when it's trauma

A 3-Session Training Guide for Church Leaders

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Using selections from *When It's Trauma: A Biblical Guide to Understanding Trauma and Walking Faithfully with Sufferers* by Darby Strickland

Audience: Pastors and elders, deacons, women's care teams, small-group leaders, and ministry staff

Purpose:

- **See & Safeguard:** Equip leaders to recognize the realities of deep distress, create safe first responses (presence, lament, basic triage), and protect the vulnerable.
- **Anchor Care in the Lord:** Train leaders to minister out of how the Lord loves—gently, truthfully, patiently—so care begins with prayer and hope in Christ rather than mere problem-solving.
- **Mobilize the Body You Already Have:** Help leaders inventory and align existing people, practices, and partnerships (pastors, women's care team, deacons, small groups, vetted referrals) into clear pathways and warm handoffs—so sufferers experience whole-church refuge, not isolated effort.

Role-specific outcomes:

- **Elders/Pastors:** Lead a disclosure meeting, activate safety steps, and commission a coordinated care path.
- **Deacons:** Confidently deliver practical aid without enabling harm; execute strong handoffs to pastors.
- **Women's care/lay counselors:** Become skilled in offering the ministry of presence, facilitating lament, assisting basic stabilization, and providing long-term care (as part of a team, if needed).
- **Small-group leaders:** Know how to respond to in-group disclosures and help sufferers seek appropriate care inside and outside the church.
- **Youth/children's staff:** Have clarity on reporting and safe practices; know how to support parents and kids and involve other people in the church who are trained to offer care.

Suggested reading schedule:

Before each session, read the following material in *When It's Trauma.*

- **Session 1** (47 pages)**:**
  - ☐ Terrain of Trauma, pp. 15–24

- ☐ Chapter 1: Seeing and Drawing Near, pp. 27–39
- ☐ Chapter 2: Listening and Lamenting, pp. 41–54
- ☐ Appendix D: When Helping Hurts: Secondary Trauma, pp. 281–84
- ☐ Appendix F: Empathy Versus Enmeshment, pp. 291–96

- **Session 2** (26 pages)**:**
  - ☐ Chapter 3: Laying the Foundations for Effective Care, pp. 55–73
  - ☐ Appendix E: The Exploitation and Weaponization of Trauma, pp. 285–89
  - ☐ Appendix G: Referring Trauma Sufferers to Medical Professionals, pp. 297–300

- **Session 3** (50 pages)**:**
  - ☐ Chapter 6: Faith Questions, pp. 131–54
  - ☐ Chapter 10: The Sacred Work of Restoration, pp. 229–39
  - ☐ Chapter 11: Building Together, pp. 241–51
  - ☐ Conclusion: By His Wounds We Are Healed, pp. 253–62

Between sessions:

Between each session, participants are encouraged to notice one person's pain and practice a 3×3 presence response.

- ☐ Pray for the person for **3 minutes**.
- ☐ Send a **3-sentence text** (or note) naming what you see, making a concrete offer of help, or reminding the person that you're with them.
- ☐ Take **3 minutes** to schedule a follow-up (for example, a phone call, a quiet visit, or a meal).

Session 1
Seeing and Drawing Near

Readings:

- ☐ Terrain of Trauma, pp. 15–24
- ☐ Chapter 1: Seeing and Drawing Near, pp. 27–39
- ☐ Chapter 2: Listening and Lamenting, pp. 41–54
- ☐ Appendix D: When Helping Hurts: Secondary Trauma, pp. 281–84
- ☐ Appendix F: Empathy Versus Enmeshment, pp. 291–96

Aim: Give leaders a biblical framework for trauma (exile/ruins), adopt a non-fixing ministry-of-presence posture, and agree on a few immediate safety and response practices.

