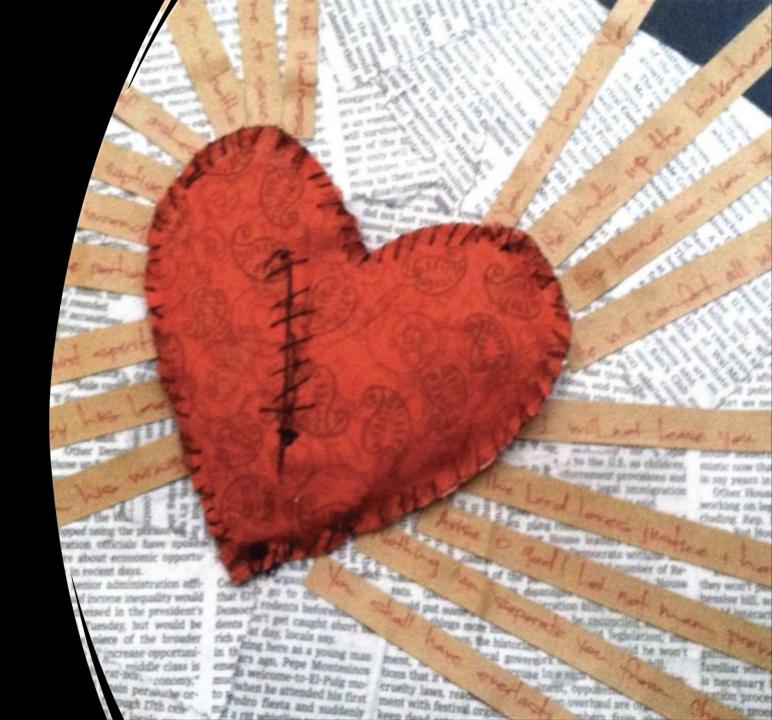
Mending the Broken-Hearted

Trauma Informed Pastoral Ministry

Tim Dyer The Johnmark Extension Oxygen 2023





Workshop Outline

- Biblical Reflection
- What is trauma?
- Healing and recovery from trauma
- Why the practice of Trauma Informed Ministry (TIM) is important
- Tools and Resources
- Questions

Notes and Resources

Reflection on today's workshop content



One Sabbath at the Nazareth synagogue

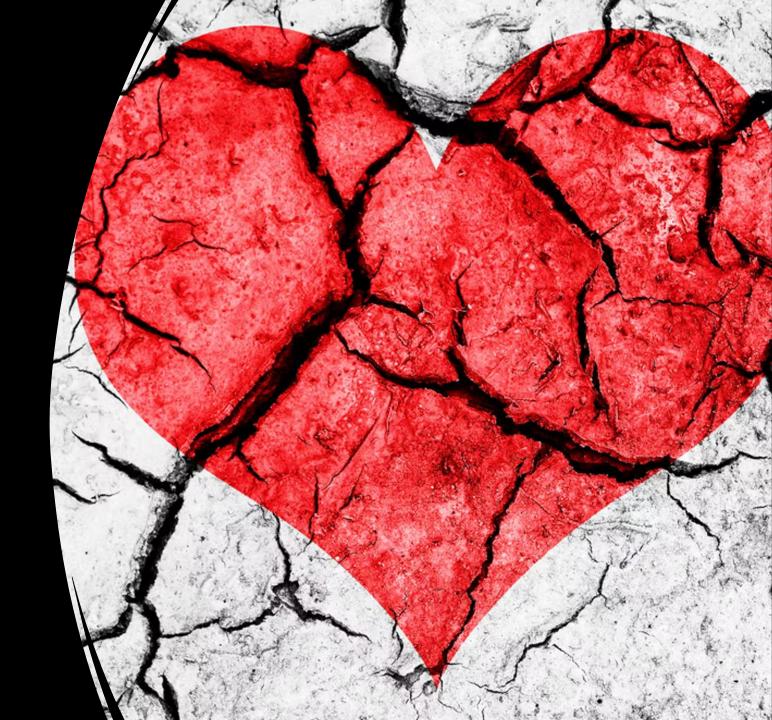
- Luke 4:16 22
- Jesus back in his home-town
- He stands to read from Isaiah 61
- All are eyes fastened on him as he declares "Today this scripture is fulfilled in your hearing"



 Jesus outlines his mission in terms of bringing hope and healing to those who are suffering deep injury, adversity and wounds.

