

# MODULE 3:

## THE EFFECTS OF TRAUMA ON RECOVERY

Understanding what happened to us, not what is wrong with us,  
sometimes takes a lifetime.  
– Gayle Bluebird

### ***Introduction***

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The goal of this module is to be able to recognize the effects of trauma (in ourselves and others) and identify skills of peer support that can be used to demonstrate that healing from trauma is possible.

### **Objectives**

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The learning objectives for this assignment are for you to be able to:

- Define trauma and identify *at least* three examples of traumatic events.
- Calculate your ACE score.
- Give *at least* one example of a trauma-informed peer support practice.
- Describe secondary trauma, how to identify its early warning signs, and what to do if it happens to you.
- Locate *at least* three resources for further study.

### **What to complete**

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Your assignment is to read this workbook module and complete the assignments prior to coming to the training for this topic.

***Plan about one hour to complete this section of the workbook.***

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## ***What is trauma?***

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**Trauma occurs when an external threat overwhelms  
a person's coping resources.**

**– Kathryn Power**

According to SAMHSA's National Center for Trauma-informed Care (NCTIC), traumatic experiences can be dehumanizing, shocking or terrifying, singular or multiple compounding events over time, and often include betrayal of a trusted person or institution and a loss of safety.

Trauma can result from experiences of violence. Trauma includes physical, sexual and institutional abuse, neglect, intergenerational trauma, and disasters that induce powerlessness, fear, recurrent hopelessness, and a constant state of alert.

Trauma impacts one's spirituality and relationships with self, others, communities and environment, often resulting in recurring feelings of shame, guilt, rage, isolation, and disconnection. Healing is possible.

Trauma-informed practices engage those with histories of trauma in a way that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.

***It changes the approach from one that asks, "What's wrong with you?" to one that asks, "What has happened to you?"***

## **What does trauma look like?**

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*The effects of unresolved trauma are similar to symptoms of mental illness. People who have experienced severe trauma frequently carry multiple mental health diagnoses but find the mental health system to be re-traumatizing and treatment ineffective.*

*People sometimes develop disturbing symptoms years later and do not even remember the traumatic events that were the original cause.*

## Signs of trauma

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Those who have been exposed to traumatic events experience a wide range of reactions. Common signs fall under three categories<sup>1</sup>:

Intrusive	Avoidance	Hyper arousal
<ul style="list-style-type: none"><li>▪ Persistently re-experiencing the event in thoughts, images, recollections, daydreams, and/or nightmares</li><li>▪ Feeling upset, distressed and/or anxious in the presence of reminders of the event</li></ul>	<ul style="list-style-type: none"><li>▪ Avoiding places, thoughts, conversations and/or people associated with the event</li><li>▪ Problems recalling some aspects of the event</li><li>▪ Losing interest in formerly enjoyable and important activities of life</li><li>▪ Feeling disconnected or “removed” from other people</li><li>▪ Feeling numb</li></ul>	<ul style="list-style-type: none"><li>▪ Being on constant alert for danger</li><li>▪ Being jumpy and easily startled</li><li>▪ Experiencing sleep disturbances (such as not being able to get to sleep, waking up often, or having vivid dreams or nightmares)</li><li>▪ Difficulty concentrating</li><li>▪ Irritability or angry outbursts</li></ul>

## Effects of trauma

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*The effects of trauma are often mistaken to be symptoms of mental illness.*

Most people are not aware of the influence past trauma can have on their quality of life. Some are not even aware these experiences are considered traumatic -- because for them, it was just “normal.” There was nothing else to compare it with.

Memories of a traumatic experience may be fragmented and confusing. They may have happened when the person was pre-verbal or they may have been forgotten completely. If the person does remember, the memories may be so deeply disturbing that they cannot be put into words. It is also possible that the person fears retaliation from the abuser if the secret is revealed.

If a person is having a hard time talking about “what happened,” creative expressions like poetry, drawing, painting, or music can be a way for the person to share what he or she cannot put into words.

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<sup>1</sup> Headington Institute (08/21/13) <http://www.headington-institute.org/Default.aspx?tabid=2074>

## What to watch for

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If you or someone you know is experiencing any of the following signs\*\*, before automatically attributing the sign to an illness, try to find out if there may be some link or connection to a distant past or more recent traumatic event.

