

# Mental Illness and Trauma *TOOLKIT*

# Introduction

**Behind every person who enters your doors is a story that has led him or her there. Many of these stories are filled with complex and painful experiences.**

This pain can accumulate within the mind and body, sometimes ending in mental illness. In other cases, individuals haven't endured traumatic events but still struggle with complex mental health issues. No matter the contributing factors, mental illness and trauma are both threats to self-sufficiency.

To properly care for these individuals, we must be willing to put in the difficult and, sometimes, messy work. Programs often default to two unhelpful extremes when serving those struggling with mental illness and trauma. The first is over-referral: being afraid to engage with any mental illness without sending people to professional services. The second is under-referral: digging too deep into people's mental and emotional problems and not knowing when to seek outside help. There is a happy medium, and in this toolkit we will discuss what that looks like and refer you to solid training on how to empower people to move towards a flourishing life.

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*"Know your limitations and know who you can refer to as a counselor or therapist. At the same time, know what you can do within that area of competence and don't be afraid to engage. Churches (and practitioners) often go to one of two extremes. First, they give too much guidance instead of referring. The other mistake is churches that are very quick to refer outside of their community instead of engaging relationally. Know your boundaries and do good within your yard. A lot of the equipping is less about counseling and more about just engaging in a relationship."*

**DR. BRIAN FIDLER, RESTORATION COUNSELING, MISSOURI**

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Before diving in, let's briefly differentiate between mental health, mental illness, and trauma-informed care.

Mental health is the broader area of focus—maintaining a healthy mindset through care and choices for ourselves and our clients.

- Mental illness is a diagnosable mental health difficulty, such as depression, anxiety, mood disorder, schizophrenia, or anything else diagnosable according to the DSM-5.
- Trauma-informed care is providing those who have experienced psychological trauma (e.g., as witnesses of violence or survivors of abuse) with the proper level of intervention through peers, mentors, or professionals.

Living in poverty [has been connected](#) to significant mental health issues. Consequently, mental illness and trauma often crop up in charity work, and nonprofits are sometimes ill-equipped to face these situations. The problem is overwhelming—[one in five adults suffers from a mental illness](#). Furthermore, many of these individuals' mental illnesses are rooted in traumatic life events.

This guide will help you understand and provide care within different levels of severity of mental illness. In a later section, we will also walk you through the purpose of trauma-informed care and equip you to train your staff and volunteers to look at the story behind every person who walks through the door.



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# Why Educate Yourself & Others About Mental Illness?

We know that poverty is much more than a lack of material resources. Poverty is rooted in [broken relationships with others, oneself, God, and the rest of creation](#). This brokenness and the pain accompanying it are integral in the condition of mental illness. Neurological imbalances can lead to mental health issues, and over time, it becomes a struggle to process simple life experiences—in everything, from finances to family. Mental illness overwhelms one's ability to handle life, which leads to job loss, depression, and broken relationships. It is a vicious cycle for those in poverty. Meanwhile, this brokenness leads to greater levels of stress and pain, plunging the client deeper into mental illness, and poses a critical threat to self-sufficiency.

Imagine a client, Wanda, who goes through case management while she and her family are staying at the local women's shelter. Wanda and her case manager create a goal to find her employment as soon as possible. Wanda is hired at the local library, but she doesn't show up on her first day. After the library calls the shelter to check on her, Wanda's case manager finds her huddled up, crying in the corner of her room. Because Wanda's struggles with anxiety and depression were missed when building her [case management](#) profile, her mental illness has become a threat to further self-sufficiency. For long-term success, Wanda's first step toward long-term success should be a plan to achieve a greater level of mental healthiness—not finding a job.

Wanda may be a fictional character in our illustration, but her story is anything but fiction. In fact, [one Gallup study](#) revealed that 31% of individuals in poverty suffer from depression. With one in every three to four people needing assistance as they struggle with depression, teams must be appropriately equipped to engage.

So, how do you most effectively help individuals like Wanda?

In the next section, we'll explain how to prepare yourself and your colleagues for making informed decisions on appropriate steps.

# How to Educate Yourself & Others about Mental Illness

In our conversations with mental health professionals, a common theme is a desire to equip the everyday charity worker to engage with those affected by a mental illness. Too often, practitioners are intimidated and assume they cannot effectively serve this population without professional assistance. This is simply not true. Opportunities for assistance can arise ***simply through engaging in relationship-building with the client***, before referring to outside services.

