Trauma-Informed Care in Churches and Faith-based Programs

According to the Substance Abuse and Mental Health Administration (SAMHSA), a program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively resist re-traumatization.

Did you know that most people have experienced a trauma and that even one traumatic experience can significantly impact a person? When churches and faith-based programs are trauma-informed, they are creating a safe space for people as they heal from the impact of these difficult life experiences.

Whoever dwells in the shelter of the Most High will rest in the shadow of the Almighty.
I will say of the Lord, "He is my refuge and my fortress, my God, in whom I trust."
(Psalm 91: 1-2)

The Four R's of a Trauma-Informed Approach

REALIZE:
All people at all levels have a basic realization of trauma and how it can affect individuals, families, and communities. In order to accomplish this at an organizational level, leaders offer training to staff and volunteers about trauma.

RECOGNIZE:
People within organizations are able to recognize the signs and symptoms of trauma. In order to accomplish this at an organizational level, leaders offer training to staff and volunteers about the signs and symptoms of trauma as well as ongoing support as staff and volunteers navigate challenging direct service situations.

RESPOND:
Programs, organizations, and communities respond by practicing a trauma-informed approach. In order to accomplish this at an organizational level, leaders review policies and procedures to ensure they are trauma-informed and make needed adjustments. Leaders also model healthy trauma-informed interactions, offer referrals as well as ongoing training and support to staff and volunteers, and adopt a posture of cultural humility when offering services.

RESIST RE-TRAUMATIZATION:
Organizational practices may compound trauma unintentionally. Trauma-informed programming avoids this re-traumatization. In order to accomplish this at an organizational level, leaders are willing to acknowledge mistakes, make adjustments to policies, procedures, and practices, and are willing to address situations that may re-traumatize people served.

Six Principles of a Trauma-Informed Approach

A trauma-informed approach reflects adherence to six key principles rather than a defined set of practices or procedures. These principles may be generalized across various settings. The six principles of a trauma-informed approach include:

1

Safety:
Staff, volunteers, and the people served feel physically and emotionally safe. The physical environment is safe and interpersonal interactions create a sense of safety and belonging. Staff and volunteers seek to understand how safety is defined by people served.

2

Trustworthiness and Transparency:
The organization is run with the goal of building trust with all involved. This includes transparency in decision-making as well as building trust through one-on-one interactions.

3

Peer Support:
Peer support and healthy relationship is essential for establishing safety and hope, building trust, strengthening collaborations, and utilizing the stories and testimonies of lived experience to promote healing and recovery. Peers refer to individuals with lived experiences of trauma.

4

Collaboration and Mutuality:
There is recognition that everyone, at every level, can play a therapeutic role in offering safe relationship and facilitating healing. Importance is placed on leveling power differences and valuing of each person's opinions and contributions.

5

Empowerment, Voice, and Choice:
Each person's strengths are recognized and their contributions acknowledged. Each person's resiliency is supported and recognized and they are provided opportunities to share their views and influence decision-making. People served are supported through shared decision-making, choice, and goal setting to determine next steps in their life. They are supported in developing self-advocacy skills.

6

Cultural, Historical, and Gender Issues:
The organization adopts a posture of cultural humility in all relationships. It actively works to move past stereotypes and bias and incorporate policies, protocols, and processes that are responsive to the racial, ethnic, and cultural needs of the people served and recognizes and addresses historical trauma and its impact.

Consider the following questions as you work to implement these principles at your church or organization:

- To what degree do leaders value these principles?
- Do staff and volunteers receive training about trauma, it's impact, and how to support people impacted by trauma?
- What does your church or organization do to promote each principle?
- Do staff and volunteers review organizational policies and procedures to ensure these principles are lived out through programming?
- In which area do you feel your church or organization is weakest? What are some things you can do to strengthen this area?

Understanding Trauma and Offering Support

What is Trauma?

According to the Substance Abuse and Mental Health Administration (SAMHSA), individual **trauma** results 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 well-being.

Traumatic stress refers to the emotional, cognitive, behavioral, or physiological experiences of individuals who are exposed to or witness trauma, which overwhelms their coping or problem-solving abilities.

Trauma can result from a single event, such as a car accident, or reoccurring experiences, such as domestic violence or childhood abuse. Most research shows that the majority of Americans (between 55% to 90%) have experienced at least one traumatic event.

