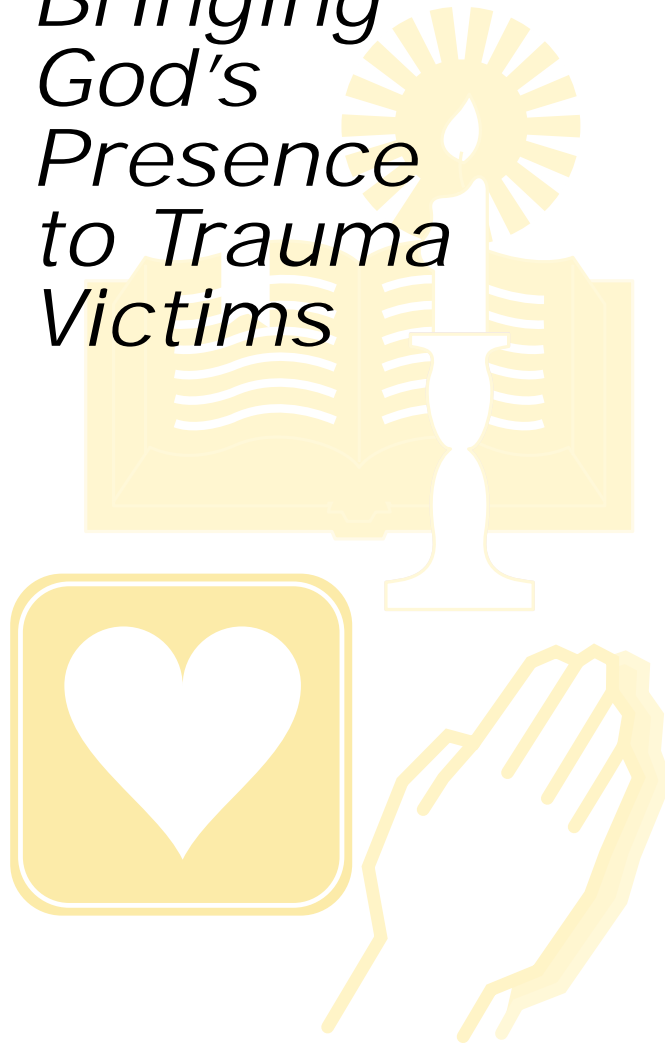


The Disaster Response
Chaplain

*Bringing
God's
Presence
to Trauma
Victims*



**CHURCH WORLD SERVICE
EMERGENCY RESPONSE PROGRAM**

The Disaster Response Chaplain:

Bringing God's Presence to Trauma Victims

Faith leaders know theology, spirituality, religious traditions, cultural history, and ethics and often supplement this knowledge with studies in sociology, psychology, communication, family systems theory, and similar subjects. Yet few faith leaders have the knowledge and skills to manage the intensity of emotion and the depth of sacred reaction to trauma and catastrophe.

Priests, rabbis, imams, and pastors share in the lives of members of their faith communities—studying, worshipping, praying, and singing with them; and sharing with them in some of life's greatest moments and life's greatest tragedies. The nature of public trauma and catastrophe, however, thrusts them into a completely different and often unfamiliar dimension of service—that of disaster chaplain.

Trauma stems from a "critical incident" that is significant, unusual, and distressing—thus producing a high level of physical and emotional response which may be immediate or delayed. Trauma is an experience of total powerlessness produced by a swift, sudden, and usually unexpected event that disrupts the normal social order. People may be killed senselessly. The event may be violent and gruesome. People may experience an overwhelming threat to their personal and public security. They struggle to understand why the act that produced the trauma occurred.

To effectively serve as a Disaster Response Chaplain, you need to understand:

- The special role of chaplains in disasters
- How trauma affects people spiritually and emotionally
- The unique elements of ministering to trauma victims

The Role of Disaster Chaplain

The disaster chaplain is a representative of God to caregivers and families and friends of victims.

Fire fighters, police, doctors, nurses, rescue workers need someone to whom they can talk about what they saw, touched, smelled, heard, and felt. They need to share their stories of the pain, sorrow, frustration, anger, and the tragedy that has happened. They may be hungry or thirsty and need rest.

