

# *Emotional and Spiritual Care in Disasters*

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## **Course Name: Emotional and Spiritual Care in Disasters**

### **Lesson 4: How to Minister During a Disaster**

#### **Learning Objectives**

At the conclusion of this lesson, participants will be able to:

- ◆ Identify strategies and resources for providing individual and community emotional and spiritual care after a disaster
- ◆ Provide pastoral care to individuals and communities while in the throes of a disaster

#### **Time Required**

1 hour

#### **Topics**

1. Overview (5 minutes)
2. How to Provide Emotional and Spiritual Care (25 minutes)
3. Community-Focused Spiritual Care After a Disaster (25 minutes)
4. Summary and Transition (5 minutes)

#### **Training Methods**

1. Small group activity
2. Participative lecture/guided discussion

#### **Participant Materials**

1. Participant Manual


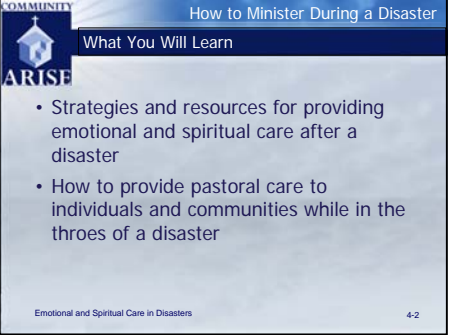
## **Training Materials**


1. PowerPoint slides and projection system
2. Easel pad, markers, and tape

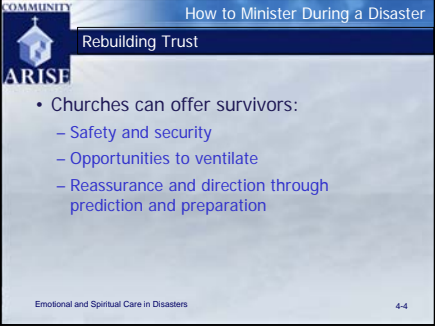
## **Instructor Notes**


1. Read the Administrator Guide for guidance in presenting this lesson.
2. The term used in this course is “spiritual care provider.” Spiritual care providers include any person who assists others to draw upon a spiritual perspective as a source of strength and hope in difficult times. These persons certainly include clergy, chaplains, other ministers, counselors, and any persons considered the appropriate person to provide this service by their own faith community.
3. An important resource used in developing this course was *Light Our Way: A Guide for Spiritual Care in Times of Disaster for Disaster Response Volunteers, First Responders and Disaster Planners*. It is available at [http://www.nvoad.org/articles/Light\\_Our\\_Way\\_LINKS.pdf](http://www.nvoad.org/articles/Light_Our_Way_LINKS.pdf)

# How to Minister During a Disaster

Lesson Plan	Instructor Notes
<p data-bbox="152 722 341 764"><u>Overview</u></p> <p data-bbox="152 1188 935 1356"><b>Say</b> that this lesson will help participants understand how to provide emotional and spiritual care to individuals, whole communities, and congregations, using disaster worship strategies and resources.</p> <p data-bbox="152 1394 980 1474"><b>Explain</b> the lesson objectives. At the end of this lesson you will be able to:</p> <ul data-bbox="152 1512 987 1713" style="list-style-type: none"><li>◆ Identify strategies and resources for providing emotional and spiritual care after a disaster</li><li>◆ Provide pastoral care to individuals and communities while in the throes of a disaster</li></ul>	<p data-bbox="1024 714 1169 751"><i>5 minutes</i></p> <p data-bbox="1024 768 1230 806">Show Slide 4-1.</p>  <p data-bbox="1024 1394 1230 1432">Show Slide 4-2.</p> 

Lesson Plan	Instructor Notes
<p data-bbox="149 369 987 462">How To Provide Emotional and Spiritual Care in Disasters</p> <p data-bbox="149 873 964 953"><b>Say</b> that, when people go through a disaster or trauma, their whole life is affected.</p> <ul data-bbox="155 995 919 1155" style="list-style-type: none"><li>◆ They will never be the same.</li><li>◆ But they can be stronger and better as they learn from their experience.</li></ul> <p data-bbox="149 1188 987 1356"><b>Explain</b> that, as they recover from the disaster or trauma, survivors need effective support and help as they work to find a “new normal” – a new way of living that will eventually feel right and productive.</p> <ul data-bbox="155 1394 956 1596" style="list-style-type: none"><li>◆ Healing and forgiveness are processes, not events.</li><li>◆ Healing and forgiveness take time. They cannot be forced or demanded. They are a choice each survivor makes, as they are ready.</li></ul>	<p data-bbox="1019 361 1188 399"><i>25 minutes</i></p> <p data-bbox="1019 420 1230 457">Show Slide 4-3.</p>  <p data-bbox="149 873 964 953"><b>Say</b> that, when people go through a disaster or trauma, their whole life is affected.</p> <ul data-bbox="155 995 919 1155" style="list-style-type: none"><li>◆ They will never be the same.</li><li>◆ But they can be stronger and better as they learn from their experience.</li></ul> <p data-bbox="149 1188 987 1356"><b>Explain</b> that, as they recover from the disaster or trauma, survivors need effective support and help as they work to find a “new normal” – a new way of living that will eventually feel right and productive.</p> <ul data-bbox="155 1394 956 1596" style="list-style-type: none"><li>◆ Healing and forgiveness are processes, not events.</li><li>◆ Healing and forgiveness take time. They cannot be forced or demanded. They are a choice each survivor makes, as they are ready.</li></ul>

Lesson Plan	Instructor Notes
<p><b>Explain</b> that, when basic trust is threatened and weakened as it is in a disaster, there is confusion.</p> <ul style="list-style-type: none"> <li>◆ There is a wide range of feelings, including anger, bewilderment, and pain.</li> <li>◆ There is uncertainty about what might happen next.</li> </ul> <p><b>Explain</b> that the most significant thing a church can do is to help the survivor start re-establishing the building blocks of trust. A church can do this by offering:</p> <ul style="list-style-type: none"> <li>◆ Safety and security           <ul style="list-style-type: none"> <li>– A survivor must feel secure before anything else can be done.</li> </ul> </li> <li>◆ Opportunities to ventilate and validate feelings           <ul style="list-style-type: none"> <li>– When a survivor is ready to talk, a listening ear is the most valuable gift you can offer.</li> <li>– Allow expression of feelings, thoughts and experiences – over and over again.</li> <li>– Minimize depression by allowing people to give voice to their rage as they tell their story and share their feelings about the pain they have.</li> </ul> </li> <li>◆ Reassurance and direction through prediction and preparation           <ul style="list-style-type: none"> <li>– A disaster survivor will experience unusual behaviors, thoughts, and feelings for a period of time; in helping survivors anticipate them, you can promote recovery.</li> </ul> </li> </ul>	<p>Show Slide 4-4.</p>  <p>The slide is titled 'Rebuilding Trust' and is part of a presentation on 'How to Minister During a Disaster'. It features the 'ARISE' logo and lists three key points for churches to offer survivors: safety and security, opportunities to ventilate, and reassurance and direction through prediction and preparation. The slide number '4-4' is visible in the bottom right corner.</p>

Lesson Plan	Instructor Notes
<p>– Help survivors restore a sense of control over life by helping them take “ownership” of what happens next</p> <p>– They couldn’t control the disaster, but they certainly can control their response to it by making decisions about their recovery</p> <p><b>Ask:</b></p> <div data-bbox="224 661 917 814" style="border: 1px solid black; padding: 5px; margin: 10px 0;">Let’s recap. What are some do’s and don’ts when offering spiritual care?</div>	<div data-bbox="1026 577 1169 718" style="text-align: center;"></div> <p>List responses on chart paper.</p> <p>Answers:</p> <p><u>Do:</u></p> <ul style="list-style-type: none"><li>• Offer security</li><li>• Listen</li><li>• Support</li><li>• Serve</li><li>• If appropriate, pray with them</li><li>• Focus on the survivor’s needs, not your own</li></ul> <p><u>Don’t:</u></p> <ul style="list-style-type: none"><li>• Try to fix things</li><li>• Preach</li></ul> <p>Refer to the <i>Guidelines for Spiritual Care</i> provided in the Participant Guide (a copy is provided on the following pages of the Instructor Guide).</p>

## Spiritual Care Guidelines

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- ◆ **Offer Security.** Traumatized survivors need assurance about their safety, above all. They need to know they are out of harm's way and that you are a person with whom they can safely ventilate their feelings. First, simply say: "You are safe. Nothing can get to you here." Reinforce what you say with a relaxed posture, a welcoming smile, eye contact, touch (unless they shy away). Offer hospitality ("Do you need anything? A drink of water, food, a blanket?")
- ◆ **Listen.** Listen with an attentive ear. Guide the conversation by asking: "What did you see?" and "How did you feel?" when survivors don't seem to know what to talk about. Survivors need to begin to deal with their feelings and how they perceive their situations. Relax and let them wander verbally.
- ◆ **Be Quiet.** Allow survivors to take the lead in conversations. Do not interrupt. Ask questions only when they seem to want to talk. Their feelings are so intense they may not know where to begin. Reflect what you are hearing in natural pauses. Keep a quiet, composed attitude. When they grow silent, ask a few open-ended questions or make supportive statements. (Do not tell victims you know how they feel. You do not.) If they do not respond much, sit with them quietly until they are ready to speak again. Sometimes simply knowing someone is there is enough.
- ◆ **Support.** You may hear things that shock you. Survivors may have feelings that cause them to say things that are violent in nature. They may curse or describe a desire to hurt someone. Do not confront, judge, or correct at this time. Say: "You sound really angry/upset/hurt. I think I would be too." Survivors may show anger and anxiety to cover up their feelings of fear and vulnerability. Do not take their anger personally. They are just scared of being hurt again. Let survivors know you are on their side.
- ◆ **Stay Theologically Neutral.** Survivors may try to explain things in ways that contradict your theology. Although you may be used to discussing theology with people and attempting to teach them your doctrine, do not preach at this time. Rather, let survivors preach to you. Affirm them: "That's a comforting thought." Avoid trying to answer questions like "How could God let something like this happen?" Attempts to explain God's will or the human condition could anger or confuse them rather than help. Say: "I don't know. But what I do know is that God is with us now." Use prayer and scripture guardedly. Unless you are sure of a disaster survivor's religious positions on certain issues, stay neutral. For instance, "Father" is a Judeo-Christian image of God. And in this day, even many Christians find it a

troubling image. However meaningful it may be to you, unless you know it is meaningful to them as well, avoid using it. Wait for survivors to ask for a scripture reading before you offer. Ask if they have a particular passage in mind. If they do not have a preference, offer one that is affirming.

- ◆ **Serve.** Practice hospitality. Attend to not only survivors' words, but to their needs. Offer to get them a drink. Ask if they've eaten recently and if they would care to go get some food with you if they have not. Ask if they are comfortable. Avoid offering what you cannot deliver.
- ◆ **Avoid "Fixing" Things.** While you can serve disaster survivors, you cannot fix things for them. You can only assist them. You cannot assess damage and clean their house, but you can offer to go to the house with them. You cannot make funeral arrangements, but you can help them find the phone book and sit with them while they make the call. You cannot promise their child will be found alive, but you can stay with them while they wait for news.
- ◆ **Pray for Them.** Depending on the situation, this may be only a silent prayer which you offer internally as you sit with them, as you leave them, or even sometime later in the day. Prayer should never be forced. When the survivor is calm, you may say something like, "I'll keep you in my prayers." If they respond positively in some way, such as thanking you, ask if they would like you to pray with them now. Having spoken with them and listened to their concerns, you will know what is on their heart and mind. Pray for those needs and things which will increase their comfort and healing only. For example, if they have spoken of anxiety, pray for God's presence and comfort for them in these anxious moments. On the other hand, if they have expressed anger at emergency workers, however valid you may feel their anger is, avoid praying for the emergency workers.
- ◆ **Focus on the Survivor's Needs, Not Your Needs.** In a sense, you will be a disaster survivor, as well. You will find that you have your own needs. You should have an opportunity to deal with them at a later time. Continually gauge your ministry by asking yourself the question, "Whose needs am I dealing with?" This is the best way to assure you are staying focused on the survivor and not yourself.



