

Light Our Way



A GUIDE FOR SPIRITUAL CARE IN TIMES OF DISASTER

for Disaster Response Volunteers, First Responders and Disaster Planners





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1ST EDITION, REVISED

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TOM DAVIS, CHURCH WORLD SERVICE; **MARY GAUDREAU**, UNITED METHODIST COMMITTEE ON RELIEF; **EARL JOHNSON**, AMERICAN RED CROSS; **ERIC LANKIN**, UNITED JEWISH COMMUNITIES; **JIM NENNINGER**, ASSOCIATION OF PROFESSIONAL CHAPLAINS; **JOHANNA OLSON**, LUTHERAN DISASTER RESPONSE; **JOHN ROBINSON**, PRESBYTERIAN DISASTER ASSISTANCE.

Purpose

THE PURPOSE OF THIS RESOURCE IS TO INFORM, encourage and affirm the hundreds of thousands of disaster responders who put their personal plans and routines on hold in the event of a local or national disaster.

If you are one of those who carries out one or more of the myriad essential functions in the relief and recovery stages of disaster response, this booklet is for you.

It is the belief of the members of the Emotional and Spiritual Care Committee of the National Voluntary Organizations Active in Disaster that the spiritual nature of humanity inspires the deep compassion and spontaneous generosity that we see demonstrated by individuals and whole communities after great catastrophes.

We believe that all who feel compelled to help can learn more effective and caring ways to be present to those we serve.

It is written for you who sometimes wonder *what to do, whether you are doing enough, or whether you are doing the right thing* when you encounter a survivor who is in shock. It is written for you if you are concerned when you observe a co-worker behaving in an agitated or dangerous way or when you become overwhelmed with your own fear and sorrow at the sight of massive destruction and loss of life. This booklet is also for you if you are one who wears the symbols of the religious or the chaplain's vest—your deportment and non-anxious presence can be a model for all disaster responders.

Emergency response and disaster relief work are not for everyone. But you have chosen to accept the call to reach out when fellow human beings—and even our furred and feathered friends—are hurting. You, no doubt, belong to an organization—a religious or service organization, community agency or service club—with disaster response as part of its mission. You have been trained and equipped for rapid mobilization to the site of a disaster or to your leadership post when disaster strikes. You are prepared to do your job.

This NVOAD resource on Emotional and Spiritual Care in Disaster is not intended to be one more training manual or another “how to” book for disaster response. Our intention is to encourage standards of best practice

for all of us, whether we care for children, give spiritual counsel, help survivors sort through the remains of their home, or answer phones at a call-in center.

So what has “spiritual” got to do with it? Statistics confirm that 96% of Americans profess to believe in God, over 90% pray, nearly 70% are members of churches, synagogues or mosques and over 40% will have attended a house of worship in any given week. Relating to the spiritual dimension is just as important as addressing the social environment or psychological state of a person impacted by disaster. Further, a Caravan ORC poll conducted October 5-12, 2001 found that 59% of disaster victims preferred to receive support from a clergy or religious counselor compared to 45% seeking a physician and 40% seeking a mental health professional. This implies that disaster victims desire Spiritual Care and that the presence of Spiritual Care can be a useful referral source for other helping professionals.

As responders and providers, we know that tending to our own spiritual, emotional, and physical needs gives us the strength and stamina to give our very best to our tasks and to those who benefit from our work. This is exemplified in the compassionate and caring relationships we nurture with all whom we encounter before, during and after disasters. Each of you is the gift that someone else needs in her or his moments of deepest despair.

We hope this resource is useful to you and we welcome your comments and feedback.

Emotional and Spiritual Care Committee and the Light Our Way Task Force of National Voluntary Organizations Active in Disaster

SECTION ONE

BASIC CONCEPTS OF Spiritual Care

Summary

Spirituality is an essential part of humanity. Disaster disrupts people's spiritual lives significantly. Nurturing people's spiritual needs contributes to holistic healing. Everyone can benefit from Spiritual Care in times of disaster.

ONE



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Basic Concepts of Spiritual Care

THE NATIONAL VOLUNTARY ORGANIZATIONS ACTIVE IN DISASTER (NVOAD) is an organization especially appropriate to identify and champion the principles and standards of Disaster Spiritual Care. Many of the member organizations have religious and spiritual backgrounds. The very principles of NVOAD's foundation, the Four C's of Cooperation, Communication, Coordination, and Collaboration, speak to identifying, applying and practicing common standards in this important endeavor. This resource we offer as a source of common language and



ONE



ALAN SAT IN SHOCKED SILENCE. His head was spinning with images of the chaos that had crashed down on him only a few hours earlier. He and his wife awoke at midnight to what sounded like a freight train roaring through their farm. The house had shuddered as a massive tree limb slammed through the back porch and staring into the inky darkness, Alan realized the barn was gone. Just...gone.

Now he waited in the hospital emergency room, silent amid the bustle of nurses and doctors scurrying frantically among the many injured. The storm had continued northeast and had struck the town with savage fury. Alan's sister lay somewhere behind the maze of hospital curtains. The doctor said she'd broken her hip and that at her age, this was a serious matter.

Alan felt the rage building inside him. How could this be? What are we going to do? "I CAN'T BELIEVE THIS IS HAPPENING!" His shouting surprised everyone, including himself. He was immediately embarrassed, but still shaking with rage.

approach to developing capacity in Spiritual Care along the entire Disaster Management Continuum. We hope that this resource lights the way toward planning and providing Spiritual Care as an integral part of Disaster Response.

WHAT IS SPIRITUALITY?

Before one can explore the meaning and place of Spiritual Care, we must consider a primary question. “What is Spirituality?”

Spirituality is a broader concept than Religion or Faith Tradition. Many people choose to adhere to a religion or faith tradition which provides a source of belonging, meaning, and identity. Spirituality is broader because *every* person has a sense of spirituality, whether or not she is ‘religious’.

There may well be as many definitions of Spirituality as people on the globe. Many definitions, however, share common elements involving the struggle for meaning and the relationship of the Human Spirit to transcendence and hope.

Most people slid away from him, but one woman sat down right beside him. She introduced herself as the Chaplain on duty that evening. Alan could see from her name badge that she was a Rabbi. “I notice you’re in some distress,” she said gently, “I just want you to know that I’m here if you’d like to talk.”

Alan had never spoken with a counselor or clergyperson for personal matters before, but this night he poured out his heart. He cried and complained and cursed. The Chaplain sat with him listening to his lament. She encouraged him to share his feelings and held his hand when he cried. Alan was surprised at how grateful he was for her simple touch.

When Alan finally received permission to visit his sister the Chaplain offered to come with him. “Would you pray for us, Chaplain?” he asked. The Chaplain’s prayer asked for God’s presence in the midst of these difficult times. Alan returned home, but his heart was heavy and his spirit was numb.



Consider these descriptions of spirituality.

“Spirituality is a personal quest for the transcendent, how one discerns life’s meaning in relation to God and other human beings. Healthy spirituality fosters healthy relationships and affirms all of life’s experiences as part of the journey.”

—RABBI ERIC LANKIN

“There is no essential demarcation between sacred and mundane, or the secular and spiritual. All of life’s activities are infused with a spiritual dimension—echoing as it were, Divine remembrance—so as not to consider the material (including our earthly life) as an end unto itself.”

—DR. FAIZ KHAN

“Spirituality is the essence of life—the beliefs and values that give meaning to existence and that which is held sacred. It is one’s understanding of self, God, others, the universe, and the resulting relationships.”

—REV. NAOMI PAGET¹



MARKS OF POSITIVE SPIRITUALITY

Spirituality is a complex and intricately personal experience. Each person's spiritual life is a unique and marvelous journey. Each spiritual journey follows its own course; nevertheless, lives that are spiritually whole exhibit similar trends. Such lives express:

- **A sense of awe and wonder:** Feelings of awe and wonder are the personal response to one's awareness and relationship to the Transcendent, the Mystery, *to that-which-is-greater-than-myself*.
- **A sense of community:** Feelings of belonging and connectedness nurture one's soul as well as one's physical and mental health. The "soul food" of communal identity promotes connectedness, compassion and the desire to serve others.
- **A sense of personal mission:** People who have a strong sense of purpose and direction for their lives seem better able to remain focused and grounded in spite of disruptions and changes.
- **Enthusiasm for continuous discovery and creativity:** A mark of the presence of spiritual reflection is an adventurous spirit that is willing to risk new experiences.
- **A sense of well-being and joy:** Feelings of satisfaction and happiness reflect a balanced life: care for oneself and care for others; accountability to self and others; and, the ability to celebrate life and the Source of life even in the worst of times.²

Many of these trends of healthy spirituality need to be nurtured and attended to after disaster. We will examine later in this guide how one may assess and plan for spiritual care to attend to these needs.



HOW DISASTER AFFECTS SPIRITUALITY

Faced with any loss, but especially sudden and profound loss such as in disaster, one's sense of meaning and purpose—indeed everything one may have thought about how the world works—is turned upside down. This sense of disruption can pervade an entire community.

“A disaster affects the entire fabric of community that existed prior to the event and can cause traumatic stress among the whole community. Disaster recovery is in large part the rebuilding of community, the re-tying of the thousands of strands of relationship in the fabric of our being together that have been severed by the disaster.”