## 1. Begin with True Charity Principles

[Subsidiarity](#) and [bonding](#) are two foundational True Charity principles that are important to understand when discussing mental illness. Subsidiarity means that people or organizations closest to a problem should be the first ones to try to solve it. As with any circumstance, mental illness or not, family members, close friends, and community should always be the first-line agents of change within a client's life as they are those most likely to know the underlying root causes of a client's circumstances—and they are the party [most responsible for helping](#). If these relationships do not exist, only then is responsibility passed to the organization or charity to relationally bond with the client. (Learn more about this in the [Affiliation](#) and [Bonding](#) courses on True Charity University.)

There is [increasing evidence](#) that “social prescribing,” in which doctors “prescribe” social activities to combat depression and anxiety, results in greater outcomes than chemical antidepressants. Consequently, providing relational support can be the most effective means of caring for those with mental illness.



**[SOCIAL PRESCRIBING GUIDE](#)** - An entire handbook on the what, who, and how of social prescribing is available from the Care Services Improvement Partnership.



**[STAFF AND VOLUNTEER TRAINING](#)** - If your organization has not fully grasped True Charity concepts, we recommend exploring these resources on the True Charity Network portal.

## 2. Become Informed

According to [Mental Health Gateway](#), "Understanding the risk factors, warning signs and treatments for mental health disorders can prepare you to support someone in both crisis and non-crisis situations."

Mental Health Gateway has an [entire library](#) of free resources to inform and train on mental health. Likewise, the following resources can be used to inform your team of the astounding connection between poverty and mental illness:

- [Addressing Poverty and Mental Illness](#) - This Psychiatric Times article addresses the cyclical connection between poverty and mental illness.
- [Mental Illness and Poverty: A Depressing Reality](#) - The Recovery Village Treatment Center makes a cyclical connection between poverty and mental illness and discusses the importance of treatment for individuals suffering with severe illness.
- [How Does the 'Toxic Stress' of Poverty Hurt the Developing Brain?](#) - In this video, PBS overviews how living in poverty places stress on the brain, which can lead to mental illness.
- [Grace for the Afflicted](#) - This book serves as a field guide for individuals who desire to effectively serve those suffering from mental illness.
- [National Institute of Mental Health](#) - The NIMH serves as an expert in the field of mental illness. This website is packed full of research-backed information on almost every mental illness.

## 3. Train Your Team to Engage

Mental illness is a diagnosable mental health difficulty such as depression, anxiety, mood disorder, schizophrenia, autism spectrum disorder, post-traumatic stress disorder or anything else diagnosable according to the Diagnostic and Statistical Manual of Mental Disorders, [DSM-5](#). Only professionals can formally evaluate the existence of mental health disorders. However, we recommend reading [Grace for the Afflicted](#) as a way to inform your team of the main diagnosable disorders.

### TOOL HIGHLIGHT



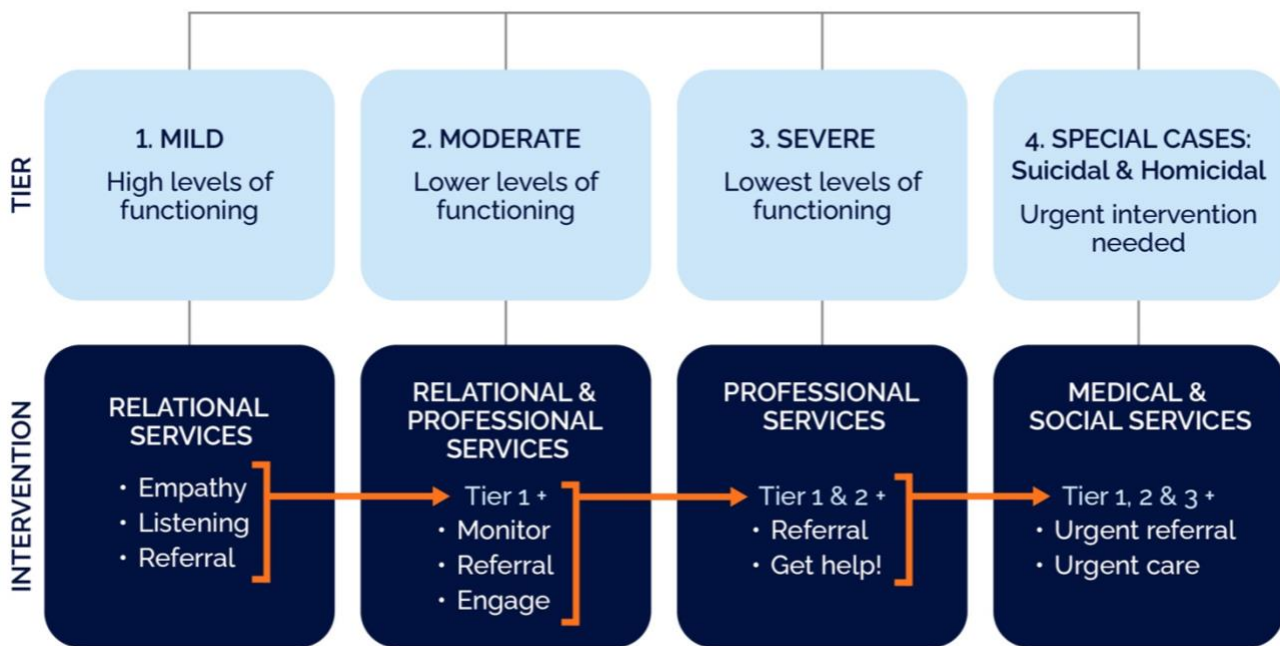
*The American Psychiatric Association Foundation has **a wonderful quick reference guide** for communicating with individuals suffering with mental illness based on observable signs.*