Lesson Plan	Instructor Notes
<p><b>Activity 4-1: Responding to Disaster Survivors</b></p> <p>Say that you are going to explore some ways in which spiritual care providers might respond to disaster survivors.</p> <p><b>Explain</b> the activity:</p> <ul style="list-style-type: none"> <li>◆ In the Participant Guide, you will find the worksheet for this activity.</li> <li>◆ Take a few moments to read each scenario and write down your own responses to the questions.</li> <li>◆ After 10 minutes, debrief the activity by asking these questions about each scenario:               <ul style="list-style-type: none"> <li>– What is the survivor feeling right now?</li> <li>– As a spiritual care provider, what should you do in this situation?</li> </ul> </li> </ul>	<div data-bbox="1024 275 1167 420" data-label="Image"> </div> <p>Time: 15 minutes</p> <p>Use this exercise to help participants understand the importance of responding appropriately to disaster survivors.</p> <p>Activity instructions:</p> <ol style="list-style-type: none"> <li>1. Review the activity directions provided on the Activity 4-1 Worksheet in the Participant Guide (see following page).</li> <li>2. When participants are done, ask for a volunteer to share his or her response to the question for Scenario 1.</li> <li>3. Ask for volunteers to share any different responses.</li> <li>4. Repeat steps 2-3 for the other scenarios.</li> <li>5. Debrief the exercise.</li> </ol>

## Activity 4-1 Work Sheet

### Responding to Disaster Survivors

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#### **Instructions:**

1. Take a few moments to read each scenario.
2. Write down your responses to the questions.
3. Be prepared to discuss the questions and answers with the class.

*Note to instructor: The participants only have the questions. Guidance on answers is provided in italics.*

#### **Scenario 1**<sup>1</sup>

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

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

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

1. What is Alan feeling right now?
2. As a spiritual care provider, what should you do in this situation?  
*Introduce yourself as a Chaplain. Gently acknowledge that Alan is in some distress, and offer to listen if he wants to talk. "I just want you to know that I'm here if you'd like to talk." Listen to his lament, encourage him to share his feelings, and hold his*

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<sup>1</sup> From page 2 of *Light Our Way*, published by the National Voluntary Organizations Active in Disaster, 2006.

*hand if he cries. Offer to come with him when he gets permission to visit his sister. If asked to offer a prayer, ask for God's presence in the midst of these difficult times.*

## Scenario 2<sup>2</sup>

Helen had been working tirelessly since the storm. While her husband took charge of looking after the farm, she had taken a key role helping the disaster response agencies organize meals. So many people from so far away had come to help. Helen was proud that she had a role helping, too.

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

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

“Thank you, Pastor. Care to join me for a cup of coffee?” Helen had always liked Pastor Beth, even though she’d looked so young when she first arrived in town, fresh out of seminary. She’d appreciated the pastor’s words at her mother’s funeral and trusted her enough to share something difficult now.

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

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

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

1. What is Helen feeling right now?

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<sup>2</sup> From page 10 of *Light Our Way*, published by the National Voluntary Organizations Active in Disaster, 2006.

2. As a spiritual care provider, what should you do in this situation?

*Reassure Helen that her feelings are not unusual, and thank her for sharing them with you. “No, Helen, I don’t think you’re going crazy, and I thank you that you shared with me these feelings that you’ve been having. We’ve all been under a lot of stress, and being irritated easily is a normal reaction.”*

*Offer to talk with Helen from time to time. Encourage her to share her feelings with someone else, too, such as Disaster Mental Health workers who are really skilled at helping with this kind of stress. Reassure her that seeing them doesn’t mean she’s crazy; it means that she’s a normal person going through a tough time, and they can help in ways that you can’t. Encourage her to go spend a little time with them. Offer to go with her if she is feeling nervous or scared to go.*

### Scenario 3

On a Wednesday evening in May, a powerful tornado struck a small town. The first homes affected were west of town. Two homes were destroyed and many others were damaged. The tornado then entered the town itself and destroyed the newly constructed Methodist church, where the choir was sheltering in the men's bathroom. Upon emerging from the bathroom, the survivors saw that all outside walls and the entire roof were gone. After crossing the street, the tornado lifted the roof off the high school, damaged the school administration building, and completely demolished the fire station.

The tornado continued through the village, destroying several older homes that were either rental properties or owner occupied. Many were occupied by elderly and/or disabled persons. Three people on this street were killed and several others were severely injured.

Betsy Ross is a widowed elderly woman who lives alone in the home that she and her husband built when they were married in 1942. She was severely injured in the tornado. She was in the hospital for 14 days with spinal injuries and several broken bones. Medicare paid her hospital bill, but did not pay for the pain medication and antibiotics she needed after hospitalization. Betsy is very worried about how she will pay the bill for the hospital, doctor, and medicine not covered by Medicare. Her closest friend, also elderly and alone, was one of the people on the street who was killed, and Betsy has just been told of her death. Betsy does not come from an emotionally expressive background and tends to keep her feelings to herself. She does attend the Methodist church on a regular basis.

1. What is Betsy feeling right now?

2. As a spiritual care provider, what should you do in this situation?

*Visit Betsy and offer to arrange for meals to be provided for a while. Arrange for volunteers to stop by to help with housework and errands, and to share mealtimes. Try to get her to share and express her feelings of grief. Offer to help her apply for disaster assistance to meet the medical bills. Offer to arrange a memorial service for her friend who died.*

### Scenario 4<sup>3</sup>

Pastor John drove the dusty road back to town from one of the destroyed farms. He'd worked such long hours these last weeks. Many of his parishioners had suffered in one way or another. The funerals he had conducted now seemed distant and surreal, but the pain was still fresh. Nothing in his training or experience had prepared him for what had happened.

He was compelled to stop when he passed the warehouse being used for a church office. Jim, a local pastor, hadn't shown up at the ministerial alliance yesterday. Responding to the disaster had brought many of the religious leaders much closer, and it wasn't like Jim to miss a meeting.

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

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

They sat at a desk littered with empty paper cups obtained from multiple disaster response agencies. "I haven't slept well for weeks," admitted Jim, adding that he was running on adrenaline and caffeine. "Every time I nod off I relive the night of the storm. The roof of my house was torn off, and I was so afraid for my family. And now I've spent so much time listening to other people's stories of loss that I don't know where they end and I begin. I'm so tired of telling people that everything will be okay, when I'm not sure myself it will be!"

1. What is Jim feeling right now?
2. As a spiritual care provider, what should you do in this situation?  
*Acknowledge that what he is going through is normal. Advise him to take some time off, for the good of his church and the community. Suggest that he stop in and see the*

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<sup>3</sup> Adapted from page 38 of *Light Our Way*, published by the National Voluntary Organizations Active in Disaster, 2006.

*Disaster Mental Health counselors to share the feelings and stresses he's been having. Suggest that doing so would set a wonderful example, to show he recognizes that everyone must take good care of him- or herself the midst of this difficult time.*

Lesson Plan	Instructor Notes
<p><b>Explain</b> that numerous activities and gestures can provide spiritual care in times of disaster. In disaster, anything that nurtures the human spirit as a source of strength in coping with the crisis is spiritual care.</p>	<p>Refer to <i>Responding to Victims/Survivors About Spiritual Issues</i> in the Participant Guide (a copy is provided on the following pages of the Instructor Guide).</p>

## Responding to Victims/Survivors About Spiritual Issues

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- ◆ Use reflective listening and active listening techniques when working with victims/survivors.
- ◆ Be honest, with compassion, and do not assume you know what they will say or believe.
- ◆ If you do not feel comfortable discussing spiritual/religious issues, listen quietly and refer them to someone who can help them appropriately.
- ◆ 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.
- ◆ They may need reassurance that it is “normal” to ask questions about God and/or their religious beliefs. However, some faiths do tell their members not to question God.
- ◆ Allow expressions of anger toward God or others – in healthy, non-destructive ways.
- ◆ Do affirm their search for spiritual/faith-based answers. Do not impose your thoughts or beliefs on them.
- ◆ Do affirm the wrongness, evil, and/or injustice of what has happened, especially if the trauma was caused by humans.
- ◆ Give them the 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.



- ◆ Do not assume their beliefs about religion, life, death, afterlife, or sin are the same as yours.
- ◆ Listen to them and do not try to impose your beliefs on them. Do not revictimize them.

Lesson Plan	Instructor Notes
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## Community-Focused Spiritual Care After A Disaster

*25 minutes*

Show Slide 4-5.



**Point out** that most spiritual care providers in disasters will be the local community faith leaders, whose role is a crucial one—for they are *already* recognized by the community and will be sought out for spiritual support.

**Explain** that effective pastoral/spiritual care for both survivors and caregivers occurs within the context of a community.

- ◆ Individuals and families can only be healthy in healthy communities.
- ◆ The community carries so much of the people’s memories, traditions, hopes, and healing power.
- ◆ Ultimately the community sustains the dreams, visions, and the life of the people.

Show Slide 4-6.



Lesson Plan	Instructor Notes
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**Explain** that, when a community is disrupted, people exhibit varied behavioral problems. The ties that provide important psychological support to individuals in times of stress are often not available.

**Explain** that pastoral/spiritual care appreciates the value of community symbols, such as a building, tree, or church.

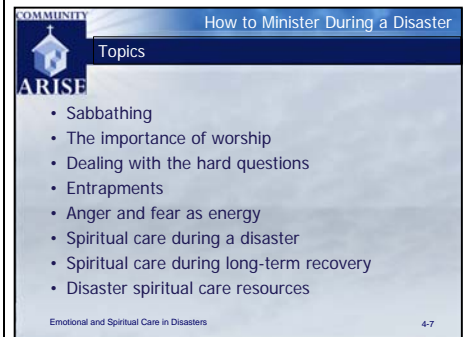
- ◆ When the symbol is gone, there may be a sense that the town is gone.
- ◆ When the symbol is restored, there may be a feeling that the town is back.


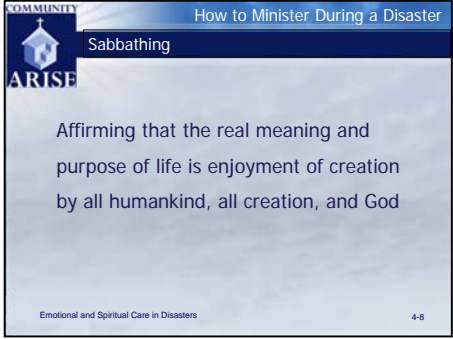
**Explain** that a disaster may also create new symbols about the town's ability to recover. Pastoral/spiritual care helps a community restore its old symbols and recognize and incorporate new symbols into its history.

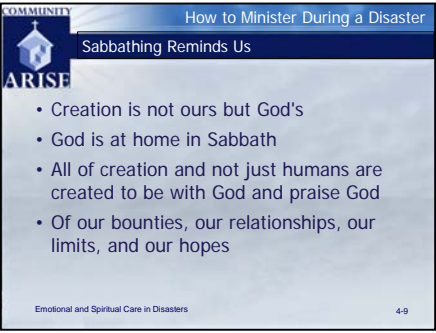
**Say** that in this section you will talk about:



- ◆ Sabbathing
- ◆ The importance of worship
- ◆ Dealing with the hard questions
- ◆ Entrapments
- ◆ Anger and fear as energy
- ◆ Spiritual care during different phases of a disaster
- ◆ Spiritual care during long-term recovery
- ◆ Disaster spiritual care resources


Show Slide 4-7.



