



Peer Support

Trauma-Informed Peer Support

Dr. Stephanie Kutzen, LCSW





**"The scars of incarceration
may be deep, but the capacity
to heal is even deeper."**

- Angela Davis

Session #3 Objectives



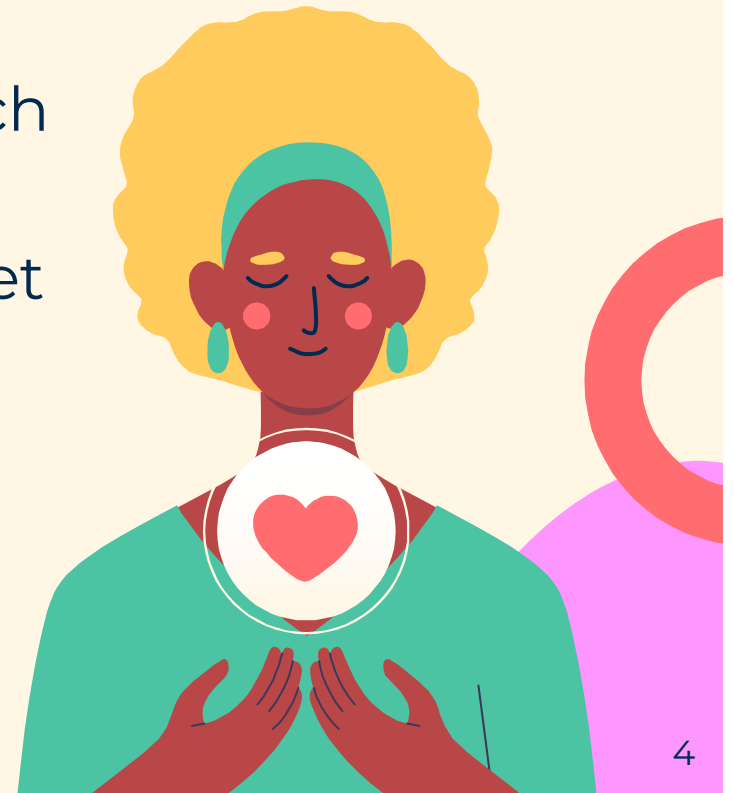
Students will be assessed by summarizing their knowledge of trauma in class discussion, ability to apply evidence-based trauma-informed care techniques in case studies, and display of skills in role plays.

Explain	Explain the concept of trauma, various types, biological basis, triggers, and impact on well-being.
Summarize	Summarize the impacts of post-incarcerated trauma and PICS.
Identify	Identify and describe key principles of trauma-informed care.
Apply	Apply evidence-based techniques to provide appropriate support to peers facing incarceration-related trauma.
Demonstrate	Demonstrate communication techniques, key skills, and empowering approaches that promote safety and trust in peer support settings for trauma survivors.

Reviewing Peer Support

Peer Support is a flexible approach to building healing relationships among equals, based on a core set of values and principles.

- Voluntary
- Nonjudgmental
- Respectful
- Reciprocal
- Empathetic



(Blanch, Filson, and Penney, 2012)



-
- # Brainstorming
-
-

How would you define trauma?

What do you think trauma-informed care is?

Why would understanding trauma and its impacts be important for your work in peer support?

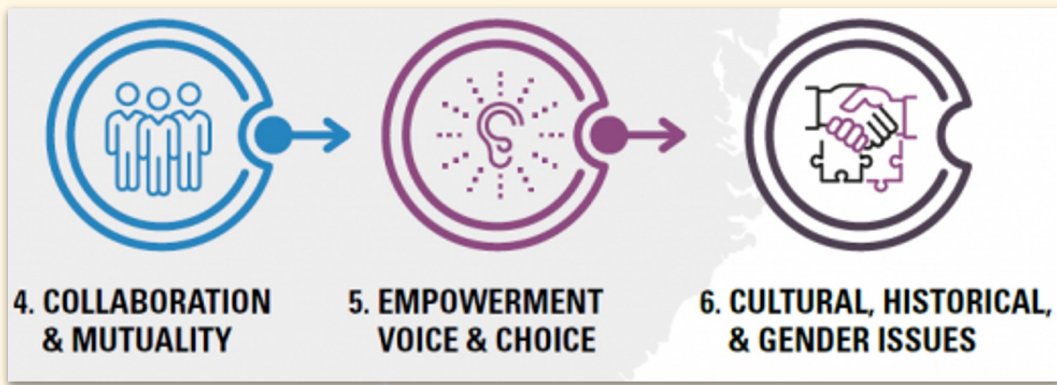
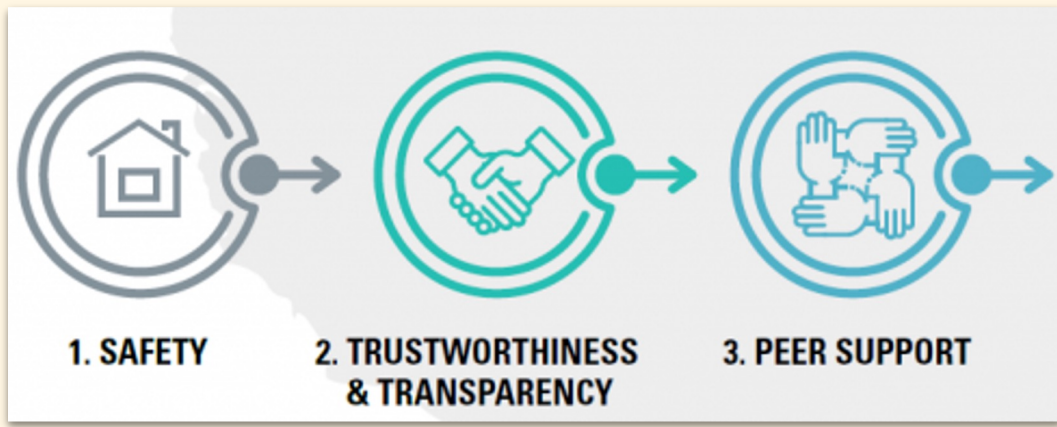
Trauma-Informed Practice

