



A Care and Counseling Initiative



Offering Comfort, Support and Hope

Through Times of Crisis and Trauma



Charis is an Urban Alliance initiative. www.urbanalliance.com

*Through Charis,
Urban Alliance works
with churches and
organizations to help
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about mental health
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Many people struggle with their relational, emotional and mental health, and a lack of understanding of when and where to seek help, coupled with a lack of resources, creates a barrier to receiving adequate support. Stigma, or unhelpful and inaccurate beliefs about mental illness, also causes people to hide their struggles and avoid seeking care.

Yet, research shows that the church is the most common place people go to seek help when they are struggling emotionally. Many churches offer support groups, care ministries or pastoral care. And, professional counselors who offer care from a Christian perspective provide services in the community.

Urban Alliance's Charis initiative began in 2011 as a result of a series of community dialogues facilitated by Urban Alliance in Greater Hartford, Connecticut, that were held in response to bridging the gap between people who were seeking care and counseling services and those who were able to offer support from a Christian perspective. Many pastors and leaders also expressed a desire to offer care services but did not have the resources, training or support to do so.

Through Charis, Urban Alliance works with churches and organizations to help them communicate about mental health in ways that offer hope and create safe environments where people feel comfortable seeking help. Urban Alliance also equips care providers to respond sensitively and to effectively connect people who are seeking care to appropriate support, so they may cope well and heal.

The Charis website is a tool, managed by Urban Alliance, that can be used by individuals and organizations to help connect people in need of support to high-quality professional counselors, support groups and specialized support services offered from a Christian perspective.

These collaborative efforts have helped hundreds of people to more effectively cope, have ongoing support, strengthen their marriages and families, feel hope, joy and peace, and persevere despite life's challenges.

*To learn more about Charis, visit www.urbanalliance.com/charis.
To visit the Charis website, visit www.charisnetworkct.org.*

Introduction

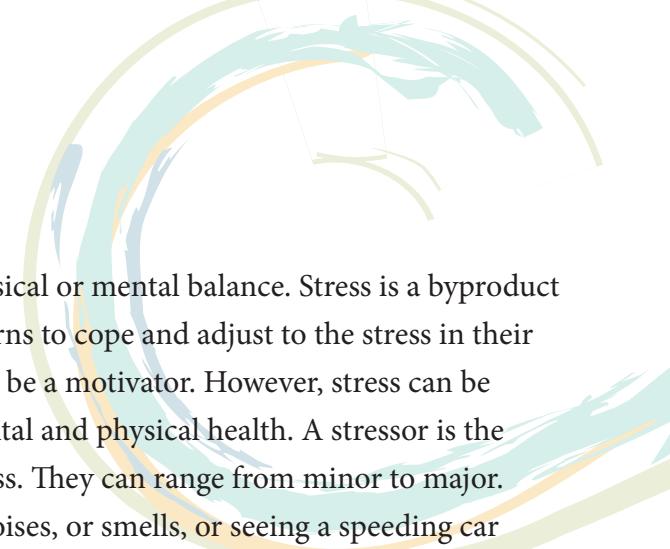


Table of Contents

Understanding Stress and Crisis.....	3
Trauma and PTSD.....	5
Children and Trauma.....	6
Offering Support Through a Crisis or Trauma....	7
Resources.....	11

At some point in their life, most people will experience a situation that is so distressing that they struggle to effectively cope.

Many look to the Christian community for support during these difficult times. Because of this, it is imperative that church and ministry leaders become equipped to support people who are experiencing a crisis or trauma. This resource will provide information about stress, crisis and trauma as well as practical suggestions for supporting a person as they recover.



What is Stress?

Stress is a natural reaction to a stimulus that disrupts a person's physical or mental balance. Stress is a byproduct of engaging in life's activities, therefore it is crucial that a person learns to cope and adjust to the stress in their life. Experiencing some stress is actually a good thing because it can be a motivator. However, stress can be a problem when it begins to have a negative effect on a person's mental and physical health. A stressor is the stimulus in the environment that causes a person to experience stress. They can range from minor to major. Minor stressors include everyday occurrences such as unpleasant noises, or smells, or seeing a speeding car or receiving disappointing news. Major stressors include experiences such as separation from a partner, an unexpected illness or death of a loved one.

How Does the Body Respond to Stress?