Isaiah 61:1-4

- To the poor
- To the broken-hearted
- To those held captive
- To those in darkness
- To those who mourn
- To those who sit among the ashes
- To those who feel despair



Understanding the nature of Trauma

What is 'trauma'?

- The word 'trauma' comes from the Latin word for 'wound'.
- We use the term 'trauma' to describe both events themselves and the impact of particular events on us:
 - A 'traumatic' **event** (or combination of events) possesses specific characteristics. It is emotionally distressing, sudden and shocking, threatens to or actually causes serious damage or loss and it sits outside the range of anticipated life experiences.

What is 'trauma'?

- We use the term 'trauma' to describe both an event and also its impact on us:
 - To be 'traumatised' describes the physical, psychological, emotional and spiritual **responses** we have to an event or series of events. These responses include being hypervigilant, highly stressed, having intrusive memories, suffering loss of normal functioning and a loss of meaning. Trauma is an experience which overwhelms our ability to use our normal cognitive, emotional, physical and spiritual coping strategies.
- It is true to say that 'trauma' is simultaneously something that happens to us (externally) and something that happens in us (internally).

What is 'trauma'?

While some **events** can clearly be classified as 'traumatic' by their nature, individuals **respond** in very **different** ways when exposed to them.

Some people find they cope with some events and don't cope with others. Some are deeply traumatised by events which do not appear to traumatise others in the same way.

Our **responses** to 'traumatic events' are complex internal processes and not something we can consciously control. There is no room for pride in how we manage when others don't.

Learning about what trauma is and how trauma impacts us does give us pathways of coping and can also increase our capacity process the event as we recover.

Types of trauma

- **Trauma**: Reaction to a single crisis or traumatic event
 - Accident, assault, illness, natural disaster.
- **Chronic** or **compound** trauma: The impact of longterm mistreatment in an abusive relationship or long-term exposure to repeated traumatic events
 - Domestic violence, living with an alcoholic, sexual or physical abuse, chronic neglect, coercive control
- **Complex** trauma: Trauma resulting from a combination of unrelated events and situations which together create a highly stressful situation and trauma response.
- Vicarious Trauma: (Compounding or Complex Secondary Traumatic Stress / Compassion Fatigue first responders, AE clinicians, chaplains, counsellors and pastors).

Classes of crisis / trauma

- Large scale natural disasters (E.g. flood, bushfire, drought, earthquake, tsunami, pandemic, etc)
- Personal accidents (E.g. falls, car accidents, some sudden fatal or significantly debilitating illnesses, unusual fatal events)
- Accidental harm through human agency (car accidents, falls, machine injuries, drownings, overdoses?)
- Intentional harm by human agents (violence, assault, abuse, neglect, suicide?, war, use of weapons)
- Significant loss of relationship, resources, role, capacity (some deaths, relationship breakdown, loss of position or role, ability)

Psychological trauma occurs when an event causes frightening emotional reactions and one loses the sense of having a **safe place** either externally (in terms of physical safety) or internally (through loss of coping capacity) to deal with the event.



- Four key aspects of traumatic events:
- A sudden, surprising or shocking occurrence
 - A key element of a trauma causing event is shock at the unexpected nature of what occurs.
- An event of profound emotional impact
 - Trauma usually involves the threat or reality of serious injury or death, extreme violation, pain or crisis. It pushes abilities to cope to the limit.
- It is outside of the 'usual or anticipated' range of human experience
 - Trauma causing events are not something that happen to everyone. An event that creates trauma is one that is not usual in a normal human journey. One would not typically expect, anticipate or prepare for it.

Universally feared

 Events described as traumatic are widely acknowledged as terrible, fearful, and awful. They could frighten and distress anyone who experiences or even hears an account of them.

Trauma and the circle of assumptions

Invulnerability

• I am safe and OK, bad things won't happen to me.

Identity

• I know who I am, what I am doing.

Rationality

 The world makes logical sense and works in an ordered way.

Community

 I am known, cared for and supported by others.