Though there is value in knowing what mental illnesses exist, experts agree that knowing a specific diagnosis is not always required to provide effective, relational care. Instead, knowing the severity of the illness in relation to one's coping skills might be what is most important.

Dr. Brian Fidler, a licensed professional counselor (LPC) at Restoration Counseling in Joplin, MO, trains on four tiers of severity within mental illness. Throughout each of these tiers, the underlying message is that ***you can engage with clients struggling with mental illness, and engaging can make a significant impact.***

# Mental Illness and Poverty

## TIERS OF CARE



Adapted from Dr. Brian Fidler's True Charity Summit on Mental Illness and Poverty ([gotc.us/mip](http://gotc.us/mip))

Tiers 1 and 2 are considered within the area of competence for most organizations. Dr. Fidler uses this tiered approach to stress the importance of "knowing what you **can do** within your area of competence" versus what you cannot. ([Download a printable version of the Tiers of Care Reference Guide.](#))

# TIER OVERVIEW

## Tier 1 - Mild

If an individual within your care is exhibiting symptoms outlined in the *Mild Tier*, then [bonding](#) with the individual may be what is needed. Bonding is an aspect of social prescribing, and it is one of the most effective means by which to care for an individual with mental illness. Research has shown [social prescribing](#) to be more effective than medication in treating mental health conditions.

## Tier 2 - Moderate

If an individual's symptoms fall within the *Moderate Tier*, relational care can still be very effective. Some individuals receiving care in this tier will need a referral to professional services. However, it is recommended that your team maintain bonds with the client, even when referring to outside care. Initial bonds and social support are imperatives for client success.

## Tier 3 - Severe & Special Cases

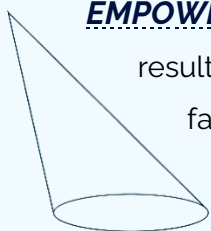
Symptoms outlined in the *Severe* and *Special Case* Tiers are outside of the scope of competency for most non-medical teams. In addition to receiving Tier 1 and Tier 2 support, these individuals require professional and/or medical intervention. At this point, your team will have provided relational care and referred to professional care. Please note that initial bonding and social support are still imperatives of client success in these tiers of care.

Using the Tiers of Care model is a simple way to prepare your team for confident engagement with mental health situations.

Dr. Fidler provides a deeper overview of this training in [Mental Illness & Poverty](#). In this course, he examines the poor's disproportionate experience with mental health problems ranging from depression and anxiety to schizophrenia and bipolar disorder. This training is a wonderful resource for people working in poverty alleviation—regardless of their faith or occupation—who want to serve clients with mental illness effectively.

The entire Mental Illness & Poverty Training is free for True Charity network members for [group learning](#) and [individual learning](#).

## PROGRAM SPOTLIGHT



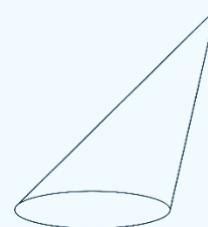
**EMPOWER by Gateway to Hope** - Many organizations have seen amazing results from the EMPOWER program by Gateway to Hope. EMPOWER is a free, faith-based program created to help laypeople, staff, and volunteers create a safe environment for those struggling with mental illness.

**A full program review is available in the members' portal.**

## PROGRAM SPOTLIGHT

**Light University** – As a partner of the **International Association of Christian Care**, this organization offers multiple counseling certifications online, ranging from Biblical counseling to trauma and crisis counseling.

