

A Pastors Guide to

Trauma Informed Crisis Stabilization & Debriefing

Pain and suffering is unavoidable. Jesus put it this way, “In the world you will have trouble.” (John 16:33). Trauma is avoidable, and trauma that isn’t avoided can be healed.

Experiences of pain and suffering become traumatic when our nervous system is dysregulated to the point of overwhelm and we cannot organize our experience. Put another way, when we lack the resources, internally or externally, necessary to regulate our nervous system as we experience pain and suffering, we become overwhelmed and are unable to organize our experience, resulting in traumatic encoding of the experience.

When pastors are called upon for crisis stabilization and debriefing it is not always clear how much time they will have to work with an individual or group. It could be as little as a single meeting or few meetings. The objective is to do as much good as possible during the limited amount of time available.

Typically people navigating the shock of intense pain and suffering do not have clear goals, they don’t know what they need. Like an overwhelmed child they need a mature wise other to help them know what they need in the situation. The frame the helper provides in and of itself is comforting, as it communicates safety that someone knows what to do, it’s going to be okay.

Long intakes, histories, or goal setting processes typically waste precious time in crisis situations. These may be valuable to circle back to if the work turns into longer term care, but should generally be set aside until stabilization has been achieved. Instead, there are two primary goals, the aim of which is to prevent or reduce traumatic response to the pain and suffering being experienced. These goals are 1) Regulate the nervous system, 2) Organize the experience.

Regulate the Nervous System

Regulating the nervous system involves intervention aimed at returning the persons nervous system to a ventral vagal state. These interventions include establishing a sense of safety, troubleshooting basic needs, and establishing a self-care plan.

Establishing a Sense of Safety

For the persons prefrontal cortices to come online in a way that enables them to organize the experience they are having the body has to shift out of fight or flight mode and settle into a ventral vagal state. To do so the sense of immediate threat has to be replaced with a sense of safety. Step one in that effort is making sure the physical environment of the person is in fact safe, and *that they are aware of this*. Invite the person to check their environment (i.e. the physical space they are in):

“Jane, can you do me a favor, can you look around the space you are in, do you know where you are? Are you physically safe in this space right now? Are there any immediate threats to your safety right now in this space? Ok, it sounds like you are in a safe space, can we take just a minute to take a couple of deep breaths and verbally out loud let your nervous system know you are safe in this space right now, nothing is going to hurt you here, you’re going to be okay. Feel the seat under you supporting you, feel your feet solidly on the ground beneath you. With your eyes open or closed or looking down, whatever is comfortable for you, place your hand on your chest and take some deep, slow breaths, and say these truths out loud for your nervous system to hear. ‘I’m okay, I’m in a safe space, nothing is going to hurt me hear, for now, right here, I’m safe and okay.’”

Beyond the words, the verbal quality, non-verbal communication, and paraverbal expressions are key to sending safety cues to the persons nervous system. Speaking low and slow, in a soft tender, low pitched, low volume, slow rate of speech gentle voice like you would to a frightened baby voice will communicate safety and comfort to the nervous system.

It’s not just the words, it’s how the words are said even more than the words itself that matter. The language processing part of the brain is impaired in a sympathetically activated state, but the tone of voice component bypasses the language center and regulates (or dysregulates) the nervous system with cues of safety or threat.

Facial expressions and body language are also critical cues for safety. Warm eyes, gentle facial expressions including soft compassionate smiles all register as safety in the receivers nervous system, which is why it is helpful to guide the person to look into your face as you are talking gently with them.

Deep slow breathing, versus rapid shallow or holding of the breath, stimulates the ventral vagus nerve and communicates safety to nervous system. Model the breathing with them, having them watch you, with both you and the receiver placing your hand on your chest to draw attention to the slow in and out chest movements of the breathing and to help ground into the body.

Draw their attention to the feeling of the seat under them and their feet solidly on the ground beneath them. These grounding techniques help the person come back to their body into the safe room from whatever dissociated/disconnected state they may be in.

All of these steps help a person not only actually be safe, but be aware that they are safe, a necessary step to regulate the nervous system from sympathetic activation or dorsal vagal shutdown into a calm ventral vagal state where their full faculties can come online.

Troubleshooting Basic Needs

As time may be limited, once the person is reasonably regulated inside their window of tolerance, it’s important to confirm that the persons basic needs for safety, shelter, food, water, clothing, and human support are met.

“Jane, when our time together today is complete, where will you go? Do you have a safe place to sleep tonight? Do you have access to food, water, and a change of clothes? Who will be there with you?”

If any of the persons basic, immediate needs are not met the next order of business is to troubleshoot with the person how to satisfy these basic needs and create a plan for doing so. Important to the task is brining into the plan an additional safe person beyond the helper whom the person will have access to and who is willing and able to help them execute the plan.

Establishing a Self-Care plan

Basic needs secure, provide basic self-care education and instructions for the person to aid in their continued regulation after their meeting with you. These include education/instruction on:

- It’s important that you eat three meals a day, morning, mid-day, and evening including good proteins, vegetables, fruits, and lots of water so your body has the nutrition it needs to process the challenges you’re facing right now. Everything will be harder if your body lacks the nutrition it needs.
- Your body must sleep. Without sleep your body, including your brain cannot heal and rejuvenate and everything will get MUCH harder. You need 7-10 hours of sleep. Prioritize going to be at a time that will let you get that. If you are having trouble sleeping search articles on the internet to troubleshoot it. If the problem persists, see a doctor about it. It’s important.
- Your body is pumped full of a lot of stress hormones because of all you are going through. The best way to break those hormones down and wash them out of your body is with exercise. It doesn’t have to be intense. Ten minutes of stretching and a 30-minute walk will be a great start. Doing that 2-3x a day would be amazing.
- Take it easy, as much as you can. Avoid taking on any extra challenges, delay any big decisions that you can, and get as much rest as you possibly can. Do things that are life giving, fun, and relaxing as much as you can for a while.
- Journal. Spend some time everyday in a peaceful place reflecting on your thoughts and feelings and writing them down. This will help you process the emotional part of this experience and help keep you from getting stuck in unhelpful emotional states.
- Connect with safe friends and family members as much as possible, especially when you don’t feel like it. Avoid isolating. Share with safe friends and family members what you have written down from your journaling, let them be with you in the hard things so you are not alone with it. Ask them to help you not isolate. Share this list of self-care items and ask them to encourage you in each of them.