Morality

 The world is just and fair. People get what they deserve.

Traumatic events....

- .. seriously wound, injure and scare people."I no longer feel safe"
- .. don't make any sense."I don't understand what's happening"
- .. don't appear fair or just.
 "The world is not supposed to be this way, why would God allow this?"
- .. often isolate and marginalise us
 "I feel like no one understands and I am abandoned and alone."
- ...challenge the sense of self and identity.
 "I no longer know who I am, what to do."

The most common traumatic events for Australians are:

The sudden unexpected death of loved one

Seeing someone badly injured or killed, encountering a sudden death, or unexpectedly seeing a deceased person.

Experiencing personal violence including family violence

Being sexually assaulted

Experiencing a life-threatening accident

Childhood abuse (physical, sexual, emotional and neglect)



For many there is a deep sense of fatigue, exhaustion and depletion. So much energy has been taken up in coping and managing that there is little left to do more than survive — **Depletion** (The Biblical image of 'ashes' relates to this)

For many there is a sense that important and valued elements of life have come apart and can't easily be put back together. This may be literally true with a sudden death or disaster or may be an inner psychological reality - **Disintegration** (Broken hearted) (Think Humpty Dumpty)



For some the experiences of trauma are spiritually and emotionally unsettling, painful and difficult to understand or comprehend. It is sometimes too hard to talk or to reach out to others, and people withdraw, becoming isolated and cut off — **Disconnection**

Finally, for some there is a deep inner discouragement, a loss of hope and a feeling that recovery is not possible — **Despair** (Spirit of heaviness, despair)

The rates of trauma

- According to figures released by Phoenix Australia in 2022, between 50-70% of Australians will be exposed to at least one traumatic event in their lives. Some will experience multiple traumas, compound or complex trauma.
- About a quarter of those who are traumatised will develop either Acute Traumatic Stress (ATS) or Post-Traumatic Stress Disorder (PTSD) and require some form of skilled psychological assistance. In pastoral work, we need to be trauma informed to know when and how to refer individuals who face big "T", clinical level 'Trauma'.

The rates of trauma

- Most, however, with the help of caring individuals, family members, supportive relationships and communities will cope with their trauma and over time, recover, maybe with some adjustments and changes to their lives. Some may even experience significant post-traumatic growth.
- It is this little "t" 'trauma' group who are most likely to raise the event and their responses, adjustment challenges and goals within non-clinical pastoral relationships. Being trauma-informed allows for appropriate pastoral engagement with this group.

Acute Stress Response

- Transient arousal leads to elevation in blood pressure, rapid heartbeat, sweaty palms, heart palpitations, dizziness, migraine headaches, cold hands or feet, shortness of breath, and chest pain. (Fight, flight, freeze response designed to protect us)
- If stress becomes prolonged
 - Muscular problems develop including tension headaches, back pain, jaw pain, and tensions that lead to pulled muscles and tendon and ligament problems;
 - Digestive issues develop. Stomach, gut and bowel problems such as heartburn, acid reflux, chronic diarrhea, constipation, and irritable bowel syndrome;
 - Emotional distress may develop. Some combination of the three stress emotions; anger or irritability, anxiety, and depression.

Acute Stress Disorder

- ASD is the initial psychological reaction to experiencing or witnessing trauma. The Diagnostic and Statistical Manual of Mental Disorders (DSM) characterizes ASD by the fulfillment of specific criteria, principally:
- Having experienced intense fear, helplessness, or horror in response to a traumatic experience.
- Displaying three or more of the following dissociative symptoms:
 - generalised emotional numbing,
 - detachment, or absence of emotional responsiveness to the trauma,
 - reduction in awareness of surroundings,
 - de-realisation or de-personalisation,
 - dissociative amnesia.

Acute Stress Disorder

- Exhibiting at least one symptom from each of the following groups:
 - Re-experiencing (i.e., recurring thoughts, memories, dreams, or flashbacks).
 - Avoidance of trauma-related stimuli (i.e., deliberately avoiding reminders of the trauma, triggers of traumatic memory).
 - Anxiety or increased arousal (i.e. increased autonomic nervous system activity).
 - Significant distress or functional impairment that persists from a minimum of <u>two</u> days to a maximum of four weeks.