Trauma that occurs early in life and creates chronic stress is called **developmental trauma**. The ACES study found that 2/3 of respondents reported at least one adverse childhood experience, such as physical, emotional or sexual abuse, neglect, a parent struggling with mental illness or addiction, incarceration of a family member, domestic violence, and divorce. These adverse life experiences were found to impact people across the lifespan.

Examples of traumatic events include domestic violence, physical, emotional, and sexual abuse, natural disasters, car accidents, combat, becoming a refugee, medical trauma, violent crimes, homelessness, bias and discrimination, and hate crimes.

Taken together, trauma is very common and can have long-term impacts on people's lives! Therefore, it is important for churches and faith-based programs to understand trauma and its impact, and engage with people in a way that facilitates healing.

WHAT IS PTSD?

Some people who experience trauma develop post-traumatic stress disorder (PTSD). This is a mental health condition that can be diagnosed by a doctor or counselor. People with PTSD experience four different types of symptoms:
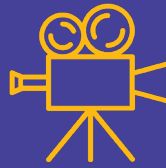
INTRUSION OR RE-EXPERIENCING: ways people re-experience the traumatic event, such as intrusive memories or thoughts, nightmares related to the traumatic event, or flashbacks

AVOIDANT SYMPTOMS: ways a person may try to avoid memories of the event, such as avoiding thoughts, feelings, people, places, or situations related to the event

NEGATIVE CHANGES IN MOOD OR THOUGHTS: a decline in a person's mood or thought patterns that can include memory problems, negative thoughts or beliefs about oneself or the world, distorted sense of blame or guilt, being stuck in severe negative emotions, feeling detached or disconnected

INCREASED AROUSAL SYMPTOMS: ways the brain stays on-edge and watchful of future threats, such as irritability, difficulty falling asleep or concentrating, hypervigilance, or being easily startled

It is important for people struggling with PTSD to receive treatment from a doctor or professional counselor.

Identifying Triggers

Re-traumatization is any situation or environment that resembles an individual's trauma literally or symbolically, which then triggers difficult feelings and reactions associated with the original trauma. The cue in the environment that reminds a person of the trauma is called a trigger. It is helpful for people who have experienced trauma to identify their triggers.

Common Triggers:

- **Helplessness or Lack of Control**: Situations that make a person feel powerless, out of control, or helpless.
- **Anger or Frustration**: Anger or frustration expressed through a person's tone, demeanor, or words.
- **Rejection**: Words or actions that make a person feel unwanted, uncared for, or disliked.
- **Criticism**: Words or actions that express disapproval because of a person's weaknesses, mistakes, or flaws.
- **Surprises**: Things that occur unexpectedly, without prior warning or that are experienced as a surprise.
- **Loud Noises**: Loud noise can make a person feel overwhelmed and unsafe.
- **Crowded Spaces**: Crowded spaces can make a person feel out of control, overwhelmed, or unsafe.
- **Unwanted Touch**: Any touch (even touch meant as an expression of care, such as a hug) can make a person feel helpless and unsafe. This is especially true for people who experienced physical or sexual abuse.
- **Intrusiveness**: When something unwelcome or uninvited is given without permission or forced it can feel intrusive. Examples include opinions, advice, words spoken without permission, physical proximity, and touch.

De-escalation

It is important for staff and volunteers to be equipped to help a person when they are triggered. By following these steps staff and volunteers can help a person calm themselves when they are triggered.

Steps for Helping a Triggered Person:

Connect. Remain calm and connect with the person in a gentle, positive way (e.g., avoid raised voices or harsh tones). Be cautious about physical contact.

Calm. Help redirect attention in ways that are grounding, like verbally noting physical sensations and things in the environment (e.g., the floor beneath their feet or the chair they are sitting on).

Promote Safety. If the environment is triggering to them, see if they will relocate to a calm and safe place. Then you can continue to help them remain calm with grounding techniques.

Listen. It is important to listen well, and allow the person an opportunity to share whatever is important to them.

Reflect. In the context of an ongoing relationship, staff and volunteers can help a person reflect on their triggers and create a plan detailing what they will do if they are triggered in the future and how they will calm themselves. This type of conversation is best when a person is calm, not when they are upset or triggered.

Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves receive from God."

(2 Corinthians 1:3-7)

14 tips to calm an agitated person

#1   **Introduce yourself.** Let the person know your name, your position, and your purpose for approaching them. Use a friendly tone and demeanor. If possible, allow the person to introduce himself or herself.