It is helpful, if possible, to have the person write these things down so they can reference them later. Ask them to read over the list every morning at breakfast to remind themselves of the importance of these basic self-care steps.

Organize Experience

Once the person has been regulated inside of their window of tolerance, a plan for their basic needs is confirmed, and education around basic self-care has been completed you are ready to move into helping the individual organize their experience, assuming there is time to do so.

Can you share with me what happened?

Invite the person to tell the story, the best they can, about the crisis. What are the facts as they remember them. What happened? Listen intently, with all your non-verbal and paraverbals communicating attunement and safety, facilitating BrainSync. Help them find language for sharing their experience in a coherent way, about what they remember and the parts they don't remember.

How are you feeling? How is this impacting you?

Their own emotional response to the experience maybe fragmented from the facts of their experience, thus their affect may not match the words they are saying. Let your reflective words, self-disclosure about how you are experiencing what you are hearing, non-verbals and paraverbals model healthy emotional response to what you are hearing as they share. Your response to their sharing provides a framework for emotionally organizing their experience.

That makes sense.

Validate their emotional response to the experience they are having. Normalize their initial responses to the experience. "That makes a lot of sense. It sounds like a normal way of feeling under the circumstances." Offer emotional support. "Thank you for sharing this with me. I'm so sorry this happened to you. This is not your fault. You're navigating this the best you know how, you are doing good. The worst is over now. I'm here to help, you don't have to be alone with all this. We are going to get through this together. We are going to figure out what to do next together. I'm going to help you. You are going to be okay."

Notice & Name Experience

Awareness of experience and languaging of experience are powerful components of organizing experience. This is a collaborative process whereby the facilitator is making observation with their senses (Noticing), including their interoception/own emotional responses, and languaging their observations (Naming) them with the participant which helps the participant become aware of their own experience and have tentative language for it. It also involves invitations to reflection from the facilitator to the participant helping the participant focus attention on their own experience (Noticing) and find language for their experience in sharing with the facilitator (Naming).

The back and forth process of Noticing and Naming facilitates the organizing of the participants experience in a coherent fashion that enables them to make sense of their experience.

Co-Create Narrative

Through the back and forth process of Noticing and Naming a narrative emerges for making sense for oneself and sharing with others what happened and what the impact of the experience is/has been. “I’m realizing that this happened....and it’s effecting me like...” / “It sounds like this happened...and it’s effecting you like...”

Identify Losses and Process Grief

As the narrative of what happened and how it is impacting the person emerges so does the losses from the experience. Tangible losses are the easiest to identify (i.e. I lost my house, my dog, my spouse, my job, etc.). Intangible losses are no less impactful, but are trickier to identify, (i.e. Loss of sense of safety in the world, loss of trust in one’s own judgement, loss of hopes or dreams, loss of self-respect, loss of confidence in a respected person, loss of trust in social systems in one’s life, etc.)

Attuning to the nervous system will lead us to the losses that are part of the experience, as the losses have an affective component to them (follow the feelings).

Grief is the process by which we accept what we cannot change. The process of grieving involves 1) Noticing and Naming the losses, 2) Feeling-Thru the associated emotions (sadness, fear, anger) to completion, 3) Integrating the post transformation wisdom into one’s identity through Replay.

Plan Action

The opposite of getting stuck in unresolved grief or trauma is moving forward with life and Thriving. Moving forward involves action. The insight and wisdom that comes from processing grief and trauma inform planning action. This action planning involves thinking through what continuing forward in day-to-day life looks like in light of the losses involved in the experience.

Often times it also involves decisions about relationships. Will I forgive? If so, how do I do that? Do I reconcile? Are boundaries needed? Are there changes to make in my relationships, work, living arrangements?

Often people feel a false sense of urgency to answer all the questions, make decisions, and take action. Trying to answer these questions and make plans prior to processing grief and trauma is premature. Prematurely rushing into action usually results in poor decisions that can make things worse rather than better. The process of grieving equips one with the wisdom needed to make informed decisions about future action. A ready, fire, aim approach rarely produces positive results.

The feelings of powerlessness and fear create the false sense of urgency. Participants need to understand that leaning into the processing of the grief is action, and it’s the most helpful thing they can do after basic needs and self-care are addressed.

Conclusion

While pain and suffering are inevitable parts of life, trauma can often be mitigated or healed through effective intervention. When individuals experience overwhelming pain and suffering, their nervous systems may become dysregulated, leading to traumatic responses.

Pastors play a crucial role in crisis stabilization by quickly establishing a sense of safety, addressing basic needs, and guiding individuals in self-care practices. Key goals include regulating the nervous system and helping individuals organize their experiences. This involves creating a safe environment, providing clear and compassionate communication, and facilitating the expression and processing of emotions.

Ultimately, these steps help prevent the pain and suffering from becoming entrenched trauma, allowing individuals to heal and integrate their experiences into a coherent narrative. Through this process, they can transform their pain into a source of growth and wisdom, enabling them to move forward and thrive.

About the Author



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