<ul style="list-style-type: none"><li>• anxiety</li><li>• insomnia or nightmares</li><li>• agitation or being highly alert</li><li>• irritability or rage</li><li>• flashbacks</li><li>• intrusive memories</li><li>• a disconnect from the world</li><li>• unrest in certain situations</li><li>• no feelings; “shut down”</li><li>• no interests; “passive”</li><li>• much sadness; depressed</li><li>• experiences of seeing or hearing things that are not there</li><li>• eating problems</li><li>• the compulsion to do certain things over and over</li><li>• an inability to make good choices – or any choices</li></ul>	<ul style="list-style-type: none"><li>• impatience</li><li>• high or low desire for sex</li><li>• urges to do strange or risky things</li><li>• a hard time concentrating</li><li>• an impulse to hurt oneself</li><li>• an inability to trust anyone</li><li>• a feeling of being unlikable</li><li>• a feeling of being unsafe</li><li>• a desire to use harmful substances</li><li>• no interest in others; keeping to oneself</li><li>• too many commitments; overworking</li><li>• numbness</li><li>• the need to control things; have things a certain way</li><li>• unusual fears / terror</li></ul>
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*\*\* Or, there may be no sign at all – it may be completely invisible from the outside*

## Peer Support and Trauma

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Something perceived as very traumatic by one person may not bother another. Timing can be a big factor. A traumatic experience from the past can suddenly be triggered and bring distressing emotions when an anniversary date or related occasion (such as the birthday of a lost loved one) brings memories of what happened.

As peer supporters, we listen and seek to understand at a deep emotional level the kinds of things that have happened in a person’s life. Many people are completely unaware that traumatic experiences from their past can be a significant factor in physical disabilities, mental health disabilities or behaviors that prevent them from moving forward in their recovery. Awareness is the first step toward change.

## Prevalence of trauma in adults with mental health conditions

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- 97% of homeless women with serious mental illness (SMI) experienced severe physical and sexual abuse; 87% experienced abuse in both childhood and adulthood
- 90% of public mental health clients have been exposed to trauma; most had multiple experiences of trauma; 34-53% report childhood sexual or physical abuse; 43-91% report some form of victimization
- 81% of adults diagnosed with bipolar disorder or dissociative identity disorder (DID) were sexually or physically abused as children
- 29-43% of people diagnosed with SMI have post-traumatic stress disorder (PTSD)  
(Huckshorn, 2012<sup>2</sup>)

## Prevalence of trauma in adults with substance use disorders

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- 66% of men and women in substance abuse treatment report childhood abuse and neglect
- 77% of male veterans in substance abuse inpatient units were exposed to severe childhood trauma; 58% had a history of lifetime PTSD
- 50% of women in substance abuse treatment have a history of rape or incest  
(Huckshorn, 2012<sup>3</sup>)

## Assignment #1: Questions for reflection

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- In your experience (yourself or people you know), has trauma ever been mistaken for mental illness or addiction?
- What tends to happen in a peer support relationship when the focus is on the illness and trying to fix 'what's wrong'?
- How does the relationship change when you instead ask 'what happened to you'?

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<sup>2</sup> Huckshorn, K., Panzer P., Arauz, E. (2012). *Assessing for and Addressing Trauma in Recovery-Oriented Practice*. Webinar in the Recovery to Practice (RTP) Series: Implementing Recovery-Oriented Practices.

<sup>3</sup> Ibid

## ***Measuring traumatic experiences***

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Everyone has experienced some form of trauma in their lifetime. For some people, the impact is significant.

### **ACE study**

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To understand the impact of trauma on people's health, the Centers for Disease Control and Prevention and Kaiser Permanente health plan conducted a study, called the Adverse Childhood Experience (ACE) study, which was the largest scientific study of its kind.

First conducted between 1995 and 1997, 17,000 members of the Kaiser Permanente health plan who were already undergoing a comprehensive physical examination chose to provide detailed information about their childhood experience of abuse, neglect, and family dysfunction.

### **Study method**

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The ACE Study uses a questionnaire to count the total number of ACE stressors. The ACE Score is used to assess the total amount of stress during childhood.

### **Assignment #2: Take the ACE questionnaire**

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The questionnaire on the next page is the same one that was used in the original ACE Study. Fill out the questionnaire to find your ACE score.

This assignment is for your own knowledge (about the study) and self-awareness about how trauma may impact you. You will not be asked to share your ACE score during the training.

**Source:** [www.acestudy.org/files/ACE\\_Score\\_Calculator.pdf](http://www.acestudy.org/files/ACE_Score_Calculator.pdf)

## **Adverse Childhood Experiences (ACE) Questionnaire (10 Questions)**

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While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often or very often...

