SPIRITUAL FIRST AID

Disaster Chaplain Guide
Disclaimer

This manual is designed for educational purposes only. The materials do not render medical advice or professional services. The information provided here is not intended to be used for diagnosis or treatment of medical or psychiatric illness or as a substitute for professional care. It should not be used in place of the advice and counsel of a doctor, mental health professional or other health care provider.
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About the Humanitarian Disaster Institute

The Humanitarian Disaster Institute (HDI) is the country’s first faith-based academic disaster research center. As a college-wide interdisciplinary research center at Wheaton College, HDI is dedicated to helping equip domestic and international congregations and faith-based organizations to prepare for, respond to and recover from disasters. HDI carries out this mission through applied research, training, and technical support.

Contact Information

We welcome inquiries from individuals and organizations interested in finding out more about our programs and services, as well as from those interested in collaborating with us.

The Humanitarian Disaster Institute
Psychology Department
Wheaton College
501 College Ave.
Wheaton, IL 60187
Phone: (630)752-5104
Email: hdi@wheaton.edu
Website: www.wheaton.edu/HDI
Introduction

Disaster chaplains should use this reference as a tool for addressing spiritual and emotional needs in the wake of a catastrophe. We must not neglect the mind and spirit by attending only to physical and material needs. *Spiritual First Aid* is not intended to be clinical in nature; rather, it focuses on the leadership responsibilities involved with preserving psychological and spiritual health in congregation and community members, as well as volunteers. *Spiritual First Aid* provides a foundation so disaster chaplains can understand the value of recognizing and addressing disaster-related spiritual and emotional issues and why this skill is so important to the well-being of congregation, community, and volunteer members. Read this publication and apply it in your ministry context. It is an important tool to help us strive for more resilient congregations and communities.
**Overview of Spiritual First Aid**

*Spiritual first Aid* (SFA) is specifically intended for use with congregation and community members in faith-based settings and focuses on integrating psychological and spiritual knowledge, skills, and interventions. One of the defining characteristics of SFA is that it is an ongoing process rather than a one-time intervention. This emphasis on process distinguishes SFA from stress first aid, which was developed by the Marine Corps, Navy, and the National Center for PTSD, and psychological first aid, both of which focus on creating tools for first responders to use in response to civilian accidents and disasters.

Neither spiritual nor physical first aid is intended to take the place of prevention efforts and/or mental or physical health care interventions when warranted. In actuality, spiritual and physical first aid serve as temporary measures in preparation for more definitive treatment when it is indicated and to increase the probability of the success of such treatment when it becomes available. In many cases of more mild injury or illness, spiritual and/or physical first aid may be all that is required to preserve life, prevent further damage, and promote recovery.

SFA requires a set of skills designed to address a certain type of problem in a certain situation: performing a quick and accurate assessment, finding the best way to meet the specific needs identified, and identifying when more than first aid is needed to ensure that such further treatment is received quickly. These skills require familiarity with the many signs and symptoms of injury and the uses and limitations of available resources. Flexibility is key, since each situation is unique.

This guide will teach you to recognize common spiritual and emotional reactions to disasters. Foundational listening and attending skills will also be discussed to help you more effectively minister to those affected by disaster.

SFA consists of seven actions and is organized on three levels:

- **Continuous Aid** (For more information, see page 31)
  - Check – Assess: observe and listen
  - Coordinate – Get help and refer as needed

- **Primary Aid** (For more information, see page 34)
  - Cover – Get to safety immediately
  - Calm – Relax, slow down, refocus

- **Secondary Aid** (For more information, see page 36)
  - Connect – Get support from others
  - Competence – Restore effectiveness
  - Confidence – Restore self-esteem and hope
As an initial orientation, it is helpful to understand the three levels of Spiritual First Aid—continuous, primary, and secondary—and how they differ.

**Continuous aid** includes the two SFA actions, *check* and *coordinate*, which must be considered by disaster chaplains at all times. Disaster chaplains must continuously assess and reassess the stress of congregation and community members, as well as volunteers, in order to know who is at risk and who is in need of treatment or other care. Disaster chaplains must also continuously make judgments about what additional resources or referrals may be needed by the people in their care in order to master the challenges they face and to recover from negative disaster consequences.

**Primary aid** consists of two SFA actions, *cover* and *calm*. These two actions can be taken by anyone in almost any situation. Cover and calm should also be considered first when responding to congregation, community, or volunteer members, or oneself, and are typically only used briefly in situations of intense distress or losses of function.

**Secondary aid** includes the last three SFA actions of *connect*, *competence*, and *confidence*. These secondary aid actions should be considered once it is clear that either the primary aid actions of cover and calm are no longer needed or they were never needed at all. The secondary aid actions tend to be more the responsibility of military leaders and their religious ministry and medical support personnel than the two primary aid actions. Furthermore, secondary aid actions tend to be needed over a longer period of time during the process of recovering from a stress injury or illness.
Recognizing Spiritual and Emotional Reactions to Disasters

Disasters are upsetting experiences, and recovering from a disaster is usually a gradual process. The spiritual and emotional toll that disaster brings can sometimes be even more devastating than the material and financial strains of damage and loss of home, business or personal property.

Common Spiritual Reactions to Disasters

Spiritual beliefs influence how people make sense of the world. Survivors may seek comfort from their beliefs, and spiritual beliefs will assist some survivors with coping and resilience. At the same time, disasters can also lead to spiritual struggles as survivors attempt to make meaning of their disaster experience. Research has shown that persistent spiritual struggles are linked to more negative emotional and physical health symptoms among disaster survivors. Many people seek out clergy after disasters to help them work through spiritual struggles. Examples of common spiritual struggles include:

- **Spiritual Meaning** - “Why would a good God let such a bad thing happen? I just can’t understand.”
- **Spiritual Control and Responsibility** – “Did I do something to cause God to punish me?”
- **Spiritual Disconnection and Isolation** – “Has God abandoned me?”
- **Religious Strain** – “I feel like God is so far away right now.”

(Adapted from Murray-Swank, 2011)

Common Stress Reactions to Disasters

Most people are resilient and experience mild or transient psychological disturbances from which they readily bounce back after experiencing a disaster. But how much ‘normal stress reaction’ is too much? Many of the reactions listed below are commonly experienced by disaster survivors with limited long-term effects. However, when several are experienced simultaneously and intensely, functioning is more likely to be impaired. The stress response becomes problematic when it does not or cannot turn off; that is, when symptoms last too long or interfere with daily life. The following provides an overview of common stress reactions to disasters.
<table>
<thead>
<tr>
<th>Psychological and Emotional</th>
<th>Cognitive</th>
<th>Behavioral</th>
<th>Physical</th>
<th>Spiritual</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Feeling heroic, invulnerable, euphoric</td>
<td>- Memory problems</td>
<td>- Change in activity</td>
<td>- Increased heartbeat, respiration</td>
<td>- Questions about faith</td>
</tr>
<tr>
<td>- Denial</td>
<td>- Disorientation</td>
<td>- Decreased efficiency and effectiveness</td>
<td>- Increased blood pressure</td>
<td>- Self-blame</td>
</tr>
<tr>
<td>- Anxiety and fear</td>
<td>- Confusion</td>
<td>- Difficulty communicating</td>
<td>- Upset stomach, nausea, diarrhea</td>
<td>- Questioning God</td>
</tr>
<tr>
<td>- Worry about safety of self and others</td>
<td>- Slowness of thinking and comprehension</td>
<td>- Increased sense of humor</td>
<td>- Change in appetite, weight loss or gain</td>
<td>- Anger at God</td>
</tr>
<tr>
<td>- Anger</td>
<td>- Difficulty calculating, setting priorities, making decisions</td>
<td>- Outbursts of anger, frequent arguments</td>
<td>- Sweating or chills</td>
<td>- Realization of mortality</td>
</tr>
<tr>
<td>- Irritability</td>
<td>- Poor concentration</td>
<td>- Inability to rest or “letdown”</td>
<td>- Tremors (hands, lips)</td>
<td>- Withdrawal from faith and religion</td>
</tr>
<tr>
<td>- Restlessness</td>
<td>- Limited attention span</td>
<td>- Change in eating habits</td>
<td>- Muscle twitching</td>
<td>- Concern about hereafter</td>
</tr>
<tr>
<td>- Sadness, grief, depression, moodiness</td>
<td>- Loss of objectivity</td>
<td>- Change in sleeping patterns</td>
<td>- “Muffled” hearing</td>
<td>- Questions about good and evil</td>
</tr>
<tr>
<td>- Distressing dreams</td>
<td>- Unable to stop thinking about the disaster</td>
<td>- Change in patterns of intimacy, sexuality</td>
<td>- Tunnel vision</td>
<td>- Questions about forgiveness</td>
</tr>
<tr>
<td>- Guilt or “survivor guilt”</td>
<td>- Blaming</td>
<td>- Change in job performance</td>
<td>- Feeling uncoordinated</td>
<td>- Redefining moral values and intangible priorities</td>
</tr>
<tr>
<td>- Feeling overwhelmed, hope- less</td>
<td></td>
<td>- Periods of crying</td>
<td>- Headaches</td>
<td>- Promising, bargaining, and challenging God</td>
</tr>
<tr>
<td>- Feeling isolated, lost, or abandoned</td>
<td></td>
<td>- Increased use of alcohol, tobacco, or drugs</td>
<td>- Soreness in muscles</td>
<td>- Concern about vengeance</td>
</tr>
<tr>
<td>- Apathy</td>
<td></td>
<td>- Social withdrawal, silence</td>
<td>- Lower back pain</td>
<td>- Comforted by belief that deceased is with God</td>
</tr>
<tr>
<td>- Identification with survivors</td>
<td></td>
<td>- Vigilance about safety or environment</td>
<td>- Feeling a “lump in the throat”</td>
<td>- Distressed by belief that deceased is separated</td>
</tr>
</tbody>
</table>
Extreme Stress Reactions

An optimum level of stress can act as a creative, motivational force that drives a person to achieve incredible feats. As noted earlier, most people do not suffer severe effects from manageable levels of stress. Chronic or traumatic stress, by contrast, is potentially very destructive and can deprive people of physical and mental health.

If stress is extreme and not managed, some individuals may experience posttraumatic stress disorder (PTSD). PTSD is a psychiatric disorder than can occur following the experience or witnessing of a life-threatening event or events. People who suffer from PTSD often relive the experience through nightmares and flashbacks, have difficulty sleeping, and feel detached or estranged. These symptoms can be severe enough and last long enough to significantly impair the person's daily life.

PTSD is marked by clear biological changes as well as psychological symptoms. PTSD is complicated by the fact that it frequently occurs in conjunction with depression, substance abuse, problems of memory and cognition, and other problems of physical and mental health. The disorder is also associated with impairment of the person's ability to function in social or family life, including occupational instability, marital problems and divorce, family discord, and difficulties in parenting.

Increased substance use or abuse is also a concern. While researchers appear to be divided on whether substance abuse disorders increase following a disaster, there is evidence to suggest that substance use increases. While substance use increases alone do not qualify as substance abuse disorders, they can create potential health and public safety problems.
Resilience

Resilience refers to the ability of an individual, family, congregation, organization, or community to cope with adversity and adapt to challenges or change. Resilience is the ability to:

- Bounce back
- Take on difficult challenges and still find meaning in life
- Respond positively to difficult situations
- Rise above adversity
- Cope when things look bleak
- Tap into hope
- Transform unfavorable situations into wisdom, insight, and compassion
- Endure

It is an ongoing process that requires time and effort and engages people in taking a number of steps to enhance their response to adverse circumstances. Resilience suggests that after an event, a person or community may not only be able to cope and recover, but also may experience growth through the event. For example, resilience may mean that a person adopts different priorities based on the experience and prepares effectively for the next stressful situation. Resilience is the most important defense people have against stress. It is important to build and foster resilience to be ready for future challenges. Resilience will enable the development of a reservoir of internal resources to draw upon during stressful situations.

Research has shown that resilience is ordinary, not extraordinary, and that people regularly demonstrate resilience:

- Resilience is not a personality trait that people either have or do not have.
- Resilience involves behaviors, thoughts, and actions that can be learned and developed in anyone.
- Resilience is tremendously influenced by a person's environment.

Resilience changes over time. It fluctuates depending on how much a person nurtures internal resources or coping strategies. Some people are more resilient in work life, while others exhibit more resilience in their personal relationships. People can build resilience in any aspect of life they choose.

