Duty of Care for ACIM Teachers, Ministers, and Facilitators

With Trauma-Informed and Suicide-Informed Awareness

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1. Introduction

In the ACIM community, many people seek us out at the most difficult point in their lives. For some, the Course is the last leg of the journey after years of trauma, suffering, mental illness, failed treatments, and despair. Nothing else has worked, and they arrive at our door with high hopes—but often also with deep vulnerability.

As teachers, ministers, and facilitators, we must recognize that we are often working with at-risk individuals who may carry unhealed trauma, mental health challenges, substance abuse issues, and sometimes suicidal thoughts. While our role is spiritual support rooted in A Course in Miracles, we must remain grounded in practical responsibility, trauma-informed awareness, and suicide-informed care.

2. Acknowledge Your Role and Your Limits

- **Know your scope:** ACIM facilitation does not replace medical, psychiatric, or licensed therapeutic care.
- **Understand when to refer on:** If someone expresses suicidal thoughts, shows signs of acute trauma, or reveals an addiction or mental health crisis—and you are not trained in that area—refer them to qualified professionals immediately.
- **Recognize “messiah complex” tendencies:** Codependency and a desire to “save” can lead to overstepping. Our first port of call is always miracle-mindedness, but we must also recognize when specialized care is needed beyond our role.
- **Avoid enabling:** Compassion must not cross into enabling harmful behaviors or prolong unhealthy dynamics. Healthy boundaries protect both the facilitator and the participant.

3. Clear Boundaries and Structure

- Set clear limits for the scope and frequency of your contact.
- Avoid becoming the sole point of support for a person in crisis, as this can create dependency.
- When someone is in crisis, assess whether they are:
• Taking psychiatric medication
• Abusing substances
• Experiencing homelessness
- If any are true—especially psychiatric medication and suicidality—priority is ensuring connection to medical professionals, crisis lines, shelters, or recovery programs.

4. Trauma-Informed Awareness

- **Expect trauma:** If someone is dealing with addiction or mental illness, trauma is likely present.
- **Understand the impact:** Trauma affects regulation, decision-making, and heightens suicide risk.
- **Respond with sensitivity:** Avoid minimizing pain with metaphysical platitudes. Acknowledge their reality while pointing toward both spiritual and practical support.
- **Increase awareness:** Even without formal training, learn the basics of trauma-informed practice—emotional safety, boundaries, pacing.

5. Suicide Awareness

- **Be suicide-informed:** Recognize how trauma, addiction, and mental illness raise suicide risk.
- If someone discloses suicidal thoughts:
• Stay calm and listen without judgment.
• Ask directly if they have a plan or intent.
• If they do, connect them to a suicide crisis line or emergency services.
• Do not leave someone in acute crisis without ensuring they are safe.
- **Know your resources:** Keep hotline numbers readily available (e.g., 988 in the U.S., Samaritans in the UK at 116 123).
- While metaphysically “there is no death,” in form our duty is safety and preservation of life.

6. Referral and Collaboration

- Maintain a list of crisis lines, addiction recovery resources, shelters, and mental health professionals.
- With consent, connect the person to family, friends, or care providers.
- Collaborate with other ACIM leaders—define roles and create referral pathways.

7. Language Awareness and Hope

- **Clarify metaphors so that they are not treated as diagnoses.**
- Always instill hope: remind people their state is temporary, that the Holy Spirit’s guidance is present.
- Avoid language that leaves anyone feeling trapped or beyond help.

8. Self-Care for the Facilitator

- Maintain your own support system and practice.
- Recognize your limits without guilt; referrals are often the most loving act.
- Watch for compassion fatigue, burnout, or rescuing behaviors.
- Take breaks from crisis work to restore energy and clarity.

9. Confidentiality and Record-Keeping

- Maintain confidentiality, except when there is risk of harm.
- Document crisis interactions, referrals, and follow-ups factually for accountability.

10. Conclusion

Our role is to extend love and hold the Holy Spirit’s perspective while also acknowledging the realities of trauma, addiction, and vulnerability. By combining miracle-mindedness with trauma- and suicide-informed care, clear boundaries, and timely referrals, we serve both Spirit and form—ensuring our ministry is spiritually aligned and ethically sound.