

The intersection between trauma and suicidality: Basics for building trauma- informed peer relationships

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1. Call 911
2. Go directly to an emergency room
3. Call your doctor or therapist for help

Agenda

1

Opening and brief introduction of personal lived experience of suicidality and working with trauma survivors.

2

Polling questions and chat box directly related to the experience of the audience.

3

Brief didactic on trauma and the impact on the brain.

4

Brief didactic on the power of resilience and the factors needed to develop resilience, including polling questions.

5

Considerations for peer workers in various settings and the power of relationships.

6

Q&A and conversation

INTRODUCTIONS

LET'S HEAR FROM YOU

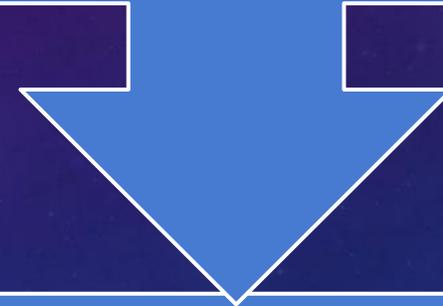
PLEASE ANSWER THIS POLL WITH ONE OF THE CATEGORIES::

- 1) I AM A PERSON OF LIVED EXPERIENCE
- 2) I AM A PERSON OF LIVED EXPERIENCE OF SUICIDALITY
- 3) I AM A FAMILY MEMBER OF SOMEONE WHO DIED BY SUICIDE
- 4) I AM A PEER SUPPORT SPECIALIST
- 5) I AM A PEER SUPPORT SUPERVISOR
- 6) I AM MORE THAN ONE OF THESE

(Definition - **Peer support** workers are people who have been successful in the recovery process who help others experiencing similar situations. A peer is someone of lived experience of mental health or addiction challenges.)



PLEASE ANSWER IN THE CHATBOX



Have you had training
regarding trauma/
childhood adversity?

Was that training
provided by peers?

Have you had training
on building resilience

Learning objectives

1

Analyze the basics of the impact of trauma on the brain and psychological development.

2

Summarize how resilience can be learned and trauma responses can be soothed.

3

Recognize that suicidal thinking and behavior is often a response to past traumatic experiences in present time.

4

Explain how the power of peer relationships and responses to a person in psychological distress can soothe the stress response.

5

Determine three ways to develop supportive coping skills for personal use.

ADVERSE CHILDHOOD EXPERIENCES (ACES) AND SUICIDE

“Having any ACE is associated with an increased risk for suicide. The odds of ever attempting suicide are 30 times higher for adults with four or more ACEs compared to adults with no ACEs.”

ACEs are not the only source of trauma.

(National Centers for Disease Control. National Center for Injury Prevention and Control. December 2020).

