



**CHURCH WORLD SERVICE**

# **Spiritual and Emotional Care Resource**

By

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## **Abstract**

In 2004, Church World Service begins a program of Spiritual and Emotional Care Resource (SECR) services. The program will have the capacity to respond to the spiritual and emotional needs of clergy, chaplains, and caregivers from the faith community who are engaged in the response and recovery of communities affected by a traumatic disaster.

This new resource will include credentialed professionals who will aim to provide professional intervention services to clergy, chaplains, and caregivers in the faith community that are engaged in both short - and long-term relief and recovery efforts. The initial request for SECR services will come from denominations or locally organized faith organizations. The Disaster Response Recovery Liaisons (DRRLs) will be responsible for assessing the impact of the disaster on the community using the Subjective Units of Disturbance Scale (SUDS) — an assessment tool that measures the level of stress and trauma in order to determine the need for intervention. The SUDS model is used to assess the intensity and impact of a negative event on an individual or community. If the SUDS assessment reveals the need for an intervention or interventions, there will be two different response models available. The first will provide both training and awareness building about the issues that affect the short- and long-term recovery process of the community. The second will deploy a SECR professional team to work with the faith community using one of several models developed by the team members. Critical Incident Stress Management (CISM) models are also available for use.

## **Context**

The Red Cross estimates that some 70,000 incidents that prompt an emergency response occur over the course of a year in the United States and Puerto Rico. For the most part, the majority will involve house or neighborhood fires requiring disaster relief specialists to respond with food and shelter. In most natural disasters there are relatively few deaths, due largely to forewarning and forecasting. In fact, many natural disasters result in no loss of life even though there can be extensive loss and destruction of property. Industrial and technological accidents also produce loss of property and can produce long-term health risks to the surrounding communities as well.

While the vast majority of disasters in the U.S. do not prompt long-term relief and assistance, some disasters — which will attract prolonged media coverage or a sustained level of national and international attention — have been so traumatic and overwhelming that long-term engagement in the relief and recovery of the community or communities is inescapable. Some recent traumatic disasters, including both natural catastrophes as well as human-inflicted disasters that led to death and destruction, include:

- On November 4–5, 1985, a devastating flood hit a 29-county area of West Virginia, in which 38 persons died and another 10 were missing. About 4,389 homes were destroyed and another 762

were condemned. Hardy, Grant, and Pendleton Counties sustained widespread destruction of property (Bradfield, Wylie, and Echterling 1989).

- On August 16, 1992, Hurricane Andrew ripped through South Florida killing 23 people. Even though Andrew did not cause massive casualties, Andrew did wreck unprecedented havoc and destruction that directly affected the lives of a half million people. According to one study, one in every sixteen families (a total of 40,000 families or 83,000 people) moved out of the Miami-Dade area (Eyerdam 2003, page 35).
- On April 19, 1995, the bombing of the Alfred P. Murrah Federal Building was a violent, intentional act of terrorism perpetrated by a U.S. citizen upon U.S. citizens. The 169 people who died included 19 small children and 1 registered nurse who was killed by falling debris as she helped pull victims out of the wreckage. Hundreds more were injured both in the building and in the surrounding neighborhood. More than 100 children lost a parent and many more lost other family members (Pfefferbaum et al. 1999).
- On April 20, 1999, the Columbine High School shootings resulted in the deaths of 12 students and the wounding of another 24 during fifteen minutes of mayhem and killing at the Littleton, Colorado, high school. It was the second worst act of school violence in U.S. history following the May 18, 1927 deaths of 37 students and 2 teachers in Bath, Michigan, when one wing of the Bath Consolidated School was dynamited (Beresford 2003, page 41).
- On September 11, 2001, the attack on the World Trade Center in New York City and on the Pentagon in Washington D.C. was the most sudden and unprecedented terrorist attack ever perpetrated in the U.S. The crash of United Airline Flight 93 near Shanksville, Pennsylvania, killing everyone on board, added to a final death toll of 2,985 people. Even after twenty-seven months, this tragic day of unparalleled suffering, panic, chaos, death, and destruction continues to impact the Tri-State area, and the regional and international implications are ongoing. It is yet too soon to fully comprehend the effects of this traumatic event. Acts of terrorism resulting in mass casualties have a far-reaching impact, often over several generations. In addition to the 2,985 people who lost their lives on that day, the Department of Labor reported that 368,000 persons worked within a few blocks of the World Trade Center and more than 500,000 worked within the area cordoned off by emergency officials who responded to the attack. Bureau of Labor Statistics for February 2002 reported 408 extended mass layoffs involving 114,711 workers. In addition, thirty-three states reported layoffs directly related to the September 11<sup>th</sup> event and, among those, 42 percent (44,756) had been employed by the transportation industry (Schachter 2003, page 15). We can expect to see more data about the ongoing impact of these events revealing more conclusively the full spectrum of effects both locally (e.g., in New York City and Washington, D.C.) and nationally.
- On February 21, 2003, a tragic fire, touched off by a pyrotechnic display, engulfed the Station Night Club in West Warwick, Rhode Island. It was the most tragic night club fire since 1948, with 100 persons perishing in the fire and another 183 injured (of which 80 were hospitalized with serious injuries including treatment of severe burns). Many of the burn victims will require years of rehabilitative care.

