Creating a Trauma Informed Congregation

PRESENTED BY CATHOLIC FAMILY SERVICES

Disclaimer

- Topics, stories, and videos shown and discussed during this training may be difficult at times. If at anytime you need to step into the hall and take a break, please feel free to do so.

What is trauma?

**Trauma** is a deeply distressing or disturbing experience or event; which can be very scary, dangerous, and violent

Not all dangerous, violent, and scary events are traumatic

Traumatic events do not always lead to traumatic reactions
Types of Traumatic Experiences

Community Violence
- Predatory
- Witness to the event, victim, or perpetrator

Domestic Violence
- Actual or threatened physical, sexual, or emotional abuse between adults
- 3 to 10 million children are exposed to domestic violence in the US each year¹

¹ http://nctsn.org/trauma-types

Types of Trauma

Medical Trauma
- Pain, injury, serious illness, invasive medical procedures, or treatments
- Can be experienced or witnessed

Natural Disasters
- Tornadoes, hurricanes, fires, floods, earthquakes, explosions

Types of Trauma

Neglect
- Basic needs are not being met
- Preventing a child from school or specialized education services
- Exposing children to dangerous environments
- Poor supervision or abandonment
### Types of Trauma

#### Physical Abuse
- Causing or attempting to cause physical pain or injury
- Punching, beating, kicking, burning, harming
- Injuries which occur when punishment is not appropriate for child’s age/condition

#### Sexual Abuse
- Wide range of sexual behavior between child and older person
- Sexual kissing, touching, fondling of genitals, intercourse
- Flashing, verbal, exploitation, exposure
- Not every case is reported to authorities: 1 in 5 girls and 1 in 20 boys reported[^2]

[^2]: [www.victimsofcrime.org](http://www.victimsofcrime.org)

#### Traumatic Grief
- Following the death of someone important
- Sudden and unexpected or anticipated
- Key: Grief interferes with a person’s ability to go through typical process of bereavement
Toxic Stress

- **Toxic Stress** occurs when person is faced with prolonged adversity without adequate support
- Causes of toxic stress may include:
  - Emotional Abuse
  - Divorce
  - Moving
  - Incarceration
  - Abandonment
  - Accidents
  - Financial Difficulties
- Not different than trauma, it is a reaction to trauma

Biases

- Each person will respond differently
- Thoughts to consider:
  - What cultural norms do we need to be aware of?
  - What assumptions do we believe?
  - How do our own opinions and traumas influence our responses?

The Human Brain
**Bottom-Up Organization**

- **Automatic Nervous System**
  - Breathing, heart rate, digestive processes
- **Top regions**
  - Thinking
  - Emotional regulation
- **Brain changes in response to environment**
  - Guided by experience
  - Growth and maturation is dependent on interactions with a significant person

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**Optimal vs Disrupted Brain Development**

- **Optimal Brain Development**
  - Calm, nurturing, attachments, repetition, etc.
  - Brain develops healthy, flexible, and diverse capabilities

- **Disrupted Brain Development**
  - Can result in constant fear state
    - Hypervigilance
    - Increased muscle tone
    - Anxiety
    - Impulsivity
    - Attention problems
    - Sleep problems
    - Mood Problems
  - Issues are not about making poor choices, it’s about having a stressed brain
Normal vs Traumatized Brain

The Brain Can Change!
- The brain is very “plastic”
  - Capable of changing in response to experiences, especially repetitive and patterned experiences
  - Aggressive early identification and intervention has the capacity to modify and influence development in many positive ways
  - Positive relationships can recreate ill-formed pathways that were created due to stress
    - Leads to decrease in stress reactions and increase in emotional regulation

The Effects of Trauma
- Many different reactions
- Development is impacted
  - Gap in some areas, overdevelopment in others
- Depends on age, type of trauma, temperament, environment, availability of support
  - Reactions of significant others
  - Symptoms may vary depending on age and maturity
- Be aware of those who act out AND the quiet people who don’t appear to have challenges
### Children
- Separation anxiety/clinginess
- Regression in stages of development
- Increased somatic complaints
- Anxiety, fears of safety or recurring violence
  - Recreating the event, reliving the trauma
- Distrust of others
  - Inability to interpret and respond to social cues
- Sensitivity to sensory changes
- Hyper-arousal
- Avoidance behaviors