Continuum of Stress

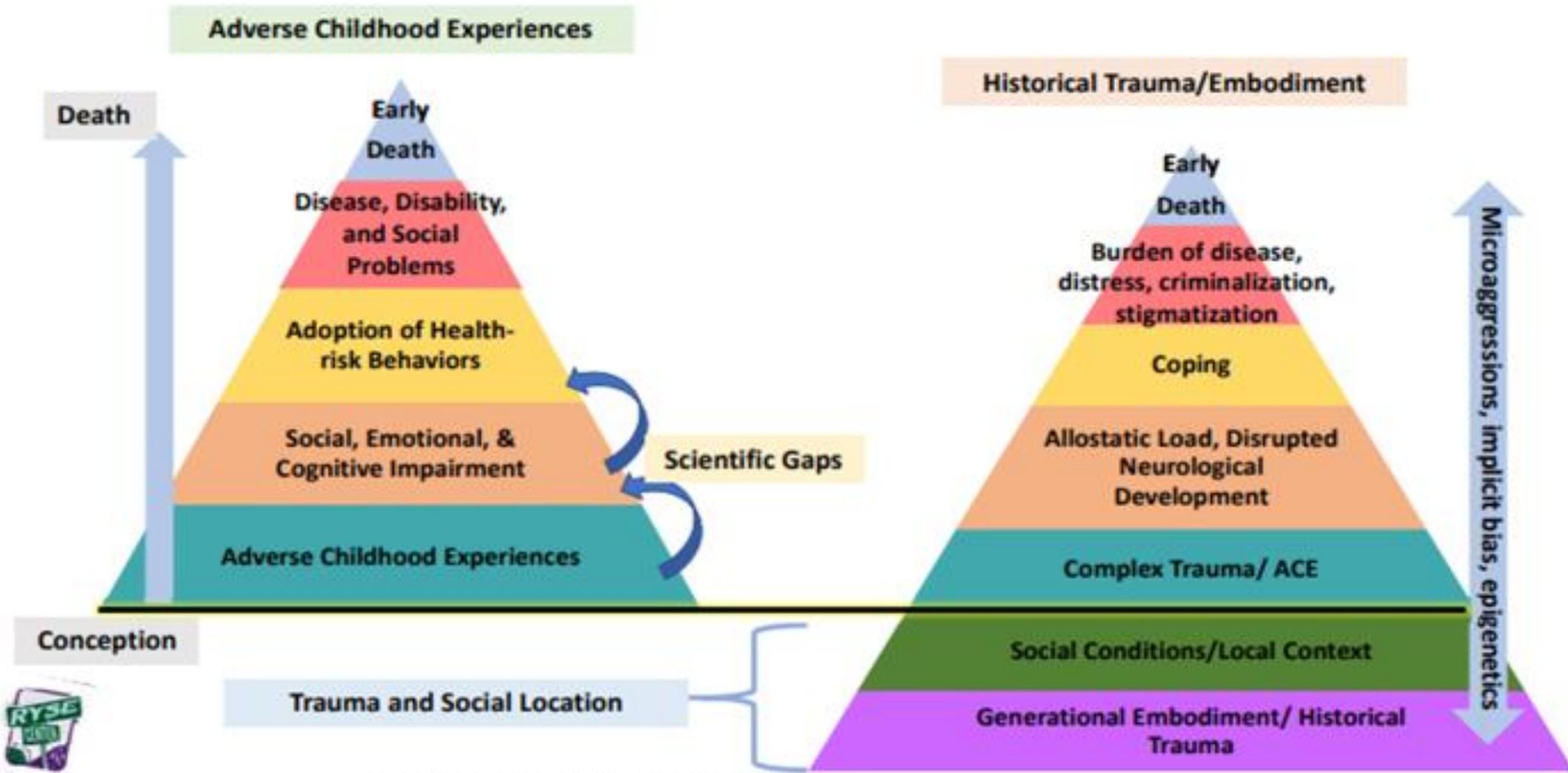


SAMHSA DEFINITION OF TRAUMA

Individual trauma is described as resulting 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 wellbeing.” (2018)

- [Trauma and Violence | SAMHSA](#)
- [https://www.samhsa.gov › trauma-violence](https://www.samhsa.gov/trauma-violence)

Trauma and Social Location



ADVERSITY, POSITIVE EXPERIENCES, TRAUMA AND TOXIC STRESS

- Childhood adversity – wide range of circumstances or events that pose a serious threat to a child’s physical or psychological well-being.
- Adverse childhood experiences – a subset of childhood adversities included in the seminal ACEs study.
- Positive childhood experiences – PCEs – positive experiences in childhood (including closeness, support, loyalty, protection, love, importance, and responsiveness to health needs).
- Trauma – possible outcome of exposure to adversity that occurs when a person perceives an event or set of circumstances as extremely frightening, harmful or threatening.
- Toxic stress – can occur when an individual experiences adversity that is extreme, long-lasting and severe without adequate support and the stress response system becomes overactivated.

Bethell, C.D., et al, 2017

Child Trends, 2019.