Lesson Plan	Instructor Notes
<p><b>Sabbathing: The Essence of Pastoral Care</b></p> <p><b>Ask:</b></p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>Has anyone heard of “sabbathing?” What is sabbathing?</p> </div> <p><b>Explain</b> that pastoral care or spiritual care, in the final analysis, is sabbathing—affirming that the real meaning and purpose of life is enjoyment of creation by all humankind, all creation, and God.</p> <p><b>Say</b> that, in the midst of a disaster, when chaos seems to be overwhelming, the image of the Sabbath rest is a reminder of the goodness of creation and that God is in control of creation.</p> <ul style="list-style-type: none"> <li>◆ Creation will not fall apart.</li> <li>◆ This fact is important for survivors and disaster caregivers to remember.</li> </ul> <p><b>Explain</b> that the task in helping people recover from disasters is always theological and evangelical in this sense:</p> <ul style="list-style-type: none"> <li>◆ We are to remember and live the good news of God's love for creation and God's continuing call for us to care for the earth and all that dwell therein.</li> </ul>	<div style="text-align: center; margin-bottom: 10px;">  </div> <p>Gauge knowledge of the term.</p> <p>Show Slide 4-8.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">  </div>

Lesson Plan	Instructor Notes
<p><b>Say</b> that sabbathing reminds us:</p> <ul style="list-style-type: none"><li>◆ That creation is not ours but God's</li><li>◆ That God is at home in Sabbath</li><li>◆ That all of creation and not just humans are created to be with God and praise God</li><li>◆ Of our bounties, our relationships, our limits, and our hopes</li></ul> <p><b>Explain</b> that sabbathing requires an understanding of the mind set of disaster survivors who:</p> <ul style="list-style-type: none"><li>◆ Confront critical questions about good and evil</li><li>◆ Are entrapped by culturally and socially conditioned thought patterns</li><li>◆ Experience anger</li></ul> <p>Emotional and spiritual care recognizes and deals with these things.</p>	<p>Show Slide 4-9.</p>  <p>Slide 4-9: Sabbathing Reminds Us</p> <ul style="list-style-type: none"><li>• Creation is not ours but God's</li><li>• God is at home in Sabbath</li><li>• All of creation and not just humans are created to be with God and praise God</li><li>• Of our bounties, our relationships, our limits, and our hopes</li></ul> <p>COMMUNITY ARISE</p> <p>Emotional and Spiritual Care in Disasters 4-9</p>

Lesson Plan	Instructor Notes
<p><b>The Importance of Worship</b></p> <p><b>Ask:</b></p> <div data-bbox="272 394 964 541" style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>How is worship an important component of sabbathing?</p> </div> <p><b>Explain</b> that worship includes preaching, liturgy, and prayer.</p> <ul style="list-style-type: none"> <li>◆ Prayers can promote healing by lifting up feelings and concerns that people may not be able to express directly.</li> <li>◆ Preaching and liturgy can encourage disaster survivors to express their feelings of anger, fear, doubt, and even hatred of God and move them to rebuild their lives and community with God. <ul style="list-style-type: none"> <li>– They can encourage and allow disaster survivors to lament, just as the ancient Jewish people did in Psalms during the Babylonian exile.</li> <li>– Lament gives authentic expression to the real experiences of life.</li> </ul> </li> </ul>	<div data-bbox="1026 369 1167 512" style="border: 1px solid black; padding: 10px; margin: 10px 0; text-align: center;">  </div> <p>Possible answers:</p> <ul style="list-style-type: none"> <li>• Worship affects the shape, character, and hopes of a community</li> <li>• Worship embraces an alternative future—world-making done by God through human activity</li> <li>• Worship affirms that God is still operative, that the world is still open, and that we are not fated, that human agents as creatures in God's image share God's imaging activity</li> </ul> <p>Show Slide 4-10.</p> <div data-bbox="1019 1213 1469 1549" style="border: 1px solid black; padding: 5px;">  </div>

Lesson Plan	Instructor Notes
<p><b>Explain</b> that worship can also help disaster survivors advance necessary individual and community transformations through:</p> <ul style="list-style-type: none"><li>◆ Remembering<ul style="list-style-type: none"><li>– Scriptures about God's presence and care for people</li><li>– Stories of how God helped them and their communities go through hard times</li><li>– A sermon or meditation on God's care</li></ul></li><li>◆ Doxology<ul style="list-style-type: none"><li>– A time for praise</li><li>– Stories of God's goodness</li><li>– Signs of God's presence now</li><li>– Hymns of praise and thanksgiving</li></ul></li><li>◆ World-changing<ul style="list-style-type: none"><li>– Sharing plans, ideas, and announcements about coming events</li><li>– The offering including an opportunity for people to make and renew commitments</li><li>– Reaffirming baptism</li></ul></li></ul>	<p>Show Slide 4-11.</p>  <p>The slide is titled "Value of Worship" and is part of a presentation on "How to Minister During a Disaster". It features the "COMMUNITY ARISE" logo in the top left corner. The main content is a bulleted list: "Worship helps advance necessary individual and community transformations through:" followed by three sub-points: "Remembering", "Doxology", and "World-changing". At the bottom of the slide, it reads "Emotional and Spiritual Care in Disasters" on the left and "4-11" on the right.</p>

Lesson Plan	Instructor Notes
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**Dealing With The Hard Questions**

**Explain** that sabbathing also helps people come to grips with the hard questions of good and evil and a loving God.

After a 1985 flood in Virginia and western Maryland, a man of faith was surveying the devastation of his town. A local atheist said in a jeering manner, "Well, you Christians must have been really bad, look what your God has done to you."

The man of faith replied: "What God has done to us? God didn't do this. We did this. We were the ones who built here and stripped the land. We did this -- not God."

The man of faith was a person of courage, conviction, and good sense. The atheist, however, is more typical of both believers and non-believers in the immediate aftermath of disaster who ask the hard questions.

**Ask:**

What are the hard questions?

Show Slide 4-12.

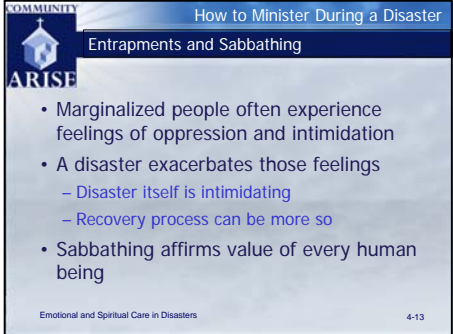


Answers:



- "Why us?"
- "Why is God doing this to us?"
- "Why is there evil in the world?"
- "Why does God permit this?"
- "How have we sinned?"



Lesson Plan	Instructor Notes
<p><u>Natural Disasters</u></p> <p><b>Explain</b> that science has helped us to address some of these questions with knowledge about plate movements, hurricane seasons, tornado alleys, and 50 and 100-year floods. These are natural occurrences. The disaster occurs when people and property cannot escape these hazards.</p> <p><u>Technology-Caused Disasters</u></p> <p><b>Explain</b> that other disasters result from the lack of appropriate regulations, poor enforcement of laws, and even corporate negligence. A dam that bursts, a chemical spill, or agricultural toxins that pollute waterways are the result of society's failures.</p> <p><u>Answering the Hard Questions</u></p> <p><b>Explain</b> that questions regarding sin and evil will not go away, but emotional and spiritual care shifts them from ideas of punishment (e.g., "Why did God do ....?") to the management of the consequences (e.g., "How can we . . .?").</p> <p>It is appropriate for people of faith to struggle with the hard questions of good and evil and a loving God. Spiritual care providers should not so much seek to answer them as to feel the struggle and pain of the survivors.</p>	

Lesson Plan	Instructor Notes
<p><b>Entrapments</b></p> <p><b>Explain</b> that, by affirming the value of every human being, sabbathing also deals with the feelings of oppression and intimidation in people who have been marginalized by society and culture.</p> <ul style="list-style-type: none"> <li>◆ For example, the poor, the elderly, women, and the non-white</li> </ul> <p><b>Say</b> that we live in a world that still defines "blessing" and "curse" by the outward well being of people and by certain cultural beliefs about color, sex, and class.</p> <ul style="list-style-type: none"> <li>◆ Some people may view their situation as a mark of their failure as human beings or as the judgment of God.</li> <li>◆ Some are taught that they are not as good or as capable as other people. <ul style="list-style-type: none"> <li>– They experience a kind of guilt that prohibits them from seeking help and encourages them to believe that they do not deserve assistance and will waste or misuse anything they receive.</li> </ul> </li> </ul> <p><b>Explain</b> that the experience of disaster is in itself an experience of intimidation. The recovery process can be even more so.</p> <ul style="list-style-type: none"> <li>◆ Asking for and receiving help is very difficult for some people and cultures. <ul style="list-style-type: none"> <li>– Rural people are less likely to seek institutional help than urban or suburban people.</li> </ul> </li> </ul>	<p>Show Slide 4-13.</p> 

Lesson Plan	Instructor Notes
<ul style="list-style-type: none"><li>◆ All of the "isms" of an area come into more forceful play (racism, sexism, etc.).<ul style="list-style-type: none"><li>– People of color and the poor are less likely to receive institutional help than others, even when they have incurred more damage.</li></ul></li><li>◆ Long lines, complex forms, and unfamiliar surroundings also intimidate.<ul style="list-style-type: none"><li>– Because of a view of the government as the enemy, some people will be afraid to go to the places where "the government" may be "trying to get them"</li></ul></li><li>◆ Caregivers and helping organizations too, may mistreat, mistrust, misunderstand, and ignore marginalized populations.</li></ul> <p><b>Anger and Fear As Energy</b></p> <p><b>Explain</b> that, finally, sabbathing helps disaster survivors use their anger and fear.</p> <ul style="list-style-type: none"><li>◆ Anger that is held and denied is unhealthy. As the poster says, "When I hold my feelings in, my stomach keeps score."</li><li>◆ Uncontrolled and unfocused or poorly focused anger is destructive. This is often expressed as I (we) versus him (them). It comes out as unproductive blaming of others, seldom producing solutions.</li><li>◆ Anger needs to be understood as potential energy; it is a useful resource.</li></ul>	

Lesson Plan	Instructor Notes
<p><b>Ask:</b></p> <div data-bbox="224 380 917 501" style="border: 1px solid black; padding: 10px; margin: 10px 0;"><p>How can disaster survivors channel their anger and fear in productive ways?</p></div> <p><b>Point out</b> that generally people understand anger as negative, uncontrollable, and irrational. Overcoming this view is not always easy.</p> <p><b>Say</b> that spiritual care providers can help survivors understand anger as an energy resource for justice and redemption.</p> <ul style="list-style-type: none"><li>◆ People need to be taught that they are always in control of their anger and responsible for their behavior.</li><li>◆ They need to know that anger is an energy source, much like food, and can be used helpfully or harmfully.</li></ul>	<div data-bbox="1024 285 1167 428" style="border: 1px solid black; padding: 10px; text-align: center; margin-bottom: 10px;"></div> <p>Possible answers:</p> <ul style="list-style-type: none"><li>• Angry people should think first and then use their anger productively.</li><li>• Anger at a disaster response agency can be used to promote better service.</li><li>• Anger can generate new programs and agencies within the communities.</li></ul> <p>Show Slide 4-14.</p> <div data-bbox="1024 1050 1471 1381" style="border: 1px solid black; padding: 5px;"><p style="text-align: right; font-size: small;">How to Minister During a Disaster</p><p style="text-align: center; font-weight: bold;">Dealing With Anger and Fear</p><div data-bbox="1024 1050 1101 1144" style="float: left;"></div><ul style="list-style-type: none"><li>• Anger is an energy source<ul style="list-style-type: none"><li>– Can help or hurt</li></ul></li><li>• Think first; then use anger productively<ul style="list-style-type: none"><li>– Promote better service at a disaster response agency</li><li>– Generate new programs and agencies within communities</li></ul></li></ul><p style="font-size: x-small; margin-top: 10px;">Emotional and Spiritual Care in Disasters <span style="float: right;">4-14</span></p></div>

Lesson Plan	Instructor Notes
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**Spiritual Care During Different Phases of a Disaster**

**Explain** that spiritual care providers can take steps to prepare for emotional and spiritual care needs during a disaster.

