# Chapter 3:
# Mental Illness or Trauma –
# What's in a Name?

## Part I: A House with Many Windows
## Mental Illness or Trauma – What's in a Name?

**Supplies:**
Whiffle Balls
Flip Chart

**Procedure:**
Divide into two groups. One group of whiffle balls is marked with "MI" and another group of whiffle balls is marked with "T". Toss to each other and catch. Likely, both groups will have some of both. Discuss the difficulty in catching two (or more) balls. Duplicate the front house and back house on two separate flipcharts to capture world of Mental Illness and world of Trauma.

- So, when we think in "either/or" terms, either I catch one or both of the whiffle balls or I get blindsided and I get hit when I least expect it.
- If I put down one to catch the other, I only have half the "picture."
- What are the implications for us? For the mental health system? For the administrators?

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**Picture 1:** Front of House
**Picture 2:** Back of House

**Picture 1:** Front of House

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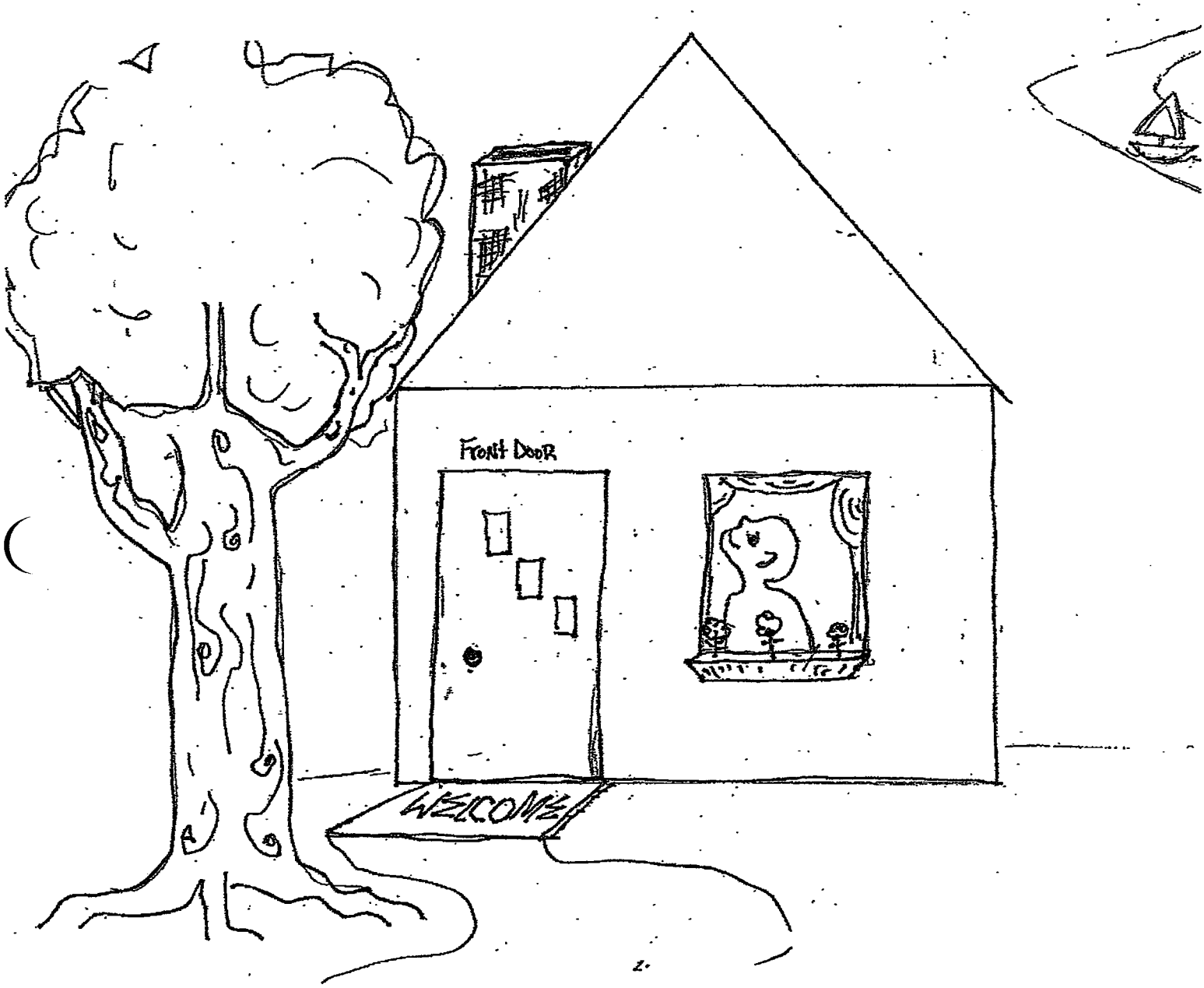
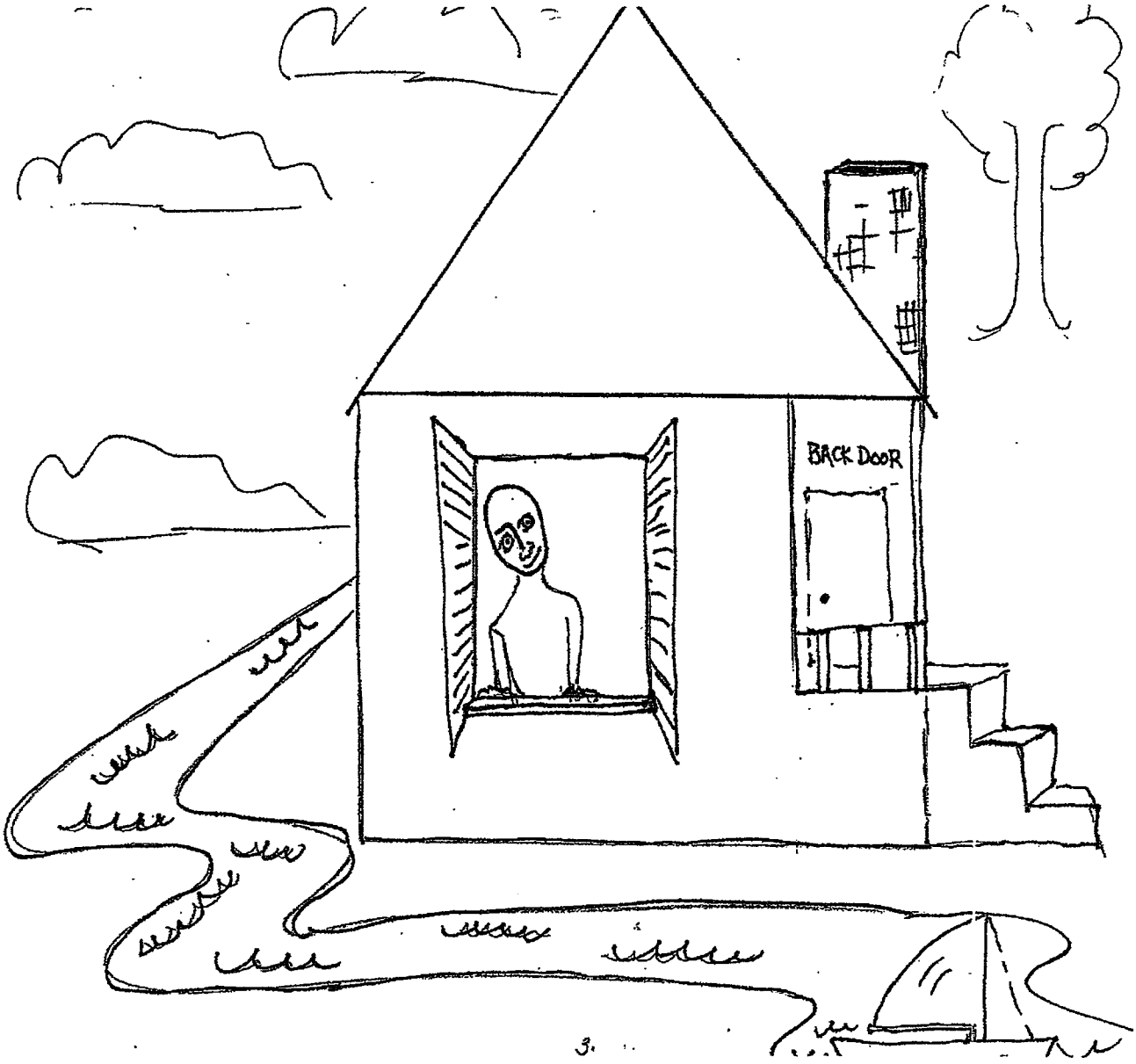


