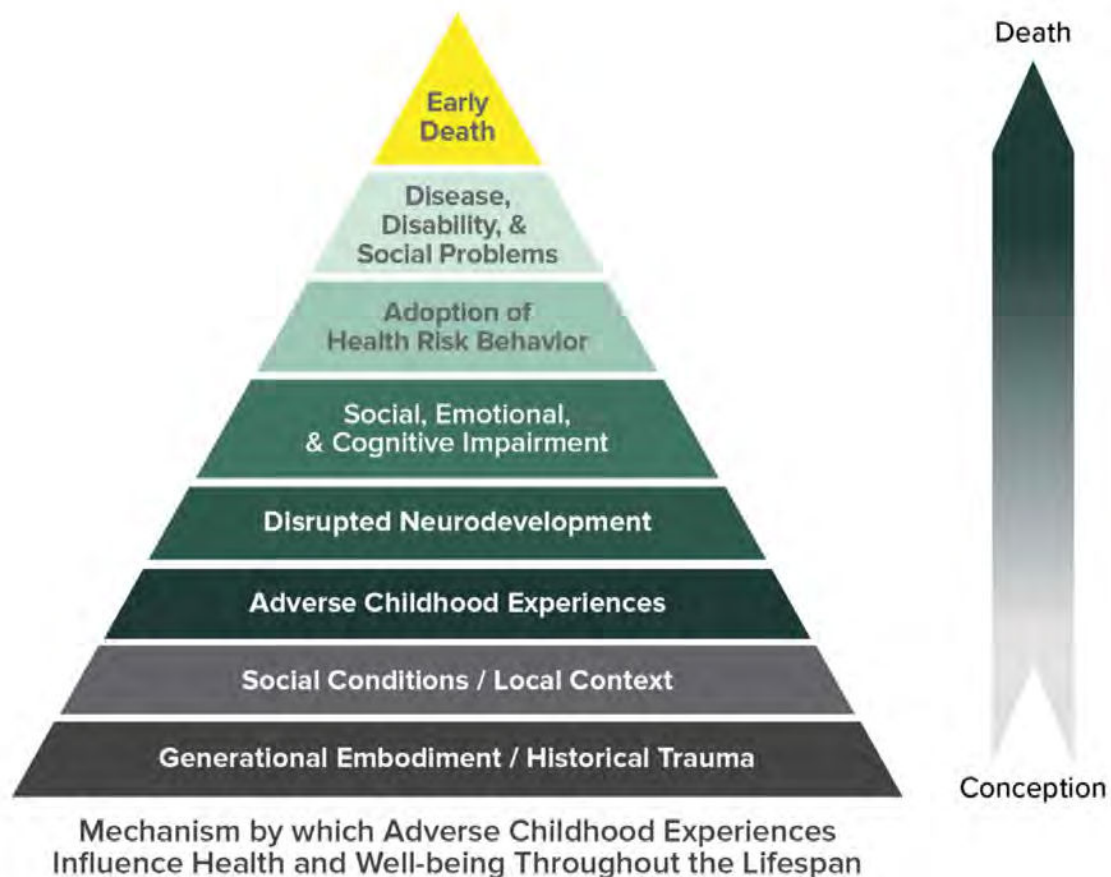Trauma-informed care is an authentic way of operating, not a just an empty mission statement.

16. trauma & its impact on health

ACE study

Our childhood experiences have a strong influence on the health and well-being we experience as adults.

Early Death

Disease, Disability, & Social Problems

Adoption of Health Risk Behavior

Social, Emotional, & Cognitive Impairment

Disrupted Neurodevelopment

Adverse Childhood Experiences

Social Conditions / Local Context

Generational Embodiment / Historical Trauma

Mechanism by which Adverse Childhood Experiences
Influence Health and Well-being Throughout the Lifespan

Death

Conception

ACE Pyramid

The Adverse Childhood Experiences (ACE) study was a longitudinal study funded by the United States Center for Disease Control, and Kaiser Permanente. They examined the patterns of adverse childhood experiences on later life well-being. More than 17,000 people were recruited in the mid-nineties for the study and they have been followed ever since.

The study has proven that there is a significant link between adverse childhood experiences and health and social issues in adulthood.

The study assesses a person's adverse childhood experiences by asking 10 questions. The person gets a score between 0 and 10. As the ACE score increases, the person's risk for chronic disease goes up. With a score of 4 or higher, a person's risk for certain health issues – such as diabetes, heart problems, addictions, mental health diagnoses, and cancer – increases.

It's important to note that the ACE study involved mostly white, middle-class, college educated people who had health care coverage through Kaiser Permanente insurance.