**Ask:**

What are some things you can do to prepare for emotional and spiritual care needs before a disaster?

**Ask:**

What kinds of emotional and spiritual care might you provide during a disaster?

**Ask:**

What kinds of emotional and spiritual care might you provide immediately after a disaster?

Show Slide 4-15.



List responses on chart paper.



List responses on chart paper.



List responses on chart paper.

Refer to *Pastoral Care During Different Phases of A Disaster* in the Participant Guide and on the following pages of the Instructor Guide.

## Pastoral Care During Different Phases of a Disaster (from “Bringing God’s Peace to Disaster,” Church World Service Emergency Response Program)

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Edited from material developed by Rev. Richard Krajewski, CWS volunteer Disaster Consultant

### *Pre-Disaster*

The religious community can prepare a pastoral care team before a disaster happens:

- ◆ Identify and establish relationships with community agencies that will be key to successful outreach efforts (e.g., schools, churches)
- ◆ Pre-designate an outreach team
- ◆ Include multi-cultural, multi-language capability to reflect the makeup of the community
- ◆ Include special population workers (children, older adults)
- ◆ Train the team in disaster mental health outreach techniques and disaster resources
- ◆ Train the team in personal and family disaster preparedness.
- ◆ Provide the team with identification cards recognized by emergency management and law enforcement officials
- ◆ Acquire cellular phones or make arrangements with local amateur radio group to provide communication linkage
- ◆ Prepare and distribute a resource directory
- ◆ Prepare brochures and fliers on common disaster reactions, ways to cope, and where to call for help (may leave blank space for disaster hotline numbers); in multiple languages, if needed
- ◆ Assemble needed supplies and equipment for immediate use by team (distribute to team in advance or keep in accessible location)
- ◆ Prepare sample data collection forms to track services delivered, funds expended, and to collect needs assessment data for crisis counseling grant
- ◆ Prepare sample public service announcements (PSAs), news articles, and sample interviews for radio and television

### *During A Disaster*

When disaster strikes, a trained pastoral care team will:

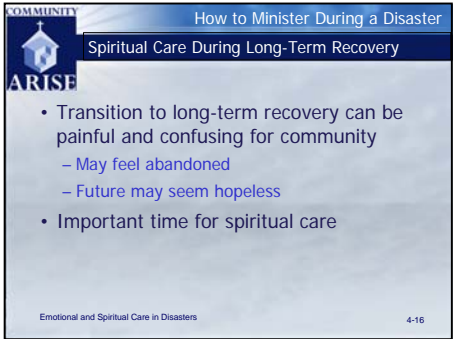
- ◆ Identify sites where groups of survivors are likely to congregate (shelters, food kitchens, community centers, hospitals, casualty collection points, the morgue, in lines at roadblocks, etc.)
- ◆ Connect with agencies providing direct services to survivors (emergency medical services, law enforcement, fire department, public health department, etc.)
- ◆ Designate a public information officer. Provide information to the media about reactions to disaster, ways to cope, where to call for help. Distribute brochures
- ◆ Deploy outreach team to appropriate sites with identification and needed supplies and equipment
- ◆ Meet person in charge at site and clarify role & responsibility
- ◆ Tour site and assess needs particularly related to mental health and pastoral care
- ◆ Consult person in charge at site about needs related to mental health & pastoral care, particular individuals requiring assistance, disaster worker stress management
- ◆ Use formal and informal "key informants" to obtain information about needs of individuals and special population groups
- ◆ Use "aggressive hanging out" and "over a cup of coffee" methods in informal assessments of needs & intervention with survivors and disaster workers
- ◆ Support and assist survivors with specific, tangible problems, such as locating family members, child care, transportation, medical care, temporary housing, etc.
- ◆ Refer people in acute psychiatric distress or those with extreme emotional responses or exacerbations of prior problems to clinical mental health staff
- ◆ Use established chain of command within mental health to communicate in the Emergency Operations Center (EOC) about field conditions and resource needs
- ◆ Complete data collection forms for fiscal tracking and needs assessment for grant application


### *Post Disaster*

Ongoing spiritual/pastoral care following a disaster will also:

- ◆ Identify individual survivors by using damage reports and lists of people who applied for assistance
- ◆ Contact survivors via letters, phone calls, or door-to-door visits to conduct informal assessments and provide education, support & resources
- ◆ Establish and maintain contact with agencies, caregivers, key community members, and businesses used by survivors
- ◆ Conduct a public education program geared to community at large on common reactions to a disaster, coping strategies, where to obtain assistance
- ◆ Use print and electronic media for articles, interviews, public service announcements, paid advertising, call-in radio shows
- ◆ Provide public speakers for civic groups, PTAs, churches, etc.
- ◆ Attend community gatherings, meetings, fairs, and other events to circulate and talk with survivors to assess needs and provide education, support, resources
- ◆ Hang posters on bulletin boards, buses, at bus stops, in waiting rooms and other public places
- ◆ Distribute brochures and fliers door-to-door, in shopping bags, on literature racks, in church bulletins, and via community groups
- ◆ Develop activity books or coloring books for children
- ◆ Train and educate community professionals, caregivers survivor support groups in mental health recovery and survivor assistance
- ◆ Consult with community professionals and caregivers to facilitate their work with survivors
- ◆ Help community organizations and informal resource groups in their efforts with survivors
- ◆ Advocate on behalf of clients or population groups in appropriate situations where mental health issues or needs are involved



Lesson Plan	Instructor Notes
<p><b>Spiritual Care During Long-Term Recovery</b></p> <p><b>Explain</b> that the transition from emergency relief and short-term recovery to long-term recovery can be painful and confusing for a community.</p> <ul style="list-style-type: none"><li>◆ The community may feel abandoned.<ul style="list-style-type: none"><li>– Some agencies that specialize in emergency response often have visibly different roles in long-term recovery.</li><li>– Some emergency workers who responded initially may not be replaced when they finish their deployments.</li></ul></li><li>◆ Physical and emotional recovery may seem impossible to achieve.<ul style="list-style-type: none"><li>– The disaster itself probably evoked feelings of rage, dismay, and shock.</li><li>– The transition to long-term recovery may involve feelings of exhaustion, confusion, and despair.</li></ul></li></ul> <p><b>Explain</b> that this is an especially important time for spiritual care providers to attend to such feelings. Although the feelings may have changed, spiritual care providers will care for individuals, families and the community in many of the same ways in the long-term stage as in the emergency phase.</p>	<p>Show Slide 4-16.</p> 

Lesson Plan	Instructor Notes
<p><b>Ask:</b></p> <div data-bbox="251 331 945 529" style="border: 1px solid black; padding: 10px; margin: 10px 0;"><p>What are might be some spiritual care activities that are particularly useful during long-term recovery?</p></div> <p><b>Explain</b> that key spiritual care activities at this stage focused are interventions to kindle hope. One useful tool as you transition into long-term recovery is a community spiritual assessment.</p>	<div data-bbox="1026 304 1169 451" style="border: 1px solid black; padding: 10px; margin: 10px 0;"></div> <p>List responses on flipchart.</p> <p>Answers might include:</p> <ul style="list-style-type: none"><li>• Attention to emotional and spiritual issues around anniversary times</li><li>• Organized community services of memorial and remembrance</li><li>• Retreat opportunities for care givers</li></ul> <p>Refer participants to <i>Pastoral Care Activities During Long-Term Recovery</i> in the Participant Guide and on the following pages of the Instructor Guide</p>

## Pastoral Care Activities During Long-Term Recovery

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### **Community Spiritual Assessment<sup>4</sup>**

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

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

#### ◆ Public Health Dimensions

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

#### ◆ Psychological Dimensions

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

#### ◆ Psycho-social Dimensions

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

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<sup>4</sup> Excerpted from page 30 of *Light Our Way*, published by the National Voluntary Organizations Active in Disaster, 2006.

◆ Neighboring Community Dimensions

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

◆ Ethnic and Cultural Dimensions

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

◆ Societal Issues Dimensions

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

◆ Community Leadership Dimensions

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

◆ Spiritual Dimensions

- Beliefs and Meaning
  - Are there predominant religious expressions in the community?
  - In what way do minority religious expressions need special consideration?
  - Do the various religious communities interpret disaster in distinct ways?
- Vocation and Consequence
  - Does this community have a vision for itself distinct from this disaster?
  - Has the disaster threatened, bolstered, or altered that vision?
- Community History and Story
  - What themes are prevalent in this community's history?
  - Are there previous challenges, setbacks, disasters?
- Courage and Growth
  - Are courage and altruism being exhibited during this disaster?
  - Is there a sense of transformation present?

- Ritual and Practice
  - Has the community organized corporate ritual experiences during the disaster?
  - Is there a plan for continued ritual expression, e.g., anniversaries?
- Community Cohesion
  - Does the community seem cohesive and unified during recovery?
  - Are there significant groups or persons external to community cohesion?
- Spiritual Leadership
  - How equipped are spiritual leaders to handle the demands of disaster recovery?
  - Have they worked through similar events in the past?

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

### **Spiritual Care Interventions for Kindling Hope<sup>5</sup>**

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

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

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<sup>5</sup> Excerpted from page 33 of *Light Our Way*, published by the National Voluntary Organizations Active in Disaster, 2006. This Community Spiritual Assessment is adapted from the 7x7 Spiritual Assessment Tool designed for clinical spiritual care. A full treatment of this tool can be found in *Assessing Spiritual Needs: A Guide for Caregivers* by George Fitchett Augsburg Minneapolis 1993

<sup>5</sup> First Quote 1995, *The Philosophy of Existentialism*. Translated by Manya Harari. New York: Carol Publishing Group p 28 second quote 1973, *Tragic Wisdom and Beyond*. Translated by Stephen Jolin and Peter McCormick. Publication of the Northwestern University Studies in Phenomenology and Existential Philosophy, ed. John Wild. Evanston, IL: Northwestern University Press. P 143

<sup>5</sup> This approach to kindling hope draws upon the work of Carol Farran, D.N.Sc, RN. For additional reading on Dr. Farran’s work on hope see *Hope and Hopelessness: Critical Clinical Constructs*, written with colleagues Kaye Herth and Judy Popovich (1995: Sage Publication).

and further:

- ◆ There can be no hope that does not constitute itself through a we and for a we. I would be tempted to say that all hope is at the bottom choral.<sup>i</sup>

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

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

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

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

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

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

### **Attention to Emotional and Spiritual Issues Around Anniversary Times**

Anniversaries of disasters require special concern for emotional and spiritual care providers. Even long after the initially strong feelings of fear, anger and pain have passed, an anniversary of the event can trigger these feelings again. This may be true both for victims of the disaster and for volunteers and staff of disaster response agencies who responded to the disaster.

Community spiritual care providers and faith leaders should be attentive to the special care that may be helpful for their congregants and for themselves during these times. Community memorial services can be helpful in giving voice to and space for some of the strong feelings prompted by an anniversary.