The disaster chaplain does not try to convert, but rather observes needs; listens to the anger, hurt, frustration, and pain; and provides support by:

- Touching/holding. After asking first, you may rub a back, hold a hand, give a hug while a person shares his/her personal struggles.
- Praying. You may pray or not, depending on the will of the person you are helping. You never force prayer on someone. Then it becomes your need, not the need of the person you are trying to help. When you sense a person is calm, then—and only then—is it appropriate to bring up prayer. You may say, "I'll keep you in my prayers." Or "You will be in my prayers." If they say, "Thank you" or something along those lines, you then might say, "Would you like me to say a prayer now?" If they say "yes," then you pray. If they say "no," don't push it.

A prayer should last between 30 seconds to one and one-half minutes. It should be generic as you may not know the person's religious background. In the prayer, you identify the tragedy, name the things of concern to the person for whom you're are praying, and say the person's name.

Remember: you are praying to God. You offer an intercessory prayer, lifting up to God (a Higher Power) the fears, concerns, hurts, pains, frustra-

tions of rescue workers—their stories. You don't preach a sermon.

Families and friends of victims also need someone to hear their stories, provide a compassionate touch (after you have asked first), offer kleenex to dry their tears, give them something to eat or drink, encourage them to rest. They will be scared, worried, angry, and nervous. They may express anger and hate toward God for allowing such a thing to happen.

If they are out of control physically or emotionally—hyperventilating, vomiting, passing out, screaming, hitting, going into flight, the disaster chaplain helps them deal with what is going on around them. You help them gain control by encouraging them to make small decisions—“Would you like a drink?” or “Would you like to get some rest?” or “Would you like something to eat?”

Knowledge of the elements of trauma and the skill to deliver services and support that trauma victims require for healing is important in disaster chaplaincy.

The Nature of Trauma

Traumatic stress overwhelms individual and corporate coping mechanisms. Reaction to trauma encompasses:

1. Stress arousal. Feelings of being overwhelmed, anxious or panicky. Compromised concentration and memory functions. Victims may seek to ameliorate these symptoms with the increased use of alcohol or stimulants.
2. Physical symptoms. Heightened startle reaction and hyper-vigilance to surroundings. Increase in blood pressure, respiration and cardiac output.
3. Cognitive Changes. Confusion, disorientation, difficulty making decisions. People often find themselves forgetting to complete simple tasks like food preparation or personal care.

4. Behavioral Responses. Changes in daily routine—travel to work, recreation, hobbies. The changes signal new ways people are thinking about themselves and their lives and may empower them and give them hope. People may change the route they take home from work each day so that they do not have to travel by a site where a traumatic event occurred.

5. Emotional Response. Shock, denial, disbelief, grief, anger, bargaining, acceptance. The psychological well-being of most people depends upon their ability to feel whole, complete, safe, competent, loved and secure in their world. Traumatized people naturally struggle to resist accepting the event and then to resolve it.

Historical information about soldiers returning from combat provides some of the best documentation of traumatic response syndromes. The carnage and horror of the battlefield catapult them into severe stress reactions. Nightmares and flashbacks are common. The concept of post-traumatic stress was developed and Post Traumatic Stress Disorder (PTSD) recognized as a diagnosable and treatable mental condition during the Vietnam War.

There is a clear distinction between a grief reaction and trauma. While both experiences involve deep sadness over loss, trauma victims also experience rage over loss. There is a significant difference in people's reaction to someone dying and to someone being killed. If a person is killed, then there is a perpetrator. In many cultures the event is also thrust into the public arena involving law enforcement, the media, and the criminal justice system.

When people are traumatized through acts of violence, their reactions are intensified. Sudden and unexpected acts of violence thrust people into an acute crisis. Traumatic symptoms are heightened. People experience a complete loss of trust and confidence in their ability to be protected. They do not feel safe. If the acts of violence continue over a significant amount of time, people's safety needs and anxiety increase. Even the threat alone heightens the sense of

powerlessness. If there is no recognized enemy, a definable war zone, or hope for a successful end to violence, the issues are further complicated.

In an event that traumatizes an entire community, the common social denominator is lack of trust. Loss of trust in basic social systems, governments, social order, and faith communities is followed by the collapse of the foundation of basic beliefs of the individual. Then traumatized victims often move into a spiritual crisis.

Responding to Trauma

All people who suffer trauma experience common physical and emotional symptoms. They are normal and expected. They serve as a way for people to process the trauma. It is important to remember that normal people reacting to abnormal situations are not experiencing a psychological problem, but rather trauma. Try to refer to these situations as Post Traumatic Stress Response (PTSR) rather than Disorder.