Individual or Personal Resilience

Individual resilience is a person's ability to positively cope after failures, setbacks, and losses. Developing resilience is a personal journey. Individuals do not react the same way to traumatic or stressful life events. An approach to building resilience that works for one person might not work for another. People use
varying strategies to build their resilience. Because resilience can be learned, it can be strengthened. Personal resilience is influenced by many factors, including individual health and well-being, individual aspects, and life history and experience:

<table>
<thead>
<tr>
<th>Individual Health and Well-Being</th>
<th>Individual Aspects</th>
<th>Life History and Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>These are factors with which a person is born:</td>
<td>These are past events and relationships that influence how people approach current stressors:</td>
<td>These are support systems provided by family, friends, religious, and members of the community, work, or school environments:</td>
</tr>
<tr>
<td>• Personality</td>
<td>• Faith</td>
<td>• Feeling connected to others</td>
</tr>
<tr>
<td>• Ethnicity</td>
<td>• Family history</td>
<td>• A sense of security</td>
</tr>
<tr>
<td>• Cultural background</td>
<td>• Previous physical health</td>
<td>• Feeling connected to resources</td>
</tr>
<tr>
<td>• Economic background</td>
<td>• Previous mental health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Trauma history</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Past social experiences</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Past cultural experiences</td>
<td></td>
</tr>
</tbody>
</table>

Along with the factors listed above, there are several attributes that have been correlated with building and promoting resilience:

- The capacity to make and carry out realistic plans
- Communication and problem-solving skills
- A positive or optimistic view of life
- Confidence in personal strengths and abilities
- The capacity to manage strong feelings, emotions, and impulses

**Family Resilience**

Family resilience is the coping process in the family as a functional unit. Crisis events and persistent stressors affect the whole family, posing risks not only for individual dysfunction, but also for relational conflict and family breakdown. Family processes mediate the impact of stress for all of its members and relationships, and the protective processes in place foster resilience by buffering stress and facilitating adaptation to current and future events. Following are the three key factors in family resilience:
• Family belief systems foster resilience by making meaning in adversity, creating a sense of coherence, and providing a positive outlook;
• Family organization promotes resilience by facilitating flexibility, capacity to adapt, connectedness and cohesion, emotional and structural bonding, and accessibility to resources; and
• Family communication enhances resilience by engaging clear communication, open and emotional expressions, trust and collaborative problem solving, and conflict management.

Factors that Promote Resilience

Stressful situations in life cannot be prevented. However, they can be prepared for in a way that allows a positive response. This is done by building and fostering resilience in different areas of life. Fostering resilience, or the ability to bounce back from a stressful situation, builds a proactive mechanism to manage stress. People who are resilient have a sense that despite mounting odds, they are capable of overcoming the challenges in front of them. Developing a greater level of resilience will not prevent stressful conditions from happening, but it can reduce the level of disruption a stressor has and the time it takes to recover. The more resources and defenses available during a time of struggle, the better able to cope and bounce back from adverse circumstances people will be. A person’s ability to regain a sense of normalcy or define a new normalcy after adverse circumstances will be partially based on the resources available to him/her. Resilience building can begin at any time.

How Religion Helps Build Resilience

• Positive worldview - provides optimism and coherence, explains, and provides answers.
• Meaning and purpose – provides, in many cases, a calling and reassurance that each person is special and here for a reason; negative life experiences viewed as contributing to spiritual growth and maturity and can lead to something good or positive.
• Psychological integration – provides a belief system to help interpret life experiences and give them meaning and coherence which helps the individual to more readily integrate negative events into his or her existing worldview.
• Hope and motivation – provides explanations that foster belief that better times are ahead, helps combat hopelessness associated with severe loss and devastation, and gives inspiration to make necessary adjustments to adapt to difficult circumstances.
• Personal empowerment – provides survivors tools to make a difference in their situations, such as praying for strength to cope, healing of an injury, or recovery of a sick loved one.
• **Sense of control** – provides control back by either feeling they can relate to and influence God or by surrendering control to God.

• **Role models for suffering** – provides models that help people accept their situations and provide solutions for dealing with them.

• **Guidance for decision-making** – provides guidance that can help reduce stress and make positive coping choices (e.g., such as not abusing substances).

• **Answers to ultimate questions** – provides answers to questions that secular culture and science cannot address, provides a sense of “having the answers.”

• **Social support** – provides a sense of community, encourages people to care for one another.

General Principles of Disaster Chaplaincy

Disaster chaplains provide a unique source of support that is important to a healthy community recovery following a disaster. Disaster chaplains’ support includes a wide range of activities, from actively listening to a congregant, community member, or volunteer, to actively planning an intervention aimed at helping the person in need address his or her problem.

Principles of Disaster Chaplaincy

Disaster chaplains have unique experiences and skills that are particularly valuable in helping peers cope with and recover from disasters. Avoid pathologizing survivors’ experiences. Instead, normalize their experiences of and responses to disaster. Disaster chaplain services should be integrated into all aspects of disaster planning, implementation, and service delivery to assure that the needs of peers are meet. Encourage self-care and mutual support for peers providing these services as well. Fundamentals of disaster chaplaincy support include:

- Spiritual awareness
- Observation
- Trust
- Confidentiality
- Understanding by someone who has “been there”
- Knowing when to lend an open ear
- Systems of care are needed
- To notify the chain-of-command or support professionals

Characteristics of Peer Support Disaster Services

Disaster chaplains increase access to care and enhance caregiver social support. Examples of disaster chaplaincy characteristics include:

- Short term
- Emphasis on quickly assessing needs of survivors for referral to other resources if needed
- Mobilized in response to a disaster
- No time limits
- No or minimal emphasis on speedy assessments
- Designed to provide ongoing support to congregation, community, and volunteer members
Unique Qualities of Disaster Chaplain Care

Disaster chaplain care in a crisis situation is different from traditional counseling in several important ways.

Traditional counseling:

• Longer term in focus
• Takes place in an office or agency
• Driven by diagnosis
• Encourages insight and personal growth

Disaster chaplain care:

• Home or community based
• Emphasizes current coping and support
• Accepts the present at face value, does not seek to uncover
• Validates the person’s reactions to the current situation
• Attends to religious and spiritual themes

Characteristics of Disaster Chaplains

• Genuine – real in their relationships, without façade or front
• Empathetic – feeling with another
• Caring in a non-possessive way
• Accepting others without imposing conditions or judgments
• Willing to let others bear responsibility for their own growth and change
• Aware of their own limitations, strengths and weaknesses
• Willing to learn new skills to listen better and help more effectively
• Committed to their own personal growth and the well-being of their families
• Aware of the spiritual effects of disasters

What Disaster Chaplains Do

• Provide social and spiritual support
• Listen and attend to disaster needs by utilizing communication skills
• Normalize thoughts, feelings, and behaviors
• Assure confidentiality and trust
• Address spiritual and existential needs of disaster survivors
• Serve as liaisons between disaster survivors and community resources
Goals of Disaster Chaplaincy

The primary goals of disaster chaplaincy are to:

- Assist congregants, community members, and volunteers in talking about their experiences
- Educate survivors about trauma and sources of strength and resiliency
- Assist survivors in identifying their needs
- Assist survivors in getting their needs met
- Assist survivors in establishing or re-establishing contact with family and friends
- Assist survivors in setting short and long term goals for their recovery
- Assist survivors in making-meaning of their disaster experience

Preparing Yourself for Disaster Chaplaincy

Before committing yourself to this very challenging and rewarding endeavor, it is important to be sure that you are making the right choice, both for yourself and the people you will assist. You may want to consult trusted family members and friends, as well as care providers, to consider their opinion. Most importantly, you need to clarify your own thoughts.

Disaster Spiritual Care Points of Consensus

In 2006 the National Voluntary Organizations Active in Disaster’s (NVOAD) Emotional and Spiritual Care Committee published *Light Our Way* to inform, encourage and affirm those who respond to disasters and to encourage standards insuring those affected by disaster receive appropriate and respectful spiritual care services. As a natural next step following the publication of *Light Our Way* and in the spirit of NVOAD’s “Four C’s” (cooperation, communication, coordination and collaboration), the Emotional and Spiritual Care Committee then began working to define more specific standards for disaster spiritual care providers. Following are disaster spiritual and emotional caregiver guidelines for ethical and culturally sensitive care:

1. Basic concepts of disaster 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.

2. Types of disaster 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.
3. Local community resources - As an integral part of the pre-disaster community, local spiritual care providers and communities of faith are primary resources for post-disaster spiritual care. Because local communities of faith are uniquely equipped to provide healing care, any spiritual care services entering from outside of the community support but do not substitute for local efforts. The principles of the National VOAD - cooperation, coordination, communication and collaboration - are essential to the delivery of disaster spiritual care.

4. Disaster emotional care and its relationship to disaster 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 and vice versa.

5. Disaster spiritual care in response and recovery - Spiritual care has an important role in all phases of a disaster, including short-term response through long-term recovery. 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 the various phases can bolster these strengths.

6. Disaster emotional and spiritual care for the caregiver - 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. Post-care processes for spiritual and emotional care providers are essential.

7. Planning, preparedness, training and mitigation as spiritual care components - Faith community leaders have an important role in planning and 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.

8. Disaster spiritual care in diversity - Respect is foundational to disaster spiritual care. Spiritual care providers demonstrate respect for diverse cultural and religious values by recognizing the right of each faith group and individual to hold to their existing values and traditions. Spiritual care providers:
   - Refrain from manipulation, disrespect or exploitation of those impacted by disaster and trauma.
   - Respect the freedom from unwanted gifts of religious literature or symbols, evangelistic and sermonizing speech, and/or forced acceptance of specific moral values and traditions.
- Respect diversity and differences, including but not limited to culture, gender, age, sexual orientation, spiritual/religious practices and disability.

9. Disaster, trauma and vulnerability - People impacted by disaster and trauma are vulnerable. There is an imbalance of power between disaster responders and those receiving care. To avoid exploiting that imbalance, spiritual care providers refrain from using their position, influence, knowledge or professional affiliation for unfair advantage or for personal, organizational or agency gain. Disaster response will not be used to further a particular political or religious perspective or cause – response will be carried out according to the need of individuals, families and communities. The promise, delivery, or distribution of assistance will not be tied to the embracing or acceptance of a particular political or religious creed.

10. Ethics and Standards of Care - NVOAD members affirm the importance of cooperative standards of care and agreed ethics. Adherence to common standards and principles in spiritual care ensures that this service is delivered and received appropriately. Minimally, any guidelines developed for spiritual care in times of disaster should clearly articulate the above consensus points in addition to the following:

- Standards for personal and professional integrity.
- Accountability structures regarding the behavior of individuals and groups.
- Concern for honoring confidentiality.
- Description of professional boundaries that guarantee safety of clients including standards regarding interaction with children, youth and vulnerable adults.
- Policies regarding criminal background checks for service providers.
- Mechanisms for ensuring that caregivers function at levels appropriate to their training and educational backgrounds.
- Strong adherence to standards rejecting violence against particular groups.
- Policies when encountering persons needing referral to other agencies or services.
- Guidelines regarding financial remuneration for services provided.
Basic Helping Skills

We encounter others in conversation everyday, but the act of truly listening to others is an underdeveloped skill for most people. To be effective in helping disaster survivors, we need to listen well and grasp both verbal and non-verbal messages being communicated by those we are helping. Further, in order for others to feel safe and to be willing to share with us, we also need to be aware of how we are perceived by others. Here are some skills to help you improve your listening and attentiveness skills and your overall helping effectiveness.

Nonverbal Issues

When listening to others, what is communicated by body language can be as important as the content that is being shared. Consider how the following non-verbal factors impact the experience of a support session.

✔ Pay attention to the physical environment:
  • Choose a quiet, private setting
  • Be sensitive to distractions in the setting or individual distractions

✔ Respect personal boundaries:
  • 0 to 18 inches is an intimate distance
  • Up to 4 feet is personal distance
  • Up to 12 feet is a social distance
  • Greater than 12 feet is public distance

✔ Be aware of body language:
  • Body language can serve as emotional cues (e.g., appearing closed off by crossing arms or appearing disinterested by lean away)
  • Consider your own body language, as well as the message being sent by the other person
  • Note that some body language can be interpreted differently

Approaches to Listening Well

Listening is more than just “hearing” – it involves being able to really understand what someone is telling you or trying to communicate. Here are some basic approaches to listening that can help you focus in on why survivors are seeking help and what you can do to help:

  • Acknowledge the difficulty of the situation
  • To the extent possible, be there through the difficulties, particularly if the disaster is ongoing, to provide a sense of continuity and ongoing support
  • Be willing to listen to the hard parts of the story with an awareness of how your reactions may impact the person sharing
• Relate to the patient through his or her worldview, specifically by engaging with the individual’s professed faith
• Accept apparent ‘illusions’ as useful to the survivor without feeling compelled to correct or redirect them
• Help the survivor manage anxiety and other emotions
• Help the survivor move from brooding rumination to more constructive reflection
• Notice and remark about the strengths and changes that come from the struggle
• Do not offer platitudes
• Listen in a way that allows you to be changed
• Survivors that show evidence of being suicidal, psychotic, or unable to care for themselves should be referred to mental health professionals for support

(adapted from Tedeschi & Calhoun, in press)

Attending Skills

Attending skills are a part of effective active listening, which is a process whereby statements are validated in such a way that it encourages the speaker to continue sharing and communicates that you are hearing and validating what they are saying. Examples of basic attending skills:

✓ Following skills - used to break the ice, such as conversational small talk. They are useful during transition phases, for paraphrasing and summarizing, and to reflect feelings. Following skills let the listener know that you understand, such as minimal encouragers and infrequent questions:

• “I see.”
• “Uh huh.”