#2   **Be empathetic and non-judgmental.** Empathy involves understanding the other person's perspective. It is important to listen to understand what the person is thinking and feeling. Non-judgement refers to listening to understand, as opposed to listening to decide if the person is right or wrong. It can be helpful to reflect the person's feelings and thoughts back to them, using the tone of a question (e.g., "It sounds like you are feeling _____?").

#3   **Embody a posture of collaboration.** People regulate emotions best in relationship with others. A collaborative posture shows the person that you are "with" them and want to help. Ask questions and show interest in their perspective. Use active listening skills to let them know you care about what they are sharing.

#4   **Respect personal space.** If possible, stand 1 ½ to 3 feet away from the person. Feeling crowded can increase the person's anxiety and agitation. Also, make sure not to block exits and avoid touch if possible.

#5   **Keep your tone and body language neutral.** The more a person loses control, the less they hear your words and the more they react to your nonverbal communication. Relax your body and keep your hands in front of you, palms facing outward. When people are dysregulated, they actually lose access to the thinking parts of their brain and read nonverbal cues more closely to decide if they are safe.

#6   **Move to a private area.** If it seems the interaction will take time or the person continues to escalate, work to separate the person from bystanders. If it seems safe to do so, move the person away from public spaces and into a private area to talk. If it is not possible to move to a private space, it may be necessary to move bystanders away from the interaction to ensure safety.

#7   **Avoid over-reacting.** Make sure to remain calm, rational, and professional. How you respond to the person's behavior can affect whether the situation escalates or defuses.

#8   **Focus on the thoughts behind the feelings.** Ask questions to better understand the thoughts that are causing the emotion. Some people have trouble identifying how they feel about what's happening to them (e.g., "Help me understand what you need.", "What has helped you in the past?", "Tell me if I have this right.").
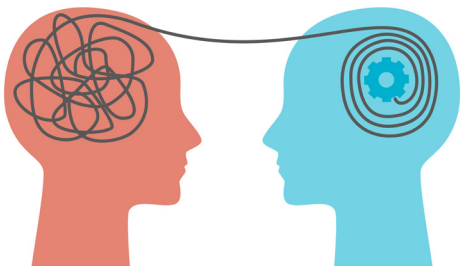
"Everyone should be quick to listen, slow to speak and slow to become angry"

James 1:19

#9   **Ignore challenging questions.** When a person is very emotional, they may ask challenging questions. Answering challenging questions often results in a power struggle. If a person challenges your authority, redirect their attention to the issue at hand. Ignore the challenge, not the person (e.g., Person: "Why is that other leader such a _____?" You: "It sounds like you are feeling very angry. What would help you right now?").

#10   **Set boundaries.** If the person's behavior is belligerent, defensive, or disruptive, give them clear, simple, and enforceable limits. When possible, give them a choice and, when necessary, let them know the consequence of their choices (e.g., "It's important for you to be calm in order for us to be able to talk. How can that be accomplished?").

#11   **Choose boundaries carefully.** It is important to use wisdom in setting boundaries. Carefully consider which rules are negotiable and which rules are not. Choices and flexibility help the person feel safe and in control and may prevent unnecessary altercations. When applicable, concisely explain the reason for necessary rules or boundaries.

#12   **Allow silence.** Silence can be a powerful tool that gives the person a chance to reflect on what is happening and how to proceed. It also gives them time to slow down, take a breath, and regulate.

#13   **Allow time for decisions.** When a person is upset, they may not be able to think clearly. Give them a few moments to think through what you have said. Sometimes slowing the pace of the dialogue and using a calm tone can help a person regulate their emotions (e.g., "I've just shared a lot of information with you. Let me give you a few minutes to think about it.").

#14   **Maintain safety.** Safety is the top priority. Responders must constantly assess the degree to which the person is a threat to others or themselves. For a mental health crisis, responders may choose to call 2-1-1 and request mobile crisis support when there is not imminent danger, but the person may need a safety assessment. When there is more imminent risk that the person may harm themselves or others, or if the person is uncooperative after attempts to de-escalate, the responder should call the police for further assistance.

signs of agitation

emotional	behavioral	cognitive
Crying	Rocking, swaying, pacing	Defensive statements
Yelling	Rapid breaths	Overgeneralizing
Mutism	Shaking extremities	Black and white thinking
Arguing	Pressured speech	Blaming
Inappropriate laughter	Tenseness in the body	Obsessions or preoccupations
Fear	Loud or quiet	Refusing to listen
Anger	Clenched fists	
Confusion	Poor eye contact	