Agenda (90 min.):

- ☐ **Opening (5 min.):** Pray Matthew 11:28–30. As we begin, we take a posture of unhurried gentleness and humility.
- ☐ **Teaching (10 min.):** Cover the idea of "trauma as exile"—how trauma disrupts a person's sense of safety, sense of belonging, and ability to worship; why offering our presence is superior to offering answers.
- ☐ **Debrief the reading (20 min.):** Share one insight from chapters 1 and 2 that can change how we shepherd and one habit to unlearn.
- ☐ **Practice (15 min.):** Divide into groups of 3. Take it in turns to spend two minutes sharing a difficult moment while one person listens silently and the other observes the listener's posture. No one should offer advice. Afterward, debrief. At what points did participants feel the urge to "fix"? What aspects of embodied presence were helpful?
- ☐ **Plan (10 min.):** Discuss one concrete, actionable way to better incorporate the language of lament in our church culture.
- ☐ **Cautions for ministry leaders (10 min.):** Discuss the material in appendices D and F. As we seek to equip our leaders, we do not want to overburden them. Secondary trauma and enmeshment are two threats we need to be aware of.
- ☐ **Optional Small Groups (20 min.):** Discuss the reflection questions on pages 39 and 54.

Session 2
Recognizing and Responding
Discerning Next Steps

Readings:

- ☐ Chapter 3: Laying the Foundations for Effective Care, pp. 55–73
- ☐ Appendix E: The Exploitation and Weaponization of Trauma, pp. 285–89
- ☐ Appendix G: Referring Trauma Sufferers to Medical Professionals, pp. 297–300

Aim: Sharpen recognition (what we're seeing/hearing), practice wise first responses, and learn a simple pathway for medical referrals.

Agenda (90 min.):

- ☐ **Opening (5 min.):** Consider and briefly pray Psalm 10:10–18.
- ☐ **Teaching (15 min.):**
  - If someone is in danger, help them get to safety; *report any reasonable suspicion of child abuse.*
  - Don't rush decisions. Pace your care to a sufferer's readiness. If necessary, enlist experienced helpers to develop a safety plan.
  - Stabilize a sufferer's body and bodily rhythms, then build a plan of response. (See appendix C on pages 275–80 for suggestions.)
  - Using appendix G, go over when to seek additional medical and mental-health care. Role-play what such conversations can look like. Explain why we, as a church, sometimes need to be able to make referrals without abandoning our own care efforts.
- ☐ **Optional triage role-play (5 min.):** Role-play the first conversation between a church leader and a congregant who discloses abuse. The leader should assess their level of safety and medical and relational supports, as well as determine what (if anything) needs to be reported or has already been reported or documented.
- ☐ **Discuss (20 min.):**
  - *What are we seeing?* Have we been able to identify trauma's impact on safety, worship, and belonging even when no detailed story is shared? What concrete signs would help us recognize these disruptions sooner?
  - *How do we receive a first disclosure?* If a member hinted at harm in the church hallway, what do we want to be the first 2–3 sentences on our lips? What "fixing" or minimizing phrases do we need to retire?
  - *What is the pace of our current care?* How might our normal ministry rhythms (meeting length, rapid follow-ups, public prayer requests) accidentally create pressure for sufferers? What would it look like for us to adopt a slower, safer pace this month?
  - *How do we triage?* What simple questions can we start asking to quickly gauge a sufferer's safety (medical safety, safety at home, safety levels for kids, risk of self-harm)? What do we do if any answer is concerning?

- *How are we handling documentation and confidentiality?* What do we record? Where do we keep documentation, and who can access it? How can we phrase notes to ensure they're factual and brief and that they protect the sufferer while honoring their legal and ethical needs?
- *How do we handle care partners and access to them?* When do we . . .
    - keep shepherding in longer term suffering situations?
    - bring in diaconal help?
    - consult a counselor?
    - consult an expert in a particular area?
    - contact civil authorities?

  Sketch the "if → then" path you expect every leader to follow.
- *What is our capacity?* What limits will protect both members and leaders (number of cases per elder, co-leading visits, debrief after hard meetings)? Who is our go-to person or team for elder debrief?
- *How do we communicate to the church at large?* How can we publicly invite our members to join in caring for sufferers?

☐ **Plan (20 min.):** Taking note of people, referrals, and resources our church already has in place, build our "If/Then" referral map (e.g., If imminent risk → then _____; If medical or clinical need → then _____; If church discipline or mandated reporting required → then _____; If complex care → consult _____). Assign owners and plan timeframes.