✓ Silence - encourages the client to speak and allows for the interaction to move at the client’s pace (be aware that pauses of longer than 10 to 15 seconds may make some uncomfortable)

✓ Nonverbal attending - also known as body language, occurs when the listener can make observations of the client’s changes in body language to help gauge the client’s changes in affect, level of comfort, interest, and so on.

✓ Restatement - consists of rephrasing important information presented by the client, with keywords repeated verbatim.

✓ Paraphrasing - summarizing the client’s words in the language of the listener.
✓ **Reflection of emotion** - is a listener technique in which the listener provides feedback or comments about the client’s expressed emotions. Examples:

- “It sounds like you are feeling…”
- “In other words…”
- “It sounds like you are not happy with…”

✓ **Open-ended questions** - are questions posed to the survivor for which the response might be quite variable. Examples:

- “What would happen if...?”
- “What did you notice about...?”
- “How did you feel...?”
- “Can you say more about...?”

When using open-ended questions, remember to:

- Use open questions and avoid —yes/no questions.
- Limit —why questions, which may lead to defensiveness.
- Avoid loaded questions that cast judgment.
- Ask questions to explore alternatives and resources without giving advice.
- Use questions to recognize feelings.

✓ **Closed-ended questions** - are designed to elicit specific information.


**Responding to Spiritual Issues**

The following is a compilation of recommended strategies for responding to spiritual issues that may surface following crises:

- Use reflective listening and active listening techniques covered above when working with victims/survivors.
- Be honest and compassionate, and do not assume you know what they will say or believe.
- Do not try to explain or give answers to spiritual questions.
- Do not argue with their beliefs or try to persuade them to believe as you do.
- Do not respond with platitudes or clichés to victims/survivors. “It will be okay.” “It is God’s will.” “They are in a better place.”
- Let them tell you what their religious/spiritual beliefs are. Do not assume anything.
• Help them use their spiritual/religious beliefs to cope.
• Offer reassurance that it is “normal” to ask questions about God and/or their religious beliefs. However, be aware that some faiths tell their members not to question God.
• Allow expressions of anger toward God or others – in healthy, non-destructive ways.
• Affirm their search for spiritual/faith-based answers. Do not impose your thoughts or beliefs on them.
• Affirm the wrongness, evil, and/or injustice of what has happened, especially if the trauma was caused by humans.
• Give them materials that can help them in their search for meaning or their search for spiritual answers.
• Emphasize that everyone has to find their own answers and way of understanding in traumatic events.

(Adapted from Carol L. Hacker, Ph.D. How Faith Communities Can Respond in Crisis and Disasters)

What Not to Do

When providing support, you should avoid saying the phrases listed below. These phrases may be meant to comfort the survivors, but they can be misinterpreted:

• “I understand.” In most situations we cannot understand unless we have had the same experience.
• “Don’t feel bad.” The survivor has a right to feel bad and will need time to feel differently.
• “You’re strong” or “You’ll get through this.” Many survivors do not feel strong and question if they will recover from the loss.
• “Don’t cry.” It is okay to cry.
• “It’s God’s will.” With a person you do not know, giving religious meaning to an event may insult or anger the person.
• “It could be worse,” “At least you still have …”, or “Everything will be okay.” It is up to the individual to decide whether things could be worse or if everything can be okay.

Rather than provide comfort, these types of responses could elicit a strong negative response or distance the survivor from the listener. It is appropriate to apologize if the survivor reacts negatively to something that was said.
Summary Suggestions for Communication

• **Stop talking.** You can't listen while you are talking.

• **Get rid of distractions.** Avoid fiddling with things. Get away from unnecessary noise such as TV or radio. Make your surroundings as free of distractions as possible.

• **Be interested and show it.** Genuine concern and a lively curiosity encourage others to speak freely. Interest also sharpens your attention and builds on itself.

• **Tune in to the other person.** Try to understand his or her viewpoint, assumptions, needs and system of beliefs.

• **Concentrate on the message.** Focus your attention on the person's ideas and feelings related to the subject. Listen to how it is said. The person's attitudes and emotional reactions may express as much or more meaning than the words that are spoken. Try to keep your personal feelings or biases about the individual from influencing what he/she is trying to say in this instance.

• **Look for the main ideas.** Avoid being distracted by details. Focus on the key issue. You may have to dig to find it.

• **Watch for feelings.** Often people talk to get something off their chests. Feelings, not facts, may be the main message.

• **Be sure to give feedback and check out what you think the speaker means and wants.** Remember that you will be interpreting the person's feelings and statements based on your experience, values, viewpoint and prejudices. Our convictions and emotions filter—even distort—what we hear.

• **Look at the other person.** Let him/her know that you are listening. Maintain eye contact. Smile, nod or grunt as appropriate. This signals the speaker that you are with them.

• **Notice non-verbal language.** The face, the eyes, the hands all help to convey messages. A shrug, a smile, a nervous laugh, gestures, facial expressions and body positions speak volumes. Start to read them. And be sure to check out your interpretation of these non-verbal messages just as you do the verbal ones.

• **Hold judgment.** Avoid hasty judgment. Don't jump to conclusions regarding the situation or what the person wants. Hear the speaker out. Plan your response only after you are certain that you have gotten the whole message out.
• *Give the other person the benefit of the doubt.* We often enter conversations with our minds already made up, at least partially, on the basis of past experience. Prejudgments can shut out new messages.

• *Get feedback.* Make certain you're really listening. Ask a question. Confirm with the speaker what he or she actually said.

• *Leave your personal emotions aside.* Try to keep your unrelated worries, fears or problems out of the situation. They will prevent you from empathizing and truly listening.

• *Share responsibility for communication.* You, the listener, have an important role. When you don't understand, ask for clarification. Don't give up too soon or interrupt needlessly. Give the speaker time to express what he/she has to say.

• *Work at listening.* Hearing is passive; our nervous system does the work. Listening is active; it takes mental effort and attention.
# Helping Process in Times of Crisis

Ministering to survivors in the wake of a disaster can be a powerful support to help them cope with what has happened. No two interactions with disaster survivors are ever exactly the same. Disasters create chaos. The reactions, needs, and desires of survivors will vary from person to person. The following is an overview of the helping process for working with disaster survivors.

## Helping Phases

Whether you are working with a disaster survivor for a brief period or a full session, you will notice a common “ebb and flow” to the helping process that can typically be divided into three phases. These three phases represent a useful strategy for a one-time meeting, as well as provide guidance across multiple meetings.

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**Tools for Survivors:**

- Homework/ next steps
Connecting with Survivors

There are numerous ways that caregivers can support those who have been affected by a disaster. This section outlines strategies for connecting emotionally and spiritually with disaster survivors and responders.

Goals for connecting:

- Do not argue
- Do not minimize the problem
- Find something to agree on
- Establish rapport
- Use active listening techniques
- Strive to connect emotionally
- Provide strength, support, and guidance
- Provide a safe place where people can tell their story and experience all the accompanying thoughts, feelings and emotions

Qualities for connecting:

- Being genuine
- Showing accurate empathic understanding
- Expressing unconditional positive regard
- Conveying warmth
- Being tactful and sensitive

Factors that prevent connecting:

- Busyness
- Being disengaged and inattentive to the survivor in front of you
- Failing to start at a non-threatening place that is non-invasive
- Being demanding; probing for emotional response
- Conveying distance or coldness
- Provoking guilt; blaming the survivor
- Being judgmental and dogmatic
- Responding to survivor anger with harshness, anger or disappointment

Spiritual outreach:

- You do not always have to talk about spiritual issues, pray, or read scripture to minister to the spiritual needs of people
- Meeting a person’s practical needs is a part of spiritual ministry as well
- Disaster chaplains seem less threatening when they refer to their services as “assistance,” “support” or “talking”
- The most effective interventions are usually done on-scene
• It seems that people are most open to talking about things over a cup of coffee or a meal

Connecting in practice:

• Be objective and meet the person “where they are” and with “what they are feeling”
• Facilitate access to social support systems (family, friends, neighbors, services)
• Help people recognize and draw on their own strengths
• Affirm the uniqueness of each individual’s situation and reactions
• Help them to understand that their stress response, while it may feel strange, is okay
• “Reach out” and provide for practical needs: nourishment, heat/cooling, clothes, blankets, telephone, a place to rest
• Provide accurate information on safety, where to get assistance
• Preserve an interpersonal safety zone protecting basic personal space (e.g., privacy, quiet, personal effects)
• Minimize a person’s exposure to gruesome images, morbidity, and traumatic scenes
• Listen supportively to those who want to share their story
• Avoid probing for details or pushing for emotional responses
• Avoid giving advice (unless asked)
• Ask how they (and their loved ones) are doing, and what you can do to help

First contact:

• Initiate contact with people — do not expect them to come to you
• Allow time for the survivor to explain how they are doing
• Ask “What is going on inside?” rather than talking about “feelings”
• Maintain a calm presence with the survivor to allow them to express any range of emotions they might be feeling
• Pay attention to nonverbal communication, including appearance and physical condition
• Use active listening to track with what the survivor is telling you. Do not analyze
• Provide practical services (e.g. handing out supplies), and be able to provide accurate information about the status of the disaster, as this can decrease anxiety
• Help survivors identify people who can provide support
• Questions about why a disaster occurred are common and should be expected. Be careful to place the emphasis upon listening rather than giving oversimplified theological answers or explanations
• When offering prayer, present it as an option and not a necessity (e.g. “Is there anything you would like prayer for right now before I go, or are you okay?”)
• Ask the person if they have a plan for what they will do next. If not, help them think about practical needs and practical steps

**Following-Up With Survivors**

After the first meeting:

• Ask about the person’s ability to get rest
• Ask about their plan
• Find out if they were able to carry out their plan, and if not, explore barriers, and help them revise their plan
• Assess if the person is in need of more professional assistance by looking for the following signs:
  o Feelings of despair or being overwhelmed
  o Talk of giving up
  o Loss of sleep for an extended period
  o Deteriorating physical condition
  o Lack of support system
• If you see these signs, talk with the person about accessing additional services
• If other services are not available, make a specific agreement to meet again
• Stay in contact with the person until a referral to another professional is complete, which means they have actually seen that person, not just been given a name

**Prepare for Rejection**

• Disaster chaplains must be prepared for rejection and anger responses from people affected by the disaster
• The emotional and spiritual caregiver should not personalize a refusal to talk or what may appear to be rejection

Continuous Aid Actions

Continuous aid includes the two SFA actions, check and coordinate, to be considered by disaster chaplains at all times. Disaster chaplains must continuously assess and reassess the stress zones of congregants, community members, and volunteers in order to know who is at risk and who is in need of treatment or other care. Disaster chaplains must also continuously make judgments about what additional resources or referrals may be needed by their congregation, community, or volunteer members in order to master the challenges they face and recover from negative disaster consequences.

Check Action

What is it? At its most basic level, the check action of SFA is the process of assessing a survivor’s current level of distress. Identifying distress may be only the first of many steps of assessment in SFA. Assessment must be carried out by disaster chaplains to determine what next actions must be taken to preserve life, prevent further harm, and promote recovery. Similar to the assessment and application of physical first aid, it is not enough to know merely that an individual has been injured. To really be helpful, one must assess the nature and severity of the injury and what specific threats to life and safety must also be addressed. The check action of SFA also includes continuous reassessment of the effects and outcomes of other actions taken, such as is included in the familiar plan-do-check-act cycle.

How is it done? The check action in SFA is performed by watching and listening for key indicators of distress or alterations in normal functioning. All available information must be considered. It takes practice to use questions so they are more of a conversation than an interview. An interview can feel too formal and actually lead a person to talk less, as they expect you to ask all the questions. In order to be less formal, change the suggested questions so they are more consistent with your own style and relationship with the person you are speaking with. As you ask questions, listen for signs of concern, such as the person talking about any especially stressful experience. When you hear this, gently prompt the person to tell you more. Focus on helping them to tell their story rather than interviewing.

