Convening at the Intersection of Faith, Trauma and Resilience

The Trauma Informed Congregations Movement – Rev. Dr. Shirley Fleming & Rev. Kirsten Peachey

Faith-Rooted Approach – Rev. Dr. Barbara Wilson
The Trauma Informed Congregations Movement

Rev. Dr. Shirley Fleming

Director, Faith and Health Partnerships
Co-Director, The Center for Faith and Community Health Transformation

Advocate Aurora Health
Chicagoland Trauma Informed Congregations Network

• 2017 Summit
  • 4 Priority Areas
    • Scan of existing faith-based programs and services
    • Faith-rooted curriculum on trauma and resilience
    • Expand Restorative Justice Practices
    • Build the Community of Practice
Who are we?

The Chicagoland Trauma-Informed Congregation Network is an interfaith table that brings together faith-rooted organizations and others who are interested in practically applying our collective wisdom to respond to the call to facilitate and deepen the role of faith communities in recognizing and creating “safe and brave spaces” that support the healing of trauma experienced by individuals and communities.

The Network is not a direct service provider, but a vehicle for education, learning, networking, connection to resources, and skill-building related to empathic listening, intersection of faith, trauma and restorative justice.

1) Safe space and brave space is used to describe an environment where an individual or community is able to face their pain, fears and insecurities as part of the process for healing.
Vision Statement

• We envision loving Communities of Faith that are informed and skilled in identifying and “creating safe and brave spaces” that facilitate and provide space for healing of individuals and communities who have experienced trauma.

Mission Statement

• We provide support to faith communities in their efforts to enhance their capacity to be places of healing through education, skills transfer and connection of the intersection of faith, trauma and restorative justice.
Our Roots: Love, Faith, Hope, Relationships & Science
The Science of Adversity, Trauma, Resilience & Hope
What is Trauma?

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.

SAMHSA’s Concept of trauma- The Three “E’s” of Trauma
Risk Factors

**ABUSE**
- Physical
- Emotional
- Sexual

**NEGLECT**
- Physical
- Emotional

**HOUSEHOLD DYSFUNCTION**
- Mental Illness
- Incarcerated Relative
- Mother treated violently
- Substance Abuse
- Divorce
How ACEs may lead to disease, disability, and end in early death

<table>
<thead>
<tr>
<th>Health-risk behaviors</th>
<th>Mental health conditions</th>
<th>Chronic disease</th>
<th>Other conditions</th>
</tr>
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<tbody>
<tr>
<td>Smoking</td>
<td>Depression</td>
<td>Cardiovascular disease</td>
<td>Poor self-reported health</td>
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<tr>
<td>Alcohol abuse</td>
<td>Anxiety</td>
<td>COPD</td>
<td>Disability</td>
</tr>
<tr>
<td>IVDU / Illicit drug use</td>
<td>PTSD</td>
<td>Cancer</td>
<td>Disability</td>
</tr>
<tr>
<td>High risk sexual behavior</td>
<td>Suicide attempts</td>
<td>Diabetes</td>
<td>Fetal death</td>
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<td></td>
<td>Hallucinations</td>
<td>Obesity</td>
<td>Mortality</td>
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<td></td>
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<td>STIs / STDs</td>
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<td></td>
<td></td>
<td>Autoimmune disease</td>
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<td>Liver disease</td>
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RED FONT – Among the top 10 leading causes of death in the U.S.
Results of Exposure to Risk Factors

**Behavior**
- Lack of physical activity
- Smoking
- Alcoholism
- Drug use
- Missed work

**Physical & Mental Health**
- Severe obesity
- Diabetes
- Depression
- Suicide attempts
- STDs
- Heart disease
- Cancer
- Stroke
- COPD
- Broken bones
What is Trauma? Our Definition

May also include:
- ACEs
- PTSD
- Moral/Soul Injury

Adverse Collective Experiences

Historical Trauma  War  Racial Oppression
What is Trauma?

Trauma results from a current or historical event, series of events, or set of circumstances that is experienced by an individual or group as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s or group’s functioning and mental, physical, social, emotional, or spiritual well-being.