**Picture 2:** Back of House



## A House with Many Windows

Trauma and mental illness - Each concept is a lens, or a window. Think of yourself standing in a house with many rooms. Every room in the house has one window. Each window has its own unique view of the world outside. If you are standing in one room, you can only look out of the one window in that room to know what's out there in the world. We know our world through the windows we look through.

Now, let's say that mental illness is a window onto the world. How would you describe the world of mental illness and the people in that world? What are all the things you can name that belong in the world of mental illness?

- What do the people who live in this world need?
- What might they be feeling?
- What are their day to day lives like?
- Do they ever leave this world? Why or why not?

Switch rooms. Now you're looking out of the trauma window. How would you describe the world of trauma and the people in that world?

- What might these people need?
- What do you think they're feeling?
- What are their day to day lives like compared to the people in the mental illness world?
- Do they ever leave this world? Why or why not?

Trauma-informed care is a new window from which to view the world. Moving from the illness window – or perspective, to the trauma window – or perspective, is what we call a *paradigm shift to trauma-informed care.*

## Why Should the Mental Health System be Trauma-Informed?

Most people receiving mental health services have also experienced trauma.

- If most people who live in the mental illness world have also experienced trauma, and the mental health world is only creating things for use in the mental illness world, what is the result?

Some of the services that we think of as normal ways of doing business in psychiatric hospitals and mental health clinics – *and even in some Kansas Consumer-Run Organizations (CROs)* – can actually cause trauma. What this means is that people who may never have trauma can actually experience trauma for the first time once they enter the mental health system.

- What are some of the things you experienced as a person receiving mental health services, *or any kinds of services* that left you not feeling good about you, or caused you to become even more upset, angry or confused?

- Did you voice your feelings? Why or why not?

- If you did voice your feelings, were your feelings validated or invalidated?

## Part II: Consumer Voice – Consumer Perspective

It is vital that that we validate each other's experiences. When we talk about our own perspective on the services that we or others receive in the mental health system, we are providing "consumer perspective." We are using our voice to speak truth to power. Consumer perspective has been a vital part of system transformation. It comes out of what it feels like to receive services rather than the theories or ideas about what those services should do. "Consumer perspective" and consumer voice have been instrumental in changing certain practices in the mental health system. Consumer perspective will be one of the most important tools we will have in in helping the mental health system become trauma-informed.

## The Core Principles of Trauma-Informed Peer Support:

- **Voice** – I am the expert of my experience. Only I can tell you if the services or supports you provide are helpful or not. We can work together so that my voice is taken into account in the services you provide.

- **Choice** - rather than coercion. Another way to talk about choice is *non-coercion.*

- **Trust** – creates a sense of safety in relationships. When we are trustworthy, then our peers can feel good about entering into relationships of healing and hope.

## Part II: What's in a Name? Trauma-Informed Care

When services promote healing from trauma, as well as understand that certain practices can create trauma, or *re-traumatize* people, we're talking about not just a change in perspective, but also a change in the philosophy and beliefs of the entire system, **and how services are provided.** In essence, then entire system moves from the question, **"What's wrong with you?"** to **"What happened to you?"**

Trauma informed systems of care operate out of the awareness of the **prevalence** and **impact** in the lives of most people receiving services in the public mental health system.

TIC systems recognize that trauma is central to (not in addition to) the issues that impact a person in recovery. This awareness is reflected in all its policies, procedures, and practices. For example see *"Seclusion and restraint is treatment failure," the NASMHPD Position Statement on Seclusion and Restraint at* www.nasmhpd.org. Also see Chapter 9 of this book which includes the "*NASMHPD Position Statement on Services and Supports to Trauma Survivors".*

Trauma-informed care (TIC) refers to services and supports that take into account the fact that MOST people receiving mental health and/or dual diagnosis services have been exposed to trauma. Systems that are Trauma-Informed understand the impact of trauma on a person's mind, body and spirit and that our experience with trauma shapes our lives. When you have experienced trauma, it changes everything about how you relate to yourself, others, and to the world around you.