—THE REV. JOHN A. ROBINSON, JR.

Symptoms of spiritual dis-ease that may be exhibited during disaster include:

- Reconsidering core tenets of religious beliefs
- Asking questions like “why did God do this?”
- Questioning justice and meaning
- Feeling far from previously held beliefs
- Feeling a need to be cleansed
- Closing oneself off from loved ones
- Feeling despair and hopelessness
- Feeling guilty
- Wondering about life and death
- Feeling shame





WHAT IS SPIRITUAL CARE?

Spiritual Care includes anything that assists an individual, family or community in drawing upon their own spiritual perspective as a source of strength, hope and healing. In disaster, anything that nurtures the human spirit in coping with the crisis is Spiritual Care.

Religious Leaders naturally provide care for their own congregants, members, and parishioners in a manner imbued with the symbolism, meaning and resources of their own faith traditions. In fact, for individuals who belong to particular communities of faith, their own clergy and religious leaders are usually the best persons to offer them Spiritual Care in times of trouble. Disaster Spiritual Care, however, can be quite different.

In Disaster Spiritual Care, Spiritual Care Providers may not share a religious or faith tradition with the individuals, families and communities for which they care. Indeed, the recipients of the care may not belong to any religious community at all. Thus, Disaster Spiritual Care endeavors to provide sensitive, appropriate care for *all* persons and to celebrate and respect *every* spiritual perspective.



Therefore, some of the Basic Standards and Principles of Disaster Spiritual Care include:

1. Offer presence and hospitality
2. Meet, accept and respect persons exactly as they are
3. Do No Harm – Never evangelize, proselytize or exploit persons in vulnerable need

Spiritual Care Providers can be a quiet and patient listening presence while people share strong feelings and emotions of loss, anger and pain. Spiritual Care Providers nurture and encourage every spiritual perspective to be a source of strength in difficult times. Spiritual Care Providers patiently accept strong expressions of anger and rage, even those directed at God. Spiritual Care Providers never correct or contradict any expression of faith or doubt.

All expressions are authentic and true for the person receiving care.

Spiritual Care may involve arranging and appropriately providing for religious resources, rituals and experiences if the recipient of the care identifies with a specific faith tradition. If requested, such religious symbols can bestow a sense of belonging and comfort. *Disaster Spiritual Care Providers become familiar with the symbols and resources of the world religions and encourage partnerships among all faith leaders in a community.*



In this resource we will explore many different avenues of Spiritual Care, including activities that explicitly assist spiritual healing and activities that are effective even without previous plan or intention. Throughout the entire Disaster Management Continuum (*see page 10*), there are numerous forms of Spiritual Care that assist communities in coping with tragedy, upheaval and loss.



WHO RECEIVES SPIRITUAL CARE?

Everyone's sense of meaning can be shaken during a disaster—from victims to response workers. Each may benefit from receiving spiritual care. The following chart suggests persons who may require spiritual care and the kind of spiritual struggles they may face.

People who are impacted by disaster who may seek or need spiritual care:

- individuals/families/communities who have lost homes or have been displaced
- individuals/families/communities who have lost businesses or whose businesses have been shut down
- individuals/families who have become separated
- families/businesses/congregations who have lost loved ones or been displaced
- the seriously injured
- first responders
- relief workers
- community leaders
- Emergency Room and hospital personnel
- law enforcement personnel
- survivors of previous disasters and traumas

Questions and needs arising from the disaster:

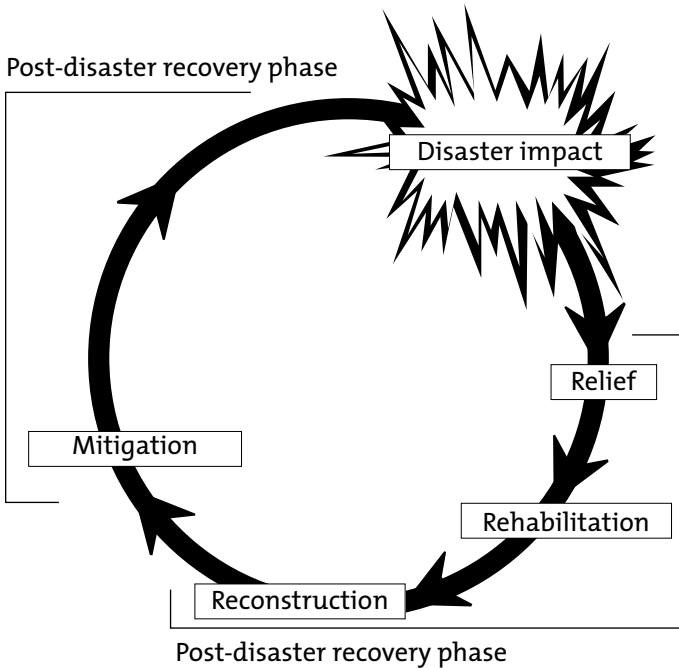
- struggles of faith and meaning
- desire for religious/spiritual resources and rituals
- questions about getting assistance—when, where, how
- need for contact & sense of belonging
- need for basic survival materials—shelter, rest, water, food, basic sanitation
- need for accompaniment/calm presence of others who have not been affected as severely
- need for gathering places to connect with other survivors/mourners
- need for safe places to vent/talk/recover



Spiritual Care is a fluid and creative process. Spiritual Care Providers respond to the unique needs of individuals, families and communities in many different ways. In the next section we will explore different avenues of Spiritual Care.

DISASTER MANAGEMENT CONTINUUM

Credit: Church World Service



SECTION TWO

TYPES OF Spiritual Care

Summary

Spiritual Care in Disaster includes many kinds of caring gestures. Spiritual Care Providers include many people from diverse backgrounds. Adherence to common standards and principles in Spiritual Care ensures that this service is delivered and received appropriately.



Types of Spiritual Care



THERE ARE NUMEROUS ACTIVITIES AND GESTURES that provide Spiritual Care in times of Disaster. As noted in the summary, Spiritual Care includes anything that assists an individual, family or community in drawing upon its own spiritual perspective as a source of strength, hope and healing. In disaster, anything that nurtures the human spirit as a source of strength

in coping with the crisis is Spiritual Care.

Many activities and services provided by Disaster Response Agencies result in a sense of spiritual nurture for disaster victims. Indeed, the sight of a familiar disaster service emblem in a time of need may instill an immediate sense of hope and courage in someone victimized by disaster. This happens because the symbol or emblem has a history, a familiarity. In a sense, this too is Spiritual Care.

TWO



ALAN LOOKED OUT OVER HIS FIELDS. Litter and debris scattered to each horizon. It was even worse to realize that he was looking at the remnants of his own barn, shredded and blown across the land by the swirling winds of the storm.

Alan remembered milking cows and birthing calves in that barn. He recalled trudging through deep snow on bitter cold mornings and laughing with his son on warm summer afternoons—a liturgy of farm seasons centered on that classic, red-frame barn. It represented much more to him than a shelter for his cattle. And now it lay strewn across the fields.

The task of cleaning up hundreds of acres overwhelmed Alan. He couldn't even think how to start. The sound of diesel engines caught his attention in time to see dozens of men streaming out of buses. Elder Wilson introduced himself as the men went to work clearing the fields.

Alan was shocked by the generosity and impressed by the industriousness of these strangers. The image of these men in their wide brimmed hats and white shirts toiling under the sun bolstered his

Sometimes Spiritual Care is an activity or gesture which may not be performed with the direct intention of providing Spiritual Care, but which nonetheless results in a bolstering and nurturing of the Spirit. Persons and agencies that provide this manner of Spiritual Care may include:

- Synagogues, Mosques, Churches and other Faith Communities that open their doors as shelters, feeding kitchens and meeting places,
- Persons who open their homes to provide shelter and meals for relief workers,
- Persons who offer to substitute for a person's job responsibilities or to care for family members of victims,
- Spontaneous vigils which provide support to individuals and communities,
- Spontaneous generosity of neighbors and local businesses to meet basic needs of survivors.

spirits. He'd never felt such gratitude and he hurried out to help them. If they had come so far to help him, he would certainly do his part. As Alan walked toward them, Elder Wilson invited him aside.

"Let the men do this for awhile," he said. "I'm sure you've been working very hard for many days. It's terrible what happened here. I'm a farmer myself and it hurts me to see such destruction. How old was that barn?"

Helen joined them in the shade of the old oak tree and the three chatted and remarked the men's steady progress in the fields. Alan talked about building the barn with his father in 1932. Through good times and bad, the family had proudly worked and lived on this land. Elder Wilson consoled and encouraged Alan. He promised that he would remember Alan's family and the entire town in his prayers. Alan and Helen both felt the tears brimming in their eyes.

In a few hours the land was cleared. Alan and Helen served the men lemonade and pie and they marveled aloud that such a few hours could restore order to chaos and make friends of strangers.