Modified SAMHSA’s Concept of trauma- The Three “E’s” of Trauma
RISK FACTORS are not PREDICTIVE FACTORS because of PROTECTIVE FACTORS

Dr. Carl Bell
The ACE Scale can be Improved by Adding Additional Adversities

Conventional ACES

• Physical Abuse
• Emotional Abuse
• Sexual Abuse
• Physical Neglect
• Emotional Neglect
• Domestic Violence
• Household Substance Abuse
• Incarcerated Care Provider
• Mental Illness in the Home
• Divorce or Separation

Expanded ACEs

• Property Victimization
• Peer Victimization
• Community Violence
• Socioeconomic Status
• Someone close with a serious illness
• Below average grades
• Parents always arguing
• No good friends

Wade 2016
Elements of Resilience

Psychological
- Sense of Meaning, Purpose & Growth
- Moral Compass
- Realistic Optimism
- Imitating Resilient Role Models
- Giving & Getting Social Support
- Mental & Emotional Flexibility
- Spiritual Practice
- Facing Fears
- Physical Fitness

Family

Physical

Social

Emotional
Nurturing Resilient Communities Through Trauma-Conscious and Healing Engaged Faith Communities

Rev. Kirsten Peachey
Director, Faith and Health Partnerships
Co-Director, The Center for Faith and Community Health Transformation
Advocate Aurora Health
Why Trauma Informed Care?

- Aims to avoid re-victimization
- Appreciates many behaviors began as understandable attempts to cope
- Strives to maximize choices for the individual and control over the healing process
- Seeks to be culturally responsive
- Understands everyone in the context of life experiences and cultural background
Why I love church?
Just last Sunday a little girl, maybe four, walked by herself across the aisle, left her parents, and climbed into the lap of a woman who is 83 years old and who lives alone.
Chicagoland Trauma Informed Congregations Network

- 2017 Summit
- 4 Priority Areas
  - Scan of existing faith-based programs and services
  - Faith-rooted curriculum on trauma and resilience
  - Expand Restorative Justice Practices
  - Build the Community of Practice
Chicagoland Trauma Informed Congregations Network

- ReCAST and The Center for Faith and Community Health Transformation—Investment and Administrative Support
- Planning Team—26 members representing 20 organizations and individuals

Activities

- **Faith-Rooted Curriculum**—Risking Connection in Faith Communities®
  - 13 Facilitators Prepared

- **Restorative Justice Practice**
  - Lessons from Rwanda for Restorative Justice and Reconciliation

- **Community of Practice**
  - Trauma-Informed Practices
  - Sacred Wounds: How Faith Communities Can Be Places of Trauma
  - What are the Marks of a Trauma Conscious and Healing Engaged Congregation?
  - Hear Our Voice: Learning from Our Youth
Areas of Focus for Trauma Conscious and Healing Engaged Faith Communities

1. Preventing trauma from happening in the first place.
2. Responding in supportive and healing ways for those who have experienced trauma and adversity in their lives.
3. Promoting resilience, or the ability to get through and even thrive in the midst of hard times.
A Framework for a Trauma Conscious and Healing Engaged Culture.

The 6 Rs

**Realize.**  People at all levels of congregation have a basic realization about trauma and understand how trauma can affect individuals, families, groups, organizations, and communities.

**Recognize.**  People in the congregation recognize the signs of trauma and the practices of resilience and HOPE.

**Respond.**  Actively practice what we know brings healing and resilience in all areas of the congregation.

**Resist Re-Traumatization.**  Be gentle with each other, apply relational healing modes, especially in situations of conflict or disruption.

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**Repair.**  Acknowledge ways in which our faith communities have been sources of trauma through abuse, judgement, rejection and abasement and actively work to repair relationships.

**Resilience.**  Trust the power and wisdom of our scriptures and spiritual practices to cultivate resilience and well-being across all ages.
RISK FACTORS are not PREDICTIVE FACTORS because of PROTECTIVE FACTORS

Dr. Carl Bell
ACE: Trauma: Interpersonal, Community, Historical

H.O.P.E: Health Outcomes of Positive Experience

The Science of Thriving
Facilitating *healthy relationships* is the common denominator

Moral Injury

PTS(D)

Graphic by Linnea Winquist, Chaplain, Marian Joy

Balancing ACEs with HOPE. 2017 Casey Family Programs Report.
Elements of Resilience

Psychological
- Sense of Meaning, Purpose & Growth
- Moral Compass
- Realistic Optimism
- Imitating Resilient Role Models
- Giving & Getting Social Support
- Mental & Emotional Flexibility
- Spiritual Practice

Physical
- Brain Fitness
- Physical Fitness

Emotional
- Facing Fears

Social
- Family

Physical
- Family
**Resilience:** Ability to adapt well to stress, adversity, trauma or tragedy