Practicing this trauma awareness (being trauma-aware) includes:

1. **Being aware:** that the majority (about 90%) of people who wind up in the public mental health system have already been exposed to traumatic events

2. **Understanding:** the long term consequences of trauma in how a person relates to self, others, and the world around him or her

3. **Taking Action:** to change the policies, procedures and practices that create trauma or re-traumatize individuals and replacing these policies, procedures and practices with those that create healing relationships based on trust, choice and voice.

**But what about the people who don't have trauma experience?**
How do they fit in the world? TIC is about providing universal precautions to services and supports for people receiving mental health services and peer support.

**The Trauma-Informed Window: The best of both worlds.**

- What are all of the things we currently do for people in the mental health system that would also help people who have experienced abuse and violence?

- What are all of the things in the trauma world that would help people that have never been exposed to trauma?

- Let's take a closer look at trust, choice, and voice. What's the opposite of each? If we don't trust each other, how does that hurt or help a person trying to recover? If providers don't listen to people receiving services (voice) does that help or harm recovery? Think about a time when you didn't have a choice about your own services. What did that feel like? How did you respond? Did that help or hurt your recovery?

## Concepts

- Paradigm shift:

- Trauma-Informed Care:

- Universal Precautions:

- Consumer perspective / consumer voice:

## Principles or Values of trauma-informed peer support:

- Voice: I am the expert of my experiences. Only I can tell you if services or supports you provide are helpful or not. We can work together so that my voice is taken into account in the services you provide.

- Choice rather than coercion. Another way to talk about choice is *non-coercion,*

- Trust – creates a sense of safety in relationships. When we are trustworthy, then our peers can feel good about entering into relationships of healing and hope.

## Core Principles in Trauma-Informed Care (TIC):

Creating trauma-informed environments through:

- Non-coercion (being able to choose)
- Voice (being heard)
- Trust (the result of trust is a sense of safety)

1. How do these Core Principles diminish power differences in peer support?

2. How does shared leadership and decision-making support the principles of choice, voice and trust?

3. How can you foster new leadership through actively engaging in m mutual growth and healing?

Past experiences shapes beliefs, interaction style, assumptions, communication styles – really everything about how a person operates in the world. When the experience is trauma, we run the risk of creating relationships based on dichotomies – either or roles. For example, the dynamics of power and powerless which mirrors the experience of past abuse or the experience of loss of control over one's life that often occurs in treatment settings as a matter of course.

8. Goals are not the persons/or do not relate to the needs the person has including the need for safety

9. The resources and supports are not relevant to what the person wants their life to be.

10. The community and other systems of support that are offered are not Trauma-Informed

**Small Group Exercise:** Choose 1 – 2 of the above trauma indicators.

1. Discuss what they might look like in a mental health setting.

2. How do your indicators impact staff and/or consumers in a traumatic way?

3. If you do not believe that any of the above are trauma-inducing, discuss why not.

4. What would your group do reduce or eliminate these indicators in a program environment?

People respond to this loss of control in many different ways, including:

- Seeking power
- Keeping power
- Exercising power

They can also:

- Give up their power
- Give in to whatever/whomever is in a position of power
- Not engage in relationships at all

What is the result of each of these ways of being in relationship in terms of recovery?

Power imbalances shut down the peer principle, or helper principle that says "when you heal, I heal."

**A Mental health System can be said to be trauma-inducing when...**

1. Trauma experience is not addressed – either staff's or service recipients'
2. Services and interventions are re-traumatizing – for staff and service recipients
3. All or most behavior is interpreted as symptom rather than adaptation
4. There are prominent and unrecognized symbols of power and authority throughout the environment
5. Treatment programs are coercive or do not offer choice
6. Service recipients are blamed for the behavior that is used to assert medical necessity
7. Beliefs about what it means to live with a diagnosis – both staff and consumers' are reinforced in program environments