

Trauma-Informed Practice for Faith Community Nurses

Learning Outcomes

1. Review the definitions of trauma and trauma-informed practice.
2. Identify 3 different types of trauma.
3. Explain how trauma can affect spiritual and emotional health.
4. Discuss how faith community nurses can promote healing when they have a trauma-informed perspective.



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You've all completed the self-learning module on trauma. You learned the definitions of trauma, trauma-informed practice, Adverse Childhood Experiences and, hopefully, took the ACEs inventory.



In your small groups, come up with two things you learned that were most useful to you. You'll be asked to share those two things when we come back.

Trauma:
"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 effects on their physical, emotional and/or spiritual well-being."

Trauma-informed practice:
"a patient-centered approach to healthcare that calls on health professionals to provide care in a way that prevents re-traumatization of patients and staff."
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Types of Trauma:

Single Incident Trauma:

- Unexpected and overwhelming
- Serious car accidents, natural disasters
- Single episode of abuse or assault
- Sudden loss.

Repetitive Trauma:

- Cumulative; happens again and again
- Ongoing abuse, domestic violence, war
- Being repeatedly involved in very high-stress situations; emergency service workers vulnerable

Can you think of clients/patients you've cared for who have experienced these types of trauma? Does Covid-19 qualify as a type of trauma?

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Developmental Trauma:

- Exposure from birth five years old
- Early exposure to ongoing or repetitive trauma (as infants, children and youth) involving neglect, abandonment, assault of all forms (physical, sexual, emotional)
- Witnessing violence or death, and/or coercion or betrayal.
- Affects healthy child development and attachment.

Historical Trauma/Intergenerational Trauma:

- Cumulative emotional and psychological wounding over the lifespan and across generations due to long-term trauma against a race, ethnicity, or other group.

Resources on Trauma and Trauma Informed Care:
SAMHSA (Substance Abuse Mental Health Services Administration)
<https://www.samhsa.gov/treatment-prevention-recovery/trauma-informed-care>

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Physiological impacts of trauma:

- Increased heart rate, blood pressure
- Weakened immune system
- Dysregulated stress response (when cortisol and other stress chemicals are constantly present, a person's ability to deal with stress can be impaired.)
- Changes in the brain (amygdala, hippocampus) Even the ability to form new neural connections and pathways can be disrupted.
- Physical pain
- Panic/Anxiety attacks
- Higher incidence of heart disease, chronic diseases



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Break-out groups: 4 minutes—come up with 3 ways trauma could impact spiritual and emotional health.



<https://www.gettyimages.com/detail/stock-photo/young-woman-holding-her-head-in-her-hands-when-she-is-stressed-or-overwhelmed-by-life-problems-121824440>

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Emotional and Spiritual Impacts of Trauma

- Loss of faith and beliefs: trauma can cause a person to believe that a loving God did not protect them; doesn't love them. How could an all powerful God allow this to happen?
- Guilt and shame: belief that it was their fault; they are worthless; feel humiliated
- Emotional overload: as a result of trauma, survivors may have trouble controlling their thoughts and feelings. They may feel overwhelmed or even numb. Anger, depression, anxiety, etc. Emotional outbursts and other behaviors can occur.
- Impaired judgment: trauma can lead to self-doubt, confusion, feelings of incompetence, poor decision making.

Resources: www.sidran.org

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How can Faith Community Nurses promote healing?

1. Keep learning about trauma and trauma-informed practice.
2. Examine your own feelings and beliefs about trauma survivors.
3. Help inform your faith community staff and leaders.
4. Be aware—some estimates state that 1:4 members of your faith community will have experienced at least one traumatic event with lasting effects. As you do your assessments, keep this in mind. Disclosure of trauma by a client is not necessary for you to take a trauma-informed approach.
5. Ask "What happened?" versus "What's wrong?"

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5. Avoid judgment, stigmatization, re-traumatizing. Sometimes doctrine, beliefs, other members can re-traumatize)
6. Listen, listen, listen. Build trust and connection. Help survivors seek meaning, forgiveness and assure them of God's love for them.
7. Refer to experts for trauma-counseling and therapy. Trauma is complex.
8. Protect. Faith communities need to be safe places. Speak up against violence, racism, injustice.
9. Healing comes gradually as the person seeks meaning in suffering, is reassured that he/she is loved and worthy. Unfortunately, for some trauma survivors, healing is elusive.
10. Protect yourself from "vicarious trauma." Self-care is critical!

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Case Study: You are visiting a 45 year old woman who has just been diagnosed with breast cancer. As you pray with her, she breaks down crying. As you hold her hand and listen, she tells you that her father, who recently died, repeatedly abused her sexually throughout her childhood. She says: "I hate my dad for what he did. I'm so ashamed and I know God is punishing me because I never forgave my dad before he died."

Knowing what you do about trauma informed approaches, what would you do in this situation?