Researchers have documented that the more prolonged the media coverage is of a particular tragedy, the more difficult and traumatic the tragedy's impact on the community. The complexity of the tragedy can further complicate the long-term impact and prolonged affect on the community. For example, beyond the tragic loss of lives at the World Trade Center, most of those who were lost left behind young

families and bereaved parents. These two populations have a particular propensity for a complicated grieving process (Doka 2003, page 7). The complexity of September 11<sup>th</sup> also was distinct from other tragedies not only because of the death of so many but also because it caused within the nation a sense of vulnerability and loss of safety. The present public discussions of “not if” but “when” another incident will occur only reinforce this sense of vulnerability and loss of safety in many Americans (Rando 2003, page 270).

### *Clergy as First Responders*

Studies have shown that clergy are viewed as accessible caregivers who generally occupy positions of trust. In the event of a warning of an impending natural disaster — such as a flood, tornado, or hurricane — clergy and chaplains generally have adjusted their schedules, expecting to be called upon after the disaster strikes. In a sudden or unexpected disaster, first responders historically have included firefighters, police, emergency, and medical personnel. Increasingly, clergy and chaplains also are first responders. Most communities, regardless of population size, commonly view clergy and pastors as capable professionals who offer a unique language of faith and hope of value to those in need of emergency emotional and spiritual care.

Statistics are sparse when it comes to establishing the real number of clergy and congregations nationally. This is particularly true for the non-Judeo-Christian faiths. Overall, it is estimated that there are 500,000 churches, temples, and mosques standing as a spiritual presence in virtually every county in the U.S. The future offers the opportunity to call upon the leaders of these faith traditions to respond to the material, emotional, and spiritual needs of effected communities following a catastrophic event, particularly to one resulting in mass casualties.

There are important reasons why it is vital that faith leaders and caregivers from the faith community be prepared and trained before the onset of a disaster. Spiritual caregivers require preparation similar to that of other first responders: (1) how to recognize needs at the time of the disaster, (2) how to plan for needs that will arise following the disaster; and, in particular, (3) how to deal with emotional and spiritual needs. In any disaster, it is impossible to predict either the emotional impact on the community or the duration of that impact.

Most large-scale disasters, either with or without significant loss of life, will find caregivers from the faith community attending to the longer-term emotional and spiritual needs of the community as the recovery process progresses. This could take many years, even decades. As disasters increasingly become more complex by nature and impact societies economically, the skill sets helpful to clergy and caregivers will become increasingly more important and critical to the ability of the community to make an emotional and spiritual recovery. For sustainability over the long term, clergy and caregivers will need to face their pastoral responsibilities in complex disasters and meet the challenges of traumatized communities. Inadequately prepared caregivers may experience the risk of burn out over the long term. They may also face the inevitable result of leaving the ministry.

Studies reveal that four out of ten Americans seek counsel from a member of the clergy when confronted with personal problems (A.J. Weaver 1993, page 388). Clergy already devote much of their time to pastoral counseling even when a disaster or tragedy has not occurred. In a post-disaster period, the amount of time devoted to pastoral care increases significantly. This demand upon their time places considerable stress on the clergyperson, resulting in cascading effects on the family, congregation, and community. Some would say that clergy and faith leaders increasingly find themselves in the position of making heroic efforts with inadequate training and minimal resources.

Clergy generally deliver the message of hope and encouragement well. Efforts to affirm and provide revitalization, renewal, and enhancement of skills to continue their ministry will be helpful in preparing for a pre - and post - disaster phase and for meeting the long-term challenges faced after a disaster. In the case of large-scale disasters, the result can be traumatic for the individuals and communities, particularly

when there is a significant loss of life and/or personal property. Such loss can produce a profound sense of grief, which can be overwhelming.