Sample questions for starting dialogue:

- What has happened since the disaster?
- How have you been spending your time?
- What is a typical day like?
- What kind of work are you doing?
- What are you doing to take care of yourself? How is that going?
The SEA-3 formula is an easy way to remember what to look for in a prescreening mental health assessment. To conduct this assessment, ask yourself the following questions for regarding the disaster survivor for which you are concerned. SEA-3 Elements:

1. SPEECH:
   - Are his/her words slurred?
   - Speaking too fast?
   - Too loud for the situation?
   - Rambling?

2. EMOTION:
   - Are emotions balanced, or over/under expressed?
   - Anger out of control?
   - Fear debilitating?
   - Excessively hostile?
   - Absent of emotion?

3. APPEARANCE
   - Unkept? Unclean?
   - Disheveled? Dirty?
   - Is his/her clothing unusual for the occasion or weather (e.g., wearing a heavy coat in excessive heat)?

4. ACTIVITY
   - Moving unnaturally slow?
   - Unusually hyperactive?
   - Smiling or laughing even though he/she just lost a loved one?

(Adapted from Everly, Dewey, Calkins, Webb, Grimm, Stauffer, 2002)

Assess spiritual/pastoral resources – assess what spiritual/religious resources are already available to people. Good disaster chaplain care helps people access the spiritual resources they already have before attempting to directly provide or “be the resource.” Examples of helpful questions for assessing spiritual/pastoral resources include:

- Is there a faith community that they have a relationship with?
- Are there clergy they might want to be contacted by or have contacted?
- In difficult times, do they find it helpful to pray? Would they want you to offer a prayer for them?
- Attempt to assess what immediate needs they may have for companionship and/or spiritual support
Coordinate

What is it? The coordinate component of SFA includes many different actions a disaster chaplain might take on behalf of a survivor recovering from a disaster. The common feature of all coordinate functions is that they make other people aware of the problems at hand or bring other resources to bear on them. The coordinate action is always more than merely a hand off to someone else; it is good care.

How is it done? Any others who might be made aware of or resources that might be recruited to help address a stress problem depend on the level of the leader and the nature of the problem. For example, you might ask a survivor, "Who else needs to know?" To determine what other resources might be obtained to help a survivor or family member recover from a disaster, the pertinent question to ask is, "Who else can help?" The answer to that question could include local clergy personnel, medical specialists, mental health counselors, and representatives of any of dozens of available personnel and wellness services. Coordination requires ongoing follow-up to ensure that the right people continue to be aware and involved and that needed services are being received. The coordinate action requires disaster chaplains to respond to contacts initiated by affected persons, or initiate contacts in a non-intrusive, compassionate, and helpful manner:

- Maintain communication and perseverance
- Inform others of a congregation, community, or volunteer member's stress problem
- Bring in additional help
- Make sure needed help is obtained
- Spiritual resources should be implemented in line with setting (e.g., shelter) guidelines and policies
- Spiritual resources should be implemented in a manner congruent with the survivor's most pressing problem(s)
- Spiritually, resources need to be chosen that are congruent with survivors' spiritual and religious traditions, and in harmony with survivors' own worldviews
Primary Aid Actions

The two primary aid actions, cover and calm, are grouped together because they have two features in common--they are both tools designed to be used only briefly, at moments of the greatest distress, or when functioning is altered because of stress. They are both simple enough to be performed by one person taking care of his own stress symptoms or by any one person rendering stress first aid to another. These two actions comprise self-aid and buddy aid for stress. Cover and calm are primary aid actions because they should always be considered first before moving on to anything else. Cover and calm can be lifesaving, prevent further harm, and promote recovery.

Cover

What is it? The cover action of SFA seeks to provide immediate and ongoing safety of survivors. The cover action applies to situations in which individuals may be in danger and their ability to effectively perceive and manage that danger is compromised because of a stress reaction, injury, or illness. The need for the cover action of SFA as a potentially life-saving intervention is defined by the relative inability of a particular individual at a particular moment in time to fully appreciate the danger he faces or to respond appropriately to it because of stress. The key indicator of need for the cover action of SFA is that an individual is unable to as accurately perceive and effectively respond to threats to his own or others’ safety as he would normally, specifically because of the distress or changes in functioning that accompany a stress reaction, injury, or illness. Cover is the most basic form of SFA.

How is it done? Disaster chaplain actions that fall under the heading of cover vary greatly from situation to situation, depending on the nature of the immediate threat and the degree to which an individual is unable to manage that threat. To enhance immediate and ongoing safety and provide physical and emotional comfort:

- Enhance a sense of control over coping and adjustment
- Avoid getting angry or violent
- Help survivors consider coping options
- Identify and acknowledge their coping strengths
- Explore the negative consequences of maladaptive coping actions
Calm

What is it? The calm action of SFA is the natural partner to the cover action. Situations that require a cover action will almost always also require a calm action, either simultaneously or immediately afterward. Calming is the process by which individuals experiencing intense distress in functioning because of a disaster are helped to reduce the intensity of their physical and emotional responses to perceived dangerous situations and to regain mental focus and control. The importance to both health and safety of promptly reducing excessive levels of physical and emotional activation in high stress situations cannot be overstated. Calming is crucial because the brain’s ability to function is optimal only in a relatively narrow range of levels of physical activation. At levels above or below that optimal range, the ability of the brain to process information and the mind’s ability to think clearly, make rational decisions, and control impulses, falls off sharply. For example, a person whose level of physical activation is very low because they just woke up or is very tired and sleepy is not capable of thinking as quickly and sharply as someone who is fully alert and mobilized. So, too, a person whose level of physical and emotional activation is too high because he has just been injured by a life-threat stressor, for example, is also not as capable of thinking, deciding, and acting as the person whose level of activation is in the optimal range. The calm action of SFA targets intense emotions, such as excessive fear or anger, that can interfere with rational decision-making and self-control.

How is it done? The calm action can be performed through a number of techniques, ranging in complexity from simple physical presence, such as remaining silently near an individual experiencing severe stress, to the practicing of a set of specific procedures designed to reduce heart rate or promote the return of mental focus and control. Anything that works is worth doing. A common feature of all effective calming actions is that they require the person doing the calming to also be calm. Examples of how to implement the calm action include:

- Reduce the level of physical activation, such as heart rate
- Reduce intensity of negative emotions, such as fear or anger
- Regain mental focus and control
- Suggest they get adequate rest, diet, exercise
- Engaging in positive distracting activities (sports, hobbies, reading)
- Help them try to maintain a normal schedule to the extent possible
- Address issues of meaning and significance
Secondary Aid Actions

The three secondary aid actions—connect, competence, and confidence—are grouped together because they have several features in common. First, these actions are not typically taken during the earliest stages of response to a disaster. Rather, they are employed after the initial threats to safety have passed and the stress-injured individual has become more like his or her usual self. These three actions also tend to be employed over a longer period of time than the two primary aid actions, since the need for them does not disappear as soon as the initial stress injury symptoms abate.

Connect

What is it? The connect action of SFA can be thought of as intentionally using social support for the benefit of survivors. The goal is to help establish brief or ongoing contacts with primary support persons or other sources of support, including family members, friends, and community helping resources.

How is it done? Practice the ministry of presence. Often the best thing we can do for survivors is to “be with them” in a supportive and compassionate way. Ask them what they need. Spiritual caregivers may not be able to provide certain “hands on” help but we can be with people as they clear up from damage, notify relatives, make funeral arrangements, etc. We may tend to their needs for hospitality and immediate concerns such as offering them something to drink or a blanket or coat, etc. The simplest and most direct method of connecting with a disaster survivor who has just experienced an intense stressor, such as a life-threat or loss, is to approach the survivor in a nonthreatening, casual manner and strike up a conversation. Even if no words are spoken about the recent stressful experience, the survivor will get the message that they are valued. During the course of that conversation, the simple words, “How are you doing?” or “Are you OK?” can also be reassuring, even if the survivor does not feel able to talk about it. If a survivor wishes to talk about his experiences, then listening without passing judgment will almost certainly help. The person should not be forced to talk about the incident or even asked to describe the details unless interested in doing so. Examples of the connect action include:

- Don’t allow stress-injured individuals to withdraw from others
- Promote positive peer support
- Encourage engagement in healthy relationships relied upon before the disaster whenever possible
- Generate ideas about social support strategies with limited resources after the disaster
- Encourage survivors to consider seeking our religious social support if applicable
- Provide survivors with a list of resources and mental health agencies
• Encourage survivors to develop a plan for seeking additional support and resources

**Competence**

*What is it?* Competence is really short for "help restore previous capabilities" or "cultivate personal competence." The need for this action of SFA is signaled by the loss of previous mental, emotional, or physical capabilities directly because of a disaster experience. Which capabilities may be lost and to what extent will depend greatly on the situation and the individual involved. For certain individuals at certain times, stress may cause no discernible loss of mental or physical abilities. On the other hand, a severe life-threat or loss injury may cause a brief period of significant mental confusion followed by a longer period of slightly decreased ability to think clearly and sharply or to control intense emotions. Such mild changes in capabilities are almost always accompanied by somewhat larger losses in self-confidence and trust in one's own abilities. The competence action of SFA aims to restore the confidence in previous mental and physical capabilities through practicing them and demonstrating effectiveness. The critical role that disaster chaplains play in this process is to encourage and mentor the re-establishment of important mental and physical capabilities.

*How is it done?* The competence action of SFA, as a means to promote recovery from a disaster, is analogous to physical therapy to promote recovery from an injury, such as a severe sprain or fracture. As the underlying injury heals, full function will not return unless the injured part is required to perform the function for which it was designed, sometimes with gradually increasing intensity over a period of time. The competence action of SFA is similar, except that the injured part is not an arm or leg, but the mind and spirit. The goals of the competence action of SFA are:

- Restore mental capabilities
- Restore physical capabilities
- Restore trust in those capabilities

**Confidence**

*What is it?* Confidence is restored through helping the survivor regain a sense of control. Start with small obtainable goals to ensure success, and help the survivor gradually take on more difficult tasks. This will result in greater self-efficacy. The confidence action of SFA also refers to restoring self-confidence, self-esteem, and hope, since one of the consequences of a severe disaster experience can be a loss of hope for one's future. Confidence is the capstone of the recovery process. Individuals who recover from a disaster sometimes can regain all previous mental and physical capacities and acquire new ones. The acquisition of new capabilities during the process of recovering from a stress injury is sometimes called "posttraumatic growth."
How is it done? Realistic self-confidence and self-esteem are earned through mastering challenges and achieving goals despite hardships and obstacles. The role that disaster chaplains play in this process is to help survivors to set realistic goals, and then to achieve them despite the frustrations they are certain to encounter. The goals of the confidence actions of SFA are:

- Restore self-confidence
- Restore self-esteem
- Restore hope
How to Refer Disaster Survivors for Continued Mental Health Care

It is important to remember that some disaster survivors may need additional follow-up services from a licensed mental health professional. Similarly, some relief workers and volunteers may also need additional assistance after particularly traumatic events. This tip section will help you know when and how to refer others for mental health care.

Signs that Suggest Help is Needed

A more serious level of disturbance is seen in more severe symptoms, symptoms that persist more than a few days, or symptoms that appear much later. Sometimes people begin to have unpredictable or extreme emotional reactions, engage in impulsive or risky behavior that is unlike them, or resort to self-medication such as with drugs or alcohol. Such signs for concern include the following:

- Disorientation or confusion, and difficulty communicating thoughts.
- Difficulty remembering instructions. Difficulty maintaining balance.
- Becoming easily frustrated and being uncharacteristically argumentative.
- Inability to engage in problem solving and difficulty making decisions.
- Unnecessary risk taking.
- Tremors, headaches, and nausea. Unusual clumsiness.
- Tunnel vision and muffled hearing.
- Colds or flu-like symptoms.
- Limited attention span and difficulty concentrating.
- Loss of objectivity.
- Inability to relax.
- Refusal to follow orders or to leave the scene.
- Increased use of drugs or alcohol.