If the duration of the disorder exceeds four weeks, PTSD is diagnosed.

Gordon, N. (2012). Acute Stress Disorder. In CR Figley (Ed.) Encyclopedia of Trauma.
 Sage Publications.

Post Traumatic Stress Disorder (PTSD)

- Three categories of symptoms define the presence of PTSD: Reliving, avoiding, and high arousal.
- People who suffer from PTSD are '**reliving'** the traumatic event in ways which significantly impact daily life. I.e. They do not feel safe. This is known as <u>intrusion</u>. The event is re-experienced as if it is in the present.
- Symptoms include: flashback episodes, distressing memories or nightmares, accompanied by strong and uncomfortable reactions. The existence of disturbing trigger events, situations or stimuli that tend to cue the flashbacks and create increased threat perception. (1 for DSMV)

Post Traumatic Stress Disorder (PTSD)

PTSD suffers seek to **avoid** re-traumatisation through memory control.

- Emotional "numbing," or not caring about anything, restricted range of affect;
- Detaching from others -- particular those who have not had the same traumatic experiences;
- Unable to remember important aspects of the trauma;
- Unable to renew interest in normal activities;
- Avoiding places, people, or thoughts that are trauma <u>triggers</u>;
- Sense of no future in the <u>shadow</u> of the trauma.

Post Traumatic Stress Disorder (PTSD)

- **Emotional and physiological arousal** or the sensation of being "stressed out" from constantly watching out for being retraumatised.
- Symptoms include difficulty concentrating, startling easily, exaggerated startle response; feeling more aware (hypervigilance); feeling irritable or having outbursts of anger; and having trouble falling or staying asleep.
- Other symptoms associated general high stress levels include agitation or excitability, dizziness, fainting, feeling one's heart thumping in the chest, and headache.
- 2 for a DSMV diagnosis

MORAL DISTRESS & INJURY IS DIFFERENT FROM PTSD

PTSD is a fear – victim reaction to a perceived life or injury threat. It has clinical symptoms of flashbacks, nightmares, hyper-vigilance, dissociation.

Moral Injury is an inner conflict based on moral self assessment of having inflicted, or failed to prevent significant harm. Its symptoms are excessive guilt, loss of meaning, anger and shame.

Post-Traumatic Growth

- Posttraumatic growth was introduced by Richard Tedeschi and Lawrence Calhoun in 1995, referring to positive changes that some trauma survivors report as a result of the struggle to cope with traumatic events.
- Individuals report five areas of growth:
 - improvements in interpersonal relationships,
 - a greater appreciation for life,
 - new opportunities or pathways in life,
 - a greater sense of personal strength in ability to cope with crises, and
 - spiritual changes or development.
- Tedeschi, R. & Triplett, K. N. (2012). Spiritual intelligence and posttraumatic growth. In CR Figley (Ed.) Encyclopedia of Trauma. Sage Publications.

Healing and recovery from trauma

- Regaining a sense of physical, emotional and spiritual safety.
- Building a full and truthful survival narrative (past tense) around the event that allows it to be contextualized and integrated into memory.
- Being emotionally resilient through the process of recovery.
- Integrating the trauma into a deeper theology or philosophy of life (meaning making). This may involve the acceptance of mystery.
- Adjusting to real life changes that often result from the trauma.

Secondary Traumatic Stress Injuries

Secondary Traumatic Stress

- Secondary traumatic stress (STS) is where caregivers themselves become traumatised by **hearing** an account of a traumatic event or experiencing the traumatised response of someone else.
- The negative effects of secondary exposure to traumatic events <u>are similar</u> to those of primary exposure including intrusive imagery, avoidance of reminders and cues, hyperarousal, distressing emotions, and functional impairment.
- While the nature of individual <u>S</u>TS events may not be as confronting as primary experience, the compound impact of multiple or back-to-back exposures can be significant.
- In the most severe instances, where symptoms result in significant longer term distress or impairment in functioning, STS may warrant a diagnosis of Post-traumatic Stress Disorder (PTSD).
- Bride, B. (2012). Secondary Traumatic Stress. In CR Figley (Ed.) Encyclopedia of Trauma. Sage Publications.