Swear at you, insult you, put you down, or humiliate you?

or

Act in a way that made you afraid that you might be physically hurt?

**Yes No If yes enter 1** \_\_\_\_\_

2. Did a parent or other adult in the household often or very often...

Push, grab, slap, or throw something at you?

or

Ever hit you so hard that you had marks or were injured?

**Yes No If yes enter 1** \_\_\_\_\_

3. Did an adult or person at least 5 years older than you ever...

Touch or fondle you or have you touch their body in a sexual way?

or

Attempt or actually have oral, anal, or vaginal intercourse with you?

**Yes No If yes enter 1** \_\_\_\_\_

4. Did you often or very often feel that...

No one in your family loved you or thought you were important or special?

or

Your family didn't look out for each other, feel close to each other, or support each other?

**Yes No If yes enter 1** \_\_\_\_\_

5. Did you often or very often feel that:

You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

or

Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

**Yes No If yes enter 1** \_\_\_\_\_

6. Were your parents ever separated or divorced?

**Yes No If yes enter 1** \_\_\_\_\_

7. Was your mother or stepmother:

Often or very often pushed, grabbed, slapped, or had something thrown at her?

or

Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?

or

Ever repeatedly hit for at least a few minutes or threatened with a gun or knife?

**Yes No If yes enter 1** \_\_\_\_\_

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

**Yes No If yes enter 1** \_\_\_\_\_

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

**Yes No If yes enter 1** \_\_\_\_\_

10. Did a household member go to prison?

**Yes No If yes enter 1** \_\_\_\_\_

**Now add up your "Yes" answers: \_\_\_\_\_ This is your ACE Score.**

## ACE study findings

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In the study of 17,000 members of the Kaiser Permanente health plan, adverse childhood experience (ACE) of abuse, neglect, and family dysfunction were found to be common.

Almost two-thirds of study participants reported at least one ACE, and more than one of five reported three or more ACE.

Findings demonstrated that as the ACE score increased, the physical and mental health problems increased. The short- and long-term outcomes of these childhood exposures include a multitude of health and social problems, such as:

Alcoholism and alcohol abuse	Risk for intimate partner violence
Chronic obstructive pulmonary disease (COPD)	Multiple sexual partners
Depression	Sexually transmitted diseases (STDs)
Fetal death	Smoking
Health-related quality of life	Suicide attempts
Illicit drug use	Unintended pregnancies
Ischemic heart disease (IHD)	Early initiation of smoking
Liver disease	Early initiation of sexual activity
	Adolescent pregnancy

## Assignment #3: Questions for reflection

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- What are you feeling about your ACE score?
- Did you identify any unresolved experiences of trauma? If so, what will you do?
- When you consider other people you know who have significant mental and/or physical health issues, could trauma play a role?
- If people have unresolved experiences of trauma, can they heal?
- Can peer support help people to heal from trauma?

You will not be asked to share your own ACE score during the training, but the group will be asked to consider and discuss how trauma plays a role in recovery.

## Anna's Story

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*Excerpt from an interview<sup>4</sup> with Ann Jennings, PhD. Ann is a pioneer in the field of trauma-informed care. She is the founder and executive director of the Anna Institute, named after her daughter, which provides guidance, resources, and support for trauma-informed care.*

For the 17 years that Anna was in mental health services and psychiatric hospitals, she was never assessed or helped with the impacts of what happened to her — even though she herself asked for such help. No one had trauma training. The focus was on identifying what was wrong with her, counting symptoms, diagnosing her, and then medicating her.

For 17 years no psychiatric treatments, mental health services, or medications helped her. In fact, many such treatments re-traumatized her. As many sexual abuse survivors do, she felt defective, deficient, unworthy, bad, different from others — yet was never given the opportunity to share this burden, or to be understood and responded to.

She finally lost hope and in 1992 at the age of 32, took her life.

Her story is similar to the stories of many others in our service systems. We must give all children and adults in our services the opportunity to share their stories and to be listened to and believed, understood, and helped.

Needless suffering is caused by lack of knowledge of trauma and its centrality to mental health, addictions, and health problems. We need to understand this connection and ask about the person's life experiences, rather than assuming their problems to be solely genetic or biological.

**Source:** <http://www.theannainstitute.org>

## Assignment #4: Questions for reflection

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- Would Anna's experience be different if it happened today? If so, how?
- If people have unresolved experiences of trauma, can they heal?
- Can peer support help people to heal from trauma? If so, how?

