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SESSION 4

Trauma Informed Interventions in Support Groups

What's Wrong With you >>> What Have You Been Through?

SAMHSA's Trauma Informed Care Model
store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf

1. Recognize impact, understand paths to recovery
2. Recognize signs and symptoms of trauma in participants, leaders, staff
3. Integrating knowledge of trauma into policies and procedures
4. Seek to actively resist re-traumatization (triggers + emotional/biological stress)

Practice Guidelines

Safety: physical and emotional

Trustworthiness & Transparency: from you, every step

Peer Support: to establish safety and hope

Collaboration & Mutuality: with you, participants, organization

Empowerment, Voice & Choice: using strengths, self-advocacy and enthusiastic consent

Cultural, Historical & Gender: consider how safety, communication and healing happen

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Abby's take on this, for your groups:

1. Explain what you're doing, how long it's going to take, feelings people may have about it.
2. Name shifts, both planned (now we're going from X to Y) and spontaneous (I'm noticing Z happening right now).
3. Socialize boundaries explicitly, repeatedly, from the beginning, to establish safety.
4. Recognize when someone is "out of the room" (telling war stories, dissociating, checked out) and make a judgment call about how to bring them back.
    a. War stories: redirect to here and now, "what was happening in our group that reminded you of that experience? What is it like to talk about it now?"
    b. People checked out: "Can we take a pause for a moment? I want to acknowledge that this can be a lot to take in for folks, sometimes we just hit our limits for a variety of reasons. Is anyone feeling that way right now?"
    c. A person appears dissociated: Text whichever co-leader is in charge of follow ups, and have them reach out separately, or, gently check in with the person
    d. "Hey Bobo, how's all of this landing for you?" or "Bobo, Fifi just mentioned struggling with X, have you been through something similar?"
5. Manage your boundaries: be present and grounded, recognize any feelings you may have towards the organization, resist the urge to share your own experiences (except for "I'm very moved by what's happening in the room").
6. Encourage member-to-member connections and sharing over your connections with the members.
7. Ask members for feedback at least twice per session, give informed choices about what happens next, name and validate their options for non-participation
8. EXPLICITLY VALIDATE
    a. Present, emotional sharing (I'm nervous to share this now) vs cerebral descriptions of past feelings (It was the worst time of my life)
    b. Empathetic connections between members (Zeus, I went through something similar, and what you're saying is resonating for me too) vs distancing connections (Zeus, I think you should do X, or Zeus, I don't think that's such a big deal everything turned out okay)
    c. Reflective, compassionate processing (I always felt stupid for X, but I guess I can see now why it made sense) vs self-judgmental/other-judgmental, distancing processing (Well it was a stupid thing for me to do but what can you do about it now)
    d. Efforts towards self-advocacy (I don't understand why we're doing this activity) vs passive compliance
9. INTERVENE
    a. When safety is violated (includes a person "vomiting" their trauma)
    b. When people seem disconnected
    c. When there's emotional or biological distress (not just intense feelings)
    d. When there's an opportunity to deepen a connection or experience
    e. When there's an opportunity to more compassionately reframe (use group for this)
    f. WITH EXPLICIT, LOVING COMPASSION ALWAYS