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; and 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.

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, 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 that may re-traumatize people served, and are willing to address situations that may re-traumatize people served.

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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)
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 fundamental to 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?

This handout was created by Urban Alliance: www.urbanalliance.com
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 – avoid raised voices or harsh tones. Be cautious about physical contact.

- **Calm.** Help redirect attention in ways that are grounding, like noting out loud 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)
10 Implementation Domains of Trauma-Informed Care

Developing a trauma-informed approach requires change at various levels of an organization as well as systemic alignment with the six principles of trauma-informed care:

- **Safety**
- **Trust**
- **Peer Support**
- **Collaboration**
- **Choice & Voice**
- **Culture**

### Government and Leadership
The leadership and governing body support and invest in implementing and sustaining a trauma-informed approach.

- Do leaders embody a posture of cultural humility and view others through a strength-based lens?
- How do leaders communicate their support and guidance for implementing a trauma-informed approach?
- Do the organization’s policies and procedures include a commitment to providing trauma-informed services and supports?
- How do the leadership and governance structures demonstrate support for the voice and input of people who have a trauma history?

### Policy
There are written policies and protocols establishing a trauma-informed approach as an essential component of the organizational mission.

- Do the written policies and procedures include a focus on trauma and issues of safety and confidentiality?
- Do the written policies and procedures express a commitment to reduce re-traumatization and promote healing and recovery?
- Do the staffing policies demonstrate a commitment to offer training on offering culturally relevant and trauma-informed services?

### Physical Environment
The organization ensures the physical environment promotes a sense of safety and collaboration.

- Does the physical environment promote a sense of safety, calming, and de-escalation for people served?
- Do staff and volunteers regularly reflect on ways the physical environment may trigger people served? Do they work to implement strategies to reduce re-traumatization?
- Is there space available for staff, volunteers, and people served to calm when triggered?

### Engagement and Involvement
Trauma survivors, people receiving services, and family members of people receiving services have significant involvement, voice, and meaningful choice in all areas of organizational functioning.

- Does the organization solicit feedback from people with lived experiences of trauma on quality improvement processes to improve programming?
- How do staff keep people informed about the rules, policies, procedure and program activities, while being mindful that a person may become overwhelmed or have a difficult time processing too much information?
- What strategies are used to reduce the sense of power differentials, build trust and transparency, and help people feel empowered and emotionally regulated?
Cross Sector Collaboration: Intentional collaborations across sectors exist and effective referrals are made so people’s needs are holistically addressed.

- Are staff and volunteers aware of other community partners offering a variety of types of services and supports? Do they know how to make effective warm referrals?
- Is there regular communication in place with other community partners that can provide services to people who have experienced trauma? Do these partners use a trauma-informed approach? Do they use evidence-based best practices?

Screening, Assessment, and Treatment Services: Organizations utilize appropriate trauma screens and offer interventions based on evidence-based practices. When no interventions are offered, appropriate referrals are available.

- Does the organization offer training to staff and volunteers about how to talk to people about trauma and offer screening in a sensitive manner?
- Does the organization have opportunities for peer support and/or trauma-specific treatment?
- Are referrals made to mental health providers for trauma survivors?
- Do staff and volunteers talk with people about the range of trauma reactions and work to de-stigmatize mental health struggles, minimize fear and shame, and increase understanding and self-acceptance.

Training and Workforce Development: Ongoing training on trauma and its impact are offered. Trauma-informed principles are implemented in hiring, supervision, staff and volunteer evaluations, and policies and protocols. Procedures are in place to support staff and volunteers with trauma histories or who are experiencing secondary traumatic stress or vicarious trauma.

- Does the organization offer training to staff and volunteers to increase their understanding of trauma, its impact and trauma-informed programming?
- How does the organization support staff and volunteers and address the emotional stress that can come from working with trauma survivors?

Program Monitoring and Quality Assurance: There is ongoing assessment, tracking, and monitoring of trauma-informed principles and practices.

- Is there a system or process in place that monitors the agency’s progress in becoming trauma-informed?
- Does the organization solicit feedback from both staff and volunteers, as well as people receiving services?
- How does the organization assess the degree to which people served feel safe, valued, and respected?
- To what degree does the information collected actually impact how services are offered? Is it used to inform programming?

Financing: Financing structures support the implementation of a trauma-informed approach.

- Does the organization’s budget include funding for ongoing training on trauma and trauma-informed approaches?
- Does the budget support implementation of changes that will make the program more trauma-informed?

Evaluation: Data collection and program evaluation designs reflect an understanding of trauma and appropriate trauma-oriented research instruments.

- How does the organization put measures in place that help them determine their effectiveness in implementing a trauma-informed approach?