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<sup>4</sup> Promises to Keep. An Interview with Ann Jennings, PhD, Founder and Executive Director, Anna Institute. Interview by Linda Ligenza for National Council Magazine, 2011, Issue 2, p. 32.

## ***Universal precautions***

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*“Trauma must be seen as the expectation, not the exception in behavioral health treatment systems.”*  
– Linda Rosenberg,<sup>5</sup>

In general, universal precautions are aimed at preventing an illness or injury before it happens. In a hospital environment, universal precautions include washing hands and using hand sanitizer to avoid spreading germs, or wearing gloves to avoid exposure to infected blood.

In the public sector, ‘safe sex,’ is a universal precaution to avoid spreading STDs. In mental health settings, universal precautions refer to treating *everyone*, including supervisors and staff, as if they have a history of trauma.

### **Traumatizing practices**

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Current practices in mental health care that could potentially be traumatizing – or re-traumatizing - include: Use of force, restraints, seclusion, making people suppress genuine feelings of fear or anger or grief, telling people to remove their clothes, treating people as if they are invisible, discrediting peoples’ experiences, blaming or shaming, maintaining power and control over people, making decisions for people rather than with people, and many more.

Because so many of these traumatizing practices involve power and/or force, often experienced as oppression, let’s explore power and power dynamics.

### **Oppression**

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**Oppression**<sup>6</sup> is defined as the exercise of authority or power in a burdensome, cruel, or unjust manner. It can also be defined as an act or instance of oppressing, the state of being oppressed, and the feeling of being heavily burdened, mentally or physically, by troubles, adverse conditions or people, and anxiety.

Oppression occurs between individuals, within relationships, in institutions, and through public policy. At its extreme, oppression can lead to revolution and war. Those who are in power are rarely aware of the ways in which they oppress others. Those who are oppressed often find the experience to be traumatic.

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<sup>5</sup> Rosenberg, L. (2011). We Must Do More. *National Council Magazine*, 2011-2, pp. 6-8.

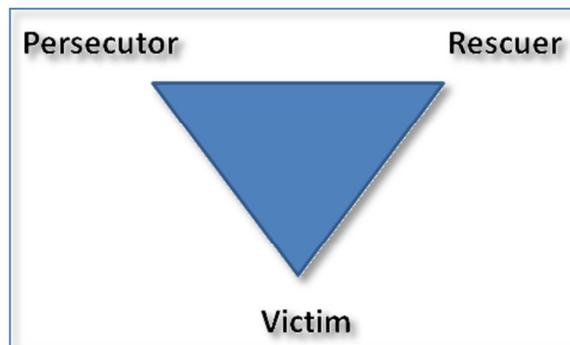
<sup>6</sup> Wikipedia <http://en.wikipedia.org/wiki/Oppression>

## Power dynamics

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Power dynamics are a common cause of conflict (or drama). While there are many ways in which power can be used or misused, people often take on three distinct power roles:

- **Victim:** believes she or he cannot take care of her/himself (powerless)
- **Persecutor:** believes people need to be coerced or controlled (abuse of power to feel powerful)
- **Rescuer:** believes other people cannot take care of themselves (misuse of power to feel powerful)



These roles are normally outside of our conscious awareness. No one ever says, “I believe other people can’t take care of themselves,” but in a given situation one may behave that way without even realizing it; responding based on past experience.

If we happen to go into auto-pilot mode and take on one of these power roles, we often find ourselves switching to one of the other roles, and at some point the whole process tends to feel bad!

A classic fairy tale clearly illustrates this power “triangle”:

- Little Red Riding Hood: Rescuer to Victim to Persecutor
- Grandma: Victim to Persecutor
- Wolf: Persecutor to Victim

## Assignment #5: Questions for reflection

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- Can you recall a time you were in a victim role? How did it feel?
- Can you recall a time you were rescued by someone? What was that like?
- Can you recall a time when you rescued someone else? What happened?

- Can you recall a time when you were in charge and had power over someone else? What was it like?
- As a peer supporter, how can you change the power dynamic so that everyone feels treated as an equal?

### Shared power

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*Power by itself is a positive thing; a source of energy or strength or authority (as in “the power vested in me”). But the misuse of authority has turned power into something negative; sometimes sinister.*

*Power “over” implies an imbalance of power, with the one on top being more, the one on the bottom being less powerful. Being on the bottom of the situation, we may call up power “against” some foe, hence power becomes an opposing force or opposing forces in tension with each other. It may also be a liberating force when power becomes the “strength to overcome.”*

*If we join forces with others, we combine our own power with others and use it for something good.  
(Malmgreen, 1993)<sup>7</sup>*

### Trauma-informed practices

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Trauma-informed practices ensure comfort; are always welcoming, avoid conflict, meet needs assertively, and minimize any traumatic event that could hurt clients or staff. (Huckshorn, 2012)<sup>8</sup>

Inclusion, equality, and respect are guiding principles in this work.