Sometimes Spiritual Care consists of activities and gestures which are performed with the direct intention and goal of nurturing and bolstering the Spirit. Groups providing this form of intentional Spiritual Care include:

- Community clergy, faith leaders and Inter-faith leadership consortiums whose members not only share responsibility for their own faith communities but also make themselves available for providing Spiritual Care to the broader community; for example, visiting shelters, family assistance centers, etc.
- Trained, prepared chaplains, clergy and spiritual leaders who are part of pre-planned disaster operations, who leave their regular tasks to provide critical response work with faith-based and secular disaster organizations and who work cooperatively to screen, train and supervise local clergy volunteers.
- Local Places of worship (mosques, synagogues and churches) that open their doors and provide hospitality for organized community-wide prayer and memorial services.

These activities and gestures of Spiritual Care occur along the entire Disaster Management Continuum.

Many persons and agencies provide different modes of Spiritual Care. Some kinds of response require more extensive training than others. Clergy trained in traumatic loss may best staff some disaster spiritual care functions such as working in a disaster morgue with first responders.

Most Spiritual Care Providers in Disaster will be the local community faith leaders. They will have different levels of education and training pertaining to their own faith tradition and its systems of instruction and certification. Their role is a crucial one—for they are *already* recognized by the community and will be sought out for spiritual support. They appropriately provide Spiritual Care for their own congregants and members; they also provide Spiritual Care for other members of the community who look to them in times of disaster or crisis.



Other Spiritual Care Providers in Disaster have more extensive training and certification for specific roles. Hospital Chaplains, for example, typically have completed the education and certification to be a minister, priest, rabbi, imam or faith leader in their own tradition. Additionally, they have completed a series of courses in a process called Clinical Pastoral Education. This training heightens awareness of diverse faith traditions and equips Spiritual Care Providers to function effectively in institutional settings such as hospitals.

Professional Chaplains are able to become Board Certified Chaplains through a number of cognate accrediting bodies for Spiritual Care. Organizations, including the Association of Professional Chaplains, set



standards of training and education and certify Chaplains who meet those standards.

Spiritual Care may take many forms: from listening to the stories of individual disaster victims to arranging/ providing familiar spiritual or religious resources to leading large community-wide events. Spiritual Care has a tremendous ability to bolster the hope and coping skills of persons struggling with spiritual

issues following a disaster. Spiritual Care also has the capacity to damage vulnerable persons if performed in an inappropriate way. Because of this delicate reality, it is crucial that agencies and groups providing Spiritual Care adhere to common Ethical Standards and Codes of Behavior.



Several Disaster Response Organizations and Professional Spiritual Care Organizations have proposed Guidelines and Standards regarding Spiritual Care in time of Disaster. These can be reviewed in the Resources Section of this guide. Minimally, any guidelines developed for Spiritual Care in time of disaster should clearly articulate:

- Respect for diverse faith traditions
- Concern for confidentiality
- Complete prohibition of proselytizing or evangelizing in the context of Disaster Spiritual Care
- Respect for social diversity
- Description of professional boundaries that guarantee safety of clients
- Mechanisms for ensuring that caregivers function at levels appropriate to their training and educational backgrounds

Adherence to these principles is essential for Spiritual Care in a setting as public and as vulnerable as a community facing disaster. Victims of disaster deserve to receive Spiritual Care in a manner appropriate for their own lives, cultures and faith traditions. When Spiritual Care Providers from numerous agencies and organizations provide such care in a consistent professional manner, the service is embraced and cherished by communities in need.



SOME DISASTER SPIRITUAL CARE “DO’S”

Disaster Spiritual Care Providers quickly learn that providing a quiet presence in the midst of turmoil brings hope, comfort and the recognition that one is not alone. Below are some helpful things to say and do when providing Spiritual Care in times of Disaster.

Things to Say:

- “I am so very sorry.”
- “My heart is with you.”
- “I am here to help you in any way I can.”
- “You have my sincere sympathy.”
- “Friends here are with you at this time.”
- “My sympathy for your loss.”
- “You will be in my prayers at this time.”
- “My prayers are with you at this time.”
- “What can I do to help you at this time?”

Things to Keep in Mind:

- Avoid clichés.
- Don’t avoid a deceased victim’s name.
- Never preach or proselytize.
- Offer prayer if requested.
- Support people finding their own solutions to problems.
- Be cautious about giving advice.
- Permit persons to share their memories.
- Share your emotions sincerely.
- Encourage people to be connected to loved ones.
- Let people share their stories.



Spiritual Care Providers may find themselves providing care to people from cultures and faith traditions very different from their own. Even Spiritual Care Providers with significant experience working in cross-cultural settings will nevertheless frequently encounter situations and needs for which they are unprepared. The most sincere and direct way to approach these moments is to be humble and to ask specifically about special needs which have not been met. Some useful cross-cultural considerations include:

- Educate yourself about other cultures
- Avoid stereotypes.
- Recognize that grief looks different in various cultures.
- Demonstrate respect.
- Recognize that it is difficult to express feelings in a second language.
- Be open-minded.
- Ask questions about things you don't understand.
- Remember that each person is unique.
- Let people choose their own translators. **Never** use a child as an interpreter.
- Be aware of issues of distrust that may arise from fears regarding immigration and governmental issues.

Some excellent materials have been prepared for in-depth training and preparation of Spiritual Care Providers in times of Disaster. These are detailed in the references section at the back of this guide. Disaster Spiritual Care Providers will consider themselves lifelong learners and be continually seeking new experiences, training, and education on topics including trauma, cross-cultural issues, world religions and disaster response.



SECTION THREE

Emotional Care

AND ITS RELATIONSHIP TO SPIRITUAL CARE

Summary

Spiritual Care Providers partner with Mental Health Professionals in caring for communities in disaster. Spiritual and Emotional Care share some common elements but are distinct healing modalities. Spiritual Care Providers can serve an important role by referring individuals to receive care for their mental health needs.



Emotional Care and its Relationship to Spiritual Care

SPIRITUAL CARE PROVIDERS IN DISASTER have many important partners whose work contributes tremendously to a community's recovery. Mental Health professionals have an inestimable role in healing and wellness following disaster. Trauma and disaster can profoundly affect an entire community's mental health.

Unfortunately, Spiritual Care providers and Mental Health professionals have sometimes harbored suspicions of each other's roles and that suspicion can interfere with the timely and efficient provision of services. These suspicions may stem from some similarities between the two healing modalities. These similarities include:

- Concern for emotional well-being
- Practice of attentive listening as part of care
- Embracing a holistic view of person



HELEN HAD BEEN WORKING TIRELESSLY since the storm. While Alan took charge of looking after the farm, she had taken a key role helping the disaster response agencies organize meals. So many people from so far away had come to help. Helen was proud that she had a role helping, too.

For weeks she had worked with a community group operating a kitchen. They provided hot meals to people who had lost their homes and to disaster responders. Helen took particular pride in being able to transform institutional canned food into something worthy of second helpings.

"Helen, you've outdone yourself!" Pastor Beth said as she returned her tray. "I have so enjoyed benefiting from your cooking these last weeks. I never thought I'd be happy about eating in a school cafeteria again!"

"Thank you, Pastor. Care to join me for a cup of coffee?" Helen had

The Psychologist Paul Pruyser, PhD, articulated the relationship between Spiritual Care and Mental Health Treatment as follows:

I shall make a modest endeavor not quite to integrate two different perspectives, but to bring them into thoughtful apposition to each other. My choices are theology and psychiatry—more specifically pastoral theology and clinical psychiatry. Both of these perspectives are already blurred at the edges. Pastoral Theology has already been greatly affected by psychiatric, medical, and psychological influences, whereas clinical psychiatry has received much input from biology, medicine, psychology, sociology and the history of the cure of souls....At the present time these two disciplines have an explicitly holistic ambition. They constitute broad views of human reality which do not

always liked Pastor Beth, even though she'd looked so young when she first arrived in town, fresh out of seminary. She'd appreciated the pastor's words at her mother's funeral and trusted her enough to share something difficult now.

"Pastor, I was wondering if I could have a few minutes later on to talk about something that's been bothering me," Helen began.

"Of course, Helen. Would you like to visit now or would another time be better for you?"

"Maybe I'd better talk to you now. I've been doing something recently that is, well, it's not normal. I've never been one to lose my temper; Mama always called me cool as a cucumber," Helen began. "But the past couple of days I've found myself yelling about nothing. Little things will just set me off and I feel my heart racing and I can't calm down. Do you think I'm, well, I might be, that is...Pastor, do you think I'm going crazy?"

"No, Helen, I don't think you're going crazy," Pastor Beth stated. "And I thank you that you shared with me these feelings that you've been



leave out life's untidy details and do not avoid man's [sic] rocky roads to satisfaction in health or salvation. Both are attuned to the professional value of helping in several of its aspects: healing, guiding, sustaining. Both disciplines are widely seen as relevant to man's daily plight, and are endowed with an aura of potency for bringing relief from undue stress and suffering. Millions of people demand personal services from one or the other, or from combinations of both.³

Fortunately, Spiritual Care providers and Mental Health professionals are developing a greater respect for one another's roles and contributions to the healing of a community following disaster. This is a welcome development! Each group is in a unique position to refer clients to the other's care when conditions warrant.

having. We've all been under a lot of stress, and being irritated easily is a normal reaction."

"I'm relieved to hear you say that, Pastor," Helen sighed. "Maybe if I could just talk with you from time to time?"