Part of a person's response to stress is physiological and affects their physical state. When faced with a stressor, a person's body will help them either get away quickly or confront the stressor. This is known as the fight or flight response. During the fight or flight response the body produces larger quantities of the chemicals cortisol, adrenaline and noradrenaline, which trigger a higher heart rate, heightened muscle preparedness, sweating, and alertness. All these factors help people protect themselves in a dangerous or challenging situation. Non-essential body functions slow down, such as the digestive and immune systems, when a person is experiencing a fight-or flight response. All resources can then be concentrated on rapid breathing, blood flow, alertness and muscle use.

What is Crisis?

Crisis is a disruption of psychological homeostasis in which a person's usual coping strategies fail and they experience extreme distress, impaired functioning and struggle to effectively cope. The primary cause of a crisis is a significant stressor, combined with two other conditions:

- the person experiences an inability to use previously used coping strategies to manage their distress
- the person perceives that the stressor causes significant distress or life disruption

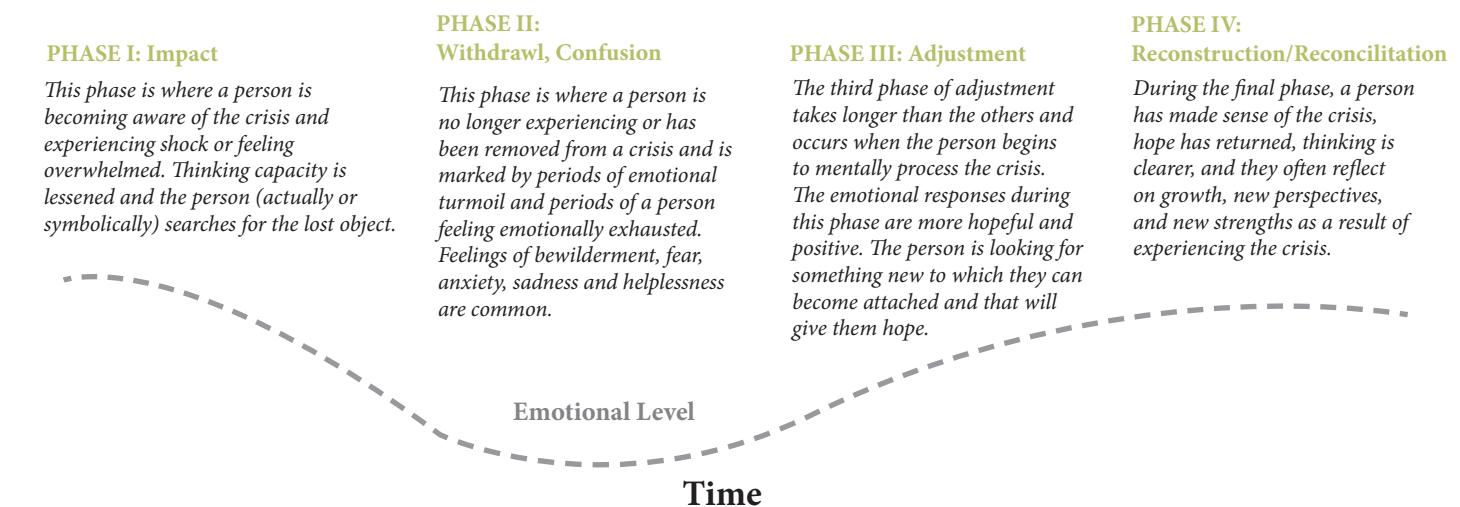
The personal impact of a potentially crisis-inducing stressor can be influenced by the following:

- **Proximity:** The closer a person is to the center of the tragedy, the greater the stress.
- **Exposure:** The greater the amount of time exposed and estimated length of exposure to sensory experiences associated with the stressor, the greater the stress.
- **Reoccurrence (perceived):** The greater the perceived likelihood that the tragedy will happen again, the greater the likelihood of intense fears, which contribute to an active crisis state.

How Do People Respond to Crisis?

The following figure of the phases of crisis is taken from *Crisis and Trauma Counseling* (Wright, 2011) and based on Lloyd Ahlem's description of living with stress (Regal Books, 1978). The figure is a simple visual demonstrating four phases a person goes through after experiencing a crisis.