At the same time, people must release their emotional and physical symptoms in healthy ways or they can suffer further harm. Physical and emotional illnesses often lead to loss of productivity in the workplace and difficulties in relationships.

The most common treatment for PTSR is a “debriefing” conducted by an experienced trauma response expert who verbally guides, educates, and supports the trauma victim to minimize the probability of continued symptoms. Crisis intervention encompasses immediate and rapid implementation of supportive services for trauma victims—interviews and debriefings that allow people to express their feelings, connect with other hurting people, and reduce the isolation that reinforces loss and resentment.

While working with a trauma victim, you do not moralize, judge, or offer psychological interpretation or platitudes. Rather, you listen, stabilize, inform, normalize, and help the victim recover.

After a traumatic event, faith leaders are challenged to maintain a balance between meeting pastoral needs of their particular faith group and demands of the larger community. Some people will need professional services for an extended period following their traumatic event. The issues they are facing may be too consuming for you to manage or you might not have the training required to address them.

People who need extended psychological care will exhibit eight or more of the following symptoms: irritability, fear, guilt, anger/hostility, depression, hypervigilance, anxiety, numbness or detachment, exaggerated startle response, memory loss, sleeping difficulties, nightmares (more than once a week), intrusive memories (more than once a day), difficulty concentrating, flashbacks, withdrawal.

If you discover increasing demands on your time to attend to a person's emotional needs following a trauma, feel comfortable about making referrals. If you do not personally know mental health professionals you trust, mental health professional organizations can make recommendations.

Listening: Your Basic Tool

The effectiveness of a disaster chaplain lies in the ability to be an Active Listener. Focusing on the way you behave when talking with someone, clearly demonstrating attentiveness to speakers and a commitment to understanding them. Active Listening Skills include:

Reflection—accurately repeating a message you hear. You focus on the speaker's message so that you can repeat it word for word. Your needs don't matter. The needs of the person with whom you are listening do. Open ended questions, reflecting back what you have heard, allow persons a chance to correct you and encourage them to elaborate and expand on what they have said:

- Let me see if I heard you right. You feel afraid to go out of your house?
- So you felt betrayed?

- You feel lost and scared after the World Trade Center came down?

Clarification. You ask questions that help people get more specific. You probe to help them identify feelings that may be unclear. Through words and body language, you say you want more information.

Support. By words and actions, you show you are attentive and focused on speakers. You say little while receiving their messages in accepting and non-judgmental ways.

Do not be afraid of silence. You do not need to fill it with your voice. If the person is silent, that is OK. Establish eye contact. Face the person who is talking. Lean slightly forward. Eventually the person will speak. If you find you are doing a lot of talking, you might reassess your listening skills. No one cares what you think until they know that you care.

Avoid distracting physical movements which both affect your ability to listen and make it hard for the person talking to tell a story or communicate feelings. Communicating non-verbally as well as verbally shows whether or not you are a good listener. Don't create an atmosphere that says "I am not paying attention to what you are saying." Do not drum or tap your fingers. Do not file your nails. Don't constantly glance at your watch. You can hurt feelings and further traumatize a person.

Counsel. Many times there is no answer, no solution, no advice to give. Just an understanding heart and a willingness to accompany people down a difficult life path. If you think it is appropriate to offer some suggestions, make sure people can carry them out on their own. As trauma victims struggle to organize their experiences in meaningful ways, they often need help understanding and naming their feelings. They don't know what they feel, what they should feel, or if they feel anything at all. Your ability to guide them through these tough waters is important.

To be a good listener, you need to learn to be empathic—to be able to walk with someone down his

or her journey, getting personally involved yet maintaining control in a caring relationship. A truly good listener wants to know what is happening to the other person. Empathy is not sympathy—feeling a concern for someone or feeling sorry for what is happening to them without getting personally involved. At the same time, neither is empathy taking on the problems or feelings of another person, making the person's problem yours.

The more you practice the art of listening, the more natural it comes and the greater the opportunities for the traumatized person to share his/her feelings in a healthy way.

Dealing with Anger

Anger is a special problem. Victims of trauma often experience anger because they perceive an external event, an object or a person as threatening, or they have, in fact, been hurt. When they have been hurt or are in pain, they experience frustration because of unmet expectations, a loss of safety, powerlessness, and deep feelings of unfair victimization.