"I'm always available, Helen. But I'd also encourage you to share your feelings with someone else, too. Upstairs in the Community Center there are Disaster Mental Health workers who are really skilled at helping us with this kind of stress. Seeing them doesn't mean you're crazy; it means that you're a normal person going through a tough time. They can help in ways that I can't. I'd really encourage you to go spend a little time with them."

"Well, I don't know Pastor. I would never have done this before. I trust you, though, Pastor Beth. Would you walk up there with me?"



Spiritual Care providers will want to develop an understanding and appreciation for the role of Disaster Mental Health. Below we will provide an introduction to the kinds of care Mental Health professionals provide in disaster and some signs and symptoms that Spiritual Care providers will want to be attentive to in order to make appropriate referrals for clients (and themselves!) to receive vital Mental Health care.

DISASTER MENTAL HEALTH

There are numerous approaches and methods that Mental Health professionals apply when caring for a community in time of disaster. In the field of Disaster Mental Health, NVOAD member agencies have a consensus on the value and place of a set of therapeutic psychological interventions known as *Early Psychological Intervention (EPI)*. This set includes therapeutic methods designed both for groups and for individuals. EPI is a body of psychological interventions that mitigate acute distress while not interfering with natural recovery processes. It is a multi-component system designed to meet the needs of those most impacted. These interventions include:

- **Pre-incident Training**

Many NVOAD organizations provide training for Mental Health Professionals preparing them to work effectively in a disaster setting.

- **Critical Incident Stress Management (CISM)**

This is model developed originally for Emergency Response Personnel. It is a group process facilitated by Mental Health professionals and peers of the affected group. It seeks to provide persons affected by trauma to “unpack” some of the strong feelings and experiences associated with the trauma in order to assist persons in moving through the process of normal recovery. This therapeutic model can be provided for small and large groups.



- **Psychological First Aid**

This is an approach for helping victims of disaster in the immediate aftermath. The objective is to promote safety, calm, connectedness, self-efficacy, empowerment and hope.

- **Long Term Counseling and Therapy**

Some people develop conditions such as Post-Traumatic Stress Disorder in the long term after trauma and disaster. Other persons can report other kinds of emotional and psychological issues that longer-term care can address. Mental Health professionals provide in-depth comprehensive care for these individuals.



DISASTER MENTAL HEALTH IN ACTION

In all stages of disaster, Mental Health professionals are active and can be called on for care. During Response and Recovery stages, many NVOAD organizations will sponsor and supply Disaster Mental Health personnel who will be present in numerous places such as the Community Assistance Centers, the restricted recovery sites and Respite Centers for recovery workers. If a particular Disaster Response doesn't include pre-planned or sponsored Disaster Mental Health Provision, Disaster Spiritual Care providers will want to identify community Mental Health professionals to whom they can refer.

Spiritual Care providers working in these contexts can be very helpful to Mental Health professionals by encouraging clients to access Mental Health services. Especially among Emergency Personnel such as firefighters, police and EMTs there can be a perceived stigma associated with speaking with Mental Health professionals. Encouragement from a Spiritual Care provider can sometimes assist clients to feel comfortable utilizing these important services.

SIGNS AND SYMPTOMS

Spiritual Care Providers should be particularly attentive to specific signs and symptoms that may indicate that seeing a Mental Health professional could be helpful. The Spiritual Care provider should maintain an attitude open to referring to Mental Health professionals, never agonizing or only referring when one is absolutely sure that a client needs those services.

Rather, a Spiritual Care provider should become comfortable saying something like, *“Thank you for sharing these feelings with me. I think that it could also be very helpful for you to spend some time talking with a Mental Health professional. They’re here and available and I can help you get in touch with them.”*

Consider referring to Mental Health professionals if clients exhibit any of the following behaviors:

- flat, expressionless affect of face or voice
- thinking or talking about hurting oneself or others
- uncontrollable outbursts of emotion long after trauma
- persistent nightmares long after trauma
- problems with relationships
- articulating violent or self-destructive theological imagery



The Spiritual Care Provider should keep in mind that referring a client for Mental Health care is not a matter of competition. It is not an image of sending somebody up to the “big leagues” while the spiritual care provider is in the “little leagues.” It is a referral for a client to receive important specialist care from trained practitioners of a complementary healing modality. Persons receiving Mental Health therapy continue to need Spiritual Care, to attend to aspects of their lives relating to their faith, hope and connection to strengths that can sustain them during difficult times.

For this reason, Mental Health professionals will want to consider contexts in which they might make a referral for a client under their care to receive Spiritual Care. Some triggers or themes that a Mental Health Professional might want to look for in this regard may include a client:

- Desiring to experience rituals and receive resources from a faith tradition
- Yearning for a reconciliation with previously held beliefs
- Asking questions about Hope and transcendent power
- Feeling guilt

We have already explored how “telling the story” is such an important part of recovery from disaster. Therefore, comprehensive care for a community requires as many people as possible to be available to hear the story, over and over. Working together, Spiritual Care providers and Mental Health professionals attend to the whole person; body, mind and spirit. All three are intricately and mysteriously connected.



SECTION FOUR

Spiritual Care

IN LONG TERM RECOVERY STAGE OF DISASTER

Summary

Spiritual Care has an important role in the Long Term Recovery Stage of Disaster.

Assessing and providing for the spiritual needs of individuals, families and communities can kindle important capacities of hope and resilience. Specific strategies for Spiritual Care in this stage can bolster these strengths.



Spiritual Care in Long Term Recovery Stage of Disaster



THE TRANSITION FROM THE EMERGENCY RELIEF STAGE of Disaster to Long Term Recovery can be painful and confusing for a community. Victims of disaster will naturally and quickly build a view of the community after disaster with reference to the many agencies and organizations that have appeared during the Emergency phase to help. Some agencies that

specialize in Emergency Response may have visibly different roles in Long Term Recovery. Some people who responded initially may not be replaced when they finish their deployments. Disaster response agencies provide important Long Term Recovery assistance; nevertheless, transformation to Long Term Recovery in the community may be accompanied by feelings

FOUR



THE SCHOOL GYMNASIUM WAS PACKED. Alan and Helen sat near the back waiting for the Memorial Service to begin. The massive room hummed with conversation and scrape of chairs, but Alan didn't hear anything.

He was remembering the stream of days since the storm. So much had happened. So much still needed to be done. He recalled late nights driving back from the hospital visiting his sister. He smiled when he thought of the Rabbi who continued to greet him by name.

When the service began, Helen looked out at her many neighbors. Some she had known her whole life; some had moved to town quite recently. The day was, Helen thought, when everybody in town went to one of three churches. But that had all changed. The many newcomers had brought a great variety of backgrounds with them. Helen was glad that the service would be encompassing and welcoming for everybody.

The names of the dead were read. The words stung Alan's heart. Most things could be replaced, but people can never be brought back. A hushed stillness covered the room.

of abandonment. This is an especially important time for Spiritual Care Providers to attend to such feelings.

While a disaster may have initially evoked feelings of rage, dismay and shock, the transition to Long Term Recovery may involve feelings of exhaustion, confusion and despair. Spiritual Care Providers will care for individuals, families and the community in many of the same ways in the Long Term Stage as in the Emergency Phase, but with attention to the transforming feelings. Some key Spiritual Care activities that can focus the needs of this stage include:

- Community Spiritual Assessment
- Spiritual Care Interventions to kindle Hope
- Attention to emotional and spiritual issues around Anniversary Times
- Organized Community Services of Memorial and Remembrance
- Retreat Opportunities for Care Givers

One Holy Reading was shared at the service. It spoke for many as they struggled to make sense of what had happened to their community.

“Then a great and powerful wind tore the mountains apart and shattered the rocks before the LORD, but the LORD was not in the wind. After the wind there was an earthquake, but the LORD was not in the earthquake. After the earthquake came a fire, but the LORD was not in the fire. And after the fire came a gentle whisper.”



COMMUNITY SPIRITUAL ASSESSMENT

The transition to Long Term Recovery in a disaster can be a fitting juncture to consider performing a Community Spiritual Assessment. The principle behind a Community Spiritual Assessment is simply to identify Spiritual needs for which the community may not have ready assets. It will help to identify these needs in a concrete way that can be articulated while designing the Long Term Recovery Plan. Numerous agencies and organizations with an interest in Spiritual Care will endeavor to meet these identified needs.

A Community Spiritual Assessment could be performed by an interdisciplinary group made up of community faith leaders, disaster response personnel and community volunteers. They could meet to discuss the community's needs and assets around the following dimensions of concern:

HOLISTIC DIMENSIONS

Public Health Dimensions

Has the disaster involved injury or death? Was there an interruption in food supplies? Has the disaster threatened the community public health? Has the disaster jeopardized safe water supplies?

Psychological Dimensions

How intensely is the community traumatized by the disaster? Are there adequate numbers of mental health professionals in the area? Were the mental health professionals in the area adversely affected by the event?

Psycho-social Dimensions

What are the key material and personal resources that this community possesses? Is the economy of the community threatened by the disaster? Were large numbers of people unemployed by the disaster?

Neighboring Community Dimensions

Do the neighboring communities possess resources that can assist at this time? In what ways are neighboring communities also affected by this disaster? Are there adequate numbers of volunteers? Are the volunteers taxing the resources of the community?



Ethnic and Cultural Dimensions

In what ways does the community's ethnic make-up affect the way various groups perceive the disaster and response? Do any of the ethnic groups present in the community require special consideration?