Light University's Mental Health Coach certification is a deeper, more detailed training led by the same instructor of the EMPOWER curriculum mentioned above. It overviews how to identify various degrees of mental illness and equips practitioners to engage effectively.



## 4. Creating a Referral Network

Having a network of trusted helpers is important when dealing with mental health issues.

Many organizations hire or contract a professional counselor in addition to building a network of trusted helpers. This network should include organizations that can provide all levels of interventions, from moderate care to suicide intervention.

The [American Association of Christian Counselors](#) and [The Association of Certified Biblical Counselors](#) have search tools to help you find local faith-based counselors. A simple web search will return a list of secular [licensed professional counselors](#) in your state.

**It should be noted that many organizations find it extremely difficult to find competent professionals in their area of need who have availability. In this case, it would be beneficial to consider training someone from within your organization to meet that need.**

# What About Trauma?

The appearance and severity of a mental illness can have many contributing factors, one of which can be trauma. [Trauma](#) is the emotional response caused by exposure to a disturbing life event. These events can range from divorce to sexual abuse. What differentiates traumatic events from what we might consider "normal" stresses of day-to-day life is the deep level of pain they cause an individual. As pain accumulates, it overcomes one's mental resources and ability to cope, which leaves a proverbial "sunburn" on one's mind, body, and spirit.

Consider this scenario. Tim is a resident in your shelter who keeps stealing food from the pantry at night. You're frustrated. But, you remember to "[assume nothing](#)" when it comes to equipping people to change.

You sit down one last time to give him a chance to explain himself. To your surprise, you learn that Tim's parents locked food up when he was a child. He was only allowed to eat once a day. Therefore, he grew up sneaking food into his room in order to survive. Though Tim's choice to steal is not excused by his background, knowing about Tim's traumatic childhood is important. Now, you can help him work to overcome this threat to his self-sufficiency.

Understanding Tim's story is important in providing him with proper case management. What happens in your heart when you start to "assume nothing" and consider that traumatic life events may have imprinted on one's brain? Do you sense compassion forming?

That feeling of compassion has the potential to transform care within your services. We encourage you to realize that poor personal choices are rarely made with a clear head. Past trauma often leads people into vicious cycles of poor choices and worse outcomes. In Tim's case, it was a fear of not having enough to eat, resulting in the theft of food. Tim's trauma could have ended his progress towards independence had a compassionate care manager not worked to understand him better.

*For more on this topic, refer to our FAQ: ["Does trauma-informed care mean a person is not responsible for their actions?"](#)*

With that compassion in mind, we will dive into a practical, step-by-step process for implementing a trauma-informed approach on your team.

# What is Trauma-Informed Care?

Often, mental illness is associated with addiction and poor choices. But, some mental illness begins through an accumulation of painful life events—or trauma—that overcomes one's mental resources and ability to cope. Every traumatic or stressful experience in a client's life [alters the brain little by little](#).

According to an independent study done by [ACE Overcomers](#):

- **70%** of clients in a recovery program have experienced some form of household dysfunction while growing up.
- **33%** have experienced sexual abuse.

If the majority of clients within your organization have experienced a traumatic past and this past impacts their present decisions, then implementing a trauma-informed approach could transform long-term outcomes.

One specific group that struggles with trauma is the military. [Studies](#) show that 12-15% of veterans suffer from [post-traumatic stress disorder](#), or PTSD. [Greenwood Pathway House](#) (GPH) went through a transformation of its military veteran services a few years back. As they have implemented trauma-informed care, they've seen a drastic change in the [outcomes](#) of those they serve. After implementing trauma-informed care, their success rate skyrocketed from 57% to 79% with males and 0% to 100% with females. According to GPH, "success was defined by finding and maintaining a job or housing." Today, the organization trains its team yearly on [de-escalation techniques](#) and walks employees through training from [the American Association of Christian Counselors \(AACC\)](#).

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*"Trauma-informed care focuses on what happened to our clients, not what is wrong with them."*

**ANTHONY PRICE, GREENWOOD PATHWAY HOUSE, SOUTH CAROLINA**

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The [Denver Rescue Mission](#) defines trauma-informed care as, "Understanding the effects of traumatic experiences and helping survivors rebuild control and empowerment."

Simplified, trauma-informed care boils down to understanding and rebuilding.