“Trauma-informed practice means **integrating** an **understanding** of past and current experiences of violence and trauma into all aspects of service delivery. The goal of trauma-informed systems is to **avoid** re-traumatizing individuals and **support** safety, choice, and control in order to **promote** healing. It is not trauma treatment in and of itself.”

(Phillips, 2020)



SAMHSA's Key Principles of Trauma- Informed Approaches





01

Exploring Trauma

What is trauma? How does it impact people?

Understanding Trauma



**What is trauma?
What are the
causes and types?**

**What is the history
of understanding
trauma?**

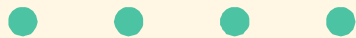


Defining Trauma: 3 E's



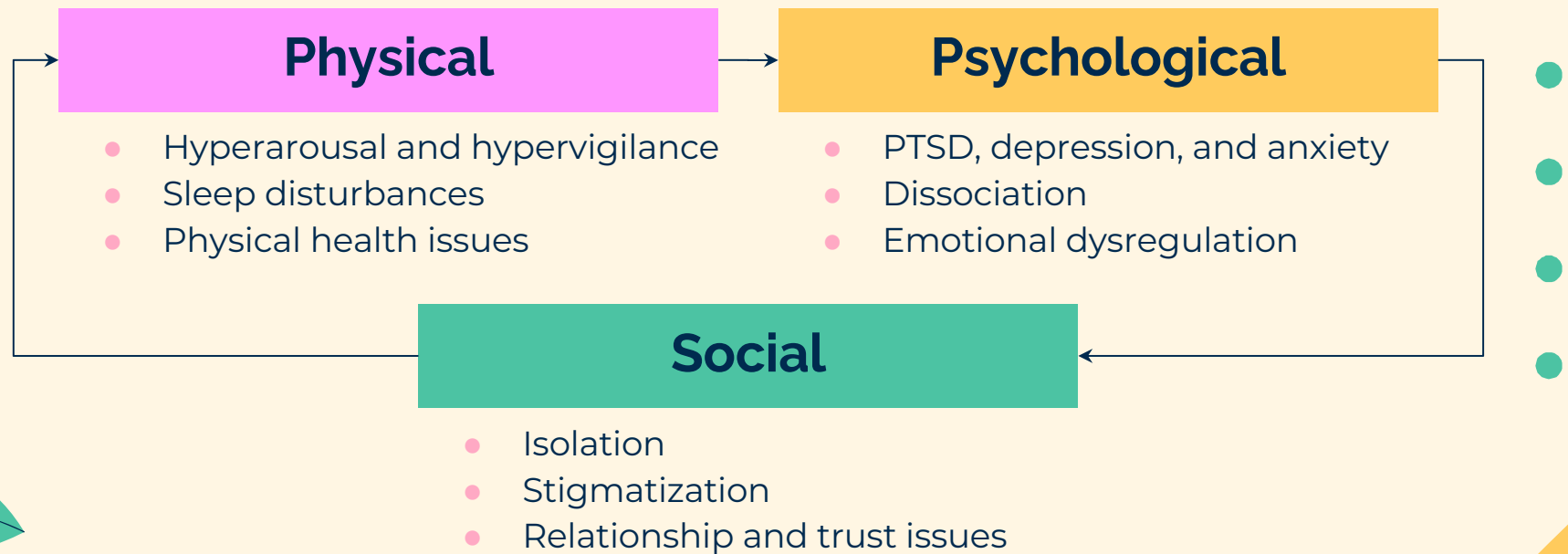
“Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual’s functioning and mental, physical, social, emotional, or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

(SAMHSA, Concept and Guidance for a Trauma-Informed Approach, 2014)





Impacts of Trauma



Fight, Flight, or Freeze: Trauma Responses



01

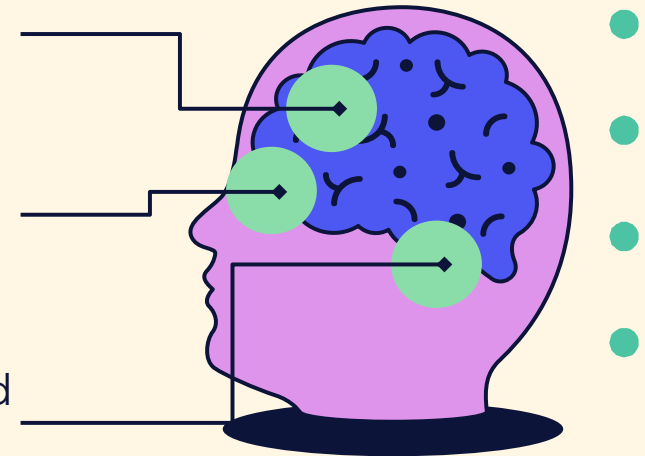
Brain signals the body to respond to a perceived threat and the body prepares to fight, flight, or freeze to protect itself.

02

Ordinarily, when the threat is gone, the body returns to “baseline.”