**Emotional regulation:** The ability to control our emotions, attention, and thus our behavior

**Impulse control:** The ability to manage expression of our feelings.

**Empathy:** Able to read others behavior, to understand their states, and build relationship

**Accurate identification** of the cause of adversity

**Realistic optimism:** Being positive about the future and realistic

**Self-efficacy:** The sense that we can solve problems and succeed

**Reaching out:** The continued drive to take on more challenges and opportunities

Nat’l Council on Behavioral Health
WELCOME TO
THE PERFECT CHURCH
FOR THOSE
WHO AREN'T!
Pathways to Practice Trauma-Conscious and Healing Engaged Community

Connecting to Others journey was curated by Dr. Hema Pokhama
Coaching for Leadership, Resilience and Vitality
# Pathways to Practicing Trauma-Conscious and Healing Engaged Culture

## CONNECT with Self
- Connect with your SELF—as an individual, congregation, and community.
- Discuss, study and affirm the core principles.
- Connect the spiritual practices, roles and structures of your tradition to the principles.
- Create a mission statement.
- Create a plan for integrating TCHE practices into culture, practices, policies.
- Develop skills for healing engaged practice—eg. RICH Relationships

## CONNECT with OTHERS
- Connect with OTHERS to learn and practice
  - Learning Opportunities
  - Risking Connection
  - ACE Interface
  - Restoration and Reconciliation
  - Mental Health First Aid
  - Companionship
  - Ubuntu Soul Recovery
- Find others to practice with—e.g. in neighborhood, religious community, across sectors.
- Participate in the community of practice meetings.

## CONNECT with HIGHER PURPOSE
- Connect with HIGHER PURPOSE for ACTION
  - Talk about preventing trauma, abuse and oppression as part of faith commitments.
  - Discover the spiritual power for resilience and healing in your scriptures and faith practices. Share them with your community.
  - Create your own definition of trauma, healing and resilience
  - Create visible messages
WHAT HAPPENED TO YOU?
GESTURES THAT CAN HEAL

As a supportive, caring adult in a child’s life, you could be an important factor in helping them overcome the effects of childhood trauma. With these five gestures, you can make a difference in their everyday lives.

CELEBRATE
Use “put-ups,” not “put-downs.”

COMFORT
Stay calm and patient.

COLLABORATE
Ask for their opinions.

LISTEN
Show an interest in their passions.

INSPIRE
Expose them to new ideas.
Risking Connection in Faith Communities

How does this behavior help the person/community/congregation?

Which Self-Capacities are in play?
- Feeling worthy of life
- Managing and modulating feelings
- Positive connection to others, even in their absence

RESPECT
INFORMATION
CONNECTION
HOPE
## Strategies for Trauma Conscious and Healing Engaged Congregations

| Relationships |  
|---------------|--------------------------------------------------|
|               | Deep Listening                                   |
|               | Celebrate bodies                                 |
|               | Be understanding when people make themselves transparent |
|               | Be Compassionate                                 |
|               | Relational – “I am because we are.”             |
|               | Cultural sensitivity                             |
|               | Be loving in spite of conflict                   |

### Education

<table>
<thead>
<tr>
<th>Create Support Groups how to build resilience</th>
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<tbody>
<tr>
<td>Educate and provide skills</td>
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<tr>
<td>Educate on how to identify trauma, adversity and resilience</td>
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<tr>
<td>Teach-the-facilitator—e.g. Risking Connection, Companionship, Ubuntu</td>
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### Leadership

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<tr>
<th>Be Rooted in values</th>
<th>Grow an antenna that sees, hears and responds.</th>
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<tbody>
<tr>
<td>Layer responses and involve multiple units</td>
<td>Continuous conversations about mission and common language</td>
</tr>
<tr>
<td>Practice self-reflection</td>
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</table>

### Resources & Resourcing

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<thead>
<tr>
<th>Build outside of organizational relationships to identify resources</th>
<th>Create visible messages</th>
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</thead>
<tbody>
<tr>
<td>Resource directory</td>
<td></td>
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<tr>
<td>Awareness of community resources and strengths</td>
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</table>

### Hospitality

<table>
<thead>
<tr>
<th>Create safe space for deep listening</th>
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<tr>
<td>Adapt to demonstrated needs as they become TI (i.e. sensory issues)</td>
</tr>
<tr>
<td>Socialize members to be sensitive and responsive to those affected by trauma</td>
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Developed by the CTICN Community of Practice, November 12, 2018.
Where are we headed?
Creating a liberated and just system through integrated practices.