Consider the following [story](#) from counselor Brian Fidler about how trauma-informed care changed someone's life:

*It was another day in the counseling office when a client that I will call Suzy walked in. She had a lot of trauma from childhood which she had carried into her own home. In our first meeting she began to share at a surface level. During the second meeting, I said, "Can you help me? I want to know you a little better." She sat silent and replied, "No one has ever asked to know me better." Suzy began to weep. We need to see people. No one should ever live a life unseen.*

Read those last lines again. "*We need to see people. No one should ever live a life unseen.*"

Many of the clients that walk into your door have lived a life unseen. Like Suzy, they need someone to help them understand their trauma and rebuild their self-efficacy.



The following steps are similar to those in the section entitled [How to Educate Yourself & Others About Mental Illness](#) but have been adapted to specifically apply to trauma-informed care. Though the steps are similar, the tools and resources in these sections differ from those mentioned above. Be sure to take a deep dive into the following sections.

## 1. Begin with True Charity Principles

[Subsidiarity](#) and [bonding](#) are foundational True Charity principles that are important to understand when discussing trauma-informed care. Subsidiarity means that people or organizations closest to the problem should be the first to try to solve it. As it is with any circumstance, trauma or not, family members, close friends, and community should always be the foremost agents of change within a client's life. If these relationships, or "affiliations", do not exist, only then is the responsibility passed to the organization or charity to relationally [bond](#) with the client in an attempt to work through the trauma together.

Engaging in relationship may not seem like it would make a huge difference. However, it is within these relationships, that we learn the stories behind our client's lives. These stories

are imperative in helping our clients understand their trauma response and rebuild their self-efficacy, or belief in their ability to succeed.

If your organization would like to explore True Charity concepts more deeply, we recommend digging in to our [Staff and Volunteer Training](#) resources.

## 2. Become Trauma-Informed

Trauma-informed care transforms an organization's practices from being impersonal and transactional to relational, impacting every conversation and service offered. The first step is helping your team to understand and embrace the importance of trauma-informed care.

Begin by clearly defining trauma for your team.

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*[Trauma](#) is the emotional response caused by one's exposure to a disturbing life event. The life event can include, but is not limited to the following: divorce, sexual abuse, car accident, natural disasters, car accidents, emotional abuse, etc.*

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After presenting a clear definition and overview, ask your team and/or board the following questions:

- Do you see a connection between trauma and homelessness?
- How can our services impact this connection developmentally?

We recommend the following as a starting point to inform your team:

- [Defining Trauma](#) - This short PowerPoint defines the three different types of trauma.
- [Case Study PowerPoint](#) - Trauma Free World uses brief case studies to show how trauma-informed care transforms services.
- [Five Ways Trauma and Poverty Affect Childhood Development](#) - This Forbes article overviews Adverse Childhood Experiences, also known as ACEs, and how they impact a child's brain development.

It's vital to help your organization recognize that [everyone has a story](#), and true charity seeks to learn about each individual's experiences in order to walk alongside him or her in the most effective manner.

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*"We stopped looking at them as homeless people but as broken and hurting people."*

**ANTHONY PRICE, GREENWOOD PATHWAY HOUSE, SOUTH CAROLINA**

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## 3. Train Your Team

Your team members are the "boots on the ground" who are face-to-face with clients. Training them on the basics is vital since they are the ones making sure no one goes unseen. Once they have a solid foundation of trauma-informed care, continue equipping them through more advanced training. Here are ideas for both basic and advanced training:

### BASIC TRAINING

Start by introducing the concept of trauma-informed care to your team by walking through reputable books, such as:

- [\*The Boy Who was Raised as a Dog\*](#), by Dr. Bruce Perry
- [\*What Happened to You\*](#), by Dr. Bruce Perry

In addition to reading, we recommend walking your team through at least one the following trainings:

- [\*Trauma-informed Care\*](#) - This summit session, by Dave Lockridge, is a great overview and starting place for your team.
- [\*Mental Illness & Poverty\*](#) - Though focused primarily on mental illness, this course is beneficial in building your team's confidence in relational engagement. It also equips them with knowledge of when to refer to professional resources.
- [\*Trauma Free World\*](#) - This organization has a free, ten-part training on YouTube. Each training video is approximately ten minutes long. Though this training was developed for organizations working with children, the techniques and skills are also practical for adult care.

To properly move your entire organization in a trauma-informed direction, **volunteers must also be trauma-informed**. Many organizations choose to have volunteers complete the same basic training as paid staff members.