### Assignment #6: Questions for reflection

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- What can you do to apply universal precautions for trauma in your work?
- As a peer supporter, if someone is being traumatized, what can you do?
- As a peer supporter, what can you do to avoid being traumatized yourself?

<sup>7</sup> Malmgreen, C. (1993). *Some Thoughts on Power and Authority*. The Transformer for AVP Workshop Leaders, Fall Issue. Alternatives to Violence Project, New York. Page 14.

<sup>8</sup> Huckshorn, K., Panzer P., Arauz, E. (2012). *Assessing for and Addressing Trauma in Recovery-Oriented Practice*. Webinar in the Recovery to Practice (RTP) Series: Implementing Recovery-Oriented Practices.

## Secondary trauma

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*Secondary traumatic stress (STS), also known as “vicarious trauma” or “compassion fatigue,”* is natural and normal potential effect of empathic engagement with a traumatized person. It can happen to anyone.

### Why is it important to know about it?

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The prevalence of trauma in those receiving mental health and substance use services puts peer supporters at high risk for secondary trauma. It is similar to job-related burn-out, but is specifically related to exposure to traumatic circumstances, which may trigger thoughts or feelings about personal traumatic experiences that have not been resolved.

### What are some of the risk factors?

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The following factors might increase the likelihood of “catching” secondary trauma:

- Degree of exposure (intensity or frequency, or both) cumulative
- Intensity of the work
- Personal history of trauma
- Lack of social support / isolation
- Punitive work environment
- Lack of appropriate and supportive supervision
- Exposure to acts of terrorism or violence outside of work

### What are some of the warning signs?

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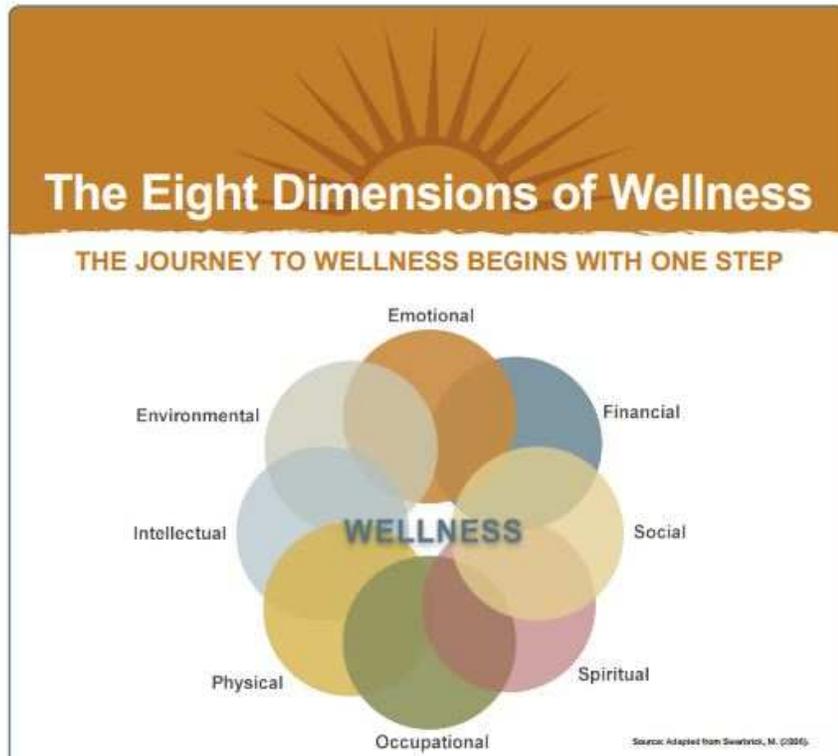
Having any one or more of the following warning signs might indicate that you have a case of secondary trauma:

Detachment	Persistent negative attitude
Emotional exhaustion	Fearfulness
Chronic fatigue	Hopelessness
Sadness	Physical illness
Anger	Absenteeism
Intrusive thoughts	Cynicism
Second-guessing	Constant stress and anxiety

## Consequences on wellness

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If not recognized and addressed early, secondary trauma can lead to destructive thoughts and behaviors in all of the domains of wellness.



