National Council for Behavioral Health

Training Trauma-Informed Peer Supporters Webinar

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Cheryl S. Sharp, MSW, MWT, is the Senior Advisor for Trauma-Informed Care for the National Council for Behavioral Health. She has served as project coordinator and faculty lead for the National Council’s 2011, 2012, 2013 and 2014 Adoption of Trauma-Informed Practices Learning as well as multiple regional and national projects. She holds the unique perspective of a person with lived experience both as a family member and as an ex-consumer of services as well as a provider of services. She is a Master WRAP Trainer and serves as an international trainer/consultant for the Copeland Center for Wellness & Recovery, a Mental Health First Aid Trainer®, and a trainer of Intentional Peer Support (Shery Mead). Cheryl has worked with over 800 organizations to support their work in trauma-informed practices.
Overview

- Growing a Trauma-informed, Educated and Responsive Peer Workforce
- Curriculum
- Why Training Trauma-informed Peer Specialists (TTiPS)?
- A Participant’s Perspective
- Training and Technical Assistance
Polling Question 1

My role in my organization is
A) Peer Supporter Specialist, Recovery Coach or Peer Mentor
B) Peer Supporter Supervisor
C) Administrative
D) Clinical
E) Other
Polling Question 2

I currently am working as a peer support specialist

Yes  No
Growing a Trauma-Informed Peer Workforce

National Council’s Organizational Self Assessment - Seven Domains of TIC

Domain 1: Early Screening and Assessment
Domain 2: Consumer Driven Care and Services
Domain 3: Trauma-Informed, Educated and Responsive Workforce
Seven Domains of Trauma-Informed Care

Domain 4: Evidence-Based and Emerging Best Practices
Domain 5: Creating Safe and Secure Environments
Domain 6: Building Community Partnerships
Domain 7: Ongoing Performance Monitoring
Why TTIPS?
Why TTiPS?

1) One week is not enough
2) Healing happens in relationships
3) Peers can impact all 7 Domains
4) Knowledge is power
5) Fuzzy roles
6) Recognition of boundaries
7) It’s more than sharing stories
The current level of investment in my organization to train peer support specialist is

Not so much   Adequate   Very invested
Training Overview

Session 1: Beginning Where We Are

Session 2: What is Trauma?

Session 3: Adaptations Vs. Symptoms

Session 4: Essentials of Self-Care: Understanding Secondary and Vicarious Trauma and Compassion Fatigue

Session 5: Trauma-Informed Care and Peer Supporter Roles
Training Overview, continued

Session 6: Trauma-Informed Intentional Peer Support (IPS)

Session 7: Power of the Trauma Narrative

Session 8: Knowledge is Power

Addendum: Peer Lead Trauma Interventions

Session 9: Challenges and Creating Opportunities

Session 10: Wrap Up and Evaluation
Polling Question 4

I have had adequate training on trauma and trauma-informed care to support my work (whether peer or other positions)

A) Not really
B) Just enough to make me want more
C) I have had more than adequate training
Dennis is the director of the Via Hope Texas Mental Health Resource, a training, technical assistance, and consulting resource for individuals with lived experience, family members, youth, and professionals. Via Hope’s mission is to “provide education, training, and consultation to empower individuals, families, and youth to develop resilience, achieve recovery, and further mental health system transformation.”
What is Via Hope?

- Statewide training, technical assistance, and consulting organization for Texas.

- Mission: We provide education, training, and consultation to empower individuals, families, and youth to develop resilience, achieve recovery, and further mental health system transformation.
What is Via Hope?

• **Our roots:**
  - President’s New Freedom Commission.
  - SAMSHA Mental Health Transformation Grant.
  - Consumer/Family Voice on MHT Grant Oversight Committee.

• **Our Funding:**
  - Department of State Health Services.
  - Hogg Foundation for Mental Health.
What does Via Hope Do?

• Training and certification of peer specialists.
• Training and certification of family partners.
• Peer voice/peer leadership development.
• Recovery Institute.
  • Awareness Building Activities (Recovery Reads).
  • Leadership Academy.
  • Peer Specialist Integration Project.
  • Person Centered Recovery Planning Pilot.
  • Peer Run Organizations Project.
• Transition Age Youth Initiative.
• Sponsored Training (eCPR, Focus for Life, etc.).
Peer Specialist Training

- First program developed by Via Hope.
- Contracted with Appalachian Consulting.
  - Trainers and curriculum.
- Peer Specialist Learning Community.
- Developed capacity to do training ourselves.
- March, 2010 to Present:
  - 20+ trainings.
  - Trained about 500 Certified Peer Specialists.
  - Currently about 350 with Active Certifications.
• Program Structure:
• Initial week long training and certification exam.
• Need to be recertified every two years.
• Recertification requires 20 CEU’s.
• List of Endorsement Trainings to earn CEUs.
  • Some developed, provided by Via Hope (Whole Health).
  • Others provided by other organizations (eCPR).
• Always looking for ways to improve process, structure, content of training.
Why Trauma Informed Peer Support?