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*"Understanding leads to empathy."*

**HANNAH WITCHER, ELEVATE BRANSON, MISSOURI**

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## ADVANCED TRAINING

After training your staff on a basic level, there is the option to continue equipping your team to handle higher levels of care, such as those mentioned [here](#). If you desire to transition into more advanced training, two options are to train the leaders in each department to become Peer Mental Health Coaches or Certified Counselors. This leadership will be invaluable when difficult situations arise and will help provide leadership to individual teams in a delegated manner.

- [Light University: Stress & Trauma](#) is a 30-hour faith-based training on stress and trauma. There is no certification involved. Once purchased, the training can be used for multiple team members.
- [Crisis & Trauma Resource Institute](#) is a secular organization that provides crisis and trauma certifications specifically tailored for individual or group needs.
- [Trauma Free World](#) offers multiple training courses ranging from three hours to three days, and they are available on-demand.
- [ACE Overcomers](#) provides specialized training for rescue missions and non-profits. They will train your team on trauma-informed care and also offer classes for your clients.

## 4. Creating a Safe Environment

A trauma-informed environment focuses on safety and belonging. As you work to create a safe environment, consider the following:

### ROUTINES, SCHEDULES, AND RULES

These three aspects create a sense of safety for clients. When clients understand **what** is happening, **when** it is happening, and **what** is expected of them, they are better positioned to develop a sense of confidence in themselves and their environment.

## CALMING AREAS

[Elevate Branson](#) and [Joshua's Place](#), both True Charity Network members, have specific areas set aside for clients to regain their composure when feeling overwhelmed. These areas contain [flexible seating](#), [fidgets](#), and calming sound machines.

## BOUNDARIES

Individuals who have suffered from traumatic experiences guard their boundaries. Physical and emotional boundaries create a sense of safety for those who have experienced trauma. Within your environment, establishing clear boundaries and communication will help to create a sense of safety for your clients.

Joshua's Place shares one story of the importance of boundaries before implementing trauma-informed care.

*A student was on his phone during class—yet again. The teacher, having asked many times, took the phone out of the young boy's hands, at which he became extremely overwhelmed and had a trauma response—an over-adaptive coping mechanism. Oftentimes, those experiencing trauma are "triggered" by an incident that takes away their sense of control—this is what the young boy experienced in this situation.*

*After communicating with the student's guardian, the teacher learned that while the boy was in foster care, his phone was the only means of communication he had with his aunt. His phone was his sense of safety.*

A boundary that he had unconsciously set was crossed by the teacher when she took his phone. Consequently, he was triggered and had a trauma response. Having a conversation with him to understand his repeated actions and giving the young boy a chance to place his phone out of reach would have helped him maintain a sense of control over the situation.

## Familiar Faces

Clients will feel safer when they come into contact with familiar faces throughout the day. If possible, consider maintaining a regular rotation of staff and volunteers, so that clients will become comfortable with those individuals.

## Nametags

Having staff members wear descriptive name tags helps clients gain a better awareness of who they are speaking with. Knowledge helps develop a sense of safety and control.

## Culturally Appropriate Materials

In creating a safe environment, clients need to feel seen. Consider the printed materials and pictures throughout your building. Are clients represented in their environment? Is material available in their language?

## Therapy Animals

Though expensive to train, therapy dogs are one of the best ways to calm a client down when experiencing a traumatic response. Local nursing homes are good resources to contact to see if they know of organizations in your area that will bring therapy dogs in for regular visits.

# 5. Implementing Support Services

Once your team has been trained on trauma-informed care and you've developed a referral network, it is time to look at your services as a whole. Are your services transactional or are they focused on developing relationships with those who have experienced trauma?

As a team, work through the following questions:

- What is the value of implementing trauma-informed care for those we serve?
- In what ways are we doing well as a place of safety and community for those we serve? In what ways could we improve?
- How can we modify our services to help people work through the trauma they've encountered in life?
- What community mental health resources are available when professional services are needed? (Learn more about building a referral network [below](#) and in [the book \*Madness & Grace\*](#).)

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*“This is the first place someone has actually cared about me.”*

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This quote was shared by Anthony Price, Greenwood Pathway House, concerning a client's thoughts on their ministry. Imagine your clients feeling that way about your organization as you seek to truly transform how you provide service.

## RECOVERY PROGRAM OPTIONS

In addition to transforming your organization's service through trauma-informed care, there is great value in providing classes for clients who have experienced trauma. Trauma recovery programs help clients recognize the effects of trauma and help them consciously overcome them by equipping them with life skills that help lead to a flourishing life.