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

### **Organized Community Services of Memorial and Remembrance<sup>6</sup>**

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

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

Successful and appropriate services involve the community members, survivors of the disaster, and local faith leaders both in the planning and in the implementation of the event. These persons can speak to the feelings that need memorializing and guide the planning in ways that lead to an event that the entire community embraces.

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<sup>6</sup> Excerpted from page 35 of *Light Our Way*, published by the National Voluntary Organizations Active in Disaster, 2006.

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


### **Retreat Opportunities for Care Givers<sup>7</sup>**

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

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<sup>7</sup> Excerpted from page 36 of *Light Our Way*, published by the National Voluntary Organizations Active in Disaster, 2006.





Lesson Plan	Instructor Notes
<p><b>Disaster Spiritual Care Resources</b></p> <p><b>Explain</b> that there are many existing disaster spiritual care resources available, such as prayers, liturgies, etc.</p> <p><b>Ask:</b></p> <div data-bbox="250 537 943 682" style="border: 1px solid black; padding: 10px; margin: 10px 0;"><p>What are some disaster spiritual care resources that are available to you?</p></div>	<div data-bbox="1024 470 1167 613" style="text-align: center;"></div> <p>List responses on flipchart.</p> <p>Refer participants to <i>Spiritual Care Resources</i> in the Participant Guide (a copy is provided on the following pages).</p> <p>Explain that many examples of well-received memorial services are available and may serve as templates and conversation-starters for spiritual care providers to plan events for their own communities.</p>


## Spiritual Care Resources

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- ◆ Church World Service Emergency Response Program, [www.cwserp.org](http://www.cwserp.org)
- ◆ United Methodist Committee on Relief, Resources for Congregations, [www.umcor.org](http://www.umcor.org)
- ◆ National Mental Health Association, “Coping with Disaster Within the Faith Community,” [www.nmha.org/reassurance/coping\\_faith](http://www.nmha.org/reassurance/coping_faith)
- ◆ Act of God, Active God, Recovering from Natural Disasters, by Dr. Gary Harbaugh. Minneapolis: Fortress Press, 2001.
- ◆ From [www.professionalchaplains.org](http://www.professionalchaplains.org):
  - [A Service of Remembrance: Our Loss of Innocence](#)  
*A Service held on the anniversary of September 11 written by Chaplain Elaine Lehr*
  - [A Service of Remembrance and Hope](#)  
*A service in remembrance on the anniversary of September 11 conducted at The Methodist Hospital, Texas Medical Center in Houston, Texas*
  - [Because We Care](#) (litany)
  - [Words of Assurance](#) (litany)
  - [Litany of Reconciliation](#) (litany)
- ◆ The International Critical Incident Stress Foundation shares this resource on anniversary issues  
<http://www.icisf.org/articles/Acrobat%20Documents/anniv.pdf>
- ◆ The Evangelical Lutheran Church in America has published these resources on Memorial Services and Anniversary issues  
<http://www.elca.org/dcs/disaster/sept11-annivArticle.html>  
<http://www.elca.org/dcs/disaster/sept11-worship.html>

- ◆ Kansas State University Extension Service's Web Site contains this helpful information about anniversary issues.  
<http://www.oznet.ksu.edu/library/famlf2/mf1152.pdf>
- ◆ The New York Disaster Interfaith Services. NYDIS offers extensive links on its website regarding Spiritual Psychological and other services.  
<http://www.nydis.org/disasterplanning/7.php>
- ◆ National Association of Jewish Chaplains. The NAJC offers information and resources on Jewish and General Pastoral Care and Chaplaincy at:  
<http://www.najc.org/main/resources.htm>
- ◆ Hartford Seminary Muslim Chaplaincy Program Hartford Seminary offers a specialist program of Spiritual Care training for Muslim Chaplains. The site includes information on the training program and resources regarding Spiritual Care from a Muslim perspective.  
<http://macdonald.hartsem.edu/chaplaincy/index.html>
- ◆ Buddhist Spiritual Care Program. The Spiritual Care Program contains resources and information regarding Spiritual Care from a Buddhist Perspective  
<http://www.spcare.org/>
- ◆ This Site offers devotional materials from world religions:  
<http://www.worldprayers.org/>
- ◆ This site offers an introduction to many world religions including Sacred Texts  
<http://www.sacred-texts.com/world.htm>
- ◆ The Center for the Study of Traumatic Stress is a Program of the Uniformed Services University and presents helpful links on a variety of topics.  
<http://www.centerforthestudyoftraumaticstress.org/home.shtml>
- ◆ The Uniformed Services University of the Health Sciences offers this online resource specifically describing Psychological First Aid  
<http://www.usuhs.mil/psy/CTCPsychologicalFirstAid.pdf>

Lesson Plan	Instructor Notes
<p>Summary and Transition</p> <hr/> <p><b>Say</b> that you want the participants to help you summarize what they have learned in this lesson.</p> <p>Ask:</p> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> <p>What are some of the things you learned in this lesson?</p> </div> <p><b>Review</b> key points from the lesson:</p> <ul style="list-style-type: none"> <li>◆ How to provide emotional and spiritual care before, during, and after a disaster</li> <li>◆ Resources</li> </ul>	<p><i>5 minutes</i></p> <div style="display: flex; flex-direction: column; align-items: center;">   </div> <p>Ask this question to help the participants recall the key points from this lesson.</p> <p>Show Slide 4-17.</p> <div style="border: 1px solid black; padding: 5px;"> </div> <p>Show Slide 4-18.</p> <div style="border: 1px solid black; padding: 5px;"> </div>

Lesson Plan	Instructor Notes
<p><b>Transition</b> to the next lesson by saying that providing spiritual care in disaster can be an overwhelming experience, and understanding important strategies for self-care is essential for spiritual care providers.</p> <p><b>Take a 10-15 minute break.</b></p>	 <p>Transition to <i>Spiritual Care Provider Self-Care: Finding a Balance</i>.</p>

# *Emotional and Spiritual Care in Disasters*

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## **Course Name: Emotional and Spiritual Care in Disasters**

### **Lesson 5: Spiritual Care Provider Self-Care: Finding a Balance**

#### **Learning Objectives**

At the conclusion of this lesson, participants will be able to:

- ◆ Identify the importance of self-care for spiritual care providers
- ◆ Identify when to assess self-care needs, and what to assess
- ◆ Identify strategies for self-care

#### **Time Required**

1 hour

#### **Topics**

1. Overview (5 minutes)
2. How You May Be Affected By Disaster Ministry (20 minutes)
3. Strategies for Coping With Stress (20 minutes)
4. Getting Help (10 minutes)
5. Summary and Transition (5 minutes)

#### **Training Methods**

1. Small group activity
2. Individual assessment
3. Participative lecture/guided discussion

## **Participant Materials**

1. Participant Manual

## **Training Materials**


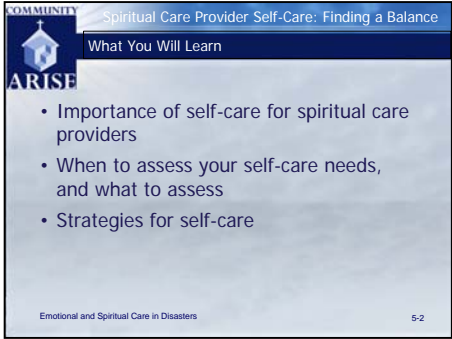
1. PowerPoint slides and projection system
2. Easel pad, markers, and tape

## **Instructor Notes**



1. Read the Administrator Guide for guidance in presenting this lesson.
2. The term used in this course is “spiritual care provider.” Spiritual care providers include any person who assists others to draw upon a spiritual perspective as a source of strength and hope in difficult times. These persons certainly include clergy, chaplains, other ministers, counselors, and any persons considered the appropriate person to provide this service by their own faith community.
3. An important resource used in developing this course was *Light Our Way: A Guide for Spiritual Care in Times of Disaster for Disaster Response Volunteers, First Responders and Disaster Planners*. It is available at [http://www.nvoad.org/articles/Light\\_Our\\_Way\\_LINKS.pdf](http://www.nvoad.org/articles/Light_Our_Way_LINKS.pdf)

# Spiritual Care Provider Self-Care: Finding a Balance

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Lesson Plan	Instructor Notes
<p>Overview</p> <hr/> <p><b>Say</b> that this lesson will help participants understand the importance of self-care for emotional and spiritual care providers, as well as when and what to assess, and strategies for self-care.</p> <p><b>Explain</b> the lesson objectives. At the end of this lesson you will be able to:</p> <ul style="list-style-type: none"> <li>◆ Identify the importance of self-care for spiritual care providers</li> <li>◆ Identify when to assess your own self-care needs, and what to assess</li> <li>◆ Identify strategies for self-care</li> </ul>	<p><i>5 minutes</i></p> <p>Show Slide 5-1.</p>  <p>Show Slide 5-2.</p> 



Lesson Plan	Instructor Notes
<p data-bbox="149 369 932 464">How You May Be Affected by Disaster Ministry</p> <p data-bbox="149 913 961 1121"><b>Say</b> that providing spiritual care in disaster can be an overwhelming experience. The burdens of caring for others in this context can lead to “compassion fatigue” and burnout. Self-care is essential for spiritual care providers.</p> <p data-bbox="149 1171 721 1207"><b>Activity 5-1: Letters From Pastors</b></p> <p data-bbox="149 1243 943 1367"><b>Say</b> that letters from pastors who provided emotional and spiritual care during disasters illustrate the importance of self-care.</p> <p data-bbox="149 1402 461 1442"><b>Explain</b> the activity:</p> <ul data-bbox="155 1480 984 1638" style="list-style-type: none"><li>◆ In the Participant Guide, you will find the worksheet for this activity.</li><li>◆ Take a few moments to read each letter.</li></ul>	<p data-bbox="1019 436 1187 472"><i>20 minutes</i></p> <p data-bbox="1019 493 1230 527">Show Slide 5-3.</p> <div data-bbox="1019 550 1469 884"></div> <div data-bbox="1024 1157 1166 1297"></div> <p data-bbox="1019 1339 1252 1373">Time: 10 minutes</p> <p data-bbox="1019 1392 1370 1495">Use this exercise to help participants understand the importance of self-care.</p> <p data-bbox="1019 1516 1295 1549">Activity instructions:</p> <ol data-bbox="1019 1554 1461 1875" style="list-style-type: none"><li>1. Review the activity directions provided on the Activity 5-1 Worksheet in the Participant Guide (see following page).</li><li>2. Allow the participants about 5 minutes to individually read the letters.</li><li>3. Debrief the exercise (debrief points follow the exercise).</li></ol>

## Activity 5-1 Work Sheet: Importance of Self-Care

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### **Instructions:**

1. Take a few moments to read each letter.

September 7, 2004

To Our Brothers and Sisters in Florida:

You are indeed in our prayers as you seek to be God's voice in the midst of gigantic devastation.

I would mention three priorities as you seek to minister to those in need:

Don't forget to take care of yourself. It is very important that you clearly speak with your Staff-Parish Relations Committee about your need for the leadership of the church to step up to the task and be ministers along with you in community ministry. It would be helpful for a priority list be developed that the committee know through clear identification what will be your first priority, second priority, etc. You must protect your day-off and family time! Mention this need for personal time to your committee.

It is helpful to have a lay person from the church accompany you as you minister in the community. This not only benefits you in prayer support but also helps the laity see where they might help in meaningful ways.

Realize that the journey is not complete with cleanup and re-habitation. The effects of this disaster will resonate through your membership especially those who have been victimized for years to come. We have been through two tornados (1999 and 2003) and still the people from the first storm seem to need just as much attention as those just recovering.

God bless you and may the grace of our Lord be found each day in all that you do or called upon to do.