In the article *Got Your ACE Score?*, the author states, "...the ACE Study opened the door to an understanding that ACEs are at the root of nearly all problems of physical, mental, economic and social health in humans, no matter where in the world those humans live. The ACE Study and the other research that makes up ACEs science provided an opening to a better understanding of the constructs that make up our notion of why people suffer ill health — physical, mental, economic, social — and that includes systemic racism."

CONTINUE

the nervous system and trauma

Knowing a little about the biology of trauma can support us to understand how to avoid retraumatizing people.

Trauma is an emotional injury that happens after a severely distressing event, an injury that a person doesn't feel equipped to cope with. The effect of trauma actually impacts our bodies down to our cells.

Trauma lives in our bodies. It also lives in our nervous systems, where it's stored both in our conscious and subconscious memories. Although we have evolved to survive and learn from challenging situations in which we get hurt as a means of protection, the trauma response is extremely taxing on our bodies and overall health if it's engaged regularly.

CONTINUE

In order to change, people need to become aware of their sensations and the way that their bodies interact with the world around them. Physical self-awareness is the first step in releasing the tyranny of the past.

Bessel A. van der Kolk,

The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma

CONTINUE

the fight, flight or freeze response

The fight, flight, freeze response is a function of the sympathetic nervous system. The sympathetic and parasympathetic systems make up the autonomic nervous system. Understanding the effect of trauma on the brain and body and how retraumatization occurs first means understanding a little about the anatomy of the autonomic nervous system. It's worth noting that all these functions happen automatically.

autonomic nervous system

The autonomic nervous system regulates all body processes that don't require conscious awareness or effort. These processes include bodily functions such as digestion, heartbeat, breathing, and healing and restoration.

The two main components of the autonomic nervous system that are important aspects of trauma – and healing from trauma – are the

☐   Parasympathetic Nervous System

☐   Sympathetic Nervous System

When one system is engaged, the other takes a more submissive role. Let's learn more about each.

| PARASYMPATHETIC NERVOUS SYSTEM | SYMPATHETIC NERVOUS SYSTEM |

The parasympathetic nervous system focuses on health and restoration.

This system creates hemostasis – a stable internal state. It allows us to digest our food, regulate our blood pressure, build strength and relax. When engaged, this system regulates the healing process.

This system functions best when we're in a calm, relaxed state. Much of it happens at night. The more we are in this relaxed state, the healthier we are overall. Our health suffers when the parasympathetic nervous system is not able to do its job.

Conditions, in addition to trauma, that can cause the disruption of the parasympathetic nervous system are autoimmune disorders, cancer, diabetes, substance use disorders, and Parkinson's disease.

| PARASYMPATHETIC NERVOUS SYSTEM | SYMPATHETIC NERVOUS SYSTEM |

The sympathetic nervous system is in charge of preparing the body for an emergency. This system is all about protecting the body from outward harm.

The stress response – fight, flight, freeze – plays a very important role in our survival. When a person senses physical or emotional danger, the sympathetic nervous system is engaged. The "stress" hormones – adrenaline, norepinephrine and cortisol – are released. This causes the heart rate to increase, muscles to strengthen, the airways to widen and the body to release extra energy. It then goes into a fight or flight state.

When the stress response is engaged, regular body processes of the parasympathetic nervous system that aren't needed in an emergency are paused, such as digestion and the need to drink or urinate. That's why someone might throw up when they get bad news or see something traumatic; the stress response has caused their digestion process to halt. If the sympathetic nervous system is constantly engaged, over time, it will affect the digestive system, the metabolic rate and the endocrine system, which manages hormones.

The purpose of trauma-informed practice is to prevent the activation of the sympathetic nervous system.

effects of chronic engagement of the stress response

The stress response has been essential to our survival as a species. In the hunter/gatherer days, it gave us a crucial burst of energy that allowed us to react quickly in dangerous situations, such as when a wild animal appeared from behind the bushes. This response – fight, flight or freeze – gave our ancestors a necessary edge to fight predators.

As the sympathetic nervous system protected our ancestors, it also protects us. However, our bodies can't differentiate between a life-or-death emergency – such as a wild animal attack – and a non-physically threatening, psychological emergency – such as personal conflict, loud noises, self-deprecating thoughts or

emotional stress. The sympathetic nervous system is involuntarily engaged in the same way, regardless of the stressor.

The sympathetic nervous system is intended to protect human beings from imminent danger, but our stress hormones are powerful, and this system supports us best when it's not constantly engaged. If it's activated too often, it's too much of a "good thing," and has negative, long-term effects on our health. Remember, when the sympathetic nervous system is engaged, the restorative parasympathetic nervous system takes a more submissive role and healing is delayed.