When to Refer

Do not hesitate to admit that you do not know how to solve the problem, or if additional care is needed. Be willing to help the person find someone with the ability to help or who has additional training. As you make the referral, remind disaster survivors that you care. You care enough to want the best possible help or service for that person. Next are examples of when to refer:

- When you feel in over your head
- When you feel persistently uncomfortable
- When you believe that improvement is "impossible" or the situation is "hopeless"
• When the person you visit with says, "nothing is helping" or what you provide the person isn't helping
• There is an obvious change in speech and/or appearance
• The person continues to be so emotional he or she can't communicate
• There is ongoing deterioration of life (social and physical)
• All the person discusses are physical complaints
• There is a sudden onset of memory confusion
• You see signs/you know of substance abuse
• Hallucinations, delusions or severe pathology
• Aggression and abuse (verbal and physical)
• If the situation seems horrible or unbearable
• Threats of self-harm or harm to others (duty to warn)
• In general, if you’re unsure, then refer

How to Refer

There may be times when your role as a disaster chaplain is not enough and a referral is needed to help align your friend with further help from another agency, organization or professional. In these situations, it is best to refer the person to someone else or to a group who can offer more specific assistance. Do not hesitate to admit that you don’t know how to solve a problem. Following are some steps to consider when referring a disaster survivor for additional care:

• Protect privacy - find private space and try to avoid interruptions while you are talking. Sensitivity to disaster survivors’ privacy communicates trust, respect and sincerity.

• Discuss specific behaviors - prior to discussing the referral, list the behaviors you have witnessed that have raised concern. Your list might include withdrawal, anger, self-destructive action, depression, lack of sleep or loss of appetite.

• Ask what the disaster survivor thinks and feels - check for understanding, and support any attempts disaster survivors make to respond to the concerns you’ve voiced.

• Understand possible barriers and offer alternatives - before you approach disaster survivors about the problems, understand what barriers may be keeping them from seeking professional help and be able to offer suggestions to help overcome these barriers.

• Locate possible community resources - before talking with disaster survivors, you also need to know what community resources are available. Making the first contact often is the most difficult part of getting help.
be helpful to provide a list of resources and licensed mental health professionals.

- *Continue to be supportive* - no matter how much you prepare disaster survivors, you still may not be able to convince them to seek professional help.

- *Making independent referrals* - if the person or family is unwilling to make the contact or if there is some danger if action is not taken, to self or others, you should take immediate action and begin the process for an independent referral and help obtain additional care. Remember, in such situations, serious concerns about harm to self or others should not be kept confidential.
Recognizing and Preventing Disaster Chaplain Burnout

Burnout is a state of emotional, physical and spiritual exhaustion from prolonged stress. When you are in a situation where the demands exceed your resources, and it continues for a long time, then you are at significant risk of burnout. This section provides guidance on recognizing when you are at risk of burning out, or starting to burnout, including what to do when you see the key signs of burnout.

Burnout

Burnout is the state of physical, emotional, and spiritual exhaustion caused by a depletion of the ability to cope with one’s environment, resultant from one’s responses to the ongoing demands and stressors of one’s daily life. It occurs when one’s perceived demands outweigh one’s perceived resources. It is the depletion of physical and intellectual energy that happens when you are overworked, stressed, and involved in demanding situations over a long period of time. As a result, you may feel tired, rundown, overwhelmed, and irritable. Burnout also has been associated with a reduced sense of personal accomplishment and with discouragement as an employee. Burnout can happen concurrently with the emotional, spiritual, and sexual energy depletion indicative of compassion fatigue. When you are in a situation where the demands exceed your resources, and it continues for a long time, then you are at significant risk of burnout. It is important to recognize, prevent and treat burnout because it destroys your productivity, saps your energy, and in extreme cases can lead to a total collapse. This starts with understanding the difference between stress and burnout. Stress is a state of activation. We face challenges or threats and our bodies activate for action. Burnout comes from prolonged stress and is a state of deactivation.

Common signs of stress:

- Anxiety
- Sleeplessness
- Pressure
- A sense that life would be OK if you just got things under control

Common signs of burnout:

- Withdrawal
- Depression
- Feeling hopeless
- Discouragement about life
Ways Disaster Chaplains Are at Risk

There are many factors that put us at risk of burnout, including personal, social, and work-related factors. Personal factors include being a perfectionist or demanding near perfection from self and/or others; being pessimistic or negative, quick to find fault, feeling the need to personally be in control of everything around you, multiple physical ailments, and being a Type A personality with great demands for achievement. You can see that these personal factors increase stress and make it difficult to relieve constant stress.

Social factors include unresolved marital or family problems, many people with expectations for you to help them, lack of friendships or close relationships, insufficient sleep, lack of exercise, or feeling that you have many demands with little help or support from others.

Work factors include working extended periods of time without a break, unclear or poorly defined expectations, a sense of failure or fear of losing your job, working in a disorganized or chaotic environment, or working with little or no recognition or support.

Disaster chaplains also face spiritual risk factors. For example, some disaster chaplains feel an additional sense of responsibility and may push themselves beyond healthy boundaries because they feel they are “doing God’s work.” Some disaster chaplains may also feel as though they have to know all the “right” answers when survivors bring up spiritual or religious issues and may face feelings of inadequacy if they are unable to satisfy a survivor with their response. Hearing and seeing the pain experienced by disaster survivors can also take a spiritual toll on disaster chaplains. For example, being in a disaster zone may cause spiritual questions in the life of the chaplain, which may cause some to feel guilty or cause them to doubt their own faith.

Signs Disaster Chaplains are Experiencing Burnout

There are multiple signs of burnout in addition to the few mentioned above. They can be grouped as physical, emotional, behavioral, and spiritual signs:

Physical signs of burnout include:

- Chronic fatigue
- Low energy
- Low immunity; Frequently ill
- Poor or changing appetite
Emotional signs include:

- Self doubt or a sense of failure
- Constant self-doubt or questioning
- Flat affect, lack of enjoyment in things that usually make you happy
- Sense of defeat and discouragement

Behavioral signs of burnout include:

- Procrastination or avoidance of responsibility
- Withdrawal or isolation of yourself from others
- Turning to excess food or drugs
- Lack of discipline in your self-care, such as exercise, hygiene or grooming

Spiritual signs of burnout include:

- Spiritual disconnection and isolation (e.g., “God has abandoned me”)
- Religious strain (e.g., “God is so far away from me”)
- Major changes in spiritual meaning-making (e.g., “Why would a good God let such a bad thing to happen—I don’t think I can believe in that God anymore”)

**What To Do About Burnout**

Burnout is addressed with the three “Rs”: Recognition, Reversal, and Resilience:

- **Recognition** – Learn the warning signs of burnout (above). Ask yourself if you are someone who tends to ignore your personal needs. If the answer is “yes”, then ask someone who knows you and whom you trust to watch you for signs of burnout.

- **Reverse** – When you see the signs of burnout, then start to reverse the burnout by making rest, care, and lowered stress a high priority. This does not mean you have to stop everything you are doing. It does mean that no one can function at a state of high stress without a break. Consider the following steps:
  - Lower the demands on yourself, at least temporarily. In the long term you will accomplish more if you vary the demands and stress.
  - Emphasize tasks within your control. Feeling out of control is distressing. If your work places demands that you cannot fulfill, then you must renegotiate them.
  - Build in a regular time when you are away from the demands.
  - Take up alternate activities that are satisfying and low stress.
  - We all have multiple areas of our life, such as marriage, family life, career, social life, etc. Make it a priority to ensure that you do not face great stress in more than one area at a time. If there are problems in
marriage or family as well as work, then deal with the personal areas of your life first and reduce the conflict or stress.

Resilience – Examine your lifestyle and look for ways to build your ability to withstand stress. Engage in activities that provide rest and improve your self-management. Seek out spiritual and social support.

Additional Self-Care Strategies

Maintain faith:

- Get in touch with and do things you find uplifting, noble, or creative
- Read spiritual, inspirational, or religious materials, such as Scripture
- Get involved in a religious community and discuss spiritual topics with others
- Attend religious ceremonies and engage in religious rituals like prayer, meditation, listening to religious music, and observing religious symbols
- If you have had bad experiences with religion or spirituality in the past, talk to someone you trust, such as a close friend, another chaplain, or counselor

Plan well:

- Set a goal and break it down into easily managed pieces
- Take small steps, working through each piece, until you reach your goal
- Reward yourself as you complete each step and when you reach the goal (A reward can be a break, some social time, or just working on a less-demanding task)
- Tell others in your life what your goals are and enlist their support
- After you reach your goal, work to maintain your improvements

Balance life activities:

- Engage in meaningful leisure activities, including activities you have enjoyed in the past and new activities that get you out of a weekly pattern
- Schedule regular vacations and be intentional in finding times to relax
- Exercise regularly; 20-30 minutes three or four times a week
- Maintain a consistent sleep-wake cycle. Try to go to bed and wake up the same time each day
- Eat three balanced meals each day. Breakfast is especially important

Keep an optimistic perspective:

- Balance the positive and negative aspects of situations--avoid focusing only on the negative
• Recognize that there are multiple contributing factors to your difficulties
• Focus on the big picture and avoid all-or-nothing thinking
• Think realistically and gather the facts--avoid "jumping to conclusions"
• Avoid rigid expectations. Watch for words like "should," "must," or "have to" in your speech and thoughts
Resources: Books

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<td>Brenner, G., Bush, D., &amp; Moses, J. (2009). Creating spiritual and psychological resilience: Integrating care in disaster relief work. Routledge.</td>
<td><em>Creating Spiritual and Psychological Resilience</em> explores the interface between spiritual and psychological care in the context of disaster recovery work, drawing upon recent disasters including but not limited to, the experiences of September 11, 2001. Each of the three sections that make up the book are structured around the cycle of disaster response and focus on the relevant phase of disaster recovery work. In each section, selected topics combining spiritual and mental health factors are examined; when possible, sections are co-written by a spiritual care provider and a mental health care provider with appropriate expertise. Existing interdisciplinary collaborations, creative partnerships, gaps in care, and needed interdisciplinary work are identified and addressed, making this book both a useful reference for theory and an invaluable hands-on resource.</td>
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<td>Cisney, J., &amp; Ellers, K. (2009). The first 48 hours: Spiritual caregivers as first responders. Abingdon Press.</td>
<td>The first 48 hours are critical to the recovery of trauma victims. First responders make the difference between life and death for trauma victims. But what is often not recognized is that when disaster strikes, spiritual caregivers are often among those first on the scene. For these caregivers, response should also help propel survivors toward positive transformation. This book focuses on critical responses that are key in the aftermath of natural disaster, community violence, personal injury, and crime. These basics include: the power of presence, safety, assessment and triage, how we help, putting the pieces together, telling the story, hope, and caring in the long haul.</td>
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<td>Group Publishing (2009). Group’s emergency response handbook for disaster relief. Author.</td>
<td>This rapid-response field manual is designed for volunteers who want to assist in the recovery efforts of hurricanes, floods, tornadoes, fatal car accidents, and more. Includes expert advice from disaster response professionals on what to say and do when you step on the scene of a natural or man-made crisis. What this resource offers is a practical, hands-on field manual to equip volunteers who want to help in the aftermath of a disaster.</td>
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A Ready Hope: Effective Disaster Ministry for Congregations is an introduction for people of faith who are new to the ministry of disaster preparedness and response. Authors Kathy Haueisen and Carol Flores have both personal and professional experience dealing with the tropical storms and hurricanes that have roared through the Gulf Coast region the past decade. Residents of Houston, Texas, they have worked closely with ecumenical faith-based and other nongovernmental networks, governmental groups, judicatory leaders, and congregations as they have assisted those affected by these disasters. A Ready Hope provides an overview of existing disaster-response networks, details the predictable phases of disaster recovery at both the individual and community level, lifts up helpful and unhelpful ways that congregational leaders and members can be involved in disaster response efforts, and provides resources to prepare congregations to respond appropriately to a disaster in their community. A variety of organizations bring help when disaster strikes. Faith-based organizations also bring hope to the survivors of the disaster and to the other rescue and relief workers who leave home to assist. This book will help people of faith equip themselves to be part of God’s heart and hands when a disaster occurs.


Including guidelines for assessment, intervention, and referral and a list of additional sources, this is a guide to the ministry of crisis counseling for both community and individual settings. It presents and then demonstrates the methods and strategies in vignettes of specific cases to illustrate the methodology.


This book provides information on the psychological, social, and spiritual responses to trauma. It addresses how the emergency response system works, and the role that religious communities can play in disaster response and recovery in terms of providing emotional and spiritual care for victims. It advocates integrating mental health into emergency response systems directed at those affected by hurricanes, floods, earthquakes, and terrorism. "The aim is to help victims of disaster to better cope with the stresses they face, as well as help direct care workers (firefighters, police, health care providers, etc.) to deal better emotionally with the trauma to which they are exposed so they can remain effective and functional on the job," explains Dr. Koenig, whose research on the healing power of faith has been published worldwide. Increasing the resiliency of our communities in the face of disaster is crucial. Religious communities have tremendous potential to contribute to this. Here are guidelines on how to do that more effectively, alongside data on how to facilitate the integration of these contributions with the formal disaster-response system.