## Self-awareness

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As peer supporters, it is especially important for us to be aware of our own trauma and our tolerance for revisiting it (through telling our recovery story) while working on positive relationships with others.

On one hand, it can help us to find common bonds with others who are experiencing similar circumstances. On the other hand, there may be limits to our capacity to continuously revisit those circumstances.

We need to be ever watchful for warning signs of secondary trauma, which is similar to job burn-out, but in this case it is deeply rooted in our own past and connected to the experience of being repeatedly exposed to traumatic events in the lives of others that are beyond our control.

## What to do if it happens to you?

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Just as recovery from primary trauma is unique to each person, you will have your own unique way of healing from secondary trauma – if it happens to you. The most important thing to remember: healing is possible!

How? In a word, just be “self-ish”!

- (1) Self-aware / set limits
- (2) Self-care / increase relaxation and reduce stress
- (3) Self-expression / find a creative outlet for feelings
- (4) Self-importance / put healing yourself before everyone else  
(think oxygen mask on a plane).

## Assignment #7: Questions for reflection

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- How do you recognize trauma (in yourself and others)?
- What can happen if trauma is not recognized?
- What do you do if you think someone has experienced trauma?
- What precautions are you taking to avoid secondary trauma (also known as vicarious trauma, compassion fatigue, or burn-out)?

## ***Mindfulness or grounding techniques***

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When you are disrupted from the present moment by memories of the past or fears of the future, there are a wide variety of techniques that can help to bring you back. These “mindfulness” or “grounding” techniques are intended to stop distressing thoughts or anxious feelings and restore your sense of balance and ability to be effective in the present moment.

## Assignment #8: Try a few (preparation for class)

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On the following pages are a number of techniques that can help to bring you back to the present moment if negative thoughts or emotions come up that are hard to shake. Try a few and be prepared to share what works and what doesn't work for you when you come to the training. (Or bring a few of your own.)

## STOP<sup>9</sup>

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One example of a mindfulness technique is to simply **STOP**:

- (1) **Stop** what you are doing. Put everything down just for a few minutes.
- (2) **Take a breath.** Breathe normally and follow your breath coming in and going out. Think “in” and “out” if that helps. Do this for a few moments.
- (3) **Observe** your thoughts, feelings, and emotions. Try to name any emotions that come up. Stepping back mentally and naming your emotions can have a calming effect. Now notice your body position and posture, and anywhere that you’re holding tension or pain. Become aware of your whole self, not just your thoughts or feelings.
- (4) **Proceed** with something that will support what you need in the moment.

## Breathe 1,2,3, 4...<sup>10</sup>

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Breathe... 1, 2, 3, 4: Inhale, through the nose for the count of four... Hold your breath for the count of four... Exhale for the count of four... Repeat several times or as needed.

## Low Road/High Road<sup>11</sup>

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Walk around slowly cataloging things you notice that are close to the ground... Make another sweep, noticing things that are higher up... Make another sweep noticing things that are even higher, and so on...

## Can You Notice<sup>12</sup>

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If your internal “chemicals” are churning, try to notice precisely what they feel like. Report findings to yourself or a recovery buddy. (For example, “I have a burning sensation in my stomach...” or, “My chest feels tight and it’s hard to breathe...”)

Check on specific body parts and notice...My hands feel like; my arms feel like; my neck feels like; my shoulders feel like, my feet feel like, and so on...

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<sup>9</sup> Borchard, T. (2009). 4 Quick Mindfulness Techniques. *Psych Central*. Retrieved on August 18, 2013, from <http://psychcentral.com/blog/archives/2009/11/23/for-thanksgiving-week-4-quick-mindfulness-techniques/>

<sup>10</sup> Pollet, N. (2013). Peace Work. <http://www.heartcircleconsulting.com/>

<sup>11</sup> Ibid

<sup>12</sup> Ibid

## 5 Sensing<sup>13</sup>

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- Pick up an object and touch it with great concentration... noticing texture, temperature, softness, etc.
- Tune into the sounds around you with great concentration.
- Notice smells... and if you don't have any you can identify... scout out some (sniff a plant, your chapstick, etc.)
- Pay attention to taste... what's going on in your own mouth right now? Do you need to scout out that old stick of peppermint gum?
- Look around you with great concentration and notice things you hadn't noticed.

## Rules<sup>14</sup>

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Mentally run through the rules of any game you like to play with a buddy. For example, *Go Fish*: Everyone gets seven cards... The first person asks "Do you have any Jacks...?" If yes, partner hands the card over. If not, partner says, "Go Fish" and person draws a card.