03

If an ongoing threat is perceived, the body doesn't return to baseline, remains prepared for threat. The switch is stuck in the “on” position resulting in a trauma response.



(National Association of State Mental Health Program Directors, Inc.)



How can incarceration cause trauma?

**Loss of freedom
and autonomy**

**Violence
and threats**

**Sexual assault
and harassment**

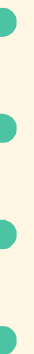
**Isolation and
loneliness**

**Stigmatization
and shame**

**Limited access
to support**

**Challenges in
reintegration**

**Institutional
injustices**



02

Recognizing the Impacts of Trauma

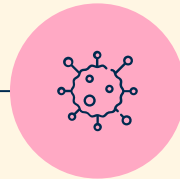


Initial Trauma-Informed Assessment Questions



Mood

- Low to high
- 1-10 scale
- Suicidality
- Hyper-alert



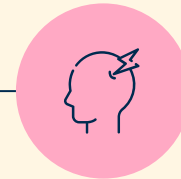
Behavior

- Isolating
- Impulsive
- Aggression
- Avoidance
- Self-harming
- Thrill-seeking
- Feeling threatened



Thinking

- Flashbacks
- Easily startled
- Hypervigilant
- Poor concentration
- Preoccupied
- Feeling stuck
- Confused



Physical

- Headache
- Insomnia
- Vision abnormalities
- Muscle tension
- Dizziness
- Balance issues

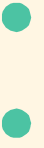


03

Trauma-Informed Peer Support

What is it? How do we do it?

What types of skills and approaches might be part of trauma-informed peer support?



Key Skills in Trauma-Informed Peer Support



01

Promoting Safety & Care

02

Modeling Empowerment

03

Providing Psychoeducation

04

Promoting Coping Skills & Emotional Regulation



See examples of these skills in the case studies at the end of the presentation!

Key Skills in Trauma-Informed Peer Support



05

Strengthening Resilience

06

Self-Care Awareness

07

Advising On Avoiding & Managing Triggers

08

**Understanding Secondary Trauma and
Retraumatization**



See examples of all of these skills in the case studies at the end of the presentation!



Avoid Helping That Hurts



- Helping in a “top-down” authoritarian way
- Reinforcing feelings of helplessness
- Implying that one person is more recovered and knows more than the other
- Sending the message that people are incapable of directing their own lives
- Helper deciding what help looks like
- Relationships solely based on problem-solving
- Experiences looked at only as symptoms

(Blanch, Filson, and Penney, 2012)

Trauma-Informed Peer Support

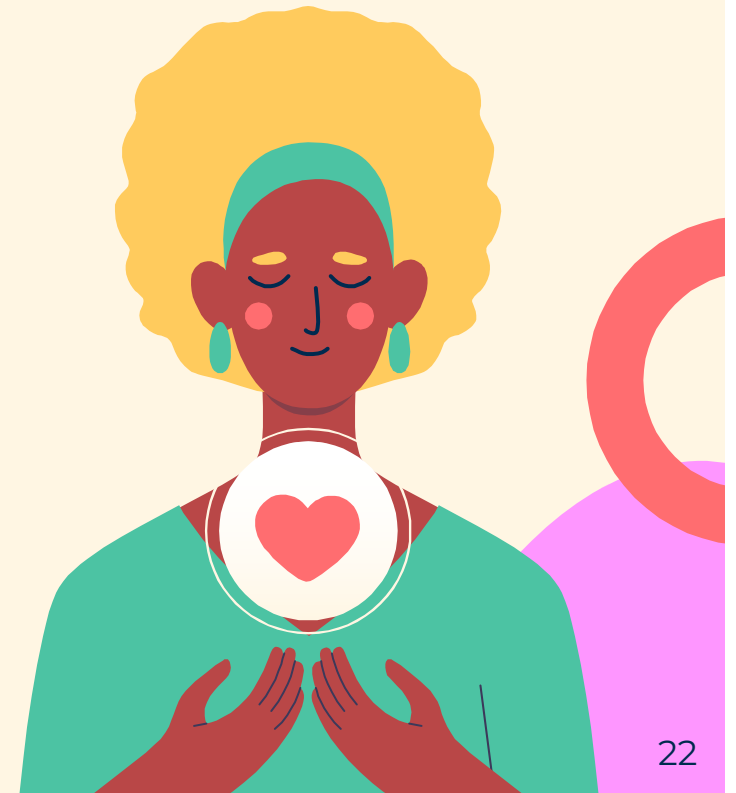


Do...	Don't....
Initiate conversation and allow for silence	Ask too many questions or talk too much
Allow expression of emotions. Reflect and clarify your understanding	Get too close physically or touch
Stay with the survivor in their pain	Make promises you cannot keep
“What can I do for you now?”	“You have to move forward.”
“What has brought comfort in the past?”	Talk about your own trauma without permission
“What support can you access now?”	Ask for details about the trauma

(Phillips, 2020)

Practice Your Skills:

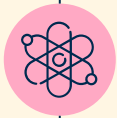
Role Plays



Options for Treating Trauma



Trauma-Informed Treatment Modalities



TF-CBT

Trauma-Focused
Cognitive
Behavioral Therapy



EMDR

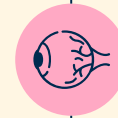
Eye Movement
Desensitization
and Reprocessing



Exposure Therapy

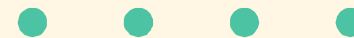


Peer & Group Support



Medication

Pharmacology



Resources

POST INCARCERATION SYNDROME (PICS)

The Definitive Resource on Post Incarceration Syndrome including symptoms, causes, impact, prevention & more!