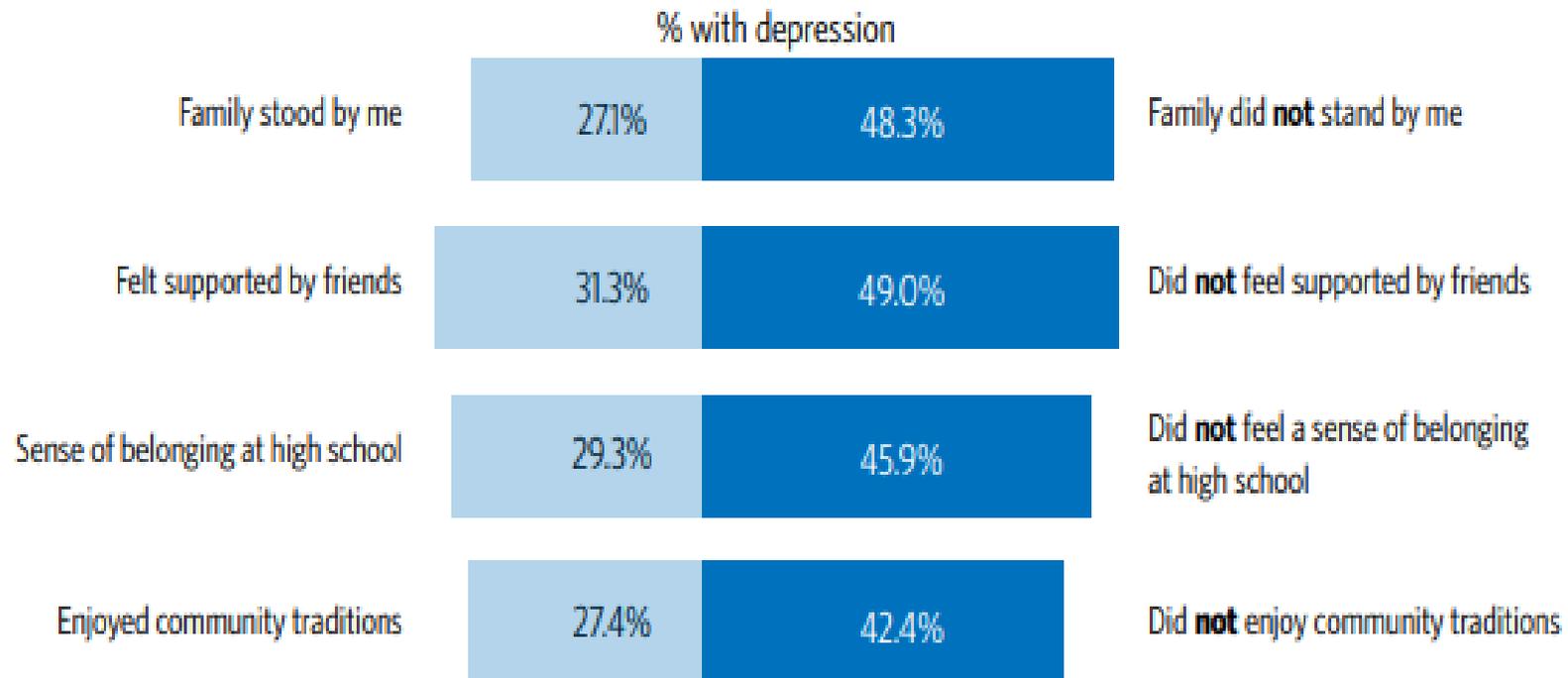
HEALING CENTERED ENGAGEMENT

- Cultural connectivity and restoration of identity
- Focus on purpose and plan
- Understanding that everyone heals in different ways
- Awareness of the policies, practices and political decisions that create trauma, and the civic conditions addressing them
- Understanding of activities that contribute to a sense of purpose, power, and control over our responses to life situations for individuals and communities



FIGURE 4. FACTORS THAT MODERATE THE EFFECTS OF MORE THAN 3 ACEs ON ADULT DEPRESSION

Adults with >3 ACEs AND selected positive childhood experiences had **lower** rates of depression. (all $p < 0.05$)



Bethell, C.D., et.al (2017)