Grace and Peace,

Rev. David A. Burris

September 8, 2004

To all disaster encountered pastors:

The prayers of St. Matthew United Methodist Church of Midwest City, Oklahoma are added to the many others being lifted up on your behalf. God is able to do a great work through each of you as you labor in the debris and confusion.

Having been the Oklahoma Conference Disaster Response Coordinator for four years, I have a very deep and concerned understanding of your situations. The hardest thing to get done, while working in disaster response, was to get pastors to do good self-care, while they were assisting others. It seems that the most common disaster that follows a hurricane, tornado, or community catastrophe is the disaster of the pastor and/or the pastor's family. So here is my word of encouragement. Please establish some means of monitoring your activity, of checking your levels of exhaustion, of taking your spiritual temperature. You are not the best judge of how you are doing. You need others around you who will tell you the truth. It is better for you to survive and fight the good fight again another day, than to leave a trail of broken relationships in your path.

My own experience—In 1999, while serving St. Matthew United Methodist Church, a tornado struck a major part of the greater Oklahoma City area. It lifted off the ground about a half-mile from the church but did no damage to the church building. It did deposit about thirty-two one-dollar bills in our yard, which were found as we picked up debris. This was Monday evening around eight o'clock. As we learned of the destruction to so many homes and lives lost, we knew the process of rescue, relief, and recovery would take a long time. Immediately, members of the church went to work. The kitchen was taken over by people preparing meals for emergency workers and donations of all kinds began to appear before any had been requested. The next day, I confronted a difficult decision with my staff. The church always did a "Family Camp" in the spring of each year. Due to a scheduling conflict, it had been moved to the approaching weekend, which was also Mother's Day. About a hundred and fifty church members and families were scheduled to attend. The camp begins on Friday evening and runs through Sunday noon. How can you go to camp when all these people will be dealing with their disaster? We struggled for about a day and then decided to go ahead with the camp, while giving each family permission to make their own decision. Almost everyone attended the camp.

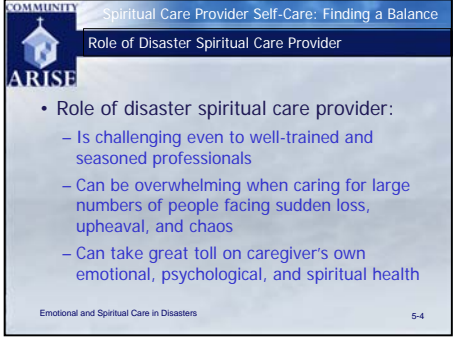
I had not been at the camp very long, when one of the men who was a firefighter in Midwest City sought me out. I was afraid he might be feeling some guilt for his decision to attend the camp, so I inquired how he was doing. We began to talk about the tornado and his response. It quickly became apparent that the tornado had triggered

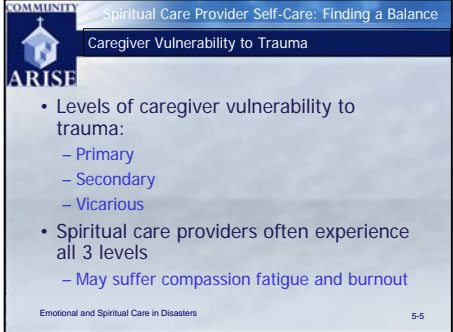
some unresolved issues from his work on the 1995 Murrah Building bombing. We ended our time together in a bear hug of an embrace while we both cried. Later on the weekend, we shared with another firefighter and discovered we had all had the same response to the tornado. It did not take us long to recognize that none of the three of us were aware of how deeply we had been hurt by this present tragedy nor how significant the previous tragedy still remained. The one thing we agreed on emphatically was that leaving ground zero and getting away was perhaps the best decision we had ever made.

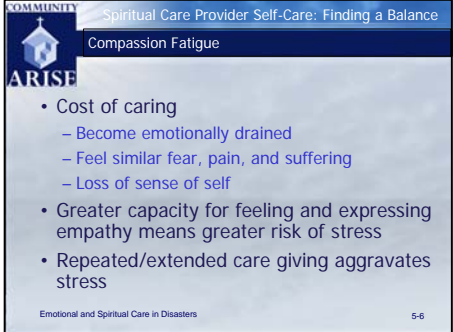
When the weekend was over, we each returned to our “normal” disaster activities. But we returned much wiser and healthier than we would have been had we stayed.

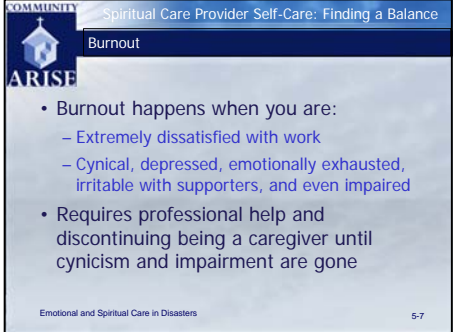
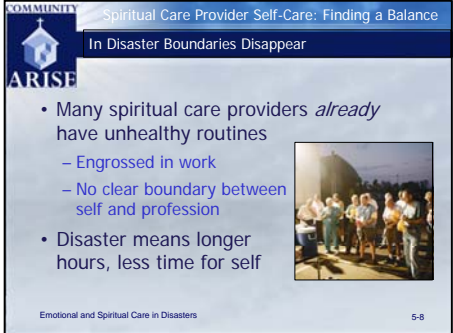
**DO GOOD SELF-CARE!!!!!!!!!!!!!!** You may be the only resource some people have for how to do disaster recovery in a healthy manner.

Richard Whetsell  
Senior Pastor  
St. Matthew United Methodist Church  
Midwest City, Oklahoma


Lesson Plan	Instructor Notes
<p><b>Debrief</b> points:</p> <ul style="list-style-type: none"><li>◆ The role of disaster spiritual care provider is challenging even to well-trained and seasoned professionals.</li><li>◆ Persons unaccustomed to trauma can be overwhelmed when thrust into a role of caring for large numbers of people facing sudden loss, upheaval, and chaos.</li><li>◆ This can take a great toll on the care provider's own emotional, psychological, and spiritual health.</li></ul> <p><b>Explain</b> that stress comes from:</p> <ul style="list-style-type: none"><li>◆ Not knowing what will happen</li><li>◆ Not feeling in control of the situation</li></ul> <p>Trauma is the highest kind of stress.</p>	<p>Show Slide 5-4.</p>  <p>The slide content is as follows:</p> <ul style="list-style-type: none"><li>• Role of disaster spiritual care provider:<ul style="list-style-type: none"><li>- Is challenging even to well-trained and seasoned professionals</li><li>- Can be overwhelming when caring for large numbers of people facing sudden loss, upheaval, and chaos</li><li>- Can take great toll on caregiver's own emotional, psychological, and spiritual health</li></ul></li></ul> <p>Emotional and Spiritual Care in Disasters 5-4</p>


Lesson Plan	Instructor Notes
<p><b>Caregiver Vulnerability to Trauma</b></p> <p><b>Point</b> out the three levels of caregiver vulnerability to trauma:</p> <ul style="list-style-type: none"><li>◆ Primary trauma: The direct effects of the victim’s exposure to traumatic events.</li><li>◆ Secondary trauma: The effects of experiencing the trauma of others with whom one has a relationship and for whom he or she feels responsibility, such as family or friends.</li><li>◆ Vicarious trauma: The transformation of a caregiver’s inner self as a result of his or her empathic engagement with traumatized people, in a helping relationship.</li></ul> <p><b>Explain</b> that spiritual care providers often experience all three levels as they are responding to disasters within their own communities. As a result they may suffer:</p> <ul style="list-style-type: none"><li>◆ Compassion fatigue</li><li>◆ Burnout</li></ul>	<p>Show Slide 5-5.</p>  <p>The slide content is as follows:</p> <ul style="list-style-type: none"><li>• Levels of caregiver vulnerability to trauma:<ul style="list-style-type: none"><li>– Primary</li><li>– Secondary</li><li>– Vicarious</li></ul></li><li>• Spiritual care providers often experience all 3 levels<ul style="list-style-type: none"><li>– May suffer compassion fatigue and burnout</li></ul></li></ul> <p>Emotional and Spiritual Care in Disasters 5-5</p>

Lesson Plan	Instructor Notes
<p><b>Compassion Fatigue</b></p> <p><b>Explain</b> that compassion fatigue happens when care providers become emotionally drained because of hearing about all of the pain and trauma of the people they are trying to help. There is a cost to caring.</p> <ul style="list-style-type: none"><li>◆ Spiritual care providers who listen to clients’ stories of fear, pain, and suffering may feel similar fear, pain, and suffering because they care.</li><li>◆ Sometimes we feel we are losing our sense of self to the clients we serve.</li></ul> <p><b>Say</b> that, ironically, the most effective spiritual care providers are most vulnerable to this mirroring or contagion effect.</p> <ul style="list-style-type: none"><li>◆ Those who have enormous capacity for feeling and expressing empathy tend to be more at risk of compassion stress.</li></ul> <p><b>Explain</b> that caregivers, by virtue of being empathic, will naturally absorb the strength of the feelings that the traumatized are experiencing.</p> <ul style="list-style-type: none"><li>◆ Their own hearts will race when confronted with extreme anger and pain.</li><li>◆ Their own fight-or-flight reactions will be triggered as they attend to the needs of those victimized by sudden loss.</li></ul> <p><b>Emphasize</b> that the effect of this exposure is cumulative. Repeated and extended episodes of care giving in these contexts aggravate the effect.</p>	<p>Show Slide 5-6.</p>  <p>COMMUNITY Spiritual Care Provider Self-Care: Finding a Balance Compassion Fatigue</p> <p>ARISE</p> <ul style="list-style-type: none"><li>• Cost of caring<ul style="list-style-type: none"><li>– Become emotionally drained</li><li>– Feel similar fear, pain, and suffering</li><li>– Loss of sense of self</li></ul></li><li>• Greater capacity for feeling and expressing empathy means greater risk of stress</li><li>• Repeated/extended care giving aggravates stress</li></ul> <p>Emotional and Spiritual Care in Disasters 5-6</p>

Lesson Plan	Instructor Notes
<p><b>Burnout</b></p> <p><b>Explain</b> that burnout happens when care providers become:</p> <ul style="list-style-type: none"><li>◆ Extremely dissatisfied with their work</li><li>◆ Cynical, depressed, emotionally exhausted, irritable with supporters, and even impaired</li></ul> <p><b>Emphasize</b> that burnout requires professional help and discontinuing being a caregiver until the cynicism and impairment are gone.</p> <p><b>Point out</b> that in many disaster contexts, the majority of spiritual care providers will be the local clergy and faith leaders tending to the needs of the community. Many religious leaders <i>already</i> have unhealthy routines of being engrossed in work without a clearly distinguished boundary between self and profession.</p> <p><b>Explain</b> that, when disaster strikes, these boundaries can disappear altogether. Long hours of work combined with physical deprivation lead to a state of acute vulnerability.</p>	<p>Show Slide 5-7.</p>  <p>Show Slide 5-8.</p> 