Webinar Series on Trauma-Informed Peer Support



Contents lists available at SciVerse ScienceDirect

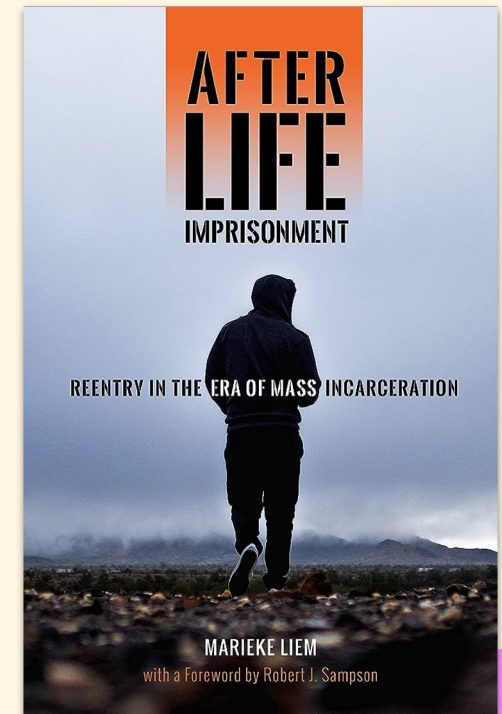
International Journal of Law and Psychiatry

Is there a recognizable post-incarceration syndrome among released "lifers"?

Marieke Liem ^{a,*}, Maarten Kunst ^b

^a Harvard University, United States
^b Leiden University, Netherlands

The Psychological Impact of Incarceration: Implications for Post-Prison Adjustment





Resiliency in the Face of Trauma

“Posttraumatic growth relates to the experiences of **positive change** that results specifically from highly challenging life crisis. It may include enhanced personal strength, appreciation of life, improved relationships, spiritual change, and new opportunities.”

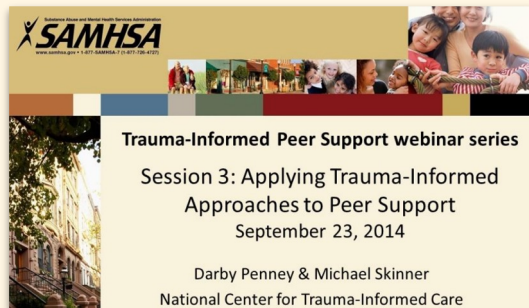
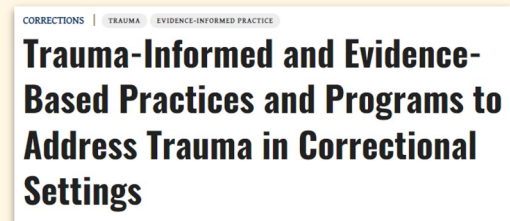
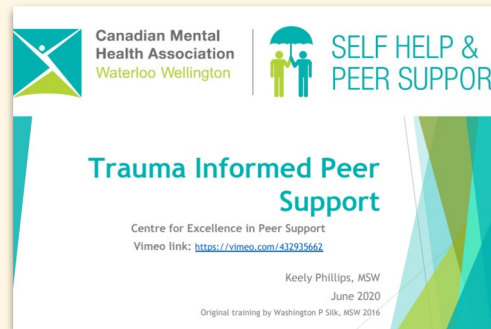
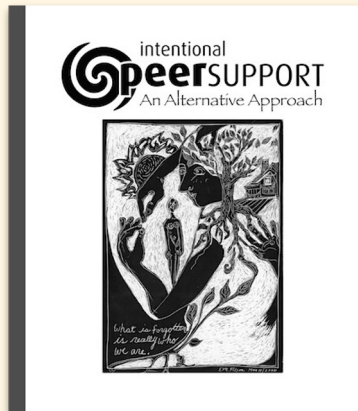


04

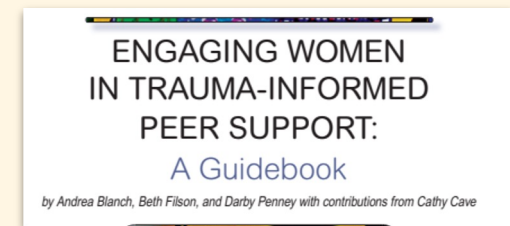
Additional Information & Resources



Resources



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



Peer Support Foundational Approach



Focus on the **impact** of the trauma **now** and how it affects their wellbeing, not the specific details and reliving what happened.



Four R's of Trauma-Informed Practice



Realizes

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

Recognizes

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

Responds

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

Resists

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



Example of Skills #1-3

John has recently been discharged from a residential treatment program for substance use disorder. He has a history of childhood trauma and struggles with both addiction and managing his emotions. He decides to join a trauma-informed peer support group to find connection and learn healthier ways to cope.

The group starts with an emphasis on **creating a safe and caring environment**. The facilitator encourages participants to respect each other's boundaries and ensures that group discussions are non-judgmental and confidential.

As John participates, he witnesses peers sharing stories of resilience, sparking a newfound belief in his potential for positive change. Inspired by their journeys, he **feels empowered** to pursue these changes.

The facilitator **incorporates psychoeducation** into the group discussions. John learns about the connection between trauma and addiction, understanding how his past experiences have influenced his behaviors and coping mechanisms.



Example of Skills #4-6

Sarah is a peer support worker. One of her peers, Alex, recently lost their job and is struggling with depression and anxiety. Sarah's role is to provide support and support Alex in finding ways to **improve his overall well-being** and **build resilience**.

