

Trauma-Informed Practice for Faith Community Nurses

Learning Outcomes:

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

Sondra Weinzierl, RN, BAN, MA, FCN, Certified Trauma-Informed Care Practitioner
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What do we mean by “Trauma?”



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." ***(Online Journal of ANA, Vol 24.2019 No.2 May)***

Most of us have either experienced some degree of trauma in our lives or know someone who has. Certainly, as RNs, we've encountered clients who have told us about traumatic experiences in their lives.

Do you have any examples you could share with the class?



Pedestrians pass along storm debris on North Dixie Drive, Tuesday, May 28, 2019, in Dayton, Ohio.
JOHN MINCHILLO / AP

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"the abuser's desire to abuse is not created by the child - it is there before the child appears"

-Breaking Free
Help for survivors of child sexual abuse

It is not your fault

Trauma And Dissociation
How to Survive Identity Crisis

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Understanding Adverse Childhood Experiences (ACEs) and how this study has contributed to our knowledge about trauma-informed care is essential:

https://player.vimeo.com/video/139998006?app_id=122963



ACE-Questionnaire-for-Adults-Identified-English.pdf



ACE-Questionnaire-for-Adults-Identified-English.pdf

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?

Developmental Trauma:

- Exposure from birth to five years old
- Early exposure to ongoing or repetitive trauma (as infants, children and youth) involving neglect, abandonment, abuse/assault of all forms (physical, sexual, emotional)
- Witnessing violence or death, and/or coercion or betrayal.
- Affects healthy child development and attachment. Changes to the brain occur that impact learning, problem-solving, emotional and impulse control.

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>

In a “MedScape in Focus” presentation in January, 2021 Dr. Charles Nemeroff, chair of the Department of Psychiatry, Dell Medical School, University of TX, (Austin) discusses the epidemic of childhood trauma states:

"This is the single biggest contributor to the risk for psychiatric and medical disorders, more than any single gene or factor. It increases the risk for heart disease, stroke, depression, drug abuse, suicide. It's awful."

https://www.medscape.com/viewarticle/923389?src=WNL_infoc_210414_MSCPEDIT_traumaobesity&uac=137423AR&implID=3309301&faf=1

This is an amazing article on the impact of trauma on health. The Devastating Clinical Consequences of Child Abuse and Neglect: Increased Disease Vulnerability and Poor Treatment Response in Mood Disorders: [Elizabeth T C Lippard](#)¹, [Charles B Nemeroff](#)¹ 2020 Jan 1;177(1):20-36. doi: 10.1176/appi.ajp.2019.19010020. Epub 2019 Sep 20.

<https://pubmed.ncbi.nlm.nih.gov/31537091/>

Physiological impacts of trauma:

- ❑ Increased heart rate, blood pressure, abnormal adrenal activity
- ❑ 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



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



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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

How can Faith Community Nurses promote healing?

1. Listen!

- Give them time. Let them talk at their own pace – it's important not to pressure or rush them.
- Ask “what happened to you?” vs “what’s wrong?”
- Accept their feelings.
- Don't blame them or criticize their reactions.
- Use the same words they use.
- Don't dismiss their experiences.
- Only give advice if you're asked to.



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2. Keep learning about trauma and trauma-informed practice, especially in relationship to FCN practice.
3. Examine your own feelings and beliefs about trauma survivors. (Recognize our biases and preconceived notions about trauma)
4. Help inform your faith community staff and leaders.
5. 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.
6. Avoid judgment, stigmatization, re-traumatizing. Sometimes doctrine, beliefs, other members can re-traumatize. (Example of faith group.)

7. As appropriate, help survivors seek meaning, forgiveness. Assure them of God's love. (not everyone is ready for this!)
8. Refer to experts for trauma-counseling and therapy. Trauma is complex.
9. Protect. Faith communities need to be safe places. Speak up against violence, racism, injustice, abuse of any kind.
10. 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.
11. Protect yourself from "vicarious trauma." Self-care is critical!

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?

“Trauma is personal. It does not disappear if it is not validate When it is ignored or invalidated the silent screams continue internally heard only by the one held captive. When someone enters the pain and hears the screams, healing can begin.”

– Danielle Bernock, Emerging with Wings