- Health Equity
- Trauma-informed
- Dismantling Racist Systems
- Cultural Responsiveness

Closing the gap between health disparities, quality of life and longevity.

Respectfully learning, understanding and being inclusive of who we are.

How we free our system of classism, racism and oppression.
Long Term Aims

Build a movement across the region in alignment with other regional initiatives, so that:
1. Our families, faith communities, and neighborhoods are places of safety, love, and healthy social relationships.
2. When trauma or adversity does occur, we have the inner peace, skills and confidence to respond in supportive and healing ways.
3. We actively and intentionally apply our spiritual practices in ways that create resilience and strength for our congregations and communities so that we can get through and even thrive in the midst of hard times.
What do you want to add?
Use the worksheet to take notes during the presentation.

<table>
<thead>
<tr>
<th>Discussion Questions</th>
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<tbody>
<tr>
<td>1. Does the information presented square with your organization’s mission?</td>
</tr>
<tr>
<td>2. What are you still trying to get your head around?</td>
</tr>
<tr>
<td>3. What stakeholders (internal and external) will you engage to become a trauma-informed organization?</td>
</tr>
<tr>
<td>4. What questions remain unanswered? What help might you need (and from whom)?</td>
</tr>
<tr>
<td>5. How will you know when your organization has successfully integrated trauma-informed practices and procedures?</td>
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Faith-Rootedness

Rev. Dr. Barbara Wilson
Director, Collaboration & Community Partnerships
Presbytery of Chicago
Connecting to Others: Faith-Rootedness, Trauma & Resilience

Rev. Dr. Barbara Wilson, D. Min., Facilitator

bwilson@chipres.org

This session will define and explore the faith-rooted approach to relationship and community building, and offer a framework with practical tools for mitigating trauma, promoting healing and resilience within our communities.
OUTCOMES

• Increased understanding of faith-rootedness in order to more fully connecting “being” and “doing” with corresponding impact (not intention).

• Identify frameworks and practical tools through the lens of faith to become a trauma-conscious and healing–engaged faith community.

• Develop a plan and commitment to engaging at least 1 of the frameworks.
RULES OF ENGAGEMENT

Eric Law’s “Respectful Communication Guidelines”

• R – take Responsibility for what you say and feel without blaming others
• E – use Empathetic listening
• S – be Sensitive to differences in communication/cultural styles
• P – Ponder what you hear and feel before you speak
• E – Examine your own assumptions and perceptions
• C – keep Confidentiality
• T – Tolerate ambiguity because we are not here to debate. There are no “winners” or “losers.”

adapted from the Kaleidescope Institute
INTERFAITH PERSPECTIVES

Who’s In the Room?

*Baha’i Faith  *Protestant Christianity  *Islam
*American Indian  *Jainism  *Taoism  *Sikhism
*Buddhism  *Catholic Christianity  *Judaism
*Church of Jesus Christ of Latter-Day Saints
*Orthodox Christianity  *Confucianism  *Shinto
*Zoroastrianism  *Anglican Christianity  *Hinduism
FAITH-ROOTEDNESS

Alexia Salvatierra

Faith-Rooted Approach/Organizing is Living, Serving, Leading, Building Relationships, Organizing as if God is REAL
FAITH-ROOTEDNESS

WHY?

The belief is that many aspects of spirituality, faith traditions, faith practices and faith communities can contribute in unique and powerful ways to the creation of just communities and societies.
FAITH-ROOTEDNESS

FRO is Defined & Differentiated by faithfully pursuing through your faith tradition two questions:

*How can we insure that our collective work is shaped and guided in all ways by our faith?*

Focus: Motivation/Rationale – the WHY (being)

*How can we organize people of faith to enable them to contribute all of their unique gifts and resources to the broader movement for justice?*

Focus: Methodology/Practices – the WHAT/HOW (doing)
TABLE TALK (5 minutes)

- BASED ON YOUR FAITH TRADITION:
- Write on a postcard 1-3 of YOUR Existential Commitments or Principles, Beliefs, Core Values
- Share with those at your table
  - THIS IS YOUR WHY!
FRAMEWORKS & PRACTICAL TOOLS

RISKING CONNECTION®:
Trauma-Informed for Faith Communities

Teaches a Relational Framework and skills that focuses on relationship as healing.