Sarah starts by listening attentively to Alex's feelings and concerns. She introduces **simple coping techniques**, such as deep breathing exercises and mindfulness practices, to help Alex manage his anxiety.

Sarah discusses with Alex the **concept of resilience** and how it can be cultivated. She shares stories of individuals who have overcome adversity. She guides Alex in identifying his strengths and setting realistic goals. She prompts him to think about how he has overcome challenges in the past and reflect on his progress so far.

Recognizing the importance of self-care for effective peer support, Sarah **practices self-care techniques** herself. She ensures she engages in activities she enjoys, seeks her own support, and monitors for signs of vicarious trauma and burnout.



Example of Skills #7-8

Mark is a peer support worker who provides assistance to individuals who He experienced trauma. One of his peers, Lisa, is a survivor of domestic violence. Mark is **mindful of understanding re-traumatization** as he supports Lisa.

Mark is aware that discussions of traumatic experiences can inadvertently trigger re-traumatization. He ensures that he **approaches conversations with sensitivity and caution**, allowing Lisa to share at her own pace.

As part of their discussions, Mark **educates** Lisa about triggers—situations, places, or stimuli that can evoke distressing memories. They work together to **identify** Lisa's triggers and **develop strategies** for avoiding or responding to them.

Mark is diligent in monitoring **his own emotional well-being** and **recognizing signs of secondary trauma** like emotional distress, avoidance, and physical symptoms. He practices regular self-reflection, engages in self-care activities, and seeks support.

TYPES OF TRAUMA

Traumatic events are typically organized into two, three or seven categories. There may also be overlap between the categories. Despite these distinctions, when we talk about trauma, we are referring to what happens within our bodies during and after the event—not the particular event itself.



2 TYPES

"BIG T"

"LITTLE T"

7 TYPES

LIFE TRANSITIONS

VICARIOUS TRAUMA

COMPLEX TRAUMA

HISTORICAL TRAUMA

INTER-GENERATIONAL
TRAUMA

COLLECTIVE TRAUMA

ACUTE TRAUMA

3 TYPES

ACUTE

CHRONIC

COMPLEX

Types of Trauma & Sample Examples



Types of trauma

“Big T” Trauma

- major events, normally seen as traumatic
- emotions, beliefs and physical sensations occur in both the body and mind

Examples

- serious accidents
- natural disasters
- robbery, rape and urban violence
- major surgeries/life threatening illness
- chronic or repetitive experiences e.g. child abuse and neglect,
- war, combat, concentration camps
- may cause PTSD in some people but not all

“Small t” trauma

- overwhelming but often not seen as traumatic
- emotions, beliefs and physical sensations occur in both the body and mind
- unprocessed traumas have a long-lasting, negative effect
- can cause concentration, self-esteem & emotional regulation difficulties
- stunts and colors later perceptions
- often no intrusive imagery
- most common in neglected/abused children
- become part of a negative spiral when a Big T trauma occurs
- sometimes referred to as “complex trauma”

TRAUMA any event beyond a person’s ability to master at the time

A person may withstand a **big T** trauma but be so weakened that it is a **small t** trauma that finally causes his/her coping abilities to collapse.

Types of Trauma & Sample Examples



It's important to note that the impact of trauma can vary widely based on an individual's personal history, resilience, coping mechanisms, and support systems. Both big T and little t traumas can have lasting effects on mental and emotional well-being, and seeking appropriate support is crucial regardless of the severity of the trauma experienced.

Type of Trauma	Example 1	Example 2	Example 3
Acute trauma	Witnessing a serious car accident.	Surviving a natural disaster.	Being physically assaulted.
Adverse Childhood Experiences (ACEs)	Physical, emotional, or sexual abuse	Neglect	Household instability
Chronic trauma.	Living in an area with ongoing gun violence.	Enduring a verbally abusive relationship.	Facing financial instability for years.
Complex trauma	Suffering childhood abuse from a caregiver.	Experiencing multiple violent incidents in a war zone.	Surviving domestic violence over time.
Life transition trauma	Coping with the death of a loved one.	Going through a difficult divorce.	Adjusting to a new place immigration.

Types of Trauma & Sample Examples

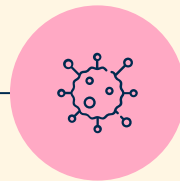


Vicarious trauma	A therapist experiencing emotional stress due to hearing clients' trauma.	A journalist covering distressing news stories.	A social worker dealing with child abuse cases.
Historical trauma	Indigenous communities affected by generational trauma from colonization.	Descendants of slaves facing the ongoing effects of historical racism.	Cultural suppression impacting generations after war.
Intergenerational trauma	A child experiencing emotional struggles due to a parent's unresolved trauma.	Trauma-related behaviors being passed from one generation to the next.	Effects of a grandparent's wartime experiences influencing family dynamics.
Collective trauma	A community recovering from a terrorist attack.	Rebuilding a town after a devastating earthquake.	Recovering from the impact of a massive wildfire in a region.
Post-incarceration related trauma (PICS)	An individual struggling with anxiety and reintegration.	Coping with stigma and isolation after incarceration.	Difficulties finding employment and housing post-release.

How could incarceration-related trauma present?