The Normal Crisis Pattern



	PHASE I: Impact	PHASE II: Withdrawl, Confusion	PHASE III: Adjustment	PHASE IV: Reconstruction/Reconciliation
RESPONSE	Hours to Days	Days to Weeks	Weeks to Months	Months
THOUGHTS	You are numb and disoriented. Your insight ability is limited, and your feelings overwhelm.	Your thinking ability is limited. It is uncertain and ambiguous.	You're now able to problem solve.	Thinking is clearer.
DIRECTION YOU TAKE TO REGAIN CONTROL	You search for what you lost.	You are bargaining—wishes thinking. Detachment is involved.	You begin to look for something new to invest in.	Progress is evident and new attachments are made to something significant.
SEARCHING BEHAVIOR	You often reminisce.	You are puzzled; things are unclear.	You can now stay focused and begin to learn from your experience.	You may want to stop and evaluate where you've been and where you're going.

What is Trauma?

Trauma is the response to any event that is so deeply distressing that a person's ability to integrate and process their emotional experience is overwhelmed. According to the fifth edition of the Diagnostic and Statistical Manual (DSM V) a traumatic event is defined as one where a person is exposed to actual or threatened death, serious injury or sexual violence. Research suggests that just under 90% of the population will experience a trauma at some point in their life (Kilpatrick et. Al., 2013). The exposure can be direct, witnessed, or indirect by hearing about a relative or close friend who has experienced an accidental or violent event. Examples of traumatic events include witnessing a homicide, sexual assault, natural disasters, domestic violence, or childhood physical abuse. It is normal for a person to experience shock, numbness or dissociation in the days and weeks following a traumatic event.

What is Post-Traumatic Stress Disorder?

Post-Traumatic Stress Disorder (PTSD) is a mental health condition that some people develop after experiencing a traumatic event. It's normal to have upsetting memories, feel on edge, or have trouble sleeping after this type of event. At first, it may be hard to engage in normal daily activities like work, school, or spending time with family and friends. But most people start to feel better after a few weeks or months. If a person is experiencing symptoms weeks or months after the traumatic event, they should consult with a doctor or professional counselor to determine if they have PTSD. About 8% of people who experience a trauma will develop PTSD (Kilpatrick et. Al., 2013).

People with PTSD experience 4 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.

Trauma is the response to any event that is so deeply distressing that a person's ability to integrate and process their emotional experience is overwhelmed.

Children and PTSD

Children and teens can also develop PTSD. However the symptoms may look a little different. Young children may regress (start wetting the bed when they were previously toilet trained), act out the scary events during play, or be clingy or afraid to separate from a parent. Adolescent symptoms can appear similar to adults. They may also develop disruptive, disrespectful, or destructive behaviors. Older children and teens may feel guilty for not preventing injury or deaths. They may also have thoughts of revenge.

Below are some ways parents and caregivers can support children and youth after a trauma (or crisis):

- **Let them know they are safe now.** Children (and adolescents) may need extra hugs and assurance.
- **Allow them to talk about the experience and their emotions if they want to.** Let them know that being scared is normal; allow them to draw how they are feeling if they do not want to talk about it.
- **Go back to your daily routines.** Help them to get adequate sleep, eat meals at regular times, and engage in activities they enjoy.
- **Increase time with friends and family.** Kids that spend extra time with friends and family seem to do better after an upsetting event.
- **Caregivers need to take time to deal with their own feelings.** Caregivers are better able to support children and adolescents when they have the support they need.

Developmental Trauma

Developmental trauma results when children are exposed to multiple or chronic forms of developmentally adverse interpersonal trauma such as abandonment, neglect, betrayal, physical assaults, sexual assaults, threats to bodily integrity, coercive practices, emotional abuse, witnessing violence and death. Because 90% of brain development occurs during the first three years of life, this is considered a critical developmental period.

Chronic trauma during this timeframe can have a particularly longstanding negative impact.

Children that experience developmental trauma often have symptoms such as intense emotions they cannot control, impulsivity, difficulty learning and organizing information, anxiety, fear or clinginess to caregivers, disturbances with eating, sleeping or elimination, diminished awareness of emotions or sensations, lack of empathy, negative self-image, or difficulty making friends.

These struggles often continue into adulthood. Research on adverse childhood events shows that childhood adversity is linked to a number of physical and mental health challenges throughout a person's lifespan. Therefore, it is important that children with known trauma histories who exhibit these symptoms receive professional help as early as possible.