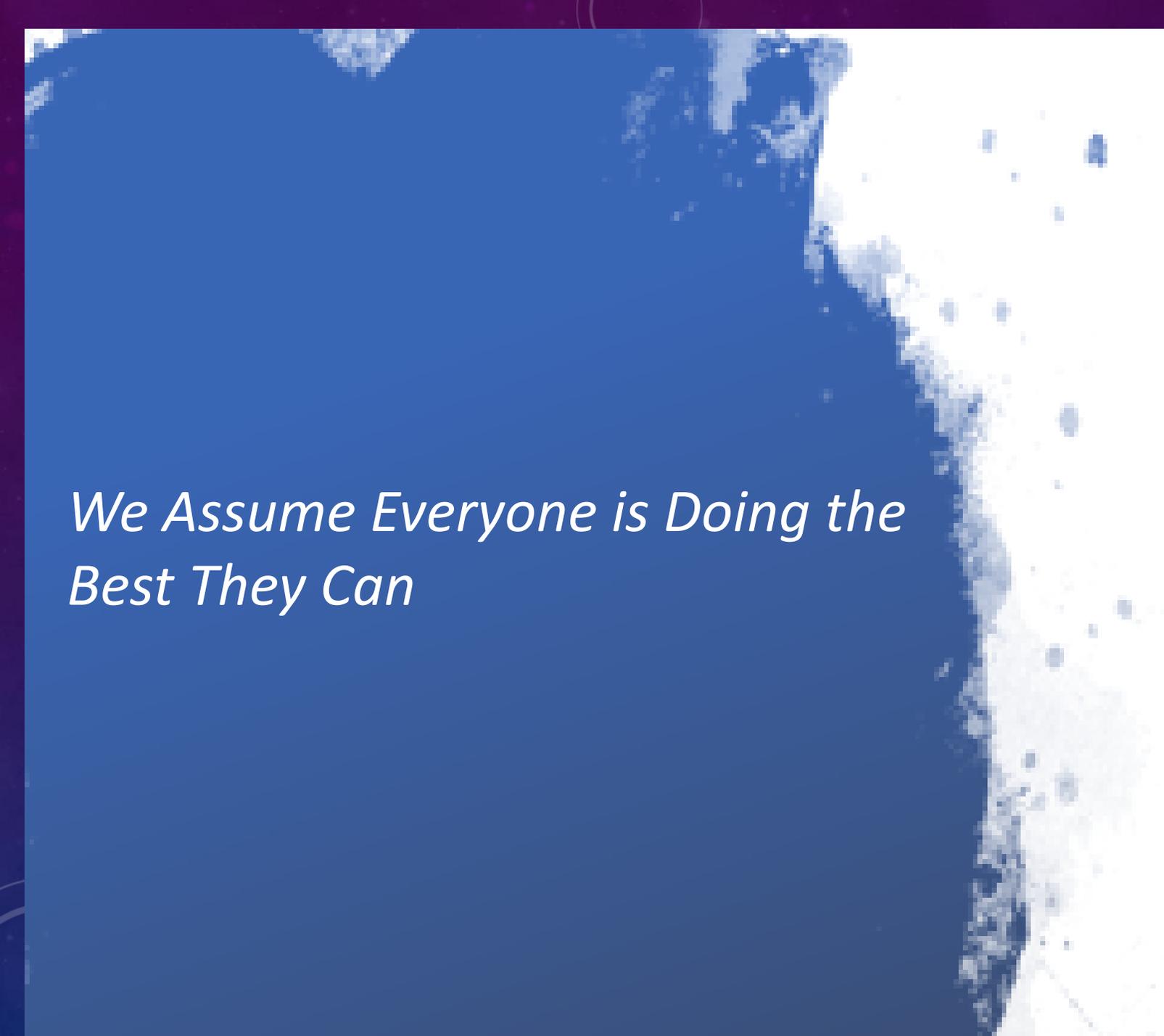
AMERICAN ACADEMY OF PEDIATRICS UPDATED POLICY STATEMENT ON RELATIONAL HEALTH

- Moves beyond the toxic stress framework
- Focuses on the safe, stable and nurturing relationships (SSNR's) that buffer adversity and build resilience
- Relational health is the ability to develop and sustain safe, stable and nurturing relationships with emotionally available, engaged and attuned adults
- Relationships that provide a child or adolescent (a person) with the positive experiences to buffer adversity and build resilience

Willis, D., Johnson, K., Long, D. July 2021.