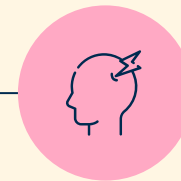
Anxiety
Hyperarousal
Depression
Hopelessness
Anger
Irritability



Social Isolation
Rejection
Stigmatization
Difficulties with Authority

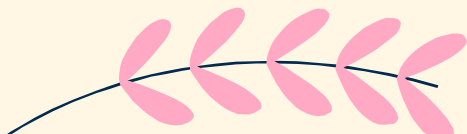


Flashbacks
Nightmares
Hypervigilance
Avoidance
Substance Use

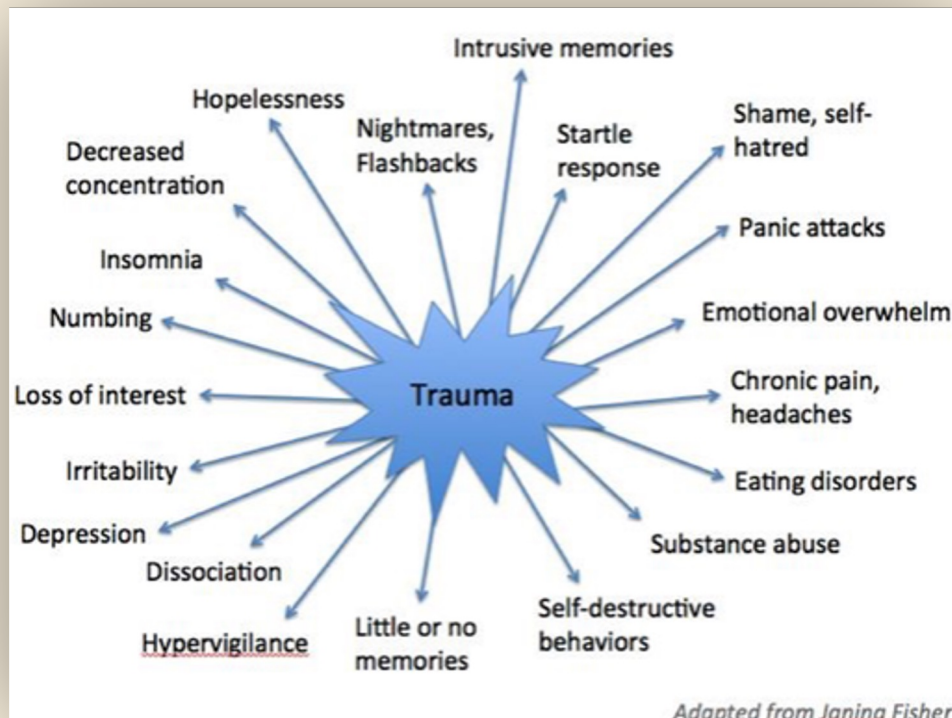


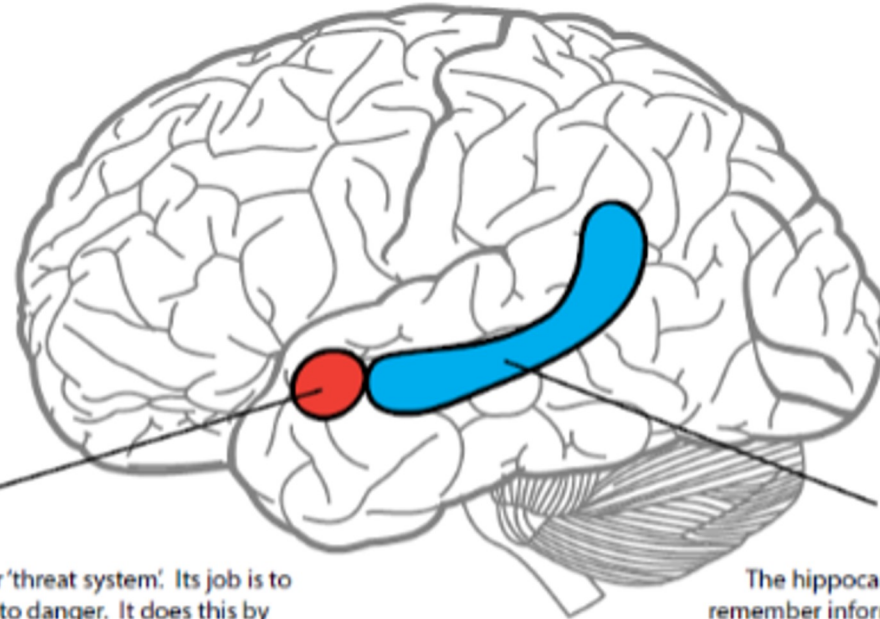
PICS:
-Institutionalized personality traits
-Social-sensory disorientation
-Social alienation
-Emotional numbing

(Liem and Kunst 2013)



How Trauma Affects the Body





Amygdala

The amygdala is part of our 'threat system'. Its job is to keep us safe by alerting us to danger. It does this by setting off an alarm in our body: by triggering the 'fight or flight' response it gets us ready to act.

Unfortunately it isn't very good at discriminating between real dangers 'out there', or dangers that we are just thinking about: it responds in the same way. This means that it can set the alarm off when we are thinking about an unpleasant memory from the past, even though the danger has passed.



Hippocampus

The hippocampus helps us to store and remember information. It is like a librarian, and it 'tags' our memories with information about where and when they occurred.

When our 'threat system' is active the hippocampus doesn't work so well. It can forget to tag the memories with time and place information, which means they sometimes get stored in the wrong place. When we remember them it can feel like they are happening again.