- Stakeholders Group, April 2012.
- Believer in using experts to improve program operation and development.
- Peers are the experts on peer support.
- Stakeholders mostly peer specialists, some supervisors, staff.
- Purpose: examine entire program, make recommendations for improvement.
- Conducted online survey of all CPSs in state.
• Stakeholders Group, April 2012.

• Survey asked what other types of training they needed/wanted.

• Trauma Informed Care, #1 on list.

• Recommendation from stakeholder group:
  • Expand information in certification training.
  • Develop endorsement training on trauma.
• Who Better?

• An aside:
  • Currently revising certification curriculum.
  • No separate module on trauma.
  • Entire training viewed through trauma lens.
  • Using consultant (Lyn Legere) to help with redesign.
  • Similar to Appalachian, but expanded.
• No in-house expertise on trauma or curriculum/training development.

• Previously worked with Cheryl on WRAP initiative, knew she is Council’s trauma expert.

• Other people with similar expertise. Preferred organization like the Council to contract with.

• Negotiated arrangement for both Via Hope and Council to use curriculum developed.
Looked around, did not see an existing training curriculum quite like we wanted.

Invited peer specialists to volunteer for two day planning meeting with Cheryl, Summer, 2013.
- Discuss what they knew about trauma.
- Discuss what they wanted to get out of training about trauma informed care.
- Selected about twenty people to participate.
- Paid their expenses; employers paid for their time or came on their own time.
• Connected Cheryl with Lyn to compare notes on certification training and trauma training.

• First “dry run” training in October, 2013.

• Invited members of planning group to attend.

• From initial training, selected six CPSs interested in becoming trainers.
  • One in-house staff person (CPS).
  • Working CPSs doing this part time on contract.
  • Same approach used for certification training.
• Trained trainers in January.

• Contracted with National Council again.
  • Two trainings scheduled, May and June.
  • Contract trainers with coaching/mentoring from Cheryl.

• After that, on our own.
• Most Texas CPS work in community mental health centers and state hospitals.
• Managed care organizations about to have larger role in Medicaid Rehab services.
• Critically important for peers to understand role of trauma regardless of workplace.
• Priority to get all CPSs through training.
• May eventually incorporate more of trauma training into certification training.
Goals and challenges:

• Ongoing challenge in expanding peer workforce; educating organizations on value of peer support.
  • Help organizations become more recovery oriented.
  • Effectively integrate peer specialists
  • Purpose of Recovery Institute.

• Next challenge:
  • Peers having better understanding of trauma than clinical staff in organization.
Goals and challenges:

• Keep working on expanding awareness.
• Play catch up.
  • Need to train 350 CPSs already certified.
  • Continuing to train more CPSs.
  • How to develop capacity for that much more training?
Questions?

Contact Information:

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The Andrews Center

Michael Beck served just over 13 years in the U.S. Marine Corps. During his time he served as a Search and Rescue swimmer and as Enlisted Support Counselor helping Marines prepare for Desert Storm/Desert Shield and then readjusting with family members after returning from the conflict.
My Role as a Peer Supporter

- Facilitate PTSD, TBI, and MST single veterans groups
- Facilitate couples and families whose veterans suffer from the above
- One on one for veterans and families
- Veterans Court advocate – Provide Judge and DA possible mental health VA or Peer Solutions to support veterans
- First responder for veterans family violence and suicide threats
• Unlike many with mental health diagnosis veterans come in with unknown diagnoses
• Provide knowledge the effect other trauma can have on military trauma
• How to listen for the signs of trauma
Challenges

- The beginning was hardest (getting peers to understand TIC)
- Making it to detailed to specialty groups
- Trimming it down to meet the demands
- Trauma is “trauma” in any language
How We Roll

• Learning on the fly
• Learning from each other
• How it helps in dealing with one on ones
• Listening for the clues of trauma and other possible issues
• Every vet has PTSD… well, *not exactly*

• Helping vets with PTSD to learn how it magnifies other types of trauma

• Successes related to Trauma informed care
Michael Beck, CPS
Volunteer Coordinator and Manager of Veterans Outreach “The Green Zone”

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Training and Technical Assistance for TTips

- National Council TTiPS Training - 2.0 day training at your site
- Two trainers
- Up to 30 peers
- Cost
  - $11,000 for members
  - $12,500 for non-members
Contact Information

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