Lesson Plan	Instructor Notes
<p><b>Ask:</b></p> <div data-bbox="248 331 941 598" style="border: 1px solid black; padding: 10px;"><p>Can you remember a time when you realized that you needed to take care of your own emotional or spiritual care needs? What was happening in your community at that time?</p></div> <p><b>Point out</b> that some anecdotal evidence suggests that spiritual care providers affected by a disaster leave their ministry in higher than normal rates. They are particularly vulnerable to a variety of problems following a period of intense responsibility for a congregation that has had to face a disaster.</p> <ul style="list-style-type: none"><li>◆ Of the 13 clergy serving the 12 churches most directly affected by Hurricane Andrew in 1992, only two remain in active, pastoral ministry.</li><li>◆ Three retired early, four suffered a serious illness, (one passed away), three had serious emotional struggles, and two went through divorces.</li><li>◆ These figures do not include the effects upon those who were involved in the response as neighboring pastors, long-term response staff, and long-term volunteers.</li></ul> <p><b>Point out</b> that during the Andrew response, care givers were simply unaware of the ways in which spiritual care providers need to be encouraged – at times even required – to care for their own emotional and spiritual health.</p>	<div data-bbox="1026 283 1169 430" style="border: 1px solid black; text-align: center; width: 60px; height: 60px; margin: 0 auto;"></div> <p>Discuss these questions. Although there may not have been a natural or technology-caused disaster, there was probably some kind of congregation or community trauma (e.g., violence, car crash affecting many people).</p>

Lesson Plan	Instructor Notes
<p><b>Explain</b> that Hurricane Katrina also taught important lessons about the toll that attending to spiritual needs can take on those who provide this kind of care:</p> <ul style="list-style-type: none"> <li>◆ Without training, 80% of those working with victims for more than a week will experience many, if not all, of the symptoms of compassion fatigue</li> <li>◆ Even with spiritual care providers who know how to set emotional boundaries, nearly 20% might still show signs of compassion fatigue: <ul style="list-style-type: none"> <li>– Taking stimulants to stay awake when on-call and sleeping pills when off-duty</li> <li>– Showing overwhelming sadness</li> </ul> </li> </ul> <p><b>Emphasize</b> that, the greater the disaster, the greater the percentage of spiritual care providers that will become victims of compassion fatigue.</p> <p><b>Activity 5-2: Importance of Self-Care</b></p> <p><b>Say</b> that articles written in the wake of Hurricane Katrina also illustrate the importance of self-care for disaster spiritual care providers.</p> <p><b>Explain</b> the activity:</p> <ul style="list-style-type: none"> <li>◆ In the Participant Guide, you will find the worksheet for this activity.</li> <li>◆ Take a few moments to read the article.</li> </ul>	<div style="text-align: center;">  </div> <p>Time: 5 minutes</p> <p>Use this exercise to help participants understand the importance of self-care.</p> <p>Activity instructions:</p> <ol style="list-style-type: none"> <li>1. Review the activity directions provided on the Activity 5-2 Worksheet in the Participant Guide (see following page).</li> <li>2. Allow the participants a couple of minutes to individually read the article.</li> <li>3. Debrief the exercise (debrief points follow the exercise).</li> </ol>

## Activity 5-2 Work Sheet: The Eye of The Storm

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### Instructions:

1. Take a few moments to read the article.

*From Science and Technology News Online, by Julia C. Keller (October 10, 2005)*

The day after Hurricane Katrina made landfall, the Rev. Theodore Smith was on call at The Methodist Hospital in Houston. Although Smith had already worked a full shift starting at 8 a.m., he was called back into the hospital at 10 p.m. to await the arrival of seven buses, each carrying about 30 elderly Jewish residents from the evacuated Woldenberg Village Retirement Community in New Orleans.

“A lot of them were in bad physical shape,” said Smith, director of the hospital’s spiritual care ministry. “You can fill in the blanks when we’re talking about geriatric patients — they had a lot of needs,” he said.

By 11:45 p.m., the first of the buses arrived with its passengers who had spent nearly 12 hours traveling from New Orleans to the hospital.

Even nonmedical personnel got involved, Smith said, including a member of the hospital’s public relations staff, Denny Angelle. “Denny did a lot himself,” Smith said. “His shirt was just drenched with perspiration helping people off the bus.”

The hospital staff laid hurricane survivors on gurneys, settled them into wheelchairs and triaged the group according to medical need, marking each patient with a number on his hand. The single-file line snaked through the rear lobby of the hospital, past the emergency department, and through the back entrance.

Smith and the Rev. Bill Bross, director of bereavement services, made their way along the line, asking the victims to share their stories with them. The overwhelming emotion behind the stories, said Bross, was “just shock and grief over the loss of their lives as they knew it. When you have a whole city that’s shut down and evacuated that’s unbelievable.”

By 1 a.m., the Rev. Robert Kidd, another senior staff chaplain at Methodist, arrived at the scene. Even though the chaplaincy department has no Jewish chaplains on staff, Kidd said the victims’ needs were universal. “What the people needed — and this is common in any kind of crisis — was to be treated with dignity as a person, to have their story heard and for us to offer very basic physical support in terms of food, water, medication, and comfort,” said Kidd. “And we were busy offering those.”

The chaplains were so busy caring for the needs of others, that the late hour and the nature of the traumatic events began to wear on the staff, said Smith. “When I heard that there was another bus with another 42 people to be admitted and triaged around 2:15 a.m., that’s when it seemed like, is this ever going to end?”

For Bross, fatigue settled in shortly thereafter. “I think it was probably about 3 a.m. when I realized that I’ve been going nonstop,” he said. “I looked out the corridor toward the door, and there was no end in sight — just a steady line of wheelchairs and gurneys. And out the door I could see the buses lined up as far as I could see.”

Kidd and the other board-certified chaplains tried to minimize the situation’s intensity by taking frequent breaks. “I’d say to myself, ‘I’m going to do this for an hour and I’ll have a Coke in the office and then I’ll come back,’” he said.

The accumulation of stress, fatigue and countless stories wore the chaplains down. Kidd’s ministering came to a halt after hearing one story from a Holocaust survivor who became separated from her husband and had to take a different bus into Texas. “While she was not panicking and she trusted the process — this was not World War II Germany — she still wanted to know where her husband was.”

The woman sat in the hallway with a triage number scrawled on the back of her hand, Kidd said. “That just hit me. What would I feel like if I were 89 years old and had been transported that far? That was the story for me,” he said.

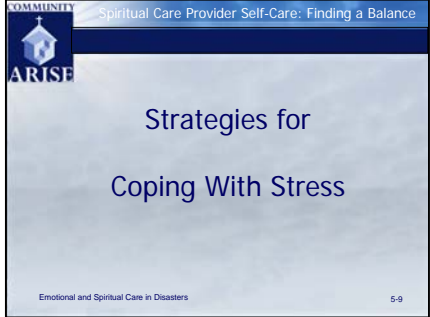
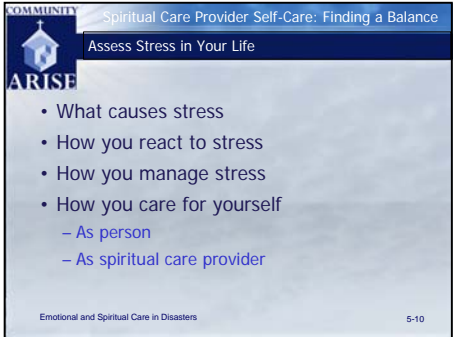
By 4:15 a.m., within the span of four hours, the hospital staff had seen more than 200 patients.



Smith, Bross and Kidd came together to debrief before heading home. Feeling overwhelmed wasn’t really the right phrase to describe what they’d been through, said Bross. “To have immersed ourselves into the depth with these people, in their shock and their dismay, the tremendous loss they had suffered” could not be captured in a simple adjective such as “overwhelmed,” Bross said.


“Every person that came through these doors had a story and it was important for them to tell their story,” said Bross. But, in the debrief, he said the chaplains became acutely aware that they too had stories they needed to tell to relieve some of emotional burden they had taken on in ministering to Katrina’s victims.

“We have to allow a little space for our stories and our spirit as well,” he said.


Lesson Plan	Instructor Notes
<p><b>Debrief</b> the activity:</p> <ul style="list-style-type: none"><li>◆ Throughout all the stages of disasters, spiritual care providers will be tempted to pour themselves into this work in ultimately unhealthy ways.</li><li>◆ Yet maintaining a strong sustained response requires them to remain vigilant to their own needs for self-care.</li></ul>	


Lesson Plan	Instructor Notes
<p data-bbox="149 407 833 455">Strategies for Coping with Stress</p> <p data-bbox="149 913 974 1039"><b>Say</b> that it is important to prepare ahead of time for the stress and compassion fatigue that will inevitably come with providing disaster emotional and spiritual care.</p> <p data-bbox="149 1073 987 1199"><b>Explain</b> that you can do this by assessing the amount of stress in your life before disaster strikes. Take the time to periodically analyze:</p> <ul data-bbox="155 1234 977 1549" style="list-style-type: none"><li>◆ What causes stress in your life</li><li>◆ How you react to stress</li><li>◆ How you manage stress</li><li>◆ Actions you are taking, or not taking, to take care of yourself as a person and as a spiritual care provider</li></ul>	<p data-bbox="1019 474 1187 510"><i>20 minutes</i></p> <p data-bbox="1019 531 1229 564">Show Slide 5-9.</p> <div data-bbox="1031 569 1458 884">A presentation slide with a blue header containing the text 'Spiritual Care Provider Self-Care: Finding a Balance' and the 'ARISE' logo. The main content area has a light blue background with the title 'Strategies for Coping With Stress' in the center. The footer contains the text 'Emotional and Spiritual Care in Disasters' and the slide number '5-9'.</div> <p data-bbox="1019 932 1245 966">Show Slide 5-10.</p> <div data-bbox="1019 978 1469 1312">A presentation slide with a blue header containing the text 'Spiritual Care Provider Self-Care: Finding a Balance' and the 'ARISE' logo. The main content area has a light blue background with the title 'Assess Stress in Your Life' at the top. Below the title is a bulleted list: 'What causes stress', 'How you react to stress', 'How you manage stress', and 'How you care for yourself' with sub-bullets 'As person' and 'As spiritual care provider'. The footer contains the text 'Emotional and Spiritual Care in Disasters' and the slide number '5-10'.</div>

Lesson Plan	Instructor Notes
<p><b>Ask:</b></p> <div data-bbox="224 369 917 562" style="border: 1px solid black; padding: 10px; margin: 10px 0;"><p>What are some things you can do before a disaster strikes to reduce the stress of care giving?</p></div> <p><b>Say</b> that there are many ways to restore lifestyle balance <u>after</u> having been exposed to or witnessing cumulative traumatic experiences.</p>	<div data-bbox="1024 306 1167 449" style="border: 1px solid black; padding: 10px; text-align: center; margin-bottom: 10px;"></div> <p>List responses on chart paper. Responses might include:</p> <ul style="list-style-type: none"><li>• Get training on issues of Self-Care, Burn-Out and Compassion Fatigue</li><li>• Assess pre-disaster stress levels</li><li>• Talk to other spiritual care providers who have been involved in disaster ministry</li><li>• Talk to your own loved ones about the potential impact of disaster ministry</li></ul>
<p><b>Ask:</b></p> <div data-bbox="224 1230 917 1360" style="border: 1px solid black; padding: 10px; margin: 10px 0;"><p>What are some things you can do for physical self-care?</p></div>	<div data-bbox="1024 1146 1167 1289" style="border: 1px solid black; padding: 10px; text-align: center; margin-bottom: 10px;"></div> <p>List responses on chart paper. Sample responses include:</p> <ul style="list-style-type: none"><li>• Eat regularly</li><li>• Eat healthily</li><li>• Exercise</li><li>• Get regular medical care for prevention</li><li>• Get regular medical care when needed</li><li>• Take time off when sick</li><li>• Get massages</li><li>• Dance, swim, walk, run, play sports, sing, or do some other physical activity that is fun</li></ul> <p>(continued)</p>