### Adolescents
- May have many of the previous symptoms
- Discomfort with feelings
  - Thoughts of revenge
- Increased risk for substance abuse
- Negative impact on issues of trust/perception of others
- Repetitive thoughts/comments about death or dying
- Heightened difficulty with authority, redirection, or criticism

### Adults
- Emotional Changes
  - Feeling easily irritated or agitated
  - Emotional numbing or withdrawal
  - Increased anxiety, anger, resentment, depression, hopelessness
  - Loss of previously held beliefs
- Physical Changes
  - Eating and sleeping disturbances
  - Chronic, unexplained pains
  - Low energy
- Cognitive Changes
  - Memory lapses
  - Difficulty concentrating and making decisions
Adults

- Re-experiencing the trauma
  - Intrusive thoughts
  - Flashbacks
  - Sudden floods of emotion/images of the trauma
- Hyper-vigilance, jumpiness
  - Can lead to increase in unhealthy decisions, self-medicating
- Sudden, unprovoked anger
- Difficulty maintaining relationships
  - Arguments with friends, family, and co-workers
  - Feeling constantly threatened

Cognitive Development

- Based on Piaget's stages of development
- "Pockets of brilliance"
- Concrete thinkers, not abstract
- Trauma changes the ability to concentrate, organize, and process information

Language Development

- Begins prior to birth
- The ability to comprehend and organize world through language is affected by trauma
- People with traumatic histories misinterpret instructions, become frustrated while communicating, and miss major concepts
Social Development

- Social development includes moving past one's own needs, connecting and reciprocating with others
- People with trauma histories may have difficulty with:
  - Relationships
  - Empathy
  - Patience
  - Communicating
    - Emotional
    - Verbal
  - Resolving conflict
  - Rules
  - Maintaining eye contact

Physical Development

- Physical development includes developing fine and gross motor skills, sensory skills
- People with trauma histories may experience:
  - Delays and poor coordination - may be physically smaller
  - Easily flooded – “sensory overload”

Emotional Development

- Trauma influences internal message and beliefs
- People with trauma histories suppress and internalize feelings and then overreact
- Emotional maturity is a crucial factor in academics, work skills, and interpersonal relationships
The Tip of the Iceberg

Emotional outbursts, aggression, defensiveness, etc.

Traumatic events, mental health issues, anger, sadness, shame, guilt, worry, etc.

ACE Study

- Early adverse childhood experiences lead to long term, negative effects on health
- “Childhood trauma isn’t something you just get over as you grow up. …[R]epeated stress of abuse, neglect and parents struggling with mental health or substance abuse issues has real, tangible effects on the development of the brain. This unfolds across a lifetime, to the point where those who’ve experienced high levels of trauma are at triple the risk for heart disease and lung cancer.”

3 Ted Talks: How Childhood Trauma Affects Health Across a Lifetime
Five Principles of a Trauma Informed Congregation

- **Safety**
  - Calm and comfortable areas
  - Safe Person

- **Choice**
  - Providing options when it feels control has been taken away

- **Empowerment**
  - Look for strengths and capabilities
  - Move away from “what is wrong with you” to “what happened to you”

- **Collaboration**
  - Making decisions about what is best

- **Trustworthiness**
  - Giving clear/consistent information

Trauma-Informed Congregations

- **ACKNOWLEDGE** the vast scope of adverse experiences that affects individuals
- **RECOGNIZE** the impact these adverse experiences have on individuals and/or groups
- **CHANGE** and create new perspectives
- **PRACTICE** self-regulation
- **BUILD** helping relationships
- **DEVELOP** a sense of purpose
- **ENGAGE** in self-care

Ways to increase members understanding and awareness of mental health:

- Creating a welcoming, supportive, safe and non-judgmental environment to address mental health issues within the congregation.
- Identifying opportunities to discuss the importance of mental health, and the role that the religious and other community organizations can play in supporting individuals living with mental illnesses and encouraging them to seek help.
- Consider offering your church’s meeting spaces for community conversations and support groups focused on addressing mental health issues.
Trauma-Informed Congregations

- Organizing additional meetings, dinners, or other gatherings for members of your congregation or community to have conversations about mental health.
- Developing relationships with local mental health service providers and helping to direct individuals and families in need to available services and supports in the community.