Excess or chronic secretion of cortisol – a "stress" hormone released by this system – can cause many health challenges such as depression, anxiety, heart problems, insulin resistance, calcium loss from bones, hypertension, suppressed immunity and sleep disruption. See the ACE study for more information.

Retraumatization can happen when we experience a negative event that triggers those feelings of helplessness we had when we first experienced trauma. The stress response after an incident of retraumatization is just as powerful as it was after the original traumatic event.

For someone who is dealing with a major trauma in their past, a seemingly harmless experience can retraumatize the brain. Though a person's basic safety might not actually be in danger, the brain responds automatically to the possible threat by releasing stress hormones.

CONTINUE

retraumatization in the health care system

Many potential situations can trigger a stress response in someone who has a trauma history. The following are some to be aware of:

☐ Conflict, loud voices and arguing

- [ ] Constantly retelling their story to new staff

- [ ] Illness-based language (being identified as their illness)

- [ ] Lack of choice

- [ ] Impersonal approach: feeling like a number in a system

- [ ] Isolation and restraints

- [ ] Coercive or oppressive behaviours

- [ ] Feelings of invisibility: not being heard or seen

- [ ] Violation of trust

- [ ] Not having a say in one's treatment or with goal-setting

- [ ] Not being in a safe space, or, for example, being in a room without access to a door

- [ ] Hearing details of someone else's trauma

- [ ] Angry or harsh tone

- [ ] Power dynamics

- [ ] Certain medical procedures, depending on one's trauma history

- [ ] Gaslighting

- [ ] Sensory overload

CONTINUE

questions for reflection

Answer these questions in your reflection journal.

What are some other behaviours that you think could be retraumatizing for someone with a trauma history?

1 of 2

How do you think a trauma-informed approach could help prevent retraumatization?

17. the vagus nerve

The vagus nerve is the longest nerve in your body and plays an important role in your nervous system function. It runs from the brainstem to the colon and is a very complex system.

The vagus nerve is the main component of the parasympathetic nervous system. If you'll remember from the last lesson, the parasympathetic nervous system is in charge of restoring and rebuilding the internal body.
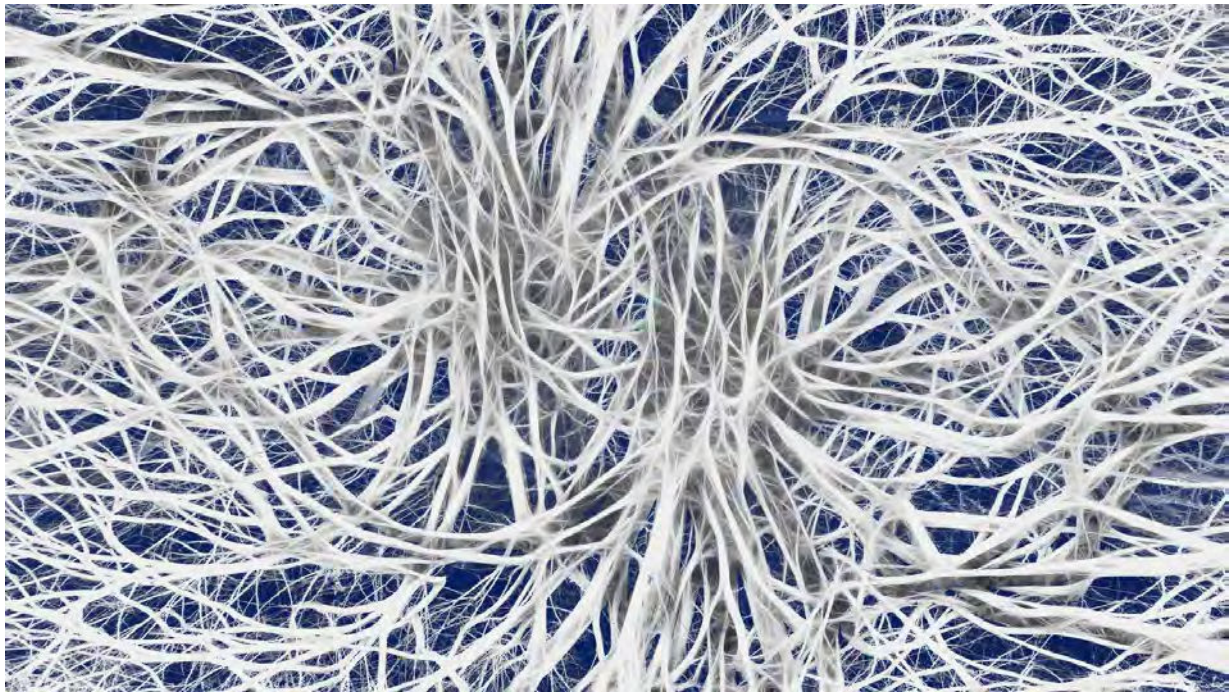
By stimulating the vagus nerve, we can support a calming in our body and shift away from a stress response. The following are actions we can take that will stimulate the vagus nerve:

☐   **Hum:** The vagus nerve passes by the vocal cords, so humming stimulates the nerve

☐ **Practice Deep Breathing:** Breathing is the fastest way to stimulate the nerve

☐ **Movement:** Stretching, yoga and movement tone the vagus nerve

☐ **Exposure to cold:** Sympathetic nervous activity declines in the cold, so a cold shower or cold water splashed on your face can stimulate the nerve

☐ **Diving reflex** (also known as mammalian diving reflex): The diving reflex is triggered specifically by chilling and wetting the nostrils and face while breath-holding. This causes your heart rate to lower by 10–25 percent.
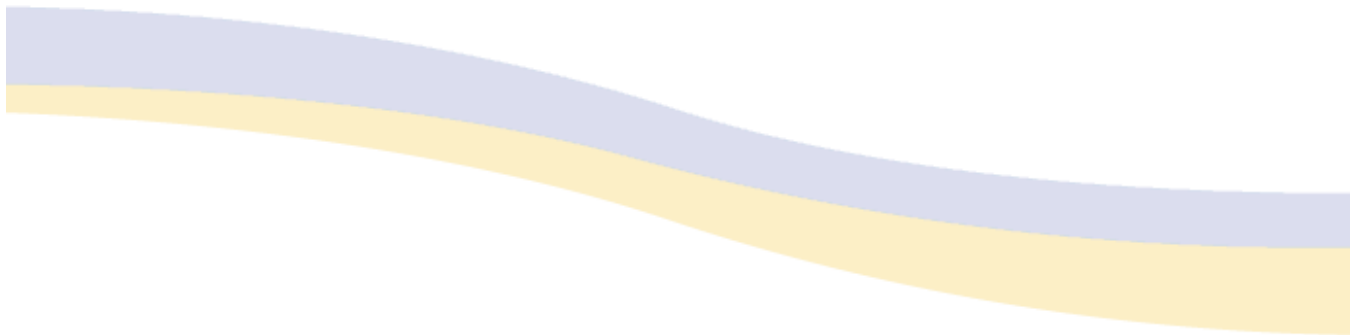
18. intergenerational trauma

Resmaa Menakem is a cultural trauma therapist who is devoted to healing historical and racialized trauma carried in the body. When he speaks of racism, he calls specific attention to its effect on the body because, as it is
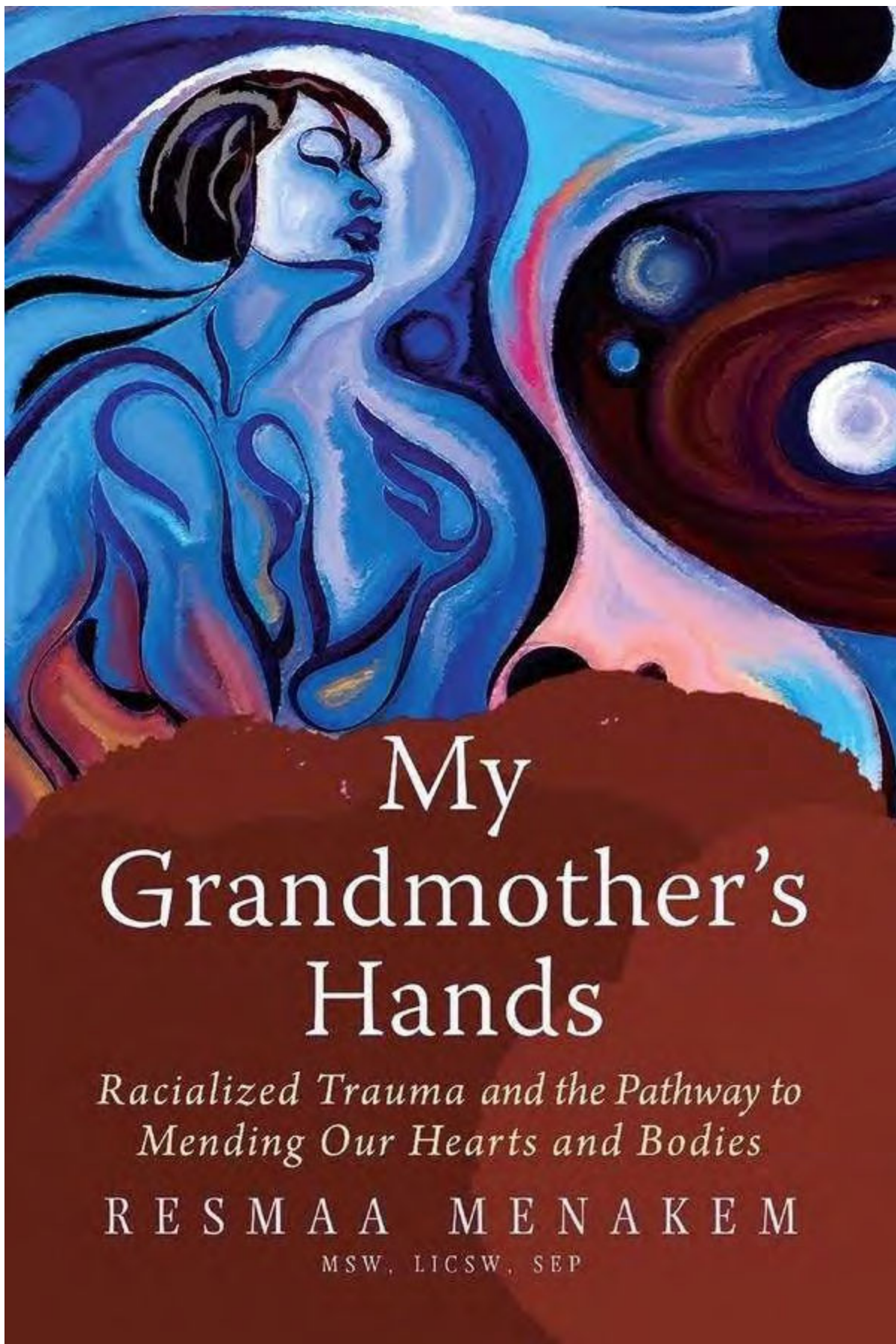
with all trauma, racial injustice lives in our bodies. Healing needs to happen, in part, through processing our body's pain.