The first comprehensive resource for pastoral care in the face of disaster—a vital resource for clergy, seminarians, pastoral counselors and caregivers of all faith traditions. This essential resource for clergy and caregivers integrates the classic foundations of pastoral care with the unique challenges of disaster response on community, regional and national levels. Offering the latest theological perspectives and tools, along with basic theory and skills from the best disaster response texts, research and concepts, the contributors to this resource are innovators in their fields and represent Christianity, Judaism, Islam and more. Exploring how spiritual care changes following a disaster, and including a comprehensive explanation of a disaster's lifecycle, this is the definitive guidebook for counseling not only the victims of disaster but also the clergy and caregivers who are called to service in the wake of crisis.


Reflections from a Hurricane Katrina survivor. Soul Storm is an honest and open discussion about the dark realities we all face as humans living in a broken world. Smith draws on literature, history, real-life stories, and gut-wrenching experiences as a survivor of family turmoil and nature's recent disasters, including Hurricane Katrina, to encourage us to ask the right questions: Is God involved? Is He good? Is He speaking to us through these events individually and as a people? Can any good purpose come from such events? These and countless other questions need adequate answers amongst the rubble of our lives. This book tackles these questions head-on and offers the reader an intelligent and hopeful narrative of God's work in the middle of disaster.


David K. Switzer presents a clear, illustrative and practical manual for pastoral caregivers that covers the entire range of pastoral care emergencies typically faced by clergy, pastoral counselors, and lay caregivers such as Stephen Ministers and Befrienders. The chapters deal with issues such as situational crises, hospital emergencies, ministry to the dying, bereavement, suicide, divorce, domestic violence, substance abuse, and psychiatric emergencies. The question of when and how to refer is discussed in the final chapter. The book is highly practical in approach, but still extremely sensitive to the theological issues at hand in ministering to those experiencing great emotional, mental, and physical distress.


This book will help you prepare ahead of time, so that you won't be at a loss during the critical first 72 hours of a crisis. Here are practical solutions to specific problems as well as biblically based strategies that will equip you to face life's emergencies.

Many pastors and lay counselors have had minimal training in clinical methods of grief and trauma counseling. *The Complete Guide to Crisis and Trauma Counseling* is a biblical, practical guide to pastoral counseling written by one of the most respected Christian therapists of our time. Dr. H. Norman Wright brings more than 40 years of clinical and classroom experience to this topic, and shares real-life dialogs from his decades in private practice to demonstrate healthy, healing counseling sessions. Readers will learn how to counsel and coach both believers and non-believers who are in crisis, how to walk alongside them through the hours, weeks and months following their trauma and how to help them find the path to complete restoration.
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<td>Aderibigbe, Y. A., Bloch, R.M., &amp; Pandurangi, A. (2003).</td>
<td>Emotional and somatic distress in Eastern North Carolina: Help-seeking behaviors.</td>
<td>Socio-demographic and cultural factors have been reported to shape help-seeking behavior. However, not much effort has been made to determine the effects of these factors on help-seeking among rural populations. A telephone survey using random-digit dialing was used to explore socio-demographic characteristics and ethnic differences in the types of professionals sought for unexplained somatic and emotional problems (N = 1161) in rural eastern North Carolina. Ethnic differences in comfort with participating in support groups were also examined. The effect of a large natural disaster, Hurricane Floyd and subsequent flooding, on help-seeking choices and comfort with support groups was also assessed. Results showed that the rural population makes a sharp distinction between somatic symptoms and stress-related symptoms. This distinction seemed more pronounced for European-Americans than for African-Americans. In general African-Americans selected help-seeking from clergy more often than European-Americans, although for unexplained somatic symptoms this difference was fostered by Hurricane Floyd with its flooding. African-Americans showed markedly increased comfort with support groups after the hurricane, while European-Americans showed no changes in comfort with support groups as a function of the hurricane. The effects of Hurricane Floyd on African-Americans are interpreted as reflecting an increased salience of community support for African-Americans, significantly through the Baptist Church. Training of clergy should include recognition of stress-related somatic and emotional symptoms and the potential for an important referral role, especially following disasters.</td>
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<td>Ai, A. L., Casio, T., Santangelo, L. K., &amp; Evans-Campbell, T. (2005).</td>
<td>Hope, meaning, and growth following the September 11, 2001, terrorist attacks.</td>
<td>Positive psychologists found the increase of seven character strengths that encompass the so-called theological virtues, including hope and spirituality, in Americans after the September 11, 2001, attacks. Little is known about how they may affect post-September 11, 2001, mental health. Using multivariate analysis, this study investigated the relationship of hope and spiritual meaning with depression and anxiety in a sample of 457 students 3 months after September 11, 2001. Both characters contributed to lower levels of symptoms. In qualitative analysis, of 313 answers to an open-ended question regarding personal change, four categories emerged. The first three were consonant with other studies on posttraumatic...</td>
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The September 11, 2001 (9/11) attacks in New York City and Washington, DC brought a historical terror to the United States. The aftermath of 9/11 will be felt for decades in the way Americans view the world and the national political sphere. Yet, it is unclear in what direction 9/11 impacted American sociopolitical reactions and how their styles of spiritual or religious coping in their general life might influence such reactions. On the basis of the literature on terrorism, we developed a scale of sociopolitical reactions to the 9/11 attacks using a student sample at three American universities. The results indicate that responses to 9/11 are diverse and patterns of sociopolitical reactions are associated with gender, years of education, religiousness, peritraumatic emotional response, being a veteran, being close to a 9/11 victim, concerns about future attacks, and two types of religious/spiritual coping. Our study calls for more research that investigates sociopolitical reactions and the role of faith matters in an era of international terrorism.

This study examined the impact of the September 11 terrorist attacks on graduate and undergraduate students and the role of optimism in posttraumatic distress. A sample of 457 students who attended courses at three schools of social work (Nevada, Pennsylvania, and Washington) participated in the study. A quarter of them had a known person as an immediate victim of the attacks. Multivariate analysis showed that posttraumatic stress disorder symptom scores were positively related to personal loss and two types of previous trauma reactivated by the attacks, and levels of initial negative emotional response. Optimism and its interaction with personal loss were inversely associated with posttraumatic stress disorder symptom scores.

This study was designed to help fill gaps in faith-related and positive psychology research. Psychologists have called for precise assessment of effective faith factors inherent within spiritual experiences that may explain their beneficial effects. Positive psychologists suggest the need to examine social and faith-related origins of optimism. Based on previous research, we redefined spiritual support and developed a new assessment. The study is a survey of 453 graduate and undergraduate students 3 months after the September 11, 2001, terrorist attacks. The results showed that...
participants, who believed in diverse spiritual entities, used various types of prayer for coping. A structural equation model showed that a linkage of spiritual support and positive attitudes mediated the effect of faith-based and secular factors post-September 11.


This study examined demographic and hurricane-related resource loss predictors on God concepts and God control among Hurricane Katrina survivors (n=142) from Mississippi Gulf Coast communities approximately five months after the storm. The findings from this study of Katrina survivors suggest that significant loss from natural disasters has an impact on one's conception of and beliefs about God. It was found that increased levels of resource loss predicted a more negative conceptual portrayal of God. Greater object resource loss predicted perceptions of less God control over the outcome of events. Further, it was found that the strongest individual predictor of a God concept that was more negative and in less control of event outcomes was the loss of food and water, suggesting the importance of critical resource loss on how one conceives of God. Overall, the findings suggest that for many people who self-identify as spiritual and/or religious, spiritual resources may be the one explanatory system that is uniquely capable of helping disaster survivors understand traumatic events, to have a sense of control of such events, and in the process still maintain a healthy picture of one’s self.


The purpose of this article is to share lessons learned about engaging students in community research focused on disaster research. In this article the author discuss lessons learned from engaging students in community psychology projects. Several strategies are provided for fostering the research process and community-based research. The strategies outlined are based on the author’s experiences having taught at a large research university, as well as present experiences teaching at a liberal arts college in a professional school of psychology. In this article the author also highlight experiences that have helped shape the way the author thinks about and approaches community-based research.
In this article, Aten introduces a Christian integrative approach to disaster spiritual and emotional care in professional psychology. He then also contextualizes the subfield of disaster intervention within his view of how integration overall will develop in the future. Practice guidelines for integrative disaster spiritual and emotional care are offered, as well as a series of diverse examples of faith-based disaster interventions. Theological and integrative implications are also raised, as well as thoughts on how disaster spiritual and emotional care will contribute to the future of integration.

God image appears to affect an individual’s ability to cope, either positively or negatively, following stressful life events. This qualitative investigation explored God images of Hurricane Katrina survivors two months after the storm along the Mississippi Gulf Coast. A multifaceted, and sometimes paradoxical view of God emerged from participants’ narratives following Hurricane Katrina. The following conceptualizations of God were reported by participants: (a) Omnipresent God, (b) Omnipotent God, (c) Distant God, (d) Personal God, (e) God in Others, (f) God as Judge, (g) God of Lessons, and (h) God as Loving Father Figure. God images reported by participants appeared to serve as a coping mechanism that allowed participants to make meaning and adjust to their Hurricane Katrina experiences.

Using an action participatory research approach, qualitative interviews were conducted with forty-one African-American clergy one year after Hurricane Katrina in severely affected areas of south Mississippi. These interviews revealed how mental health professionals can work with African-American clergy and their churches by providing training that targets minority disaster mental health disparities. A three tier-training model for equipping African-American clergy and churches to respond to disasters in hopes of reducing minority disaster mental health disparities is offered. Identified training needs and suggested training delivery formats are discussed. A sample outreach and educational training project designed to equip African-American clergy and churches in their response to minority disaster mental health disparities is also highlighted.
Researchers have found that disasters often devastate key community infrastructures leading to obstructions in communication (e.g., Bostian et al., 2002). Although Rebmann, Carrico, and English (2008) found that communication is vital to successful disaster preparedness and response, they noted that maintaining communication prior to, during, and after times of disaster is extremely difficult. However, it would appear that disaster communication may be enhanced through novel uses of new and existing technology resources. The purpose of this article is to highlight how commonly used personal technology tools have been or might be utilized in novel ways to enhance disaster communication. Further, it is hoped that the novel applications discussed may be used to help buffer against the short-term and long-term traumatic effects of disasters related to obstructions in communication.


Aten, J. D., Toppings, S., Denney, R., & Bayne, T. (2010). Collaborating with African American Churches to Overcome Minority Health Disparities: What Mental Health Professionals to: (a) develop educational and outreach opportunities, (b) lead assessment procedures, (c) offer consultation activities, (d) provide clinically-focused services, and (e) utilize spiritual resources
Professionals can learn from Hurricane Katrina. Participants provided further insight into how these collaborative activities could be modified to meet post-disaster needs and offered novel applications. Following from these discussions, the article provides a number of recommendations that can be used to aid in the development of disaster collaborative activities between African American pastors and churches and mental health professionals to serve minority communities while also decreasing disparities.


The purpose of this article is to provide an interfaith task force model for organizing faith-based responses to disasters based on the work of the Mississippi Coast Interfaith Disaster Task Force (IDTF). IDTF’s current mission is to: 1) Build the capacity of faith based and nonprofit organizations to provide effective disaster relief service and preparedness for disaster events; 2) Address the disaster emotional and spiritual care needs of communities; and 3) Advocate for vulnerable populations (e.g., minorities, poor, elderly) affected by disasters to ensure their needs are met through communication, coordination and collaboration among organizations across sectors. IDTF’s vision is to demonstrate how people of different faiths can come together in a cooperative and compassionate spirit to nurture the creation of a community that will help those least able to help themselves. Overall, IDTF serves as a coordinator and facilitator between Mississippi Gulf Coast faith communities and dozens of community partners.


In a study conducted one year after Hurricane Katrina with African American pastors in the Gulf Coast region, Aten and Topping (2008) found that clergy were interested in training and education opportunities focusing on disaster mental health issues. Among the various delivery formats requested, clergy reported that there was a need for more online resources. Based on these findings, the Church Disaster Mental Health Project (CDMHP) and website was launched. The purpose of this article is to highlight the CDMHP website and resources.
Associations among resource loss, general religiousness, religious comfort, religious strain, health, and posttraumatic growth (PTG) were examined among a sample of Mississippi university students soon after Hurricane Katrina hit the Gulf coast in 2005. Reports of greater resource loss were associated with reports of health problems in many, although not all, domains. Religious comfort was positively associated with PTG and some aspects of health. Religious strain was negatively associated with some aspects of health and unrelated to PTG. Some aspects of resource loss were associated with religious strain, but contrary to hypothesis, religious variables did not moderate the association between resource loss and adjustment variables. Associations between total resource loss and emotional well-being were mediated by religious strain.