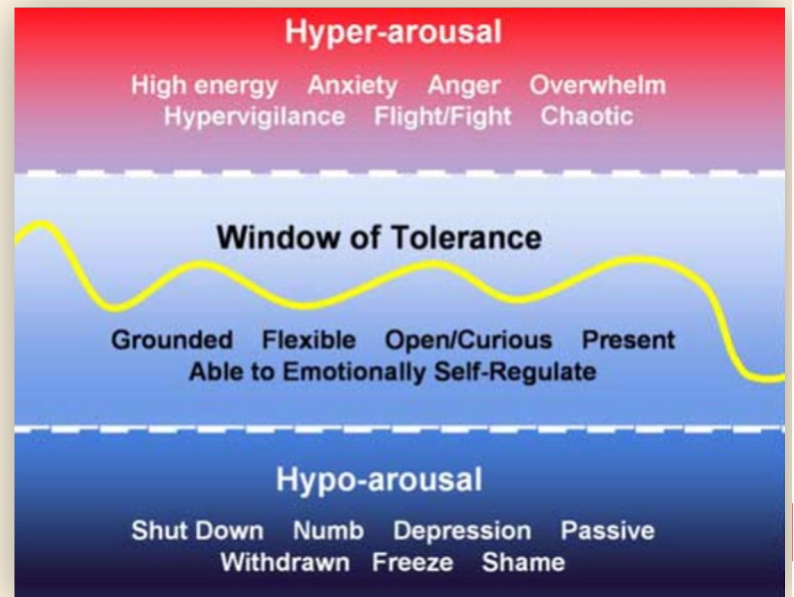
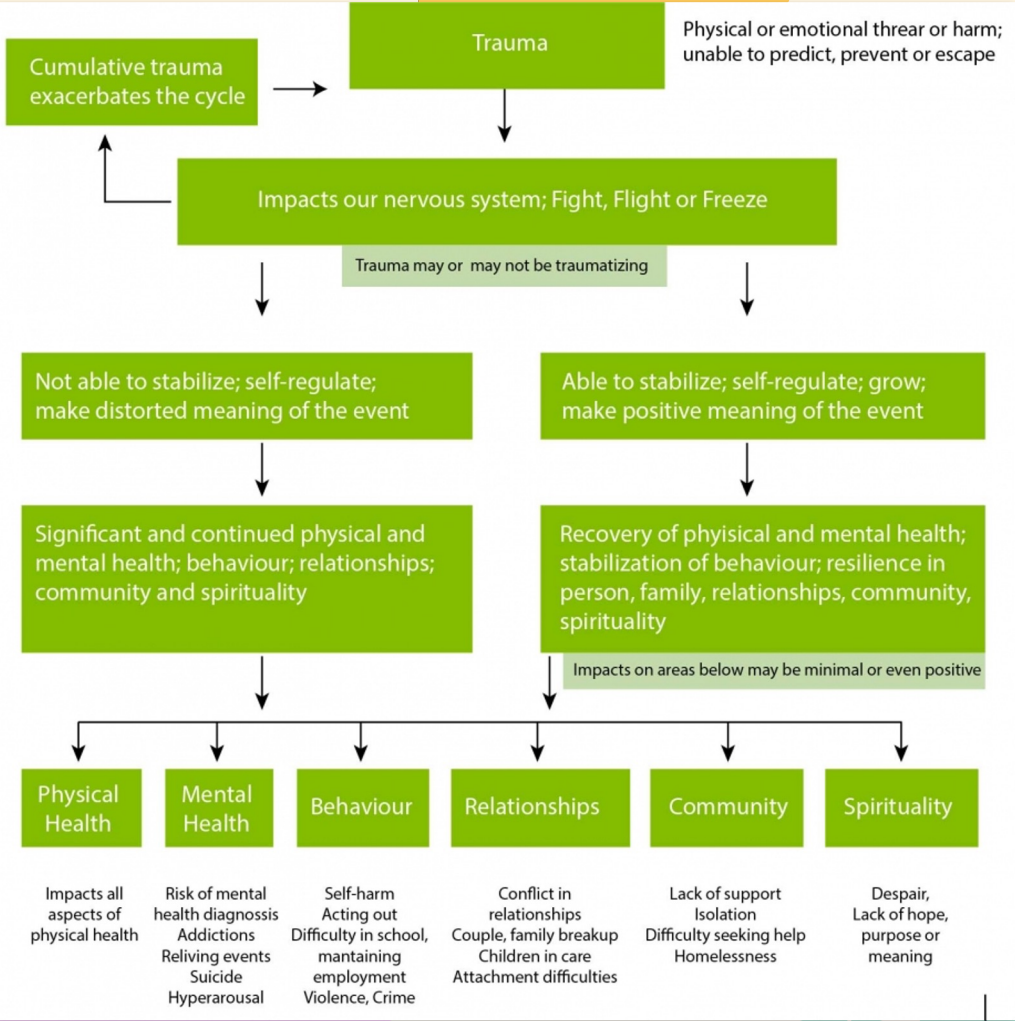
(Phillips, 2020)