In his book *My Grandmother's Hands: Racialized Trauma and the Pathway to Mending our Hearts and Bodies*, he speaks of intergenerational trauma.

> "All of this suggests that one of the best things each of us can do—not only for ourselves, but also for our children and grandchildren—is to metabolize our pain and heal our trauma. When we heal and make more room for growth in our nervous systems, we have a better chance of spreading our emotional health to our descendants, via healthy DNA expression. In contrast, when we don't address our trauma, we may pass it on to future generations, along with some of our fear, constriction, and dirty pain." (2017)

In regard to pain, he defines it either as clean or dirty. The following are also excerpts from his book:

> "I tell clients there are two kinds of pain: clean pain and dirty pain. Clean pain is pain that mends and can build your capacity for growth…Clean pain hurts like hell. But it enables our bodies to grow through our difficulties, develop nuanced skills, and mend our trauma. In this process, the body metabolizes clean pain. The body can then settle; more room for growth is created in its nervous system; and the self becomes freer and more capable, because it now has access to energy that was previously protected, bound, and constricted…Dirty pain is the pain of avoidance, blame, and denial. When people respond from their most wounded parts, become cruel or violent, or physically or emotionally run away, they experience dirty pain. They also create more of it for themselves and others." (2017)

My Grandmother's Hands

Racialized Trauma and the Pathway to Mending Our Hearts and Bodies

RESMAA MENAKEM

MSW, LICSW, SEP

Unprocessed trauma can be passed down from generation to generation. This can occur in families, and it can have a huge collective effect on society as a whole. Menakem suggests that trauma is passed down from generation to generation in a few different ways, including:

- [ ] Family behaviour

- [ ] Traumatized systems that are unsafe and abusive

- [ ] Cultural norms of a society

- [ ] Genetics – trauma can be passed down through our DNA

We can list a few specific examples of intergenerational trauma in North America.

We see very clearly, for example, the impact of colonization on Indigenous people, who continue to be impacted by this long-standing trauma.

Likewise, the trauma of slavery in the U.S. and Canada has, over centuries, morphed into the trauma of insidious, systemic racism that the Black Lives Matter and other similar movements are working to dismantle.

Neurodivergent families have often experienced generations of trauma, including abuse, ostrasization, overmedication, self harm, institutionalization and poverty.

Finally, intergenerational trauma has affected people involved in wars, including World War I, World War II, and other conflicts.

19. the importance of safety, predictability & choice in our peer support interactions

As a peer support worker, it's essential that, in everything you do and say, you maintain an awareness of the need to create safety for the person you're supporting and offer them predictability and choice.