Do the same for other childhood games, board games, sports, or other pastimes that involve rules.

## CAPACITAR<sup>15</sup>

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CAPACITAR means to empower. Using a hands-on popular education approach, CAPACITAR teaches simple wellness practices that lead to healing, wholeness and peace in the individual and in the world.

Many more mindfulness and grounding exercises for healing trauma can be found through CAPACITAR: Healing Trauma, Empowering Wellness - A Multicultural Popular Education Approach to Transforming Trauma (offered to Recovery to Practice courtesy Sharon Kuehn <http://capacitar.org>)

**Workbook:** <http://www.capacitar.org/CapacitarTraumaWellnessFINAL.pdf>

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<sup>13</sup> Ibid

<sup>14</sup> Ibid

<sup>15</sup> Rebmann, J. & Mathes Cane, P. (2011). CAPACITAR: Healing Trauma, Empowering Wellness: A Multicultural Popular Education Approach to Transforming Trauma. Capacitar International, Inc. Santa Cruz, CA. [www.capacitar.org](http://www.capacitar.org) | <http://www.capacitar.org/CapacitarTraumaWellnessFINAL.pdf>

Link courtesy Sharon Kuehn, Capacitar Board Member, as a way to promote trauma awareness and healing.

About CAPACITAR – It is an international network working in over 35 countries in the Americas, Africa, Europe, the Middle East and Asia. CAPACITAR’s vision is to heal ourselves and to heal our world. CAPACITAR is especially committed to communities affected by violence, poverty and trauma, uniting people across borders in solidarity, understanding and reconciliation.

## ***Silver Lining***

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As peer supporters, most of us have been able to identify strengths and positive experiences that have come from the bad. In this next activity, you will have an opportunity to explore some of the things you have gained through adversity.

### **Assignment #9: Complete the questionnaire (preparation for class)**

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Like the ACE questionnaire, the answers to this are for your own reflection about the things you’ve gained from adversity

You will not be asked to share your answers, but take some time to reflect on what has come out of the adversity in your life.

### **The Silver Lining Questionnaire**

#### **What is this questionnaire all about?**

Although most of us have had difficult and distressing experiences in our lives, some people are able to talk about the positive aspects of these experiences – the things they gained as a result of those difficulties. This questionnaire asks you to think about the positive side of difficult experiences.

#### **How do I complete this questionnaire?**

On the following pages, there are 40 statements about an especially difficult (adverse) experience you have had. Choose an experience that had a big impact on your life – and indicate the extent to which you agree or disagree with each statement by circling a number between 5 “strongly agree” and 1 “strongly disagree.” There are no right or wrong answers. All that is important is your own personal views about the experience.

**An example to help you:**

I appreciate other people more because of my experience	strongly agree	agree	not sure	disagree	strongly disagree
	5	4	3	2	1

If you strongly feel that you appreciate other people more now as a result of your adverse experience, you would circle the number five.

Please complete: **Age** ..... **Sex** \_\_\_\_ **Male** \_\_\_\_ **Female**

Briefly describe the adverse experience (optional)

.....  
 .....

**This questionnaire is for your personal use only.**

Please circle *one* number for *each* statement

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Not Sure</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
1. I appreciate life more because of the difficult experience	5	4	3	2	1
2. The difficult experience gave me a new start in life	5	4	3	2	1
3. My life is much better now than it was before	5	4	3	2	1
4. The difficult experience made me live life to its fullest	5	4	3	2	1
5. Because of the difficult experience I find it easier to accept what life has in store	5	4	3	2	1
6. The difficult experience made me think about the true purpose of life	5	4	3	2	1
7. My religious/spiritual beliefs deepened because of the difficult experience	5	4	3	2	1

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Not Sure</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
8. I am now more open to other religions because of the difficult experience	5	4	3	2	1
9. The difficult experience made me a better person	5	4	3	2	1
10. I became a happier person because of the difficult experience	5	4	3	2	1
11. I am a calmer person because of the difficult experience	5	4	3	2	1
12. The difficult experience made me more mature	5	4	3	2	1
13. The difficult experience made me a more tolerant person	5	4	3	2	1
14. The difficult experience made me realize that I matter as a person	5	4	3	2	1
15. The difficult experience gave me more confidence	5	4	3	2	1
16. I am less concerned about failure because of the difficult experience	5	4	3	2	1
17. The difficult experience gave me permission to do things for myself	5	4	3	2	1
18. The difficult experience made me a more determined person	5	4	3	2	1
19. The difficult experience helped me find myself	5	4	3	2	1
20. The difficult experience made me more aware of my strengths	5	4	3	2	1
21. Through the difficult experience I discovered a talent I didn't know I had	5	4	3	2	1
22. I can face whatever is around the corner because of what I learned through the difficult experience	5	4	3	2	1
23. The difficult experience encouraged me to reflect on how I feel about myself.	5	4	3	2	1
24. The difficult experience made me face up to problem areas of my life	5	4	3	2	1