Anger may be expressed in passive ways: avoidance, procrastination, complaining, undermining, gossiping, resisting, acquiescing superficially. Anger may also be expressed in hostile ways: assaults, threats, abusive language, physical intimidation, destroying property.

You seek to understand a trauma victim's anger by asking:

- How/what are you feeling right now?
- What are you afraid of?
- What do you need right now that will help resolve your anger, frustration, tension and fear?

When anger is aggressive, you may seek to:

- Redirect it, helping a person focus more accurately on specific problems or emotions and direct them appropriately toward healthy resolution
- Defuse it—calming the anger or agitation

- Confront it by offering the emotionally charged person direct, accurate and therapeutic feedback about her/his behavior and suggestions for change

Forgiveness: The Final Issue

Some of the most sensitive issues of trauma recovery center around forgiveness. Forgiveness is at the heart of many faith traditions. For most trauma victims, however, forgiveness is the very last issue with which they should deal. Spiritual care that insists trauma victims deal with the political, economic or sociological implications of terrorism, poverty, racism or similar social issues while in the acute phase of trauma can re-traumatize them.

The trauma victim must have sufficient time and support from others so that their forgiveness is their forgiveness, and not the forced agenda of another. Important, even critical transformation issues will begin to surface when the victims are ready. If pushed to meet some other personal, organizational or political agenda of forgiveness, trauma victims may find themselves in another faith crisis.

The common concept that victims have to experience forgiveness of their perpetrators before they can heal increases the burden that the victims feel. In fact, if there was no relationship between the victim and the perpetrator before the traumatic event, then there is no relationship to restore!

Victims of traumatic violence relate to the violence that affected them. They have no moral responsibility to re-traumatize themselves by going back into the trauma in the misguided notion that they must forgive to heal. Victims deeply resent their re-victimization by being expected to go back in the past to relive the trauma they experienced. True healing comes as they live in a healthy present with a plan for the future.

Conclusion

This booklet is only the beginning. There are many things you need to know and many practices to remember and adapt to your situation if you want to be an effective chaplain in the wake of disasters. Church World Service Interfaith Trauma Response training can help you broaden your knowledge and develop your skills further. Talk to your judicatory and your national denomination's disaster ministry leaders about chaplaincy requirements and recommended education and training

Disaster chaplaincy is demanding and specialized work. But it is also uplifting and fulfilling. It is possibly the most rewarding ministry you may ever have the opportunity to experience.

This Booklet draws on materials written by Katrina Bright and Denise Glavin who are members of the Church World Service Interfaith Trauma Response Team which conducts inter-religious training of clergy and lay leaders in trauma care and disaster chaplaincy.

Dr. Bright is a licensed psychologist in Oklahoma City with an industrial and organizational practice. As Family Business Coach Coordinator for Family Business Partners, she helps recruit and train the FBP business coaches who work with family businesses on image, competency, direction, value, and legacy issues. Dr. Bright is active in Oklahoma and national psychological associations and is a member of the Family Firm Institute. She has more than 25 years of direct experience with family systems and business issues. Dr. Bright received a Doctor of Philosophy degree from Oklahoma State University in Counseling Psychology in 1986 and a Doctor of Philosophy degree from Oklahoma University in Adult and Community Education in 1982.

Rev. Glavin is pastor at the Faith Community Christian Church in Oklahoma City. Trained in clinical pastoral care at Baptist Medical Center in Oklahoma City, she responded to the Federal Building terrorist bombing there as a chaplain to care-givers at the disaster site and to families at the morgue. She also served on

death notification teams following the disaster. Her chaplaincy experience also encompasses service in the transplant and burn units of the Baptist Medical Center. The author of the book, *Hospice: A Labor of Love*, she has also worked extensively with individuals and groups in grief counseling. A native of Pueblo, CO, she received an undergraduate degree in computer science in 1984 at University of Southern Colorado in Pueblo. She graduated from Phillips Theological Seminary, Tulsa, OK, in 1988.

Church World Service Emergency Response Information Sources

Publications

- Cooperative Faith-Based Disaster Recovery in Your Community: Why, What & How
- The Disaster Response Chaplain: Bringing God's Presence to Trauma Victims
- Managing and Operating the Faith-Based Recovery Organization
- Prepare to Care: Church Response to Disaster
- The Religious Community as Disaster Educator: Planning, Prevention & Mitigation
- The Silent Disaster: People of Faith Respond to Technological Disasters

For additional information on resources, contact

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