Societal Issues Dimensions

How do class, ethnic, gender, language or educational barriers affect the way this community is perceiving the disaster? Are there populations that may feel they don't have a voice?

Community Leadership Dimensions

How equipped to handle the demands of disaster recovery is the community leadership? Have they worked through similar events in the past?



SPIRITUAL DIMENSIONS

Beliefs and Meaning

Are there predominant religious expressions in the community?

In what way do minority religious expressions need special consideration?

Do the various religious communities interpret disaster in distinct ways?

Vocation and Consequence

Does this community have a vision for itself distinct from this disaster?

Has the disaster threatened, bolstered or altered that vision?

Community History and Story

What themes are prevalent in this community's history? Are there previous challenges, setbacks, disasters?

Courage and Growth

Are courage and altruism being exhibited during this disaster? Is there a sense of transformation present?

Ritual and Practice

Has the community organized corporate ritual experiences during the disaster? Is there a plan for continued ritual expression, e.g. anniversaries?

Community Cohesion

Does the community seem cohesive and unified during recovery? Are there significant groups or persons external to community cohesion?

Spiritual Leadership

How equipped are spiritual leaders to handle the demands of disaster recovery? Have they worked through similar events in the past?⁴

The Community Spiritual Assessment can identify areas in the community's spiritual life that have assisted during the disaster as well as areas that may benefit from further development and attention. Numerous agencies and organizations have the ability to attend to these areas through training, consultancy, deployable personnel and other resources.



SPIRITUAL CARE INTERVENTIONS FOR KINDLING HOPE

The concept of Hope may be as difficult to explain and define as the concept of Spirituality. This may be the case because the two are somehow connected. Hope seems to be a capacity to hold—in a present time of struggle—a sense of wholeness and strength that rests in a transcendent force. For some people, this force may be a sense of the Divine. For others, this force may be a sense of the strength of community. It must be somehow transcendent from the “self.” Gabriel Marcel described hope this way:

Hope consists in asserting that there is at the heart of being, beyond all data, beyond all inventories and all calculations, a mysterious principle which is in connivance with me.

and further:

There can be no hope that does not constitute itself through a we and for a we. I would be tempted to say that all hope is at the bottom choral.⁵

Hope is the central capacity that contributes toward personal and communal resiliency. It enables individuals, families and communities to endure great hardship with courage. The maintenance of hope during times of struggle is a central priority of Spiritual Care Providers. The loss of hope is despair.

Despair is one of the most crippling human spiritual conditions. It can adversely affect many other areas of physical, mental and spiritual health. Despair can begin to take root when tasks seem insurmountable and conditions seem unsolvable. Therefore, some of the most powerful interventions that can be performed by Spiritual Care Providers are interventions that specifically stimulate a sense and experience of hope in individuals and communities.



Seeking opportunities to appreciate a form of beauty is one powerful intervention. Natural and created beauty both infuse our spirits with a sense of strength and energy which transcends temporal concerns. Especially when times are hard and burdens are heavy, people *must take* time to enjoy sunsets and flowers, music and meaningful personal interactions.

Here's another powerful Spiritual Care Intervention. A Spiritual Care Provider can facilitate a guided conversation around specific themes with an individual or a family. People are encouraged to verbalize tangible examples of successes during other periods of difficulty in several areas, including:

- **Personal** – One's personal life history
- **Family** – The broader history of one's parents, grandparents and ancestors
- **Cultural** – The experience of one's nation, ethnicity and culture
- **Spiritual** – The history of one's faith group or spiritual perspective.

These arenas represent concentric circles of existence and meaning in life. When one brings to mind examples of success in the face of adversity, a renewed and bolstered sense of hope emerges that can sustain an individual, family and community throughout the current crisis.⁶



ATTENTION TO EMOTIONAL AND SPIRITUAL ISSUES AROUND ANNIVERSARY TIMES.

Anniversaries of disasters require special concern for Emotional and Spiritual Care Providers. Even long after the initially strong feelings of fear, anger and pain have passed, an anniversary of the event can trigger these feelings again. This may be true both for victims of the disaster and for volunteers and staff of Disaster Response Agencies who responded to the disaster.

Community Spiritual Care Providers and Faith Leaders should be attentive to the special care that may be helpful for their congregants and for themselves during these times. Community memorial services can be helpful in giving voice to and space for some of the strong feelings prompted by an anniversary.

Management and Leadership of Disaster Response Agencies should consider planning emotional and spiritual support for their volunteers and staff. It is equally important to communicate that such support is available to all who find themselves experiencing overwhelming feelings associated with the event or its anniversary.

ORGANIZED COMMUNITY SERVICES OF MEMORIAL AND REMEMBRANCE

Public community gatherings to mark transitions and anniversaries are crucial to long-term healing following a disaster. These events can punctuate the feelings of a community and speak aloud that which is can be hard to articulate.

Tremendous care and sensitivity must be taken when planning for public community services of memorial and remembrance. The language used and images and symbols invoked must be appropriate for an inter-faith audience. The representatives and leaders who take part must represent a broad cross-current of the community. The format must be accessible to people from diverse religious backgrounds, especially those who may not be accustomed public religious gatherings.

Successful and appropriate services involve the community members, survivors of the disaster, and local faith leaders both in the planning and in the implementation of the event. These persons can speak to the feelings



that need memorializing and guide the planning in ways that lead to an event that the entire community embraces.

While anniversaries are important on a communal level, they are also important on individual levels. Spiritual Care Providers who provide long-term care to persons who have lost loved ones may pay attention to anniversaries, holidays and other milestones in life—recognizing that these can be tender times during a grieving process. Even verbal acknowledgement that these times can be challenging can bolster the spirit of a grieving person.



Examples of well-received memorial services are included in the Resources Section of this guide. They may serve as templates and conversation-starters for persons planning events for their own communities.

RETREAT OPPORTUNITIES FOR CARE GIVERS

Spiritual Care Providers are vulnerable during times of disaster and must be cared for, too. One valuable Spiritual Care provision for the care providers themselves is the availability of retreat opportunities during the Long Term Recovery stage. This may be especially important for local community faith leaders and local political leaders who are tempted to endure long working hours for extended periods of time at the expense of their own self-care. Several Disaster Response agencies have experience sponsoring and offering these opportunities. The retreats can include education about self-care and coping with the needs of the Long Term Recovery stage, but they best center on providing a time of quiet rest and replenishment for the participants.

We have seen that all along the Disaster Management Continuum, Spiritual Care has an important role in providing for the needs of individuals, families, disaster response personnel and communities coping with difficult times. In the next section we will examine the importance of self-care for the care giver.

SECTION FIVE

EMOTIONAL AND SPIRITUAL CARE FOR the Care Giver

Summary

Providing Spiritual Care in disaster can be an overwhelming experience. The burdens of caring for others in this context can lead to Compassion Fatigue. Understanding important strategies for self-care is essential for Spiritual Care Providers. Disaster Response Agencies have a responsibility to model healthy work and life habits to care for their own staff in time of disaster.



Emotional and Spiritual Care for the Care Giver

THE ROLE OF DISASTER SPIRITUAL CARE PROVIDER is challenging even to well-trained and seasoned professionals. All the more so, persons unaccustomed to trauma can be overwhelmed when thrust into a role of caring for large numbers of people facing sudden loss, upheaval and chaos. This can take a great toll on the care givers' own emotional, psychological and spiritual health.

Dr. Charles Figley, in the book, *Compassion Fatigue: Secondary Traumatic Stress Disorder In Those Who Treat The Traumatized*, introduces this threat this way:

There is a cost to caring. Professionals who listen to clients' stories of fear, pain, and suffering may feel similar fear, pain, and suffering because they care. Sometimes we feel we

FIVE

PASTOR BETH DROVE THE DUSTY ROAD BACK TO TOWN from Alan and Helen's farm. She'd worked such long hours these last weeks. Many of her parishioners had suffered in one way or another. The funerals she had conducted now seemed distant and surreal, but the pain was still fresh. Nothing in her training or experience had prepared her for what had happened.

She was compelled to stop when she passed the warehouse Rev. Adams was using for a church office. Jim hadn't shown up at the ministerial alliance yesterday. Responding to the disaster had brought many of the religious leaders much closer, and it wasn't like Jim to miss a meeting.

She found him screaming at the copy machine and for a moment she mistook him for someone else. His eyes were red and puffy and his hands were shaking as he tried to dislodge a paper jam. "This *&*\$ machine is no good!" he spat.



are losing our sense of self to the clients we serve... Ironically, as will be noted later, the most effective therapists are most vulnerable to this mirroring or contagion effect. Those who have enormous capacity for feeling and expressing empathy tend to be more at risk of compassion stress.⁷

Care Givers, by virtue of being empathic, will naturally absorb the strength of the feelings that the traumatized are experiencing. Their own hearts will race when confronted with extreme anger and pain. Their own fight-or-flight reactions will be triggered as they attend to the needs of those victimized by sudden loss. The effect of this exposure is cumulative. Repeated and extended episodes of care giving in these contexts aggravate the effect.

In many disaster contexts, the majority of Spiritual Care Providers will be the local clergy and faith leaders tending to the needs of the community.