- Sometimes We Get Stuck
- Sometimes We Are Surprised By Our Feelings
- Sometimes It Feels As If We Are Still Alone
- *Understand Traumatic Mastery*

A person wearing a dark, heavy winter coat and a hat is walking away from the camera on a snow-covered path. The path is flanked by dark, leafless trees. The background is a bright, overcast sky. The overall scene is in black and white, with a blue tint overlaid on the right side of the image.

*We Assume Everyone is Doing the
Best They Can*

We ask:

Who are you?

What is right with you?

*And what is right with your
community?*



THINKING DIFFERENTLY

Trauma-Informed, Resilient-Oriented, Healing-Centered Approach

What do you see when you see someone you believe is strong?

Could you tell me about a time when you felt strong?

Could you tell me what you did that made you feel strong?

Were others there to support you in your thinking, wishes, hopes, dreams?

What would support you in this moment?



“The ache for home lives in all of us, the safe place where we can go as we are and not be questioned.”

(Maya Angelou)

Guiding Principles

Create psychological safety
Model vulnerability
Model regulation

Safety

Focus on positive assets
Seek input
Ensure engagement of stakeholder voices

Empowerment,
Voice & Choice

Share control
Share information

Trust &
Transparency

Promote relational health
Promote mental health awareness
Advocate

Peer Support &
Mutual Self-Help

Level the power differential
Communicate often and in multiples ways
Work together to consider solutions

Collaboration
& Mutuality

Cultural, Historical
& Gender Issues

Support critical conversations
Be aware of our own implicit bias
Be curious about impact for all people
Be curious about healing for all people

THE COST OF CARING

“The picturing of the life experience of the patient in the clinician’s mind and the sharing of the patient’s emotional state. The pain and suffering of the patient is directly and spontaneously absorbed by the clinician.”

Richard Mollica, 2012

“When practice feels more like *labor* than a *labor of love*, take steps to heal the healer.”

John-Henry Pfifferling, PhD, and Kay Gilley, MS



Building Resilience

Individual and Organizational

Expectations

- Realistic ones for yourself
- Realistic ones for others

Boundary Setting

Know what you want/can say 'yes' to

Staff Culture

- Connecting with colleagues in a way that heals & helps

Self-Care

- Mind
- Spirit
- Strength
- Heart

THE COST OF CARING

- Secondary Traumatization
- Vicarious Traumatization
- Compassion Fatigue
- Burnout

SELF CARE ISN'T SELFISH

PRACTICAL WISDOM FROM PLANTS



REMEMBER TO STAY
HYDRATED

ALWAYS REMAIN
GROUNDED



BUILDING RESILIENCE

Resilience is the ability to adapt well to stress, adversity, trauma or tragedy. It means that, overall, you remain stable and maintain healthy levels of psychological and physical functioning in the face of disruption or chaos

- Resilience is built over time; it is NOT a trait
- It is the interaction between protective factors in the social environment and responsive biological systems
- The combination of **supportive relationships, adaptive skill-building, and positive experiences** is the foundation of resilience.



RHYTHMIC



Respectful

Repetitive

Rewarding

Relational

Relevant

Dr. Bruce Perry
2004-2015

Six Stress Busting Strategies



From the California Surgeon
General's Playbook at
[COVID19.CA.gov](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID19.CA.gov)

THREE SIMPLE THINGS: IN THE CHATBOX

- In the chat box please identify three simple things that you do or feel you can do to take care of yourself?
- How are you mindful of your wellness?
- What do you do when you know you are not doing well whether at home or at work?



PLEASE ASK QUESTIONS
IN THE CHAT BOX



PEACE

It does not mean to be in a place where there is no noise, trouble, or hard work. It means to be in the midst of these things and still be calm in your heart. - Anonymous



THANK YOU FOR YOUR TIME AND ATTENTION!