Techniques: Rapport

- Congregations are built on relationships
- Provide emotional safety, empathy, connection, tolerance, kindness, security, and acceptance
- Listen to members – be a companion, not an expert!
  - Focus on being present for their pain, not taking it away
  - Listening is different than agreeing
  - It’s OK to ask – can bring relief!
- Focus on strengths/positives – be specific!
- Use spirituality to make meaning of the experience
  - Can’t pray it away, but prayer helps

Regulation

- Create a sense of belonging – member is supported, understood, validated, and loved
- Movement
- Music
- Be aware of physical needs
- Deep breathing, stretching, relaxation, mindfulness, meditations, prayer
**Language**

- **Repetition**
  - Mantras – bring back to emotional safety

- **Affirmation** – replace negative programming in mind with empowering, energizing, positive statements

- **Allow member to have a voice and validate his/her response**
  - Ask why they feel this way and help work through his/her feelings

- **Can be used to lesson stigmas about mental health in our faith communities**

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**Responding vs. Reacting**

- **Always remain calm**
- **Always lead with empathy**
- **Meet member where he/she is – the process of responding begins with putting yourself in their shoes**

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**Empathy**

[https://www.youtube.com/watch?v=EVygTbXhKapp=desktop](https://www.youtube.com/watch?v=EVygTbXhKapp=desktop)
Responding with Empathy

<table>
<thead>
<tr>
<th>Not to Say:</th>
<th>To Say</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Quit focusing on it!</td>
<td>○ That sounds really difficult.</td>
</tr>
<tr>
<td>○ You are always living in the past.</td>
<td>○ I’m here for you.</td>
</tr>
<tr>
<td>○ One day you’ll look back and laugh at this.</td>
<td>○ I’m listening.</td>
</tr>
<tr>
<td>○ Everything happens for a reason.</td>
<td>○ What do you need from me?</td>
</tr>
<tr>
<td>○ Have you prayed about this?</td>
<td>○ I’d like to walk with you through this.</td>
</tr>
<tr>
<td>○ You shouldn’t be mad/sad/etc.</td>
<td>○ Would you like me to pray with you?</td>
</tr>
<tr>
<td>○ How can I cheer you up?</td>
<td>○ We haven’t talked about X in awhile, and I wanted to see how you are doing.</td>
</tr>
</tbody>
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When To Refer

- **Remember stigmas and biases**
- **Signs a referral is needed:**
  - ○ A member seems to be isolated, or to have diminished support
  - ○ Persistent physical symptoms of toxic stress are present
  - ○ A member openly talks about or hints of suicide
  - ○ Drug dependency
  - ○ Statements of hopelessness increase, or do not change
  - ○ Ongoing emotional outbursts

How to Measure Success

- **More active engagement in activities**
- **Members feel comfortable seeking support from church leaders/community**
- **Members feel connected with the congregation**
Self-Care in Trauma-Related Work

- Symptoms of vicarious traumatization/fatigue
  - Exhaustion
  - Depersonalization
  - Diminished feelings of effectiveness

Self-Care

- Avoid self-criticism
  - Challenge negativity
  - Look for strengths
- Understand yourself
  - Personal stressors/trauma
  - Look for deeply held beliefs that lead to emotional over-reactions
- Humor
- Prayer

Self-Care

- Connect with someone
  - Regular supervision is critical – supervisors need to be aware of stressors affecting staff
  - On-going training
  - Peer support
- Know your limits
  - Be aware of how work impacts your life/decisions
- Focus on what you can control
  - Policies and procedures within the organization are often out of our control
Self-Care

- Coping Skills
  - Do something you enjoy
  - Exercise
  - Eat right
  - Sleep enough
  - Relaxation exercises
  - Deep breathing
  - Mindfulness/visualization

Questions?