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For many people, churches and ministry organizations are places of refuge during times of crisis or trauma. They play an instrumental role in communicating a message of comfort and hope, and mobilizing and equipping congregants to offer support to people who are struggling. Even at a community level, local leaders often look to the faith community after a tragedy such as homicide, unexpected death or natural disaster. Therefore, it is important for leaders in the Christian community to be equipped to respond when a crisis or trauma occurs.

Spiritual Truths that Comfort During Times of Stress, Crisis, and Trauma

In addition to psychological and emotional experiences of stress, crisis and trauma can have a spiritual impact. In order to support another person, the care provider must have a healthy way of thinking about suffering and trials that affirms Biblical truths about who God is and how to care for people when they struggle. The Christian community has a unique opportunity to offer hope and comfort to those struggling after a crisis or trauma.

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- 1. Being a Christian doesn't exempt a person from all crises:** In some situations, God may protect a person from a crisis while in others He guides a person through a time of crisis. The Bible provides many scriptures about crisis and God's help and comfort for those who are suffering (1 Peter 5:10, John 16:33).
- 2. A crisis to a human is not a crisis to God:** God does not panic, nor does he anxiously wonder what he should do next. He does not lose sleep, or pace back and forth. Often, what humans view as a crisis is not a crisis from God's vantage point. He knows the exact nature of our circumstances and He cares about us.
- 3. God comforts and promises to be present:** There are many scriptures throughout the Bible that speak of God's comfort in times of suffering. God has compassion and offers His presence to help people heal and experience peace. (i.e. Philippians 4:6-7, Psalm 23:4, Psalm 34:17-18)
- 4. A crisis will not last forever:** A reoccurring phrase in scripture is, "and it came to pass." Human timing is not the same as God's timing. Difficult circumstances eventually change, and God will provide the strength for people to face and cope with the crisis situation.
- 5. Hope is present in times of crisis:** Paul understood that crises do not have to end in hopelessness or despair. In Romans 5:3-5 he acknowledged that believers will have struggles, but that difficulties do not have to dictate negative outcomes: "Not only so, but we also glory in our sufferings, because we know that suffering produces perseverance; perseverance, character; and character, hope. And hope does not put us to shame, because God's love has been poured out into our hearts through the Holy Spirit, who has been given to us."

Practical Suggestions for Care Providers

1. Offer Hope. Romans 5 says “We rejoice in our sufferings, knowing that suffering produces endurance, and endurance produces character, and character produces hope, and hope does not disappoint us.” While experiences of trauma or crisis can be psychically, emotionally and spiritually overwhelming, there is hope in Christ. It is important for caregivers to stay grounded in this hope and in a sensitive, timely and gentle way remind care receivers of the comfort, hope and healing God offers. Research has found that people who experience crisis and trauma often report an increased sense of personal strength, increased appreciation for life, a new sense of possibilities for the future, deepened personal relationships and spiritual growth. These positive changes are referred to as post-traumatic growth.

2. Be a Caring Presence. Sometimes a person who has experienced a crisis or trauma is not ready to talk. That is okay. Simply being present is a powerful intervention. Letting a person know that you are there with them and that you support them can be a comforting experience. You do not need to fix the situation or make them feel better. Simply be present.

3. Listen Effectively. Other people may want to talk about their thoughts or feelings. If this is the case, it is important to listen effectively. Effective listening is actively absorbing the information given to you by a speaker, showing that you are listening and interested, and

providing feedback to the speaker so that he or she knows the message was received. Make sure to not be too quick to offer advice, suggestions, or share about similar situations you or people you know have experienced. In order to effectively listen, it is important to match your responses to the situation and what is needed by the person you are supporting. This often involves a great deal of self-awareness so we respond in a way that meets the needs of the person who is struggling.

4. Offer Practical Help. In the wake of a distressing event, a person may struggle to function. It may be difficult for them to perform basic tasks such as shopping, cooking or caring for their children. Church and ministry organizations can offer practical support by helping with day-to-day tasks and looking for other ways to practically serve individuals or families as they cope.

5. Provide Ongoing Relational Support and Prayer. It often takes time to recover after a crisis or trauma. Care providers need to be prepared to provide ongoing support and prayer over a period of at least a few months for a single event crisis or trauma. People who have experienced developmental trauma may need long-term relationships that are emotionally safe, where they can heal and learn to trust. While everyone’s recovery process and needs are a little different, it is important to remain available and be mindful that a person can appear “okay” one day and struggle

Offering Support Through a Crisis or Trauma

the next. It is important for care providers to be patient and respect each person's unique recovery process.