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
25. The difficult experience strengthened my relationships with others	5	4	3	2	1
26. The difficult experience made me less concerned with the approval of others	5	4	3	2	1
27. Because of the difficult experience I have more to offer other people	5	4	3	2	1
28. The difficult experience made me more at ease with others	5	4	3	2	1
29. I see others in their true colors because of the difficult experience	5	4	3	2	1
30. The difficult experience gave me the opportunity to meet new people	5	4	3	2	1
31. The difficult experience taught me how to stand up for myself	5	4	3	2	1
32. The difficult experience made me put an end to troublesome relationships	5	4	3	2	1
33. The difficult experience made me less judgmental of others	5	4	3	2	1
34. Because I share what I learned from the difficult experience, I have been an inspiration to others	5	4	3	2	1
35. People can be more open with me since the difficult experience	5	4	3	2	1
36. The difficult experience changed other people for the better	5	4	3	2	1
37. The difficult experience changed other people's perception of me for better	5	4	3	2	1
38. Other people appreciate me more because of the difficult experience	5	4	3	2	1
39. I know I am who I am because of the difficult experience	5	4	3	2	1
40. The difficult experience brought a new and deeper meaning to my life	5	4	3	2	1

Thank you for completing this questionnaire



# SUMMARY CHECKLIST

After completing this workbook assignment are you able to...

- Define trauma and identify *at least* three examples of traumatic events?
- Calculate your ACE score?
- Give *at least* one example of a trauma-informed peer support practice?
- Describe secondary trauma, how to identify its early warning signs, and what to do if it happens to you?
- Locate *at least* three resources for further study?

Based on what you've learned in this workbook assignment, what questions would you like to have answered at the training?

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**Thank you for completing this workbook assignment! We look forward to your participation at the training!**

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## RESOURCES FOR FURTHER STUDY

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## Online Resources

- Adverse Childhood Experience (ACE) Home Page - <http://acestudy.org/faqs>
- Anna Institute Home Page - <http://www.theannainstitute.org>
- Models for Developing Trauma-Informed Behavioral Health Systems and Trauma-Specific Systems. <http://www.theannainstitute.org/MDT2.pdf>
- In Their Own Words. Trauma Survivors Tell What Hurts, What Helps, and What is Needed for Trauma Services. <http://www.theannainstitute.org/ITOW.pdf>
- Center for Trauma Informed Care (NASMHPD) <http://www.nasmhpd.org/TA/NCTIC.aspx>
- Emotional CPR (eCPR) Home Page: <http://www.emotional-cpr.org>
- National Center for Trauma Informed Care (SAMHSA) <http://www.samhsa.gov/nctic>

## Videos and Webinars Related to Trauma

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## Training Activities Related to Trauma

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# APPENDIX 3-A: TRAINING HANDOUTS

## Things That Help

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- A place I felt safe as a child is...
- One thing I find comforting or soothing is...
- A technique I use to focus on the present is...
- Something others can do to support me when I am upset is...

## ACE Study

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- What are you feeling about the questions in the study?
- Was any of this information new to you?
- How can you use this in your peer support practice?

## Oppression Questions

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- Tell me about a time when you were oppressed...
- Tell me about a time when you oppressed someone else....
- Tell me about a time when you stood up to oppression....

## Warning Signs of Secondary Trauma

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Detachment Emotional Exhaustion Chronic Fatigue Sadness Anger Intrusive Thoughts Second Guessing	Cynicism Persistent negative attitude Constant stress and anxiety Fearfulness Hopelessness Physical illness Absenteeism
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ACE Scenarios: Someone coming for support services for the first time and you learn that the person...

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- Was sexually abused in childhood and was recently re-traumatized.
- Grew up with an abusive step-parent and is now working for an abusive boss.
- Witnessed a parent die by suicide and just lost a close friend to suicide.
- Grew up in foster care because both parents were in prison and just found out his/her spouse was arrested on charges of a serious crime.
- Is still living at home to care for a depressed mother and abusive alcoholic father.
- Others (based on people who you support):

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