### *Trauma and Caregivers*

Trauma comes from the Greek root for “wounded.” Psychologists and sociologists have put forward many definitions. According to Bessel A. Van der Kolk, trauma occurs when “one loses the sense of having a safe place to retreat within or outside oneself to deal with frightening emotions or experiences. This results in a state of helplessness, a feeling that one’s actions have no bearing on the outcome of one’s life.” (A.J. Weaver 1993, page 385). Trauma also results when individuals directly experience extraordinary events that actually threaten survival and shatter assumptions of safety, meaningfulness, and a benevolent world (Schachter 2003, page 16).

Therese M. Becker (2002), manager of pastoral care at the University of Chicago Hospitals, says that to explore spiritual care after a disaster, we need to speak two languages — the language of social sciences, which will help us with the psychological and communal dimensions of our experience, and the language of theology/spirituality, which will help us with the profound theological questions at stake. She also suggests that a disaster is a traumatic event in which the person’s ordinary ability to cope is overwhelmed — and, in this context, “overwhelmed” is the operative word. Coping responses are overpowered to the extent that one is unable to manage the gravity of the situation. And, in the most horrific disasters, such as the World Trade Center and Pentagon attacks, the loss is so devastating that it overwhelms not only the individual, but the community and, perhaps, the nation.

It is precisely because of their intimate involvement with traumatized individuals in the community following a disaster that clergy are placed at some risk of stress over time. Because the effects of the disaster could have profound implications for the community for years to come, the caregiver, usually prepared for only short-term recovery challenges, is rarely equipped for an extended recovery period. For some, the resulting stress can lead to compassion fatigue, burnout or, ultimately, the decision to leave the ministry or caregiving profession.

Obviously, each disaster will be different by scope, proportion, and complexity. Depending on the many variable elements of each disaster, it may overwhelm the effected community or it may not. However, if a disaster has been evaluated as having overwhelmed the community (and, by implication, the faith leaders of the community as well), then the attention to spiritual and emotional care for the caregivers should focus on restorative and fortifying measures that will benefit them during such intense and stressful situations.

### **Preparedness and Continuing Education Before and After a Disaster**

There are two types of interventions or opportunities that will prepare faith leaders in advance of a disaster and reduce the stress levels they experience as they carry out their responsibilities.

#### *Disaster Training*

The first focuses on preparing caregivers in advance of a disaster through the development and use of a training model. In all first responder professions — police, fire, and emergency medical personnel — there is an intentional effort to prepare for the eventuality of a crisis through training that includes simulations and mock exercises. Psychological preparedness is important in helping first responders to anticipate the nature, scope, and complexity of any given catastrophic, traumatic disaster. Significant investments of both time and resources have been allocated for the preparation of first responders from various disciplines, and such training has intensified since the September 11 event.

Caregivers from the faith community also deserve and would significantly benefit from similar opportunities for training so that they, too, are prepared for their responsibilities. It is important that they

understand the long-term effects resulting from a traumatic disaster. Additionally, they need to understand appropriate interventions and learn to recognize when it is appropriate to hand over some of the counseling responsibilities to other local resources. In general, these tools have not been provided to clergy in order to equip them for catastrophic events. However, there is increasing awareness by many caregivers in the faith community, particularly where disasters with mass casualties have occurred, that prior preparation can lead to more effective clergy performance, appropriate interventions, and long-term involvement. Qualitative interventions on behalf of individuals seeking counseling are a positive result of preparedness. Awareness building through education can reduce the risk of compassion fatigue, burnout, and mobility (the decision, based on stress, to move from a disaster area to a new location or to leave the ministry).

Caregivers from the faith community, speaking a language of hope, are readily accessible, generally viewed by the community as trustworthy, and often able to connect existing and emergency resources to both individuals and communities in need. They are usually sought out for counseling and advice in difficult personal circumstances.

These are difficult times. The threat of terrorism remains a constant concern and many are experiencing additional stress with the added concern for the safety of sons, daughters, fathers, mothers, grandchildren, neighbors, and relatives who are serving abroad in the Armed Forces under hostile, uncertain, and unpredictable security conditions. In such times, spiritual and emotional care is a valued resource and should be effectively deployed as an added dimension of human care to meet the physical, psychological, social, and spiritual needs of trauma victims.