RESOURCES

- Chicago Beyond: <https://chicagobeyond.org/healing-centered-framework/#:~:text=The%20Healing-Centered%20Framework%20takes%20a%20comprehensive%20approach%20to%20healing.&text=The%20vision%20also%20frames%20healing,healing%20to%20those%20around%20them.>
- Shifting From Trauma-Informed Care to Healing Centered Engagement: <https://ginwright.medium.com/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c>
- Wisconsin Report: https://www.wilder.org/sites/default/files/imports/FosteringFutures_Report_7-19.pdf
- National Council for Behavioral Health. (2019). Fostering Resilience and Recovery: A Change Package for Advancing Trauma-Informed Primary Care. Retrieved from https://www.thenationalcouncil.org/wp-content/uploads/2019/12/FosteringResilienceChangePackage_Final.pdf.

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APPRECIATION

Karen Johnson (she, her, hers)

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The background is a dark blue gradient with a field of small white stars. Overlaid on this are several technical diagrams in a lighter blue color. On the right side, there is a large circular gauge with concentric rings and numerical markings from 80 to 210. Below it is a smaller circular diagram with dashed lines and arrows. On the left side, there are partial views of similar circular diagrams. The overall aesthetic is clean, modern, and technical.

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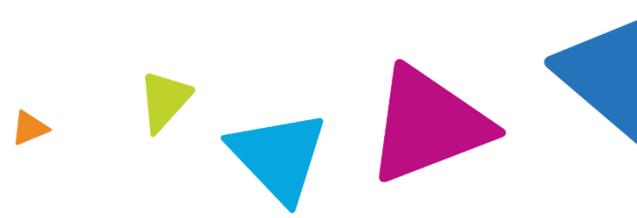
Thank you!

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About the presenter



Cheryl S. Sharp, MSW, ALWF is CEO of Sharp Change Consulting, Inc. Prior to creating Sharp Change she created and led the National Council for Behavioral Health's Trauma-Informed Care initiatives as senior advisor as well as advisor for suicide prevention efforts. She has worked nationally to facilitate TIC learning communities and is a content expert on trauma, resilience and TIC implementation. As an exclusive consultant to the National Council's trauma-informed care learning communities, Sharp has led hundreds of organizations in the implementation of trauma-informed care.

Sharp is a person in long-term recovery from mental health and addiction challenges. Sharp believes that we must shine the light on "what's strong with someone," identifying their gifts, skills and talents. Sharp has worked with adult trauma survivors for over 33 years and is passionate about the fact that people can and do recover. It is possible to go on to live happy, healthy and productive lives.

Sharp led On Our Own of Maryland's statewide consumer networks as the WRAP outreach coordinator and was the executive director of the STAR process located in Arizona as well as serving on their board of directors and director of Kenyon Ranch located in Tubac, AZ.

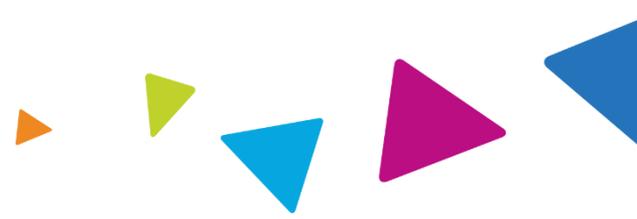
Sharp received the Substance Abuse and Mental Health Services (SAMHSA) Voice Award in 2015 for her work and personal stories educating the public about behavioral health and the Lou Ann Townsend Courage Award in 2007 for her contributions to persons with psychiatric disabilities. Most recently, she received the On Our Own of Maryland award for her development and contributions to the Maryland WRAP® Outreach Project.

Her work in wellness and recovery as part of the WRAP® outreach project provided her the opportunity to work closely with the Copeland Center for Wellness and Recovery as an advanced level WRAP facilitator and becoming vice president of their board of directors.

Sharp received her BA in Psychology and a BA in Women's Studies, followed by a Master's Degree in Social Work with an emphasis on health, aging and spirituality from East Carolina University in North Carolina. She has done hospice social work, which is also one of her ongoing passions.

Sharp practices what she preaches by living her best life each day in Eastern North Carolina on a little lake with her partner. She is an avid gardener, traveler and lover of all things music, arts and culture. She is a puppy parent to Polo, the mother of four young men, three of which are triplets, and grandmother to four of the most wonderful girls ever.

Cheryl S. Sharp has no relevant financial relationship commercial interest that could be reasonably construed as a conflict of interest.



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