Some speci. c examples of maintaining this awareness of safety, predictability and choice are:

☐ Offering options and choices in everything you do

☐ Staying aware of how safe the person feels by making sure to ask

☐ Letting people know ahead of time if there's a change with a meeting

This is a content-rich module and there's a lot to remember. But if you just remember three words,

**Safety
Predictability
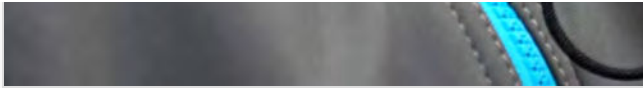Choice**

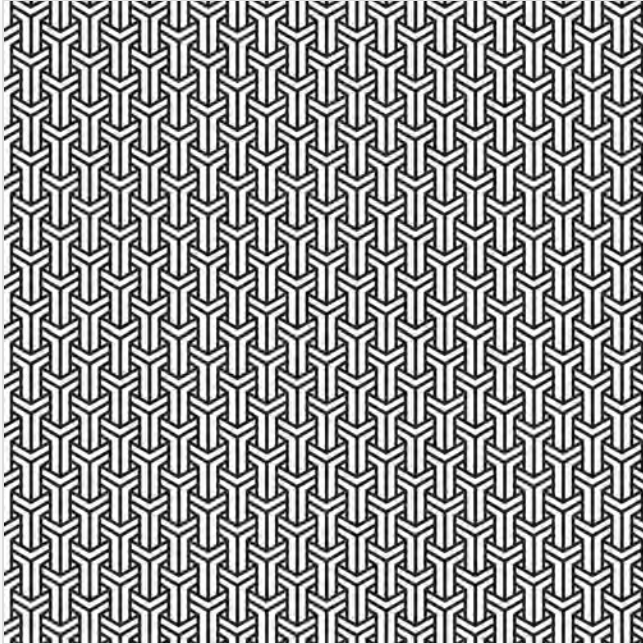**you'll be doing great:**

CONTINUE

questions for reflection

Answer these questions in your reflection journal.

What can you do to ensure safety when you are supporting someone?

What can you do to ensure predictability when supporting someone? How will you navigate change when it comes up?

What can you do to ensure choice in your relationships?

20. radical healing & connection

Trauma-informed care is necessary. This lens supports the healing of individuals and organizations. When we are trauma-informed, we understand the pervasiveness of trauma, and we are intentional about doing what we can to avoid retraumatizing people.

All of the other modules in this training will give you the building blocks to be able to support someone in a trauma-informed way.

However, trauma-informed care is not enough. Relationships and meaningful connections are essential to healing. Healing happens in community. Healing is an ongoing process because we live in a society made up of systems that are traumatized and continually cause harm.

Through intentionality in building relationships within our teams, organizations and with the people we support, we can create a culture of "radical" healing.

CONTINUE

radical healing

A process that builds the capacity of people to act upon their environment in ways that contribute to their well-being for the common good

1 of 1

Dr. Shawn Ginwright, a leading thought leader on African American youth, youth activism and youth development, and Professor of Education in the Africana Studies Department at San Francisco State University, uses the term "radical" healing when he speaks about the direction we need to move towards when supporting people to heal from trauma.

Dr. Ginwright stresses a mutual approach that works so well within the paradigm of peer support! In fact, he states that these philosophies need to extend throughout an entire organization. Instead of working with someone, we partner and learn with them. That means taking a mutual approach to healing. When we are open and honest about our own journey of healing, we create deeper connections and break down hierarchy. When we make relationships the centre of our work, we disrupt the old status quo and work towards healing our traumatized systems.

CONTINUE

In his powerfully transformational work, Dr. Ginwright shares five principles of "radical" healing:

1. **Culture** – connecting people to who they are and where they come from

2. **Agency** – helping individuals to take part in acts of change in order to create desired outcomes and transform external conditions

3. **Relationships** – creating, sustaining and growing healthy connections with others

4. **Meaning** – discovering our purpose and building awareness of our role in advancing justice

5. **Aspirations** – illuminating life's possibilities and acknowledging movement toward goals

These elements highlight the importance of mutuality in this work. The SAMHSA document, "A Treatment Improvement Protocol: Trauma-Informed Care in Behavioral Health Services" (2014), quotes Shery Mead, founder

of Intentional Peer Support on the subject of mutuality:

> "This might not sound like a big deal, but for many people relationships have become all about getting: telling your problem story and then getting help with it. There is little, if any, emphasis placed on giving back. That's a big deal!!! Service relationships are like a one-way street and both people's roles are clearly defined. But in 'regular' relationships in your community, people give and take all the time. No one is permanently on the taking side or the giving side. This exchange contributes to people feeling ok about being vulnerable (needing help) as well as confident about what they're offering. For many of us, being the role of 'getter' all the time has shaken our confidence, making us feel like we have nothing worthwhile to contribute. Peer support breaks that all down. It gets complicated somewhat when one of us is paid, but modeling this kind of relationship in which both of us learn, offers us the real practice we need to feel like a 'regular' community member as opposed to an 'integrated mental patient.'" (Mead, p. 116)

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questions for reflection

Answer these questions in your reflection journal.