“Jim, come sit down for a minute. Let me fix that. I missed you at the meeting yesterday. Is everything alright?”

They sat at a desk littered with empty paper cups obtained from multiple disaster response agencies. “I haven’t slept well for weeks,” admitted Jim, adding that he was running on adrenaline and caffeine. “Every time I nod off I relive the night of the storm. The roof of my house was torn off, and I was so afraid for my family. And now I’ve spent so much time listening to other people’s stories of loss that I don’t know where they end and I begin.”

Pastor Beth nodded, having had some of the same dreams. “Jim, I think you need to take some time off! I know that you feel incredible demands from your church and the community, but it would be good for your church and the community if you took some time to take care of **YOU**. I’m wondering if it wouldn’t also be a good idea to stop in and see the Disaster Mental Health counselors at the Community Center. I’ve encouraged a number of my parishioners to see them.”



Many religious leaders *already* have (unhealthy!) routines of being engrossed in work, without a clearly distinguished boundary between self and profession. When disaster strikes, these boundaries can disappear altogether. Long hours of work combined with physical deprivation lead to a state of acute vulnerability.

A number of Self-Scoring Tests have been devised to monitor levels of stress associated with care giving. An excellent example is the Professional Quality of Life Scale (ProQOL). The test measures Compassion Satisfaction and Compassion Fatigue. Care Givers should be encouraged to take time periodically to assess their levels of stress associated with their work.⁸

There is early anecdotal evidence that suggests that clergy affected by a disaster leave their ministry in higher than normal rates. Dr. Anne Burkholder, the Director for Connectional Ministries of the Florida Conference of the United Methodist Church shares the following reflections on this issue.



“I’m not crazy!” Jim exclaimed. “There’s nothing wrong with me... I just need to get some sleep!”

“Of course you’re not crazy, Jim,” said Pastor Beth. “What you’re going through is normal. I’ve been to see the counselors myself, and found it really helpful to share with a trained professional the feelings and stresses I’ve been having.”

“What kind of example is that,” Jim sighed. “A minister that can’t handle his own feelings?”

“Actually, Jim,” Beth said, “I think it sets a wonderful example. It shows we recognize that everyone must take good care of him- or herself the midst of this difficult time. We’re all affected by disaster, and we all need help from one another.”

“I’ll think about it. Thanks, Beth, for your concern. And for fixing that copier!”

“I believe that clergy are particularly vulnerable to a variety of problems following a period of intense responsibility for a congregation that has had to face a disaster. Of the 13 clergy serving the 12 churches most directly affected by Hurricane Andrew in 1992, only two remain in active, pastoral ministry. Three retired early, four have suffered with a serious illness, one of whom has passed away, three had serious emotional struggles, two have gone through divorces and one left the ministry and two left the pastoral ministry—several living through combinations of these. These figures do not include the effects upon those who were involved in the response as neighboring pastors, long-term response staff, and long-term volunteers. During the Andrew response we were simply unaware of the ways in which clergy need to be encouraged and at some times, required to care for their own emotional and spiritual health. I believe today that emotional and spiritual care for clergy and other staff who take on major care giving and response roles is an essential part of disaster response. We now consider it to be a regular part of our response plan, to provide retreats, get-a-way opportunities, fill-in and support pastors, and counseling for clergy and staff that are struggling with the long-term effects of this special kind of care-giving.”

All along the Disaster Management Continuum, care givers will be tempted to pour themselves into this work in ultimately unhealthy ways. Yet maintaining a strong sustained response requires persons to remain vigilant to their own needs for self-care. Organizations concerned for the well-being and retention of experienced persons will make Emotional, Mental and Spiritual Care for the Care Giver a top priority.

Care Givers themselves cannot be expected to self-police themselves on these important issues because many will not. Disaster Response



Organizations' Leadership and Management must take responsibility in attending to the emotional, mental health and spiritual needs of staff and volunteers. Further, organizations must not send mixed signals on this important point: that is, speaking about the importance of self-care but making no provision in scheduling for it. Leadership and Management must personally model healthy work habits to encourage staff to do the same.

Many organizations have learned from past experiences and have designed channels to provide for the long-term needs of care givers. The Resources Section of this guide includes links to programs and strategies for care giver self care.

Some tips and guidelines to mitigate Compassion Fatigue on the organizational level include:

Before Disaster Strikes:

- Training on issues of Self-Care, Burn-Out and Compassion Fatigue.
- Self-Scoring Tests such as the ProQOL to assess pre-disaster stress levels.

During Emergency Response:

- Team Alertness to needs for self-care.
- Careful management of work loads of staff and volunteers.
- Scheduling end-of-shift and end-of-job debriefing opportunities.
- Periodic re-assessment of stress levels.

After Emergency Response:

- Provision of special off-time for response workers.
- Times of group observance and reflection on anniversaries of key events.
- Demonstration of a commitment to provide professional mental health support.



Some tips to mitigate Compassion Fatigue on the personal level include:

- Pamper yourself, you deserve it!
- Listen to some music
- Keep a journal
- Eat regular well-balanced meals (even if you don't feel like it)
- Exercise; get fresh air
- Meditate or pray
- Reach out to other people
- Get plenty of rest
- It's OK not to feel OK.
Let others know how you feel
- Be aware that overuse of alcohol only numbs feelings, it doesn't take them away.



A Disaster Response Worker must communicate openly with her/his own loved ones about how it feels to be deeply affected by the work. You might suggest to your loved ones that they:

- Spend time with you
- Listen carefully
- Reassure you that you are safe
- Give you some private time
- Help you with everyday tasks such as cleaning, cooking or taking care of children
- Don't minimize your experience
- Don't take your anger or other feelings personally

Fortunately, many important lessons have been learned about Emotional, Mental Health and Spiritual Care for the Care Giver. Applying these lessons along the Disaster Management Continuum on personal and organizational levels promises to mitigate the threats inherent to those who reach out to provide care in times of disaster.



SECTION SIX

MITIGATION, PREPAREDNESS,
PLANNING AND TRAINING AS

Spiritual Care Components

Summary

Faith Leaders have an important role in mitigation efforts. By preparing their congregations and themselves for disaster they help build resilient communities. Training for the role of Disaster Spiritual Care Provider is essential before disaster strikes.



Mitigation, Preparedness, Planning and Training as Spiritual Care Components

IN THE CYCLE OF DISASTER RESPONSE, Long Term Recovery ultimately gives way to a post-disaster time when communities concentrate on mitigation and preparedness for a future disaster. While all communities prepare for disaster, in the past it was chiefly communities that had actually suffered a significant incident that worked the hardest on preparedness. This seems no longer to be the case. Mitigation planning and organized preparedness has held an urgency for all communities and this has certainly improved all levels of response capacities.

Spiritual Care Providers and Faith Community Leaders have an important role to play in pre-disaster mitigation, preparedness planning and training. This role concerns both preparedness for the faith communities and preparedness for the Spiritual Care Providers.

SIX



FOR WEEKS THE COLUMN OF SMOKE ROSE from the debris pile in the old quarry. It seemed like a permanent part of the skyline. But one day the smoke was gone. The fire was out. The debris was gone. The clean-up was over and the roar of bulldozers was replaced by the staccato of hammers.

The Ministerial Association met and was surprised to note that not one storm-related item was on their agenda. There were still daily reminders, of course, but other realities were asserting themselves again.

“A thought occurred to me yesterday,” said Rev. Adams. “We learned so much from the storm. I’m proud of how we took care of our community and each other. I don’t want to lose that momentum. Do you think it would be a good idea to make disaster preparedness a standing issue on our agenda?”

FAITH COMMUNITY PREPAREDNESS

Faith Community centers (churches, mosques, synagogues and other centers of faith) are public gathering places where people receive spiritual edification and a sense of belonging. It is wise for these centers to concentrate on preparedness for disaster. Faith Communities may consider planning for the Spiritual Care needs of their congregants in a number of ways.



The group discussed ways to prepare for any future disasters. They considered sessions on self-care for religious and community leaders. They would ask the hospital chaplain to lead a session on trauma. They would work with the Town Council representatives to coordinate municipal disaster preparedness. The more they brainstormed, the more excited they became. Their first official act was to elect Pastor Beth to be the Ministerial Alliance's first Disaster Preparedness Liaison.

"We will all work hard together," Beth said. "We may one day face something else that we can't imagine now, but we will be ready in every way we can."



Mitigation and preparedness activities that congregations can consider include:

- Forming Partnerships for sharing buildings and space with other community groups
- Creating a Congregational Telephone Tree
- Creating a disaster go-to box (a box containing all the supplies, resources and information that one might need to access in case of disaster)
- Identifying hazards and hazardous materials in the congregational facilities
- Identifying Congregational Leaders
- Collaborating with local Emergency Management Agencies in planning and preparedness for disaster
- Communicating and partnering with Disaster Response Agencies
- Identifying Volunteers who could provide labor and services to their congregation and community if disaster strikes
- Advocating the identification of hazards throughout the community
- Advocating on behalf of vulnerable populations throughout the community
- Donating financial and other resources to Disaster Response Agencies

Many religious bodies have disaster response divisions and free-standing organizations that can provide literature, materials, resources and consultation to assist congregations in understanding and planning for disaster. Clergy and Faith Community Leaders will want to be acquainted with these organizations and to form relationships before disaster strikes.