Compassion Fatigue (De-personalisation)

- Compassion fatigue is emotional and physical exhaustion that that accumulates over time as caregivers are exposed multiple traumatic situations and the trauma accounts of others.
- There is a gradual loss of the ability to be empathetic. This eventually becomes desensitisation to stories, a decrease in quality care, an increase in errors of judgement, higher rates of depression and anxiety disorders among helpers, and rising rates of stress leave and loss of positive supportive workplace environment.
- Helping professionals find that their empathy and ability to connect with family and friends is impacted. There are increased rates of stress in carer's households, relational tension, and social isolation.
- Compassion fatigue is insidious in that it attacks the very core of what brings helpers into caring work: their empathy and compassion for others.
- Mathieu, F. (2012). Compassion Fatigue

Vicarious Trauma

- Vicarious traumatisation is a slow transformation in the self-concept and world view of the caregiver brought about by unresolved STS and CF.
- Its hallmark is disrupted spirituality, or loss of meaning and hope which cause a range of other spiritual and personal changes, losses and breakdowns.
- This may include loss of faith, loss of relationships, depression, deep cynicism, significant lack of self-care.
- Pearlman, L.A. (2012). Vicarious Trauma.

Burnout

- Since 2021 and Gordon Parker's work, burnout is considered a more complex phenomenon that was previously understood. It is more than an overworking of our caring function.
- It is most often now associated with workplace environments where there are high expectations and little support, poor supervision, lack of resources and low-trust staff relationships.
- It may have a wide variety of contributing factors. STS does not always lead to burnout however in some cases it can be a significant factor.
- Burnout appears to follow a predictable series of stages that do not get resolved dissonance, dissatisfaction (frustration), disillusionment, disconnection.
- Clinically STS, CF and VT appear to take longer to repair than some forms of burnout where a significant change of workplace environment might be possible.

Most of us in ministry experience multiple layered levels of stress and trauma

Our own personal history of trauma, loss or grief (ASD / PTSD)

Periodic direct exposure to trauma within a ministry environment (ASD / PTSD)

Level of secondary
exposure and
symptoms of
secondary
traumatic stress
(STS / PTSD)

Imbalance of systemic demands and resources available (Burnout)

Personality
variables and
effectiveness of
self care and
resilience
practices

Level of secondary exposure and symptoms of compassion fatigue (CF)

Systems failure, high demand, low support, values conflict, (Potential MI)

Life and ministry stress load

Questions for Reflection

What has been your experience of secondary forms of traumatic stress?

What symptoms indicate you are near capacity?

Six principles of Trauma Informed Pastoral Care

1 DevelopTraumaAwareness

A significant proportion of people who experience trauma make a recovery over time with the assistance of family, friends, and non-clinical pastoral care. This means there is a need for pastors among others to incorporate an understanding of trauma into all aspects of ministry. Knowledge about trauma can inform perspectives on how to understand trauma-impacted people, and how to respond to a range of behaviours and emotional responses that might arise from trauma.

01

Be alert to the possible presence of trauma

02

Be aware of potential indicators of trauma

03

Develop simple ways of explaining the trauma response – normalising the response

04

Be open to understanding our own experiences and our own triggers that might exist

2 Physical, psychological, emotional and spiritual safety

Trauma survivors have usually experienced profound wounding and distress, they often need time to feel safe again even when the immediate threat has eased.

The first priority is always actual physical safety from any ongoing threat.

Trauma Informed Care (TIC) then intentionally works towards creating a safe space emotionally and spiritually.

This is assisted through having clear roles, responsibilities and boundaries that help promote psychological safety. Honestly addressing any concerns about privacy and confidentiality is important. Being gentle and respectful in all interactions supports a safe environment.

01

Become comfortable with holding safe space for another

02

Develop listening skills (Listening and 'clean' conversation)

03

Establish clear boundaries around confidentiality and expectations

04

Be trustworthy and reliable in pastoral transactions

3 Rebuild a sense of personal locus of control

Trauma victims often experience helplessness and loss of agency. TIC emphasises the importance of supporting choice and personal agency where possible in individuals.

Trauma-informed interactions create predictable environments and allow individuals to rebuild a sense of efficacy and personal control over their lives. This is a form of empowerment and a collaborative approach to recovery.