6. Be Sensitive to Triggers. Triggers are reminders of a traumatic event that cause a person to experience extreme distress. For example, a harsh tone can be a trigger for a person who has experienced an abusive relationship. If a person gets very upset for no apparent cause, appears to be overreacting or acts in a confusing manner, it is possible that something in the environment is reminding them of the traumatic event. In such situations, it is important to help them to feel safe and calm down. Only later when they feel safe and in control is it appropriate to discuss the situation to better understand why they were upset and if they were triggered. It is often helpful for people who have experienced trauma to understand their triggers.

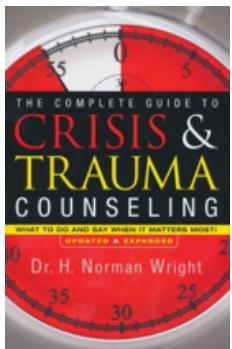
7. Connect to Additional Support. Most people need some measure of support after a crisis or trauma. For many, caring and supportive ongoing lay support will be sufficient to help a person recover and cope. Churches and ministry organizations can be instrumental in organizing people to offer ongoing support. However, if there is concern for a person's safety or a person's symptoms get worse or do not lessen and resolve after a couple of months it is wise to offer a referral to a professional counselor or doctor.

8. Don't Try to Talk a Person Out of Their Emotional Response. After a crisis or trauma, people often have very strong and sometimes overwhelming emotional reactions. Sometimes these reactions overwhelm care providers and make them feel uncomfortable. Care providers need to respect each person's way of expressing emotions. Some people wail while others are silent, some feel angry while others feel numb. Do not try to talk a person out of their emotions or emotional expression. If their emotional response creates an unsafe situation, it is important to prioritize safety and help the person connect to additional support.

9. Take Care of Yourself. Supporting people through crisis situations can be an emotionally intense experience. The term vicarious traumatization describes when care providers carry the stories and experiences from their work with hurting people into their own lives and way of understanding the world. It is a state of tension and preoccupation of the stories and trauma experiences described by the people they serve. Therefore, it is important that care providers take care of themselves by getting adequate rest, receiving emotional support and establishing healthy boundaries as they offer care. By adequately caring for themselves, care providers are more effective in caring for others and less likely to experience vicarious traumatization.

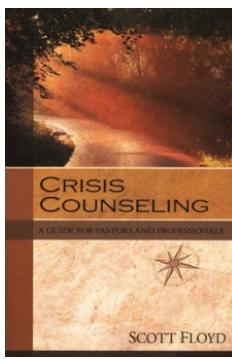
Resources

Below are resources written from a Christian perspective that equip counselors and care providers to support people who have experienced a crisis or trauma:



Dr. H. Norman Wright
The Complete Guide to Crisis and Trauma Counseling

What should you say to people who are dealing with trauma or tragedy? In this biblically-based guide, Wright draws on his clinical experience to help counselors and care providers coach believers and non-believers through the first 72 hours after a crisis, support them through the weeks ahead, and lead them toward restoration and peace.



Scott Floyd
Crisis Counseling

Crisis Counseling represents a much-needed resource for the professional, pastoral and lay counselor. Providing a biblically-based framework for responding to a crisis event and the following times of trauma, loss, and grief, the book offers specific examples from Scripture and everyday life. It also treats specialized areas of crisis counseling, including how to work with children and teenagers in crisis circumstances and how to develop a crisis response team in a church setting.



American Association of Christian Counselor:
Acute Stress, Grief and Trauma Care

This 12-hour DVD training series provides a wealth of information to equip counselors and care providers support those who are struggling after a crisis or trauma. There are a number of critical factors that determine the intensity, duration and scope of any traumatic event, including grief and loss issues, anxiety and depression, relationship attachment, survivor guilt, and how to foster resiliency. Each presentation builds on basic knowledge and skills and covers such topics as impact dynamics, counseling strategies, specific methods and techniques and appropriate self-care.

References:

Ahlem, L. (1978). *How to Cope with Conflict Crisis and Change*. Regal Books.

Kilpatrick, D., Resnick, H., Milanak, M., Miller, M., Keyes, K., Friedman, M. (2013). National exposure to traumatic events and PTSD prevalence using DSM-IV and DSM V criteria. *Journal of Traumatic Stress*, 26:5, 537-547.