Directly, or indirectly, these five principles (Culture, Agency, Relationships, Meaning, Aspirations) have shown up in other aspects of this training. Where have you seen them?

How do these principles compare to the core values of peer support?

CONTINUE

We cannot support radical healing in our roles and organizations if we don't first work on our own healing. Doing our own work must always be the starting point of all work we do in this field. Organizations need to create a culture that encourages staff to engage in their own healing. We all have wounds. We all have pain. Healing work is essential for all of us. When we're able to talk about that, we can release the toxicity and shame that come with trauma.

A sense of humility is needed because we can't possibly have all the answers. Together, we can create supportive communities where we equip each other to navigate the challenges of healing so we all flourish.

CONTINUE

When someone really hears you without passing judgment on you, without trying to take responsibility for you, without trying to mold you, it feels damn good... When I have been listened to and when I have been heard, I am able to re-perceive my world in a new way and to go on. It is astonishing how elements which seem insoluble become soluble when someone listens. How confusions which seem irremediable turn into relatively clear flowing streams when one is heard.

Carl Rogers

21. resilience – strengthening the roots of well-being

Here are a few more examples of how we can support resilience building. We explore this topic more in module **14. building personal resilience**.

create safety

Do whatever you need to do to promote a feeling of safety. Physical and psychological safety are paramount.

tell the story   —

Get the story out. This can be very healing.

Of course, this is only if both of you feel safe. If you don't feel safe hearing someone's story, be clear on that. If the person you are working with doesn't feel safe sharing, please respect that as well.

notice ineffective coping patterns   —

Mindfully pay attention to old coping patterns with the intention of deliberately shifting them.

self-soothe   —

When you're experiencing stress, actively choose a wellness tool that engages the senses and brings you back into the present moment, such as:

- Deep breathing

- Stretching

- Drinking a favourite tea

- Smelling a calming scent (plants, essential oils, etc.)

- Stimming

Note: Stimming is a form of self-soothing practiced by neurodivergent people and others. It can involve repeating both sensory and motor functions such as hand flapping, rocking, head banging and noises or words. This type of behaviour shouldn't be stopped since stopping someone from stimming can cause them to be retraumatized based on past experiences with bullying.

cultivate a calm nervous system

Reduce stress through techniques such as

- Mindfulness

- Deep breathing

- Yoga

- Meditation

In his article "The Future of Healing: Shifting From Trauma Informed Care to Healing Centered Engagement" (2019), Shawn Ginwright writes:

"...just like the absence of disease doesn't constitute health, nor the absence of violence constitute peace, the reduction pathology (anxiety, anger, fear, sadness, distrust, triggers) doesn't constitute well-being (hope, happiness, imagination, aspirations, trust). Everyone wants to be happy, not just have less misery. The emerging field of positive psychology offers insight into the limits of only "treating"

symptoms and focuses on enhancing the conditions that contribute to well-being."

22. core values assessment

question for reflection

Answer this question in your reflection journal.

In what ways have the core values (see list below) intersected with the topic of trauma-informed care?

1 of 1

CONTINUE

core peer support values

acknowledgement

All human beings deserve to be seen for who they are.

IN ACTION: Peer support strives to acknowledge – and deeply hear – people where they are in their journey.

PSWs SUGGEST: Asking open-ended questions and actively listening to the PSW to see if they feel comfortable sharing their experience. Ask: "What do you think about that situation?" "Is there a coping strategy that you have used in a previous similar experience that worked for you?"

mutuality

All healthy relationships are mutual and reciprocal.

IN ACTION: Peer support relationships are co-created, with all parties participating in boundary creation.

PSWs SUGGEST: Having a conversation about what is and isn't okay to discuss with the PSW.

" ...Even though I am a PSW, it's painful for me to make eye contact with people. Hopefully, clients will see that if I'm looking away that it actually means that I am deeply listening to them. Being vulnerable and open seems to allow the other person to do their version of the same, building trust and respect and co-creating the relationship."

strength-based

Every human being has strengths.

IN ACTION: Peer support intentionally builds on existing strengths. It thoughtfully and purposefully moves in the direction of flourishing, rather than only responding to pain and oppression.

PSWs SUGGEST: Finding things that the PSW feels really confident about and expanding on those areas or delving into those areas and supporting their choices.

self-determination

Motivation works best when it's driven from within.

IN ACTION: Peer support encourages self-determination and acknowledges and holds space for resilience and inner wisdom.