☐ **Inventory (10 min.):** Do we need to make any specialized committees to help identify resources or come up with procedures and protocols we are currently lacking? How can we get the ball rolling on that today?

☐ **Closing (5 min.):** Pray together for wisdom and courage as we slowly start to make the needed improvements.

Session 3
Building a Refuge
Strengthening a Culture of Care

Readings:

- ☐ Chapter 6: Faith Questions, pp. 131–54
- ☐ Chapter 10: The Sacred Work of Restoration, pp. 229–39
- ☐ Chapter 11: Building Together, pp. 241–51
- ☐ Conclusion: By His Wounds We Are Healed, pp. 253–62

Aim: Move from individual care to congregational culture—receive faith questions without fixing, cast a restorative vision, and set leader-care rhythms.

Agenda (90 min.):

- ☐ **Opening (5 min.):** Consider 1 Peter 2:4–10. We are chosen, placed, and joined.
- ☐ **Discuss (20 min.):** What new insights have we gained from the reading? Discuss Jesus's personal care for his people and how that lifts our own burdens as we minister to others.
- ☐ **Leverage existing church resources and make plans to address problems (45 min.):** This section of the session can be handled as a workshop, perhaps in small groups that focus on separate areas of responsibility. Feel free to cherry-pick from this list.

People and Gifts

- Who in the congregation is already practicing a ministry of presence? How could we better bless and deploy them, perhaps through mentoring, peer support, or visits?
- Who needs basic presence training to better serve the congregation? Who on your team needs to grow in this area? Consider people such as ushers, greeters, and children's/youth leaders.
- What's broken? Are a few people carrying too much? Do we need co-leads or caps on caseloads? Do we have a culture that tends to treat people as problems?

Places and Spaces

- Which rooms or areas in the church already feel comfortable? How can we label or reserve them as step-out/quiet spaces on Sundays?
- What's broken? Are there places where people may feel exposed or trapped? What is one environment tweak we can make this month?

Rhythms and Liturgy

- What current practices—such as the pastoral prayer, communion liturgy, or sharing of testimonies—could be adjusted with one small edit to better encourage lament or intentional presence?

- What's broken? What congregational or worship rhythms, such as tight services or fast follow-ups, might rush or miss the wounded? What could we slow down next week?

Ministries and Pathways

- Which existing ministries can become places of refuge for sufferers? What doorways can we point people to for help (for example, "Email care@…")?
- What's broken? Do people know where to start? Map one If/Then pathway you can test out (for example, If a sufferer discloses they are struggling → Then elder pair → Safety check → Route).

Partnerships and Referrals

- Which counselors, physicians, and legal advocates do we already know and trust? Are we able to offer 2–3 names per common need?
- What's broken? In what circumstances are we guessing instead of consulting? What is one intro call we'll make this week?

Communication and Story

- What channels do we have to say something like "We're a refuge; we welcome questions and lament"? Could we add this message to our bulletin, website, or newcomers class?
- What's broken? As we build teams of care around sufferers, are we oversharing? Are we too vague? Discuss what is prudent and wise to share and what details should be protected.

Training and Tools

- Do we have tools such as a confidential notes system, consent forms, safety checklists, or prayer cards? Who needs a 10-minute how-to for handling these?
- What's broken? Do we lack simple scripts (first words, follow-up text) for addressing disclosures? List two phrases to retire and their replacements.

Leader Health

- Which existing rhythms can be used to protect caregivers (elder debrief after meetings, Sabbath guard, quarterly retreat)?
- What's broken? Are leaders running on empty? Why? What is one guiderail and one buddy we can assign today?

Budget and Stewardship

- What care-related line items and teams already exist (benevolence, counseling fund, meals)? How can we use them to enhance our care of sufferers?
- What's broken?

- ☐ **Plan (15 min.):** Discuss how to map out an action plan to revisit, create, and implement our observation over the next eighteen months.
- ☐ **Closing (5 min.):** Ask Jesus our Cornerstone to help us notice the wounded, slow our pace, and take the next small steps to make our church a refuge.