During a [True Charity Summit session on threats to self-sufficiency](#), Dave Lockridge, founder of ACE Overcomers, shared the following story:

*Dee (name changed for confidentiality) was a client walking through a trauma-recovery program. During an exercise in which students were asked to repeat "I am normal," Dee stood up in the back of the room to contest. "I've been arrested. I cannot handle life. I beat and yell at my children. I am not normal." The class facilitator, Dave, replied, "Dee, you spent your childhood being sexually assaulted by your family, friends, and strangers. You did not choose any of that. It was done to you. The pain you experienced and passed on to your family was learned."*

Obviously, Dee is responsible for her choices. But, helping her to understand her past helps bring understanding to her current decisions. Many who have experienced what she did would likely develop the unhealthy lifestyle habits as well. Childhood and life trauma leave a mark on an individual's brain. When individuals face stress and difficult experiences, such as joblessness or homelessness, they often respond like someone with a sunburn who has been slapped on the back. These classes provide a place of safety and community for clients to unpack the pain and trauma they have encountered. They can also increase a client's confidence to succeed through teaching self-monitoring and self-regulation skills.

Dee's story is not uncommon. Many who walk through your door are broken and hurting people who have experienced a lifetime of pain. A sense of control has been lost; science- and faith-based recovery programs can help them regain this sense of control.

We recommend the following three programs for that purpose:

- [REBOOT Recovery](#) - REBOOT is a 12-week, faith-based, peer-led course empowering people from all walks of life to overcome trauma and embrace a brighter future.
- [Fresh Hope](#) - Fresh Hope is a weekly, ongoing support group for individuals and families of those with mental health diagnoses.
- [ACE Overcomers](#) - Participants in the ACE Overcomers course "learn the skills of self-awareness, self-efficacy, moral control, self-reflection, emotion regulation, and strategies for promoting emotional expression, mindfulness, resilience, and problem-solving techniques."

# REFERRAL NETWORK

As mentioned earlier, having a network of trusted helpers is important when dealing with trauma or mental health issues.

Many organizations take it upon themselves to hire or contract a professional counselor, in addition to building a network of trusted helpers. This network should involve organizations that can provide all levels of interventions, from moderate care to suicide intervention.

However, many nonprofit leaders struggle to find mental health professionals with availability who are also affordable. In these cases the following are possible solutions:

- Train your own staff member
- Ask a church to sponsor a number of hours of counseling
- Ask therapists to work *pro bono* or work at a discounted rate—a sponsoring church may agree to cover that rate
- Partner with a local college with students who can help. Sometimes students are just a year or so away from their degree and still have expertise.

The [American Association of Christian Counselors](#) and [The Association of Certified Biblical Counselors](#) both have search tools to help you locate faith-based counselors in your area. A simple web search will also lead you to many secular [licensed professional counselors](#) in your state.



## CASE MANAGEMENT

Our goal is to break the cycle of trauma and homelessness by helping clients work through painful experiences, gain control over their reactions, and move forward, empowered to make better choices.

In case management, the manager seeks to come alongside an individual as he takes ownership of his life, developing self-sufficiency and wholeness in all his relationships.

In trauma-informed case management, managers are encouraged to take note of any past trauma and trauma triggers that come up.

In walking through [relief, rehabilitation, and development](#), clients' developmental processes will likely include trauma response training. Case management, especially when trauma is involved, is not a fast process. Case managers must be willing to walk slowly with their clients, developing coping skills before moving on to greater goals, such as gaining long-term employment.

Slowing down allows clients to work through strength-based goals and gives you the time to fully hear and process your clients' stories—stories that could reveal traumatic events that pose threats to self-sufficiency.

When trauma is identified, case managers are encouraged to empower clients with the following simple statements:

- You are safe here.
- Having a trauma response – an over-adaptive coping mechanism – is normal. You are normal.
- Take a moment to breathe and recognize that you can control your response to the stresses of life.

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*“Recognizing a trauma trigger or reaction and learning how to help that person or yourself become regulated can help them to overcome the reflex to fight, flight, or freeze.”*

**KELLI PEYTON, JOSHUA'S PLACE, OHIO**

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Though case managers should be equipped to provide a place of safety and community for clients, it's important to remember to leave complex trauma to professional counselors. As previously mentioned, Dr. Brian Fidler's training on [Mental Illness & Poverty](#) is a great tool to help identify situations that require professional help.

The following are resources to help examine trauma at a surface level in case management:

- [The Development Delay Survey](#) was developed to identify developmental delays for children that have experienced trauma.
- [Behavior Tracker](#) can be used for children or adults as you seek to identify trauma triggers in the life of an individual.



