

Foundations of Trauma Care for Biblical Counselors



by DARBY STRICKLAND

Emily was sexually assaulted by her boyfriend. It was a brutal attack, and she was still bruised and in shock when I met her for the first time. Her friends wanted her to go to counseling. They understood the gravity of what happened to her and knew she would need support. But one look at Emily, and I knew she was not ready. She had a hard time sitting still. Her sentences were confusing. She showed no facial expressions as she spoke about the evil done to her. I could tell she could not focus on what I was saying. If I asked her to recall all the details and the horrors of that night to me, a virtual stranger, she'd likely leave my office unsettled. Perhaps she'd even feel assaulted by my questions.

What should I do with Emily in this first session? At that time, her most urgent need was to be oriented to her experience. So I said this, "The next few days and weeks might be challenging. It might be hard to sleep and to concentrate, and you might even have more pronounced physical symptoms of anxiety." She also needed to know one simple truth: it was not her fault. We cried together, and I asked if I might pray for her.

*Darby Strickland (M.Div.) counsels and serves on the faculty at CCEF. She is the author of the book *Is It Abuse? A Biblical Guide to Identifying Domestic Abuse and Helping Victims*.*

Traumatized people like Emily are easy to wound further if we are not thoughtful as we engage with them. Their suffering is significant, and caring for them requires us to be intentional. The wounded need us to prepare them for what is ahead. We want to provide foundational care that addresses the overwhelming impacts of their trauma, seeks to stabilize them, and assists in building trust with us before we delve into the intimate details of their stories and struggles.

This article will explore what foundational care looks like for traumatized people. As we consider these essentials, Psalm 121 will guide our care for people as they ascend from a valley of pain and suffering. Careful planning to address the impacts of trauma requires a wealth of wisdom. So to begin, I will provide a definition of trauma and consider why our care of trauma victims needs to be carefully structured from the outset. I will then describe three foundational aspects of trauma-informed care along with illustrations and ideas you can adapt for your counseling.

What Is Trauma?

Let's begin by looking at the experience of trauma, a brief history of trauma care, and current trends in the field. Then I will argue for how biblical counseling is strategically positioned to offer life-giving trauma care.

The category of trauma. The word *trauma* refers to the emotional, spiritual, and physical disruptions that occur when a person is overwhelmed by extreme suffering. Their relationships with God and others are often significantly impacted because of what has happened. People use the word *traumatized* to describe a person severely impacted by a terrible event—such as rape, a natural disaster, or a car accident. An event rises to the level of a traumatic experience when it is sudden and unpredictable, involves a threat to life, or a profound violation of trust. The word *traumatized* also describes a person overwhelmed after a series of experiences—such as childhood abuse, war, or domestic violence.

With that description of trauma in mind, let me make a few clarifications about the experience. Not everyone who experiences a horrible event will be traumatized by it. And for those who do, some of them will have symptoms that resolve after a few weeks, while others will wrestle with long-term effects. Although symptoms of trauma often share

similarities, the response to individual events can vary widely. Therefore, we need to learn how an individual person has been affected. We want to know how a person—body and soul—has responded to and processed their experiences. That way, the care we provide will be attuned to their specific needs and reduce the probability that we will overwhelm them further.

Origins of trauma-informed care. Understanding trauma and its impacts on people is a fairly recent development. In the 1860s, when Civil War veterans returned home showing signs of great emotional and physical stress, the literature of the day attributed their suffering to moral weaknesses and fatigue. This was an unkind and unhelpful interpretation. After World War I, there was a name for it (shell shock) but the moral assessment and lack of care remained. It wasn't until 1980, after the Vietnam War, that the American Psychiatric Association added what is now called posttraumatic stress disorder (PTSD) to their diagnostic manual (DSM–III).

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This action was part of a growing awareness that different types of devastating events—not just war-based trauma—could lead to impaired functioning. Over time, a growing body of research showed that trauma symptoms were present in people who experienced child abuse, rape, and other forms of interpersonal violence and abuse.

Connections were also made in the medical field. A significant correlation was found between people who experienced traumatic stress during childhood and adults who were exhibiting a significant health crisis.¹ Various other disciplines (e.g., substance abuse workers, child welfare agencies, teachers, Christian counselors, and mental health professionals) also began to notice both the short and long-term impact of trauma on individuals including depression, anxiety, trouble

1. V. J. Felitti et al., "Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study," *American Journal of Preventative Medicine* 14:4 (1998): 245–58.

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