Because Faith Communities often function as places of refuge when disaster strikes, careful planning and preparedness can greatly enhance a community's resiliency.



SPIRITUAL CARE PROVIDER PREPAREDNESS

We have discussed how the role of a Disaster Spiritual Care Provider is distinct from the role of a Faith Community Leader. Faith Community Leaders naturally provide Spiritual Care in a way familiar to their congregants which incorporates the symbols, rituals and traditions of their faith traditions. The role of a Disaster Spiritual Care Provider involves being committed to the Three Basic Principles we introduced in Section I:

- Offering hospitality and a ministry of presence
- Meeting People where they are
- Minding the Concept “Do No Harm”

Faith Community Leaders who volunteer as part of Disaster Response activities generally adapt well to providing appropriate care when briefed and prepared for the role. Moreover, Faith Community Leaders can benefit from training and orientation to this specialist role *before* disaster strikes.

Many Disaster Response Agencies with an interest in Spiritual Care have designed and sponsored training opportunities in functioning effectively in times of disaster for clergy and Faith Community Leaders. Spiritual Care Providers who understand disaster response activities and are connected to disaster response agencies before disaster strikes benefit from:

- An appreciation for Religious and Spiritual Diversity
- An orientation to strategies for managing personal stress in an effort to mitigate Secondary Traumatic Stress
- Specialized skills for responding to disaster e.g. Critical Incident Stress Management
- An orientation to the National Response Plan (NRP) and Incident Command Structures
- Knowledge of the Disaster Response Community



The continuous public awareness of threats of terrorism and other man-made disasters has enhanced interest in preparedness. This has led many Spiritual Care Providers to seek specialized training in order to be a resource in time of disaster. Especially in large cities, considerable attention has been paid to identifying partnerships for providing effective and appropriate Spiritual Care in times of disaster. The NVOAD's basic principles of Cooperation, Communication, Coordination and Collaboration serve to strengthen partnerships among agencies and organizations—both from secular and religious spheres—to include Spiritual Care as an integral part of the Disaster Management Continuum.

The Resources Section in this guide provides links to numerous sites where Spiritual Care Providers can find information and resources on training in all the areas mentioned above. Further, Disaster Planners can find information on principles and standards for Spiritual Care. We hope that this guide will help Disaster Planners and Spiritual Care Providers create meaningful partnerships to provide for the spiritual needs of disaster victims and response workers in the future.





SECTION SEVEN

SUMMARY AND A LOOK TOWARD THE FUTURE OF
Disaster Spiritual Care

SEVEN



Summary and a Look Toward the Future of Disaster Spiritual Care

WE HAVE PROVIDED AN OVERVIEW of the rationale for incorporating Spiritual Care all along the Disaster Management Continuum. We have identified key activities that typify such care and standards for guaranteeing the quality of such care. Below is a summary of the key points of each section of this guide.

SECTION I – BASIC CONCEPTS OF SPIRITUAL CARE

Spirituality is an essential part of humanity. Disaster significantly disrupts people's spiritual lives. Nurturing people's spiritual needs contributes to holistic healing. Every person can benefit from Spiritual Care in time of disaster.



ALAN LOOKED OUT OVER HIS FARM. Some years had passed since the storm. The garage had been replaced. A red, aluminum building stood where the barn once rose. It would always look a little out of place to Alan compared with its picture-postcard ancestor. But it was growing on him.

Alan's family was gathered for the one hundred year anniversary of the farm house. The back porch had been repaired. The storm had destroyed the garage in front of it and torn up a tree behind it, but the farmhouse had come through virtually unscathed.

Prior to the party at the farmhouse, the family had gathered in town at the congregational church Alan and Helen attend. For some of the children and grandchildren it was their first time worshiping in the new building. Some believed it was better than the old church, though none shared that observation.

Back at the farm, the family sat around picnic tables in front of the house and dug into sandwiches and salads and desserts. Alan choked on a sob when he reflected that he was the last of all his generation.

SECTION II – TYPES OF SPIRITUAL CARE

Spiritual Care in Disaster includes many kinds of caring gestures. Spiritual Care Providers are from diverse backgrounds. Adherence to common standards and principles in Spiritual Care ensures that this service is delivered and received appropriately.



SECTION III – EMOTIONAL CARE AND ITS RELATIONSHIP TO SPIRITUAL CARE

Spiritual Care Providers partner with Mental Health professionals in caring for communities in disaster. Spiritual and Emotional Care share some similarities but are distinct healing modalities. Spiritual Care Providers can be an important asset in referring individuals to receive care for their mental health needs.

His sister had passed away in a nursing home, never recovering from the injuries she sustained during the storm. Alan allowed his mind to imagine the farm as it had been when they had been children. Tractors had replaced horses. Pipelines had replaced milk canisters. But the farmhouse was still here.

For the rest of his life Alan would be grateful for the help that countless people and numerous agencies and organizations had provided for him and the town. People from near and far had come to help them in their time of need. Through hard work, generosity, compassion and kindness, they had given him and everyone in town hope during their darkest hours. Farmers managed to stay afloat. Businesses in town reopened. New houses had popped up in new spaces in town. Life would never be the same—but it had gone on.

Now looking around the picnic table with his children and grandchildren, Alan felt the hope which had been kindled and nurtured in those difficult days. His heart would always be heavy for what he had lost, but in this moment, his spirit was soaring.



SECTION IV – SPIRITUAL CARE IN LONG TERM RECOVERY

Spiritual Care has an important role in the Long Term Recovery Stage of Disaster. Assessing and providing for the spiritual needs of individuals, families, and communities can kindle important capacities of hope and resilience. Specific strategies for Spiritual Care during this stage can bolster these strengths.

SECTION V – EMOTIONAL AND SPIRITUAL CARE FOR THE CARE GIVER

Providing Spiritual Care in disaster can be an overwhelming experience. The burdens of caring for others in this context can lead to Compassion Fatigue. Understanding important strategies for self-care is essential for Spiritual Care Providers. Disaster Response Agencies have a responsibility to model healthy work and life habits to care for their own staff in time of disaster.

SECTION VI – MITIGATION, PREPAREDNESS, PLANNING, AND TRAINING AS SPIRITUAL CARE COMPONENTS

Faith Community Leaders have an important role in mitigation efforts. By preparing their congregations and themselves for disaster they contribute toward building resilient communities. Training for the role of Disaster Spiritual Care Provider is essential before disaster strikes.

WE HOPE THAT THROUGH THIS RESOURCE Disaster Planners gain an appreciation for the important role Spiritual Care plays for individuals, families and communities affected by disaster. We hope that Spiritual Care Providers find helpful information and links to disaster response resources that will enhance their skills. Most of all we hope that this resource lights the way toward the numerous examples of communities, disaster response agencies and faith-based organizations which exemplify the principles of the National Voluntary Organizations Active in Disaster—Cooperation, Communication, Coordination and Collaboration—all for the care of those in need.





Resources

RESOURCES

Online Disaster Spiritual Care Resource Center



LIGHT OUR WAY PROVIDES a guide to Online information regarding Disaster Spiritual Care. These Resources reference numerous Disaster Response Organizations interested in Spiritual Care. This section provides links to training, standards, and resources of interest to Disaster Planners and Disaster Spiritual Care Providers. The information presented in links is the

property of the sponsoring organizations. NVOAD does not endorse nor is responsible for the content of external sites.

DISASTER RESPONSE ORGANIZATIONS AND RESOURCES

Please Note: Many resources in these sites are prepared by and for members of the sponsoring organizations and may reflect the specific faith heritages of these organizations.

National Voluntary Organizations Active in Disaster

<http://www.nvoad.org>

“NVOAD coordinates planning efforts by many voluntary organizations responding to disaster. Member organizations provide more effective and less duplication in service by getting together before disasters strike.” Founded in 1970, NVOAD is committed to Cooperation, Communication, Coordination, and Collaboration in Disaster Response. Many NVOAD member organizations provide Spiritual Care in Disaster and offer resources and information through their websites. A list of NVOAD member organizations can be viewed at <http://www.nvoad.org/membersdb.php?members=National>

Catholic Charities

<http://www.catholiccharitiesusa.org>

Catholic Charities offers online information for congregations, businesses, families, and faith leaders.

Christian Disaster Response

<http://www.cdresponse.org>

The Christian Disaster Response provides church and pastoral training in disaster response as well as direct assistance during disaster.

Christian Reformed World Relief Committee

<http://www.crwrc.org>

The CRWRC offers information for congregations and faith leaders.

Church of the Brethren – Emergency Response

<http://www.brethrenemergencyresponse.org/>

The Church of the Brethren—Emergency Response provides unique materials on the care of children in disaster.

Church World Service

<http://www.churchworldservice.org>

CWS offers a variety of resources and training oriented towards organizing and equipping the faith community to respond to disasters. Resources for Faith Community Leaders and Congregations can be found through this site.

Disaster News Network (DNN)

<http://www.disasternews.net>

“Disaster News Network (DNN) is a news service that tells the story of disaster response and suggests appropriate ways the public can help survivors. It also facilitates information sharing among disaster responders.”

Episcopal Relief and Development

<http://www.er-d.org>

ERD offers materials for congregations and faith leaders.