**CASE MANAGEMENT MAP** – True Charity has developed an entire toolkit for Network members on this topic.



# Personal Mental Health

It has been said that you cannot pour from an empty cup. It's likely that you, and those serving alongside you, have experienced pouring into others when the well feels dry.

It is imperative that, within your organization, the same trauma-informed and mental-health care that you provide in your service is extended to your staff and leadership. Consider implementing a [personal mental health program](#) within your organization.

Ideas to consider:

- Utilize a [self-care action plan](#) to help staff members create personal, measurable goals that focus on self-care. (Example: "I will leave my laptop at work each day and turn my phone on silent when I leave the office.")
- Pair up staff members to provide accountability for mental health goals.
- Teach team members to "M&M" - monitor and moderate. Being self-aware is invaluable to mental health. Staff should recognize that they are to monitor their emotions and moderate their responses to the stresses of life.
- Encourage overall health in the lives of staff, such as sleep, food, and exercise. A few examples of how to do this are:
  - Provide employees free access to healthy snacks, such as fruits and nuts.
  - Allow staff 15 minutes of daily-walk time.
  - Offer incentive-based weight loss or goal challenges.
  - Consider offering staff a stipend toward gym memberships or fitness classes.
- In teaching staff to self-regulate and follow their goals, be sure to allow time for rest and rejuvenation when it is needed. Here are a few practical ideas:
  - Plan fully funded staff bonding days throughout the year. We encourage having this take place on a workday instead of a weekend.
  - Offer a set number of PTO hours for volunteer work. Industry standard is approximately 20 hours a year.
  - Encourage an environment where work is left at the office.
  - Put in place a PTO plan to allow staff to rest as needed. PTO ranges from two weeks to unlimited, based on the organization.
- Equip team members with studies, counseling, or [sermons](#) to help them walk through their stresses and trauma.

# Frequently Asked Questions

## **How do we communicate compassion for someone experiencing mental illness while simultaneously reminding him of his internal *locus of control*?**

Many individuals struggling with mental illness have a skewed *locus of control*, or perception of who controls the outcomes in his life. Consequently, it is common practice for many to pass the blame for their personal choices.

The first step in helping individuals regain clarity about who is truly in control is to help them recognize and make healthy decisions on their own. It takes hard work to walk clients through traumatic pasts while also walking them through their individual choices along that journey. This is extremely nuanced, as our desire should be to empathize with one's past while also encouraging them to take responsibility for their choices. Consider saying something like, "You have overcome so much trauma from abuse that wasn't your fault. Now, you have the opportunity to change your family's future."

Engage further by asking clarifying questions to help a person consider how his or her actions, good or bad, affect his or her life. Such questions could include the following:

- "How could you have responded differently in this situation?"
- "If you had, how might the outcome have been different?"
- "How can you make different choices in the future?"

These questions can help clients to recognize that they can have power in their story.

## **How does nature vs. nurture fit into mental illness?**

Many studies have been done to help determine whether mental illness is a result of a person's genetics (nature) or upbringing and environment (nurture). Though family history and genetics may predispose an individual towards a certain illness, it is dependent on the environment, lifestyle choices, and traumatic events to engage that genetic response. Nature plays a huge role in an individual's mental health. Though nature plays a role genetically, it is ultimately nurture that drives the ship towards a destination.

## **Does trauma-informed care mean a person is not responsible for their actions?**

An individual should be held accountable for their choices. However, when implementing trauma-informed care, you will hold your clients accountable for their actions, while giving them space and time to process the things that have happened to them. Trauma-informed care empowers and individual to take responsibility while moving forward with a greater sense of control.

## **What can we reasonably expect from a person with mental illness?**

Individuals experiencing mental illness still benefit from [bonding](#) or [exchange](#). Though [the level of expectation](#) is dependent upon the severity of illness, they are still people who are [made in the image of God](#) who will find [dignity through work](#). It is important to offer dignified ways for them to be a part of their stories.

For example, [Eden Village](#), a True Charity Network member in Wilmington, Delaware, runs a tiny home community for the chronically homeless who simply cannot live on their own. Residents pay a portion of their income, care for the community garden, and work in the woodshop. What is asked of the resident is based on their strengths.

## **Is mental illness a spiritual issue?**

Dr. Matt Stanford addresses this in his book, [Grace for the Afflicted](#). He believes that man, made in the image of God, encompasses four aspects – spiritual, mental, physical, and relational. Just as these four parts are broken, all four need redemption. Stanford proposes that mental illness is a holistic issue that should receive holistic care.