Within a Christian context, enabling individuals to reconnect with God, to draw on God's strength and help and to trust Him is critical to the sense of hopefulness as opposed to helplessness.

01

Be conscious of not taking control of interactions with traumatised individuals 02

Enable collaboration, choice and individual decision making wherever possible.

03

Reflect on strategies of empowerment, engaging faith and trust in God.

04

Encourage the move from 'victim' to 'survivor'

4 Work to develop strengths and resources

TIC works to build life skills and coping skills. This means assisting individuals to identify their strengths and resources and helping them add to, or enhance, their capacity for resilience as they recover.

Spiritually, this again means enabling individuals to draw on God's strength, unconditional love, and presence.

Enabling honest prayer, lament, petition and resting in God's presence is significantly empowering for people as they regain faith.

01

Assist people identify their God given internal sources of strength

02

Pastor individuals toward reconnecting with God 03

Encourage lament

04

Enable the identification of external resources

5 Trust and connections

Supportive relationships play a critical role in promoting resilience and recovery. This principle promotes connections between people who have experienced trauma with their friends, family, significant others, faith community and also professional support services.

People who have experienced trauma often have difficult re-establishing trust relationships. Being trustworthy is critically important in assisting the traumatised rebuild relationships and connections.



01

Assist individuals identify the range of supportive relationships which might be able to be engaged

02

As a pastoral carer be instrumental in creating a supportive faith community around individuals

03

Enable natural family relationships where possible

04

Coach and support individuals in how to share with others



6 Belief in recovery

TIC joins Christian perspectives on faith, hope and love in communicating a belief in healing and recovery for survivors.

There is always hope that individuals can move through difficult and traumatic experiences and reconnect with a Godly life purpose which may be transformed by the trauma. Some may experience post traumatic growth.

This belief should undergird all that occurs at an individual and organisational level.

01

Recognise the reality of a person's current distress but also hold and communicate hope for recovery

02

Support reframing of the trauma and integration into a deeper theology or philosophy of life 03

Be alert for the potential for a person cycling back into periods of being stuck – refer for professional help

04

Watch for signs of post-traumatic growth

How does God bring transformation into distress? Isaiah 61:4

- A crown of beauty for ashes
 - We are loved by God in the midst of our emptiness and depletion.
 Romans 8:28
- Oil of joy for mourning
 - We are welcomed into relationship with God in the midst of sadness and loss Cf: Psalm 23
- Garment of praise for the spirit of despair
 - We are invited into worship and thanksgiving in the presence of God even in the midst of despair Cf: 2 Corinthians 1:3

Healing a wounded heart: 3 things we can do

- Be aware of the different ways trauma impacts us and accept that we will experience pain in different ways and at different times
 - Watch for indicators, be aware of the potential to get stuck
- Do continue to share the distress and pain with God and also with others
 - Don't be afraid of doubts and distance
 - Cultivate the practice of 'lament'
- Over time allow the trauma to grow you
 - Trauma does change people as healing takes place it can become a catalyst for significant personal and spiritual growth



Healing a wounded heart: 3 things we all can do for others

- Do reach out to others
 - Trauma puts up barriers, it isolates and distances people
 - it takes courage to gently seek others out
 - Don't be invasive but do reach for opportunities to connect and care
- Do welcome the hard questions and encourage open discussion
 - When people are ready
 - There are no simple answers
- Do join with others in responding in prayer, worship and praise to God
 - Reading Psalms, Prayer together, Reading scripture
 - Services of prayer and healing



Discussion and Reflection

What has been the most significant reflection for you today around the area of trauma and recovery?

Are there any aspects of trauma-related broken-heartedness that it would be good for you to seek to deal with?

Out of today, what increased awareness and pastoral skill might you need to acquire to serve those who are broken-hearted through trauma?



Resources

TANA – Trauma Awareness Network Australia

- www.tana.net.au
- Objectives: To raise awareness and educate about complex trauma, and advocate for policies to address the impact of complex trauma.

Books on trauma:

- Bessell van der Kolk: *The Body Keeps the Score*
- Gabor Mate: When the Body Says No
- Peter Levine: Waking the Tiger and In an Unspoken Voice

Notes and Resources