Evangelical Lutheran Church in America Domestic Disaster Response

<http://www.elca.org/disaster>

The Evangelical Lutheran Church in America and the Lutheran Church — Missouri Synod collaborate in the disaster response ministry Lutheran Disaster Response.

FEMA

<http://training.fema.gov/EMIWeb/IS/>

The FEMA Emergency Management Institute offers excellent online distance learning courses through its Independent Study Program. Courses on the National Response Plan, Incident Command, and many other topics of interest to Disaster Response are available free of charge.

The International Critical Incident Stress Foundation

<http://www.icisf.org>

The ICISF offers materials on Pastoral Crisis Intervention in Disaster.

International Society for Traumatic Stress Studies

<http://www.istss.org>

“The ISTSS is an international multidisciplinary, professional membership organization that promotes advancement and exchange of knowledge about severe stress and trauma. This knowledge includes understanding the scope and consequences of traumatic exposure, preventing traumatic events and ameliorating their consequences, and advocating for the field of traumatic stress.” The site offers extensive information and resources on this field.

National Institute of Mental Health

<http://www.nimh.nih.gov/healthinformation>

“NIMH offers a variety of publications and other educational resources to help people with mental disorders, the general public, mental health and health care practitioners, and researchers gain a better understanding of mental illnesses and the research programs of the NIMH.”

National Organization for Victim Assistance (NOVA)

<http://www.trynova.org>

“The National Organization for Victim Assistance is a private, non-profit, organization of victim and witness assistance programs and practitioners, criminal justice agencies and professionals, mental health professionals, researchers, former victims and survivors, and others committed to the recognition and implementation of victim rights and services.” NOVA offers extensive materials and resources to the public and NOVA members at <http://www.trynova.org/publications/>

Nazarene Disaster Response

<http://www.nazarenedisasterresponse.org/>

Nazarene Disaster Response offers publications and resources on grief and Spiritual Care issues.

Presbyterian Disaster Assistance

<http://www.pcusa.org/pda>

The PDA offers comprehensive materials for congregations and faith leaders on their site.

The Salvation Army Disaster Services Ministries

<http://salvationarmyusa.org>

The Salvation Army provides diverse short- and long-term services to meet the needs of disaster survivors.

Southern Baptist Convention

<http://www.namb.net/site/c.9qKILUOzEpH/b.238536/k.BoB3/ManualsResources.htm>

The North American Mission Board of the Southern Baptist Churches offers extensive information for congregations and faith leaders, including the well-known Disaster Chaplain Manual.

The United Church of Christ

<http://cwserp.org/techdis/>

The UCC, in cooperation with CWS offers unique information about responding to technological disasters.

United Methodist Committee on Relief

<http://gbgm-umc.org/umcor>

UMCOR offers downloadable information for congregations and faith leaders.

PROFESSIONAL SPIRITUAL CARE AND MENTAL HEALTH PROVIDER ORGANIZATIONS**American Association of Pastoral Counselors**

<http://www.aapc.org>

American Counseling Association

<http://www.counseling.org>

Association of Professional Chaplains

<http://www.professionalchaplains.org>

American Psychiatric Association

<http://www.psych.org>

American Psychological Association

<http://www.apa.org>

International Conference of Police Chaplains

<http://www.icpc4cops.org>

National Association of Catholic Chaplains

<http://www.nacc.org>

National Association of Jewish Chaplains

<http://www.najc.org>

National Association of Social Workers

<http://www.naswdc.org>

ANNIVERSARY AND MEMORIAL SERVICE RESOURCES

The International Critical Incident Stress Foundation shares this resource on anniversary issues:

<http://www.icisf.org/articles/Acrobat%20Documents/anniv.pdf>

The Evangelical Lutheran Church in America has published these resources on Memorial Services and Anniversary issues:

<http://www.elca.org/dcs/disaster/sept11-annivArticle.html>

<http://www.elca.org/dcs/disaster/sept11-worship.html>

Kansas State University Extension Service's Web Site contains this helpful information about anniversary issues:

<http://www.oznet.ksu.edu/library/famlf2/mf1152.pdf>

OTHER RESOURCES

Buddhist Spiritual Care Program

The Spiritual Care Program contains resources and information regarding Spiritual Care from a Buddhist Perspective.

<http://www.spcare.org/>

Cultural Sensitivity

The Association of Professional Chaplains presents a study and resource guide on diverse cultures and spiritualities.

<http://www.professionalchaplains.org/uploadedFiles/pdf/learning-cultural-sensitivity.pdf>

Hartford Seminary Muslim Chaplaincy Program

Hartford Seminary offers a specialist program of Spiritual Care training for Muslim Chaplains. The site includes information on the training program and resources regarding Spiritual Care from a Muslim perspective.

<http://macdonald.hartsem.edu/chaplaincy/index.html>

National Association of Jewish Chaplains

The NAJC offers information and resources on Jewish and General Pastoral Care and Chaplaincy at:

<http://www.najc.org/main/resources.htm>

The New York Disaster Interfaith Services

NYDIS offers extensive links on its website regarding Spiritual Psychological and other services.

<http://www.nydis.org/disasterplanning/7.php>

Psychological First Aid

The Uniformed Services University of the Health Sciences offers this online resource specifically describing Psychological First Aid:

<http://www.usuhs.mil/psy/CTCPsychologicalFirstAid.pdf>

SAMHSA

SAMHSA's mission is to build resilience and facilitate recovery for people with or at risk for substance abuse and mental illness.

http://www.samhsa.gov/Menu/Level2_about.aspx

Traumatic Stress

The Center for the Study of Traumatic Stress is a Program of the Uniformed Services University and presents helpful links on a variety of topics.

<http://www.centerforthestudyoftraumaticstress.org/home.shtml>

World Prayers

This Site offers devotional materials from world religions:

<http://www.worldprayers.org/>

World Religions

This site offers an introduction to many world religions including Sacred Texts:

<http://www.sacred-texts.com/world.htm>

SELF-CARE RESOURCES

Alban Institute

The Alban Institute sponsors programs and resource related to clergy and congregational wellness.

<http://www.alban.org/>

Care for the Caregiver

This site offers commonsense strategies for caregivers to attend to their own emotional needs.

<http://www.caregiver.on.ca/cgcc.html>

Helpguide

This site provides details about signs of burnout and strategies for self-care.

http://www.helpguide.org/mental/burnout_signs_symptoms.htm

SPIRITUAL CARE STANDARDS

A number of organizations have published specific standards and practice guidelines for Spiritual Care. Two are available through the following links:

Church World Service Signatory bodies include:

- Direct Human Services, American Baptist Churches USA,
- Church of the Brethren,
- International Orthodox Christian Charities,
- Lutheran Disaster Response,
- Presbyterian Disaster Assistance,
- Reformed Church World Service,
- UCC National Disaster Ministries,
- United Methodist Committee on Relief,
- Week of Compassion – Christian Church (Disciples of Christ)

<http://www.cwserp.org/uploads/congregation/87SpiritualCare.pdf>

The Council on Collaboration Signatory Bodies include:

- Association of Professional Chaplains
 - American Association of Pastoral Counselors
 - Association for Clinical Pastoral Education
 - National Association of Catholic Chaplains
 - National Association of Jewish Chaplains
 - Canadian Association for Pastoral Practice and Education.
- <http://www.acpe.edu/acroread/Common%20Code%20of%20Ethics%20Revised%20March%202005.pdf>

Footnotes

- ¹ *Southern Baptist Disaster Chaplain Training Manual*
- ² Rev. John A. Robinson, Jr.
- ³ *The Minister as Diagnostician* by Paul Pruyser 1976 The Westminster Press Philadelphia pp 17-18 passim
- ⁴ This Community Spiritual Assessment is adapted from the 7x7 Spiritual Assessment Tool designed for clinical spiritual care. A full treatment of this tool can be found in *Assessing Spiritual Needs: A Guide for Caregivers* by George Fitchett Augsburg Minneapolis 1993
- ⁵ First Quote 1995, *The Philosophy of Existentialism*. Translated by Manya Harari. New York: Carol Publishing Group p 28 second quote 1973, *Tragic Wisdom and Beyond*. Translated by Stephen Jolin and Peter McCormick. Publication of the Northwestern University Studies in Phenomenology and Existential Philosophy, ed. John Wild. Evanston, IL: Northwestern University Press. P 143
- ⁶ This approach to kindling hope draws upon the work of Carol Farran, D.N.Sc, RN. For additional reading on Dr. Farran's work on hope see *Hope and Hopelessness: Critical Clinical Constructs*, written with colleagues Kaye Herth and Judy Popovich (1995: Sage Publication).
- ⁷ Charles Figley, editor. *Compassion Fatigue: Secondary Traumatic Stress Disorder In Those Who Treat The Traumatized* Brunner-Routledge, London 1995 p1
- ⁸ For further information on Compassion Fatigue Self-Scoring Tests, see Stamm, BH (2002) Measuring Compassion Satisfaction as well as Fatigue: Developmental history of the Compassion Fatigue and Satisfaction Test. In Figley, CR (ed.) 107-119 *Treating Compassion Fatigue*. Brunner-Mazel, New York And Stamm, BH (2005) The ProQOL www.isu.edu/~bhstamm



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