The purpose of this article is to introduce a pastoral care and mental partnership model that was developed to equip clergy and mental health professionals in the Mississippi Gulf Coast region to respond to the long-term emotional and spiritual needs left behind in the wake of Hurricane Katrina, while also encouraging collaboration between these two groups. The goal for this project was to build partnerships between religious leaders and mental health professionals, focusing on: (1) Providing disaster emotional and spiritual care training, (2) Establishing a religious leader and mental health provider network, and (3) Facilitating emotional support/resiliency experiences for religious leaders and mental health providers. These goals were addressed through the development of emotional and spiritual disaster training, a learning collaborative, and self-care programming for religious leaders and mental health providers. The result was the development of a clergy, academic, mental health partnership model (The CAMP model).

After a disaster, survivors find themselves seeking many types of help from others in their communities. The purpose of this study was to explore help seeking behaviors of church attendees after Hurricane Katrina. Surveys were given to church attendees from two Mississippi coast and four New Orleans area churches that were directly affected by Hurricane Katrina. Participants were asked to review a list of 12 potential sources of help and were asked to rank the items chronologically from whom they had sought help from first after Hurricane Katrina. Overall, it would appear participants sought out assistance from informal social networks such as family and friends first, followed by governmental and clergy support. This study also showed there may be differences in help seeking behaviors between church attendees in more urban areas versus church attendees in more rural areas. Moreover, findings highlighted
that very few church attendees seek out mental health services during the initial impact phase of a disaster. Disaster mental health clinical implications and recommendations are offered for psychologists based on these findings.


In 1985 the families of 137 passengers killed when a jet crashed stayed in a hotel while waiting for the victims' bodies to be retrieved and identified. In this protected environment, referred to as the libidinal cocoon, the families received intensive nurturing from a psychiatrist, Red Cross nurses, hotel staff, airline representatives, clergy, and each other. The supportive environment allowed the families to regress safely and to satisfy the basic yearning, intensified in times of personal loss, for an idealized caretaker who will meet all one's needs.


The relationships between perceived stress and religious coping styles with depressive affect were investigated in 245 adult members of Presbyterian churches (mean age 53.3 yrs). The 3 instruments used were the Perceived Stress Scale, the Religious Coping Styles Questionnaire, and the Beck Depression Inventory. It was hypothesized that as the reported use of the self-directing religious coping increased, there would be an associated increase in depressive affect under conditions of high stress. It was further hypothesized that as the reported use of the collaborative style increased, in conditions of high stress, there would be an associated decrease in depressive affect. The results were in accordance with expectations.


Personal crises have been associated with spiritual growth. Sparked by the global response to the crisis of September 11, 2001, the authors examined the relationship of spirituality and the September 11th tragedy using a sample of convenience from a college student population. This preliminary study used an experimental design to examine various effects of the world crisis events of September 11 on components of individual spirituality. Spirituality was conceptualized using a 4-component model. Significant differences between the experimental and control groups were found on the Transcendence subscale. Taking into consideration the different kinds of tragedies, the authors present implications for counseling and suggest directions for future research.
Tangible and spiritual relief after the storm: The religious community responds to Katrina. This study assessed the types of social services and spiritual messages that were provided by Baton Rouge area churches following Hurricane Katrina. Church representatives (n=157) completed a 26-item survey which consisted of open and closed ended questions. The most common resources provided by churches included food, clothing, and financial assistance. Nearly 75% of churches attempted to connect evacuees with outside state and federal resources. The greatest unmet needs reported by churches included evacuee shelter and housing, and on-site computer and internet access. Churches recommend preparedness, triage care, and leadership for other churches that find themselves the first responders following a disaster. Because of their responsiveness to the needs of communities, clergy need to be trained in disaster management. Moreover, government monies could be wellspent in supporting faith-based disaster initiatives.

Pastoral care following a natural disaster. Studied the interrelationship of data on personal information, pastoral problems, and information regarding church structure obtained in personal interviews with 18 ministers of various denominations following a tornado in Kentucky. The aim was to gain insights into pastoral care responses following a natural disaster. Although previous studies suggested the presence of a variety of problems (e.g., bereavement, increased substance abuse, guilt), the present data indicate that the ministers dealt with more immediate and routine duties and did not feel comfortable approaching people as counselors.

Coping responses of Asian, Black, and Latino/Latina New York City residents following the September 11, 2001 terrorist attacks. This study examined mechanisms for coping with adversity in a sample of 24 Asian, Black, and Latino/Latina residents of New York City following the September 11, 2001 World Trade Center (WTC) terrorist attacks. Using consensual qualitative research methodology (C. E. Hill, B. J. Thompson, & E. N. Williams, 1997), the authors identified 7 broad coping domains used by the participants: (a) sought additional information about the WTC tragedy, (b) expressed a range of emotions, (c) sought or gave support, (d) engaged in religious or spiritual activities, (e) avoidance, (f) forbearance, and (g) used indigenous healing techniques. Although there were similarities across racial or cultural groups and genders with regard to the coping responses used, there also were unique coping strategies by racial or cultural background and gender.
Contrasted the roles, activities, and stresses of 24 urban and rural ministers in responding to the November 1985 flood in West Virginia and Virginia. Subjects completed questionnaires 7–26 months after the flood that assessed the challenges they faced, the special contributions they offered survivors, and the problems they experienced in their disaster work. Urban and rural subjects faced similar challenges, such as helping people to integrate disasters into the theological context of their religious beliefs. However, they often differed in the resources available to them, in the variety of disaster relief roles they took, and in the strategies they pursued in ministering to the needs of their communities.

Participants at a June 2002 conference about the September 11th attacks were tested for compassion fatigue, compassion satisfaction, and burnout. The sample consisted of 343 clergy, including 97 chaplains. A total of 149 (43.4%) of the participants had responded as disaster-relief workers following the September 11th attacks. The number of hours clergy worked with trauma victims each week was directly related to compassion fatigue among responders and non-responders. Compassion fatigue also was positively related to the number of days that responders worked at Ground Zero, while disaster-relief work with the American Red Cross reduced compassion fatigue and burnout. Clinical Pastoral Education tended to decrease compassion fatigue and burnout and increase compassion satisfaction in both responders and non-responders. Burnout was inversely related to age in both groups.

It was hypothesized that intrinsic religiousness helps to cope with increased salience of terrorism. Intrinsic religious and nonreligious participants were told that it is highly probable or highly improbable, respectively, that terrorist attacks will occur in Germany. High probability of terrorism only negatively affected the mood of nonreligious participants but not of intrinsically religious participants (Study 1). Using as a realistic context of investigation the terrorist suicide bombings in Istanbul, the authors replicated this finding and shed some light on the underlying psychological processes (Study 2): On the day of the terrorist attacks (high salience of terrorism), nonreligious participants experienced less positive emotions and less self-efficacy than did intrinsically religious participants. Two months later (low salience of terrorism), no differences were found between nonreligious and intrinsically religious participants with regard to mood and self-efficacy. Mediational analyses suggested...


In Centralia, Pennsylvania, a twenty-four-year-old underground coal mine fire has slowly destroyed the physical community, leaving in its wake much community conflict and suffering. And yet, unlike in most cases of natural disasters, local religious institutions and community residents failed to assign religious meaning to the problems associated with the fire. The paper argues that the failure of local religion to respond effectively is related to the chronic technical nature of the disaster agent. Unlike a tornado or hurricane, the mine fire struck slowly, lasted a long time, was caused by human beings, and required sophisticated technical apparatus to detect and abate. In addition, the patterns of victimization associated with the chronic technical disaster are different from those resulting from immediate impact natural disasters. These differences resulted in the acceptance of a technical, not a moral or religious, definition of the problem. Implications of this for religion's response to other chronic technical disaster situations are discussed. As Centralians board up their homes and prepare to move, few would deny that something terrible has happened to their town. Their way of life is gone, their homes are being destroyed. And, yet, only a handful of residents interpreted this crisis within the local context of religious meaning. It is not that attributing a religious meaning to the mine fire would have insulated residents from the ecological effects of the blaze so much as it would have encouraged a common understanding of, and promoted a collective response to, their predicament. For a majority of residents, however, the environmental disaster that plagued
Centralia was interpreted and acted towards in a manner that excluded the relevance of religion.

Over seventy percent of Americans identify with some faith community and use their faith as a means to cope with life experiences, especially following disasters (Weaver, Flannelly, Garbarino, Figley, & Flannelly, 2003). Clergy have been found to play a significant role in responding to disaster needs, including providing pastoral counseling, crisis management, and serving and meeting the overall needs of others (Darling, Hill, & McWey, 2004; Pector, 2005). Though clergy play a major role in attending to disaster needs, little is known about how clergy cope with disasters.

The purpose of this qualitative study is to explore the ways in which clergy in South Mississippi and New Orleans coped with Hurricane Katrina using a phenomenological approach.

In 2004, one of the largest earthquakes ever recorded led to a tsunami devastating two-thirds of the Sri Lankan coastline. We examined whether certain causal beliefs (attributional style and karma, a Buddhist concept used to explain bad events) are associated with tsunami survivors experiencing PTSD and poor health about six months later. Previous studies of causal beliefs associated with illness following the same traumatic event have focused on Western countries and none have considered the role of karma. We interviewed 264 Sri Lankan tsunami survivors. As predicted, we found that belief in karma and a pessimistic explanatory style are independently associated with poor health and a pessimistic explanatory style is associated with PTSD, after adjusting for relevant factors. Thus, both universal and more culturally specific beliefs may contribute to coping following a natural disaster.

This mail survey measured post-traumatic stress symptoms, spiritual and non-spiritual coping strategies, and positive spiritual outcomes following the tragedies of 9/11/01 in a national, random sample of 1,056 Presbyterians. Respondents reported mild to moderate degrees of re-experiencing and hyper-arousal symptoms of post-traumatic stress, unrelated to location or knowing someone involved. People experiencing high stress used greater frequency and variety of both spiritual and non-spiritual types of coping strategies. Positive spiritual outcomes were remarkably related to positive spiritual coping strategies, in contrast to no association with negative coping. This study illustrates the significant degree of post-traumatic stress experienced with vicarious exposure and a wide spectrum of coping strategies used following the major terrorist attacks.
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<th>Source</th>
<th>Title</th>
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<td>Meisenhelder, J. B. (2002).</td>
<td><em>Issues in Mental Health Nursing, 23</em>, 771-782.</td>
<td>Terrorism, posttraumatic stress, and religious coping. The events of September 11, 2001 triggered a widespread national response that was two-fold: a posttraumatic stress reaction and an increase in attendance in religious services and practices immediately following the tragic events. The following discussion traces the existing research to distinguish this posttraumatic stress reaction from posttraumatic stress disorder as a recognized psychiatric diagnosis. This disaster reaction is then examined in light of the research on religious coping, delineating both its positive and negative aspects and the respective outcomes. A conceptual model illustrates the benefits in seeking religious comfort for managing a post-disaster stress response. Nursing implications for practice are discussed.</td>
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<td>Miller, L. (2004).</td>
<td><em>American Journal of Psychotherapy, 58</em>, 1-16.</td>
<td>Psychotherapeutic interventions for survivors of terrorism. Terrorist attacks combine features of criminal assaults, disasters, and acts of war. Accordingly, much of our clinical knowledge in treating this relatively new kind of traumatic event is adapted from experiences in treating victims of criminal assault, homicidal bereavement, natural and man-made disasters, war and political violence, workplace homicide, and school shootings. This paper reviews the pertinent literature on these types of trauma and combines this information with the author’s own experience in treating direct and indirect victims and survivors of recent terrorist attacks. The paper describes the psychological syndromes resulting from terrorism and discusses individual and family modalities for treating victims and survivors of terrorism.</td>
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<td>Nelson, L., &amp; Dynes, R. R. (1976).</td>
<td><em>Journal for the Scientific Study of Religion, 15</em>, 47-59.</td>
<td>The impact of devotionalism and attendance on ordinary and emergency helping behavior. In this study a theoretical model is presented which highlights the reinforcing potential of religious reality construction and the mobilizing potential of formal religious organizations. It is hypothesized that rates of devotionalism (a measure of the intensity of religious organizational participation) are positively related to the performance of helping behavior. A qualification by type of helping behavior (emergency or ordinary) is presented. Sequential stepwise multiple regression analysis indicated that devotionalism was a predictor of three of the four types of ordinary helping behavior examined while church attendance consistently predicted emergency helping behavior. The introduction of a subjective religiosity measure did not increase the R2. The effect of church attendance on emergency helping behavior is found to be primarily through churches’ provision of organizational means for participation. Implications of the findings for the exchange-reinforcement perspective are discussed.</td>
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Are specific religious beliefs related to interpretations of stressful events and available coping resources? The present study addressed this by assessing appraisals, general religiousness, and two specific beliefs—verticality (deity centered vs. person-focused approach to religion) and God image—in 63 Christian and Jewish undergraduates coping with the 2005 hurricane season. Primary appraisals (interpretation of the stressor as a challenge, threat, loss, and benefit) and secondary appraisals (perception of whether self, others, and God have control over the stressor) were related to religion. By controlling for general religiousness, unique associations of specific beliefs with appraisals were identified. General religiousness was positively associated with interpreting hurricane-related events as a loss for the Christian participants and as a benefit for the Jewish participants. For both groups, general religiousness and God image were related positively to the perception of self-control. For Jewish participants, verticality was associated negatively with others-control and positively with God control. Overall, general religiousness was more related to primary appraisals (relevance), and specific beliefs were associated with secondary appraisals (resources). Investigation of finely grained distinctions in religious belief furthers understanding of the roles of religion in coping.