Lesson Plan	Instructor Notes
<p><b>Ask:</b></p> <div data-bbox="224 898 917 1039" style="border: 1px solid black; padding: 10px; margin: 10px 0;">What are some things you can do for psychological self-care?</div>	<ul style="list-style-type: none"><li>• Take time to be sexual--with yourself, with a partner</li><li>• Get enough sleep</li><li>• Wear clothes you like</li><li>• Take vacations</li><li>• Take day trips or mini-vacations</li><li>• Make time away from telephones</li><li>• It's OK not to feel OK. Let others know how you feel</li><li>• Avoid overuse of alcohol, as it only numbs feelings, it doesn't take them away</li></ul> <div data-bbox="1026 814 1166 955" style="text-align: center; margin: 10px 0;"></div> <p>List responses on chart paper. Responses might include:</p> <ul style="list-style-type: none"><li>• Make time for self-reflection</li><li>• Have your own personal psychotherapy</li><li>• Write in a journal</li><li>• Read literature that is unrelated to work</li><li>• Do something at which you are not expert or in charge</li><li>• Decrease stress in your life</li><li>• Notice your inner experiences -- listen to your thoughts, judgments, beliefs, attitudes, and feelings</li><li>• Let others know different aspects of you</li><li>• Engage your intelligence in a new area, e.g., go to an art museum, history exhibit, sports event, auction, theater performance</li></ul> <p>(continued)</p>



Lesson Plan	Instructor Notes
<p><b>Ask:</b></p> <div data-bbox="224 539 917 667" style="border: 1px solid black; padding: 10px; margin: 10px 0;">What are some things you can do as emotional self-care?</div>	<ul style="list-style-type: none"><li>• Practice receiving from others</li><li>• Be curious</li><li>• Say no to extra responsibilities sometimes</li></ul> <div data-bbox="1026 453 1167 596" style="text-align: center; margin: 10px 0;"></div> <p>List responses on chart paper. Responses might include:</p> <ul style="list-style-type: none"><li>• Accept that it's OK not to feel OK. Let others know how you feel.</li><li>• Communicate openly with your own loved ones about how it feels to be deeply affected by the work</li><li>• Spend time with others whose company you enjoy</li><li>• Stay in contact with important people in your life</li><li>• Give yourself affirmations, praise yourself</li><li>• Find ways to increase your sense of self-esteem</li><li>• Reread favorite books, review favorite movies</li><li>• Identify comforting activities, objects, people, relationships, places, and seek them out</li><li>• Allow yourself to cry</li><li>• Find things to make you laugh</li><li>• Express your outrage in social action, letters, donations, marches, protests</li><li>• Play with children</li></ul>

Lesson Plan	Instructor Notes
<p><b>Ask:</b></p> <div data-bbox="224 369 917 506" style="border: 1px solid black; padding: 10px; margin: 10px 0;"><p>What are some things you can do for spiritual self-care?</p></div> <p><b>Emphasize</b> the need to take good care of yourself, so you will be a healthy spiritual care provider for those who need your help.</p>	<div data-bbox="1024 285 1167 428" style="border: 1px solid black; padding: 10px; text-align: center; margin-bottom: 10px;"></div> <p>List responses on chart paper. Responses might include:</p> <ul style="list-style-type: none"><li>• Make time for reflection</li><li>• Spend time with nature</li><li>• Find a spiritual connection or community</li><li>• Be open to inspiration</li><li>• Cherish your optimism and hope</li><li>• Be aware of nonmaterial aspects of life</li><li>• Try at times not to be in charge or the expert</li><li>• Be open to not knowing</li><li>• Identify what is meaningful to you and notice its place in your life</li><li>• Meditate</li><li>• Pray</li><li>• Sing</li><li>• Spend time with children</li><li>• Have experiences of awe</li><li>• Contribute to causes in which you believe</li><li>• Read inspirational literature (talks, music, etc.)</li></ul>

Lesson Plan	Instructor Notes
<p><b>Emphasize</b> that survival strategies for caregivers include:</p> <ul style="list-style-type: none"><li>◆ Self-awareness and self-care</li><li>◆ Asking for and accepting help from other professionals</li><li>◆ Living a healthy, balanced life</li></ul> <p><b>Remind</b> participants that you can get help when you are not necessarily looking for it (e.g., from lectures, sermons, discussions, community rituals).</p> <p><b>Emphasize</b> the importance of retreats, get-a-way opportunities, fill-in and support pastors, and counseling to help deal with the long-term effects of this special kind of care giving.</p>	<p>Review with participants <i>Survival Strategies for Caregivers</i> in the Participant Guide and on the following pages in the Instructor Guide.</p>

## Survival Strategies for Caregivers

(from “How Faith Communities Can Respond in Crisis and Disasters,”  
Carol L. Hacker, PhD, CTS)

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“Do Unto Self as You Tell Others to do Unto Themselves”

### *Self-Awareness and Self-Care*


- ◆ Know your own “triggers” and vulnerable areas and learn to defuse them or avoid them.
- ◆ Resolve your own personal issues and continue to monitor your own reactions to other’s pain.
- ◆ Be human and allow yourself to grieve when bad things happen to others.
- ◆ Develop realistic expectations about the rewards as well as limitations of being a helper.
- ◆ Set and follow appropriate limits and boundaries for yourself and tell them to others.


### *Ask For and Accept Help from Other Professionals*


- ◆ Find opportunities to acknowledge, express, and work through your experience in a supportive environment.
- ◆ Seek assistance from other colleagues and caregivers who have worked in the trauma field and have remained healthy and hopeful.
- ◆ Delegate responsibilities and get help from others for routine work, when appropriate.
- ◆ Develop a healthy support system to protect you from compassion fatigue and emotional exhaustion.
- ◆ Remember that most victims of trauma do grow and learn from their experiences and so can their helpers.

*Live a Healthy Balanced Life*

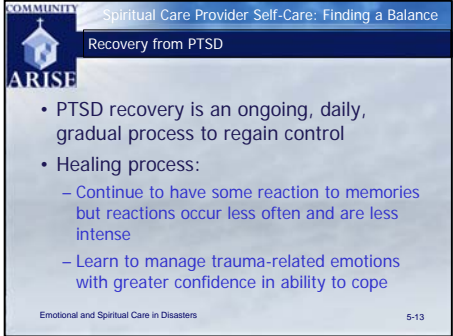
- ◆ Set and keep healthy boundaries for work. Ask yourself, “Will the world fall apart if I step away from my work for a day, or a week? Do I really have that much power?”
- ◆ Think about the idea that if you never say “no,” what is your “yes” worth?
- ◆ Find professional activities that provide opportunities for growth and renewal.
- ◆ Have a life beyond your professional work that nurtures you personally.
- ◆ Eat nutritious food, exercise, meditate, and take care of your whole self.
- ◆ Remember to laugh, enjoy life, have healthy personal relationships, and breathe deeply.

Lesson Plan	Instructor Notes
<p data-bbox="152 369 412 415">Getting Help</p> <hr/> <p data-bbox="152 842 992 919"><b>Explain</b> that sometimes the spiritual care provider can't manage the stress alone. You need to know:</p> <ul data-bbox="152 957 477 1073" style="list-style-type: none"><li>◆ When to seek help</li><li>◆ Who to turn to</li></ul> <p data-bbox="152 1115 992 1360"><b>Explain</b> that many disaster care providers do not believe that they need help and will not seek out services, despite reporting significant emotional distress. But there may be times when self-help strategies are not effective in reducing the effects of exposure to traumatic stress.</p>	<p data-bbox="1024 363 1187 401"><i>10 minutes</i></p> <p data-bbox="1024 422 1247 459">Show Slide 5-11.</p>  <p data-bbox="1024 783 1446 800">Emotional and Spiritual Care in Disasters 5-11</p>

Lesson Plan	Instructor Notes
<p><b>Remind</b> participants of the discussion in Lesson 3 about problematic stress responses.</p> <p>Ask:</p> <div data-bbox="224 462 917 630" style="border: 1px solid black; padding: 10px; margin: 10px 0;"><p>Can anyone remember any of the stress responses that can indicate a need for professional help?</p></div> <p><b>Remind</b> participants that one of the most debilitating effects of traumatic stress is a condition known as Post Traumatic Stress Disorder (PTSD).</p> <p><b>Provide</b> this list of indicators that self-care is not enough:</p> <ul style="list-style-type: none"><li>◆ They are experiencing any symptoms that are:<ul style="list-style-type: none"><li>– Causing distress</li><li>– Causing significant changes in relationships</li><li>– Impairing functioning at work</li></ul></li><li>◆ They are self-medicating with alcohol or drugs</li><li>◆ They are unable to find relief with self-care strategies</li></ul>	<p>Refer to Slide 3-17.</p> <div data-bbox="1026 380 1167 520" style="border: 1px solid black; padding: 10px; text-align: center; margin: 10px 0;"></div> <p>Problematic responses include:</p> <ul style="list-style-type: none"><li>• Severe dissociation</li><li>• Severe intrusive re-experiencing</li><li>• Extreme avoidance</li><li>• Severe hyper-arousal</li><li>• Debilitating anxiety</li><li>• Severe depression</li><li>• Problematic substance use</li><li>• Psychotic symptoms (delusions, hallucinations, bizarre thoughts or images)</li></ul> <p>Show Slide 5-12.</p> <div data-bbox="1019 1192 1469 1528" style="border: 1px solid black; padding: 5px; margin: 10px 0;"><p><small>COMMUNITY</small> Spiritual Care Provider Self-Care: Finding a Balance</p><p><b>ARISE</b> Post-Traumatic Stress Disorder Indicators</p><ul style="list-style-type: none"><li>• Experiencing any symptoms that are:<ul style="list-style-type: none"><li>– Causing distress</li><li>– Causing significant changes in relationships</li><li>– Impairing functioning at work</li></ul></li><li>• Self-medicating with alcohol or drugs</li><li>• Unable to find relief with self-care strategies</li></ul><p><small>Emotional and Spiritual Care in Disasters 5-12</small></p></div>

Lesson Plan	Instructor Notes
<p><b>Explain</b> that, for those who develop PTSD, recovery is an ongoing, gradual process and generally requires help from a medical doctor or a mental health professional.</p> <p>The use of medication can also be helpful to address the changes in brain chemistry and function caused by the exposure to trauma.</p> <p><b>Ask:</b></p> <div data-bbox="224 676 894 821" style="border: 1px solid black; padding: 10px; margin: 10px 0;">What might keep a spiritual care provider from seeking outside help?</div>	<div data-bbox="1024 604 1167 747" style="text-align: center;"></div> <p>List responses on chart paper. Responses might include:</p> <ul style="list-style-type: none"><li>• Some people may feel that they are better off than those more affected and that they, therefore, should not be so upset.</li><li>• Some may not seek help because of pride or because they think that distress indicates weakness of some sort.</li><li>• Some may think that the informal support from family and friends should be enough.</li></ul>



Lesson Plan	Instructor Notes
<p><b>Emphasize</b> that, when a trauma survivor takes direct action to cope with problems, he or she often gains a greater sense of personal power and control. Active coping means recognizing and accepting the impact of a traumatic experience and then taking concrete action to improve things.</p> <p><b>Explain</b> what happens as one gradually recovers from PTSD.</p> <ul style="list-style-type: none"><li>◆ Healing doesn't mean that a survivor will forget the trauma experiences or have no emotional pain when remembering them. Some continuing reaction to memories is natural.</li><li>◆ Healing may mean that reactions will occur less often and be less intense.</li><li>◆ Healing also means having a greater ability to manage trauma-related emotions and having greater confidence in one's ability to cope.</li></ul>	<p>Show Slide 5-13.</p>  <p>• PTSD recovery is an ongoing, daily, gradual process to regain control</p> <p>• Healing process:</p> <ul style="list-style-type: none"><li>– Continue to have some reaction to memories but reactions occur less often and are less intense</li><li>– Learn to manage trauma-related emotions with greater confidence in ability to cope</li></ul> <p>