The spiritual journey of those affected by disaster primarily involves an ongoing process of introspection, learning, and action in order to exercise the will to move on with life. Prepared faith leaders can help affected victims move forward. The need for clergypersons to prepare to take appropriate action, whenever and wherever needed, particularly in the wake of a sudden traumatic disaster, is paramount both to increasing their effectiveness and to reducing the risks to themselves as caregivers. Preparedness will give caregivers the opportunity to learn more about the nature of disasters and the implications for individual and community need from an emotional or psychological perspective as well as from a spiritual dimension.

### *Interventive Assistance After A Disaster*

The second opportunity focuses on providing appropriate spiritual and emotional interventions after the initial stages of a catastrophic disaster. The assessment of this need is significantly influenced by the gravity of the disaster. The catastrophic incidents cited at the beginning of this paper are examples of traumatic disasters in which it would be desirable to deploy a spiritual and emotional resource team to conduct defusing or debriefing exercises with clergy and caregivers. In such instances, it is important that the request for such a deployment come from local clergy, a local denomination, a ministerial alliance, or an ecumenical council. The Church World Service DRRLs can conduct an appraisal or assessment of the appropriateness of such a deployment and provide further insight and suggestions about when and under what circumstances such intervention should take place.

The goals of the Church World Service Interfaith Trauma Response Team (ITRT) over the last twenty-seven months has been (1) to affirm the work of pastors, clergy, and caregivers in the faith community; (2) to strengthen their understanding of the nature, scope, and complexities of public trauma resulting from catastrophic disasters; and (3) to emphasize self-care measures to strengthen their long-term involvement, sustainability, and resistance to overwhelming levels of stress. These same goals can be applied to the educational and deployment models for SECR services. While both models would have different approaches and content, the goals would be mutually reinforcing. The education model would build awareness and knowledge based upon the experience of experts in the field of catastrophic disasters while the deployment model would be adjusted to a range of considerations based upon the assessment by the DRRLs. The educational model can be used in either the pre - or post - disaster phase. Activation of

the deployment model would take place after the event. It is difficult to say exactly when a deployment would happen as each disaster event is comprised of vastly varying circumstances. The appraisal by the DRRLs would be the key to determining the appropriate time for services and training to be offered. In June 2003, a meeting of the CWS DRRLs in New York offered some possible questions to be incorporated into the assessment guidelines. These included:

- Has the impacted area experienced a traumatic event that has overwhelmed the local capacity to respond?
- Does the impacted community have the capacity to respond through an existing vehicle of coordination?
- Is there a vulnerable population with substantial needs (including spiritual and emotional support)?
- Are CWS resources or support required and available?

These suggested guidelines could be applied as part of a needs assessment to help determine whether or not the deployment of spiritual and emotional resource teams to the effected community are indicated. Perhaps one additional guideline would be helpful:

- Has there been either an informal or formal request for a training seminar or deployment team to assist in the relief efforts of the impacted area from an identified local entity, such as a ministerial alliance, local council, or disaster relief organization?

Finally, the protocols for using either or both models should be refined in conjunction with the present SECR team.

Steve Weaver, CWS, in his Working Paper on the Spiritual and Emotional Care Resource (2001), proposes other appropriate guidelines. They include an impact assessment by the DRRL based on on-site appraisals and conversations that would assess the helpfulness of spiritual and emotional reinforcement for the local clergy. He also suggests that the requesting local, faith-organizing group identify the additional expertise and support they need in order to deal more effectively with the ongoing effects of the disaster. This may include not just psychologists but psychologists with particular expertise in the area of children and youth, the elderly, or similar specialized fields.

Equally important will be the theological expertise of the consultants. A major part of the educational and deployment models on disaster as they relate to loss, grief, guilt, denial, blame, revenge, and profound sadness demand a high level of expertise. As Gustavo Gutiérrez (1990) comments about Job, “The problem of speaking about God amid unjust suffering is not limited to Job, but is a challenge to every believer. This is especially true of situations in which the suffering reaches massive proportions.” Rev. Richard Krajewski, CWS, writes that “spiritual care is not just reactive or responding to what happened and rebuilding what was. Spiritual care is proactive — building toward a vision of the future and working for a transformed world” (Krajewski 2002). Presenters for the education model and deployment teams should be of the highest caliber. The twenty-seven months of experience of the Church World Service ITRT will help secure team members of the highest professional standard of expertise and experience for SECR.

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