Explored perceived sources of support and their effectiveness for 325 firefighters involved with the Oklahoma City bombing, as well as perceptions of the event and its aftermath. Questionnaire data included demographic characteristics, sources of perceived emotional support, job-related experience, and level of exposure in rescue/recovery efforts. Data reveal high levels of exposure in the aftermath of the bombing and substantial levels of support from family and from the larger community. 64% of the subjects reported that the event had a moderate or severe effect on them, 12% could not label severity of the event, and 7% indicated that the incident had no effect on them. Subjects who reported a larger effect of the bombing were more likely to endorse the usefulness of critical incident stress management. Age and faith-related support were important to outcome measures assessed approximately 1 year later.


Examined coping strategies and short-term adjustment in 42 survivors of a tornado. Subjects were interviewed using the Diagnostic Interview Schedule/Disaster Supplement within 1 month of the event. Rates of psychiatric disorder in survivors were low, and rates of symptoms were not especially high. Subjects turned to
family and friends for support as their most frequent coping method. While many subjects utilized active coping techniques such as talking and reading about it, others dealt with their experience by avoidance. Many subjects also reported that religious and philosophical perspectives helped them. Few subjects required medication to relieve their upset, and none depended on alcohol.

In the aftermath of Hurricane Katrina, a significant number of faith-based organizations (FBOs) that were not a part of the formal National Response Plan (NRP) initiated and sustained sheltering operations. OBJECTIVE: The objective of this study was to examine the sheltering operations of FBOs, understand the decision-making process of FBO shelters, and identify the advantages and disadvantages of FBO shelters. METHODS: Verbal interviews were conducted with FBO shelter leaders. Inclusion criteria were: (1) opening in response to the Katrina disaster; (2) operating for more than three weeks; and (3) being a FBO. Enrolled shelters were examined using descriptive data methods. RESULTS: The majority of shelters operating in Mississippi up to three weeks post-Katrina were FBO-managed. All of the operating FBO shelters in Mississippi that met the inclusion criteria were contacted with a response rate of 94%. Decisions were made by individuals or small groups in most shelters regarding opening, operating procedures, and closing. Most FBOs provided at least one enabling service to evacuees, and all utilized informal networks for sheltering operations. Only 25% of FBOs had disaster plans in place prior to Hurricane Katrina. CONCLUSIONS: Faith-based organization shelters played a significant role in the acute phase of the Katrina disaster. Formal disaster training should be initiated for these organizations. Services provided by FBOs should be standardized. Informal networks should be incorporated into national disaster planning.

Used exploratory and confirmatory factor analyses to identify positive and negative patterns of religious coping methods, develop a brief measure of these religious coping patterns, and examine their implications for health and adjustment. Participants were 296 church members (mean age 59.3 years) coping with the Oklahoma City bombing, 540 college students coping with major life stressors, and 551 elderly hospitalized patients (aged 55–97 years) coping with serious medical illnesses. A 14-item measure of positive and negative patterns of religious coping methods (called Brief RCOPE) was constructed. The positive pattern consisted of religious forgiveness, seeking spiritual support, collaborative religious coping, spiritual connection, religious purification, and benevolent religious reappraisal. The negative pattern was defined by spiritual
discontent, punishing God reappraisals, interpersonal religious discontent, demonic reappraisal, and reappraisal of God’s powers. As predicted, people made more use of the positive than the negative religious coping methods. Furthermore, the two patterns had different implications for health and adjustment.

The purpose of this study was to develop and validate a new theoretically based measure that would assess the full range of religious coping methods, including potentially helpful and harmful religious expressions. The RCOPE was tested on a large sample of college students who were coping with a significant negative life event. Factor analysis of the RCOPE in the college sample yielded factors largely consistent with the conceptualization and construction of the subscales. Confirmatory factor analysis of the RCOPE in a large sample of hospitalized elderly patients was moderately supportive of the initial factor structure. Results of regression analyses show that religious coping accounted for significant unique variance in measures of adjustment (stress-related growth, religious outcome, physical health, mental health, and emotional distress) after controlling for the effects of demographics and global religious measures (frequency of prayer, church attendance, and religious salience). Better adjustment was related to a number of coping methods, such as benevolent religious reappraisals, religious forgiveness/purification, and seeking religious support. Poorer adjustment was associated with reappraisals of God’s powers, spiritual discontent, and punishing God reappraisals.

Three scales measuring 3 problem-solving styles (PSSs), identified through factor analysis, were administered to 197 church members. A PSS involving active personal exchange with God (Collaborative) appeared to be part of an internalized committed form of religion, one holding positive implications for the competence of the individual. A PSS in which the subject waits for solutions from God (Deferring) seemed to be part of an externally oriented religion providing answers to questions the subject was less able to resolve. This style was associated with lower levels of competence. A Self-Directing style emphasizing the freedom God gives people to direct their own lives appeared to be an active coping orientation that stressed personal agency, involved lower levels of traditional religious involvement, and was part of a generally effective style of functioning. Findings point to the diverse roles religion plays in the problem-solving process.

Assessed the validity and reliability of the Stress-Related Growth Scale (SRGS) for examining determinants of stress-related positive outcomes. Exp 1, with 506 college students who also completed the Marlowe-Crowne Social Desirability Scale, showed the SRGS has acceptable internal and test-retest reliability and that scores are not influenced by social desirability. Exp 2, with 160 Ss, showed SRGS responses were related to those provided by friends and relatives on their behalf. Exp 3, with 256 Ss who also completed the Positive and Negative Affect Schedule and the Social Support Questionnaire, showed that predictors of SRGS were intrinsic religiousness, social support satisfaction, stressfulness of the negative event, positive reinterpretation and acceptance coping, and recent positive life events. The SRGS was positively related to residual change in optimism, positive affectivity, number of socially supportive others, and social support satisfaction.


This study examined the association between strength of religious faith and coping with the terrorist attacks in New York City, Washington DC, and Pennsylvania on September 11, 2001, the resulting war in Afghanistan, and subsequent anthrax attacks. The participants included 97 students from a West Coast Catholic university. Measures included the Santa Clara Strength of Religious Faith Questionnaire, the Marlowe-Crowne Social Desirability Scale, the Symptom Check List-90-Revised, the Impact of Event Scale, a 10-point stress, coping, and importance of faith scale, and an author-developed questionnaire assessing demographic as well as qualitative questions regarding coping with terrorism. Results suggest that strength of religious faith was not associated with coping with terrorism.


This study examined the relationship between religious activity and responses to the Y2K crisis. A telephone survey of 497 Alabama residents (median age 49.2 yrs old) measured their frequency of church attendance and questioned them about (1) their knowledge of the term 'Y2K,' (2) their perception of the seriousness of the problem, (3) how much information about Y2K that they noticed in the media, (4) how many interpersonal discussions they had on the topic, and (5) whether they made preparations in readiness for Y2K. The results indicated that religious activity was associated with perceptions of the amount of media coverage of Y2K, frequency of interpersonal discussion on the topic, and level of preparations for the possible crisis. Frequent church-goers were more likely to have taken preparations against a Y2K problem, reported seeing more information about Y2K in the media, and engaged in more
interpersonal discussions on the topic than did non-church-goers. No significant difference was identified for either knowledge level or perception of the salience of the issues.

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<tr>
<th>Roberts, S. B., Flannelly, K. J., Weaver, A. J., &amp; Figley, C. R. (2003).</th>
<th>Compassion fatigue among chaplains, clergy, and other respondents after September 11th.</th>
<th>The Compassion Fatigue and Burnout Instrument consists of two parts. The first part collects demographic and related information, including gender, age, religion, educational level, work and home ZIP codes, clinical training, type and location of respondent's disaster-relief work related to September 11th (if any), and the agencies with which they do disaster-relief work. ZIP codes are used to calculate the distance of participants' home and workplace from Ground Zero. The second part consists of Compassion Satisfaction and Fatigue Test.</th>
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<td>Schuster, M. A., Stein, B.D., Jaycox, L. H., Collins, R. L., Marshall, G. N., Elliott, M. N., Zhou, A. J., Kanouse, D.E., Morrison, J. L., &amp; Berry, S. H. (2001).</td>
<td>A national survey of stress reactions after the September 11, 2001 terrorist attacks.</td>
<td>Assessed the immediate mental health effects of the terrorist attacks on September 11, 2001. Using random-digit dialing 3 to 5 days after September 11, we interviewed a nationally representative sample of 560 US adults about their reactions to the terrorist attacks and their perceptions of the reactions of their children (aged 5–18 yrs). 44% of the adults reported one or more substantial symptoms of stress; 90% had one or more symptoms to at least some degree. Respondents throughout the country reported stress symptoms. They coped by talking with others (98%), turning to religion (90%), participating in group activities (60%), and making donations (36%). 84% of parents reported that they or other adults in the household had talked to their children about the attacks for an hour or more; 34% restricted their children's TV viewing. 35% of children had one or more stress symptoms, and 47% were worried about their own safety or the safety of loved ones. It is concluded that after the September 11th terrorist attacks, Americans across the country, including children, had substantial symptoms of stress. Even clinicians who practice in regions that are far from the recent attacks should be prepared to assist people with trauma-related symptoms of stress.</td>
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This study develops and tests sociological hypotheses explaining the participation in disaster response activities by eighty-six congregations in Xenia, Ohio following a tornado. The analytical framework conceptualizes all organizations as having a demand-capability balance. That is, there are demands for services which are met by organizational resources. During normal times, the demand-capability balance is the result of both its historical context and the immediate conditions. The interaction of these elements results in the characteristics of the focal organization and its resulting activities. A disaster alters this balance by providing a new set of immediate conditions and changing previous contextual elements. This changed balance influences both organizational characteristics and organizational activities. This framework is used to predict congregation disaster response using elements of the pre-disaster demand-capability balance and disaster conditions.

Examined the relationship between religious coping by church members and psychological and religious outcomes following the 1993 Midwest flood. Questionnaires were distributed through churches in flood-affected communities in Missouri and Illinois. The first questionnaire was completed by 209 adults 6 weeks after the flood and a follow-up was completed by 131 respondents 6 months after the flood. Correlational analyses revealed that religious dispositions, attributions, and coping activities were related to psychological and religious outcomes. Hierarchical multiple regressions showed that religious attribution and coping activities predicted psychological and religious outcomes at both 6 weeks and 6 months after controlling for flood exposure and demographics. The results also suggest that positive religious coping may mediate the relationship between religious dispositions and psychological and religious outcomes.

The article discusses the religious coping with terrorism and natural disaster of Americans during the September 11, 2001 terrorist attacks. It brought trauma and stress for many people, however, many Americans turned to their religious and spiritual beliefs for comfort and support. Global measures of religiousness give the degree to which individuals integrate religion into their lives, such as frequency of prayer or church attendance.
Uecker, J. (2008). *Religious and spiritual responses to 9/11: Evidence from the ADD Health Study.* Despite a great deal of public discourse concerning the effect of the September 11th attacks on Americans' religious and spiritual lives, social scientists know very little about the nature, size, and duration of this effect. Using panel data from the National Longitudinal Study of Adolescent Health, this study analyzes the influence of 9/11 on the religious and spiritual lives of American young adults. The results suggest that the 9/11 attacks exerted only modest and short-lived effects on various aspects of young adults' religiosity and spirituality, and these effects were variable across different groups. These findings suggest that no remarkable religious revival occurred among young adults after September 11th, and researchers interested in analyzing religious development across the life course or religious change over time need not worry about sea changes in religiosity and spirituality brought on by 9/11.

* Denotes publication by Humanitarian Disaster Institute researchers.