PSWs SUGGEST: Support the PSW in making decisions and doing things on their own – based on their wants, needs and goals.

respect, dignity & equity

All human beings have intrinsic value.

IN ACTION: Peer support honours human value by

- Practicing cultural humility and sensitivity
- Serving with a trauma-informed approach
- Offering generosity of assumption
- Addressing personal biases mindfully
- Meeting people where they are
- Serving with a knowledge of equity

PSWs SUGGEST: Treat PSWs as you would like to be treated and expect to be treated. Learn about them on a personal level and treat them as equals.

belonging & community

All human beings need to belong and be a part of a community.

IN ACTION: Peer support recognizes that many people have barriers that keep them from developing community and it actively works towards deconstructing those social blockades that prevent inclusion and acceptance. Peer support encourages a social justice mindset, and intentionally promotes empathy, compassion and self-compassion.

PSWs SUGGEST: Help PSWs feel wanted and cared about. Help them find resources that foster a sense of community and belonging.

"My quality of life improves immensely when I am surrounded by one or a community of people who understand me. I don't feel alone. I can be myself among people who I know understand me on a deeper level. When I feel like I can be myself, I feel more confident and able to take positive risks, thus improving the quality of my life. The root of this is connection and being able to be seen for who I truly am. Peers can help people be seen in a real way."

curiosity

Curiosity and inquiry support connection, growth, learning and engagement.

IN ACTION: Peer support

- Is continually curious

- Challenges assumptions and narratives

- Asks powerful questions

- Offers generosity of assumption to those who think differently

- Knows that listening and asking questions is more important than providing answers

PSWs SUGGEST: Ask questions and be engaged in learning about your PSWs. Find out about their culture and explore with them.

23. summary

Let's review some of the key concepts covered in this module.

- There are three categories of trauma: acute, chronic and complex. Microaggressions can also cause trauma.

- Vicarious and secondary trauma are examples of indirect trauma. Retraumatization occurs when someone is exposed to a situation that consciously or unconsciously triggers a memory of previous personal trauma.

- Systemic trauma occurs when entire environments and institutions treat people in a way that gives rise to trauma.

- Experiencing trauma in childhood can severely impact an adult's prospects for good health.

- Developing healing-centred connections is key to healing from trauma.

- Creating a trauma-informed lens is one of the important steps we can collectively take to create safe ecosystems within our organizations that will support people to heal and flourish.

- Trauma-informed care means that everyone in an organization is working to create a sense of safety for all people and doing everything possible to avoid retraumatizing people. Trauma-informed care is not the same as trauma therapy.

- Understanding the nervous system can help someone avoid retraumatizing others as well as determine ways to stimulate healing.

☐ Radical healing involves connecting people to their culture, giving them agency to act, developing relationships, supporting them to find meaning in life and encouraging movement towards aspirations.

☐ As a peer support worker, three key ways to support someone is by creating safety, offering predictability and giving them a choice.

24. next steps

We want to thank you for taking the time to walk alongside peer support workers on a shared path of learning from lived experience.

You are now ready to visit another module of the Peer Support Worker training curriculum!

Please head home to https://peerconnectbc.ca where you will find the individual training modules and facilitation guides. You will also find a resource page at that site to continue your learning about peer support work and the issues surrounding it.
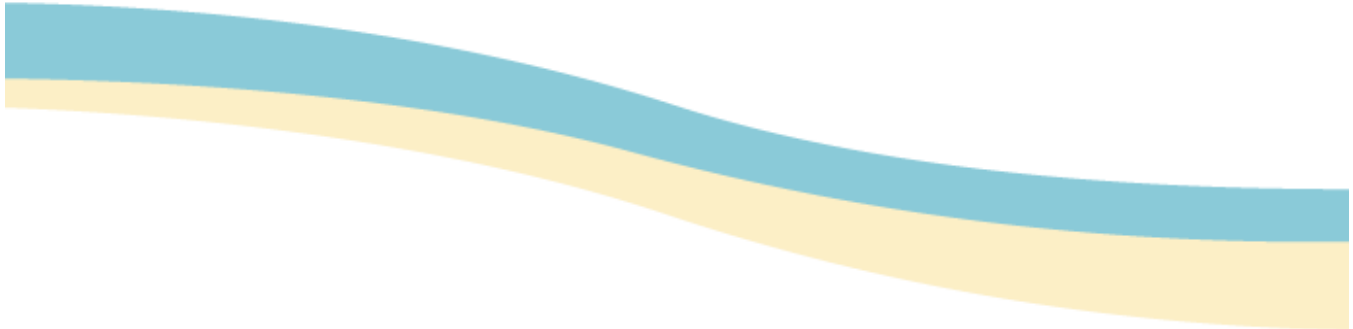
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