RICH Relationships are hallmarked by:
Respect    Information Sharing
Connection    Hope
Growth-Promoting RICH® Relationships

- **Respect**
  - Unconditional
  - Attentive listening
  - Requires self-awareness
  - Challenges power
  - Honors what G-d has planned for others
Growth-Promoting RICH® Relationships

- **Information**
  - Most helpful response: normal reaction to abnormal event
  - Collaborative process can generate discovery
  - Check for accurate interpretation of their world
  - Sometimes your story about your experience of the Divine in difficult times helps others
Growth-Promoting RICH® Relationships

- **Connection**
  - How do you maintain connection with your spiritual source?
  - What impedes your sense of connection? What helps bring you back?
  - Think about the last time you connected with someone you didn’t know. What about your interaction allowed this connection?
Growth-Promoting RICH® Relationships

- **Connection**
  - How often do you feel authentic in your relationships with others? What might prevent you from being yourself? How does this affect your relationships?

  - Have you ever connected with someone and felt betrayed? How did it affect your openness to connection in general?
Growth-Promoting RICH® Relationships

- **Hope**
  - What aspects of your faith make you hopeful?
  - Where does your personal story show signs of the Divine’s presence during times of trouble?
  - What do you believe about healing? Suffering?
  - Has anything in your life ever stolen your hope for a time?
  - How did you gain it back?
  - What do you hope for today that is not yet reality?
  - How do others support hope in your life?
PRACTICAL TOOL: Faith-Rooted RELATIONAL MEETINGS

WHAT: Deliberate, intentional conversation to build and/or deepen a relationship.

1. Requires thoughtful, prayerful preparation
2. Person more important than self-interests
3. Mutuality and accountability
4. Sharing of stories and self-interests
5. Learn/share what’s important/values
6. Face to Face; deep listening
7. 30-45 minutes (no more than 1 hour)
• Acceptance of Identity: Approach people as being neither inferior nor superior to you. Give others the freedom to express their authentic selves without fear of being negatively judged. Interact without prejudice or bias, accepting the ways in which race, religion, ethnicity, gender, class, sexual orientation, age, and disability may be at the core of other people’s identities. Assume that others have integrity.
Inclusion: Make others feel that they belong, whatever the relationship—whether they are in your family, community, organization or nation.

Safety: Put people at ease at two levels: physically, so they feel safe from bodily harm, and psychologically, so they feel safe from being humiliated. Help them to feel free to speak without fear of retribution.

Acknowledgement: Give people your full attention by listening, hearing, validating, and responding to their concerns, feelings and experiences.
**Recognition**: Validate others for their talents, hard work, thoughtfulness, and help. Be generous with praise, and show appreciation and gratitude to others for their contribution and ideas.

**Fairness**: Treat people justly, with equality, and in an even-handed way according to agreed-on laws and rules. People feel you have honored their dignity when you treat them without discrimination or injustice.

**Benefit of the Doubt**: Treat people as trustworthy. Start with the premise that others have good motives and are acting with integrity.
Dignity Model – Donna Hicks

**Understanding**: Believe that what others think matters. Give them the chance to explain and express their points of view. Actively listen in order to understand them.

**Independence**: Encourage people to act on their own behalf so that they feel in control of their lives and experience a sense of hope and possibility.

**Accountability**: Take responsibility for your actions. If you have violated the dignity of another person, apologize. Make a commitment to change hurtful behaviors.
FAITH-ROOTEDNESS IS CONNECTING BEING WITH DOING
Fr. Richard Rohr, Founder, Center for Action & Contemplation – 2 of 8 core principles

• We need a contemplative mind in order to do compassionate action. (process)

• We do not think ourselves into a new way of living, but we live ourselves into a new way of thinking. (praxis/practice over theory)
FAITH-ROOTEDNESS, HEALING TRAUMA, BUILDING RESILIENCE

• Faith-Rootedness - Defined

• Frameworks Explored for Healing Relationships: RICH Relationships & Dignity Model

• Practical Relational Tool: Relational Meetings or One-on-Ones
Connecting to Others: Faith-Rootedness, Trauma & Resilience

THE CHALLENGE:
Through the lens of our FAITH, build and deepen HEALING RELATIONSHIPS that:

1. Create intentional space for authenticity that helps to mitigate the effects and impact of trauma
2. Build resilience as we practice our faith with concrete action over time.
Connecting to Others: Faith-Rootedness, Trauma & Resilience

Commitment:
Choose today to utilize the RICH Relationship Framework, or Relational Meetings Tool, or the Dignity Model to build and deepen YOUR relationships to heal trauma and build resilience.

THANK YOU!