4 WAYS TRAUMA CHANGES THE BRAIN

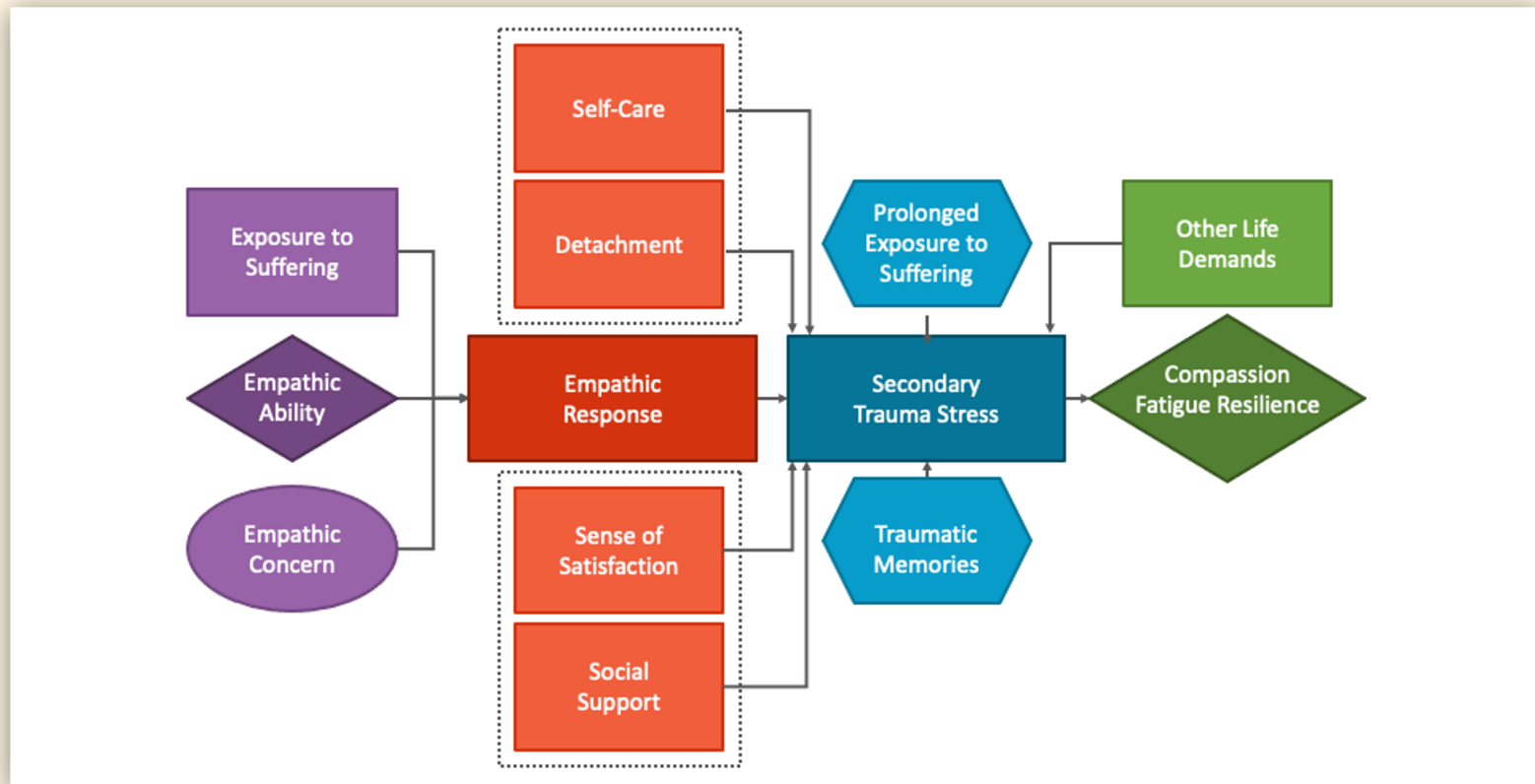


<https://www.youtube.com/watch?v=wdUR69J2u6c>



(Phillips, 2020)

Secondary Traumatic Stress



(Collidu, "Secondary Trauma Stress")

Signs of Secondary Traumatic Stress



Emotional

Feeling numb or detached; feeling overwhelmed or maybe even hopeless.



Physical

Having low energy or feeling fatigued.



Behavioral

Changing your routine or engaging in self-destructive coping mechanisms.



Professional

Experiencing low performance of job tasks & responsibilities; feeling low job morale.



Cognitive

Experiencing confusion, diminished concentration, & difficulty with decision making.



Spiritual

Questioning the meaning of life or lacking self-satisfaction.



Interpersonal

Physically withdrawing or becoming emotionally unavailable to your co-workers or your family.



Sample Headline

This is a sample text that you can edit. You can change font (size, color, name).

Cognitive Impacts of Secondary Traumatic Stress



(Collidu, "Secondary Trauma Stress")

Secondary Traumatic Stress: Risk Factors & Responding



How to Deal with Secondary Trauma Stress?

- 01 Practice good self-care.
- 02 Offer your support, but don't push the person affected with PTSD to describe or talk about the event that traumatized them if they do not want to.
- 03 Encourage the person affected with PTSD to seek professional help.
- 04 Get support and treatment for yourself.

Coping With Triggers



How to Cope with Triggers

Practice relaxation techniques

Become aware of your triggers

1: _____
2: _____
3: _____

Anticipate and plan a coping strategy for triggers

Call someone if you're feeling triggered

Keep a journal

Exercise regularly

verywell

Triggers

Trigger: A stimulus—such as a person, place, situation, or thing—that contributes to an unwanted emotional or behavioral response.

The Problem
Describe the problem your triggers are contributing to. What's the worst-case scenario, if you are exposed to your triggers?

Trigger Categories
Just about anything can be a trigger. To begin exploring your own triggers, think about each of the categories listed below. Is there a specific emotion that acts as a trigger for you? How about a person or place? List your responses in the provided spaces.

Emotional State	
People	
Places	
Things	
Thoughts	
Activities / Situations	

Tips for Dealing with Triggers

- Oftentimes, the best way to deal with a trigger is to avoid it. This might mean making changes to your lifestyle, relationships, or daily routine.
- Create a strategy to deal with your triggers head on, just in case. Your strategy might include coping skills, a list of trusted people you can talk to, or rehearsed phrases to use in a stressful or uncomfortable situation.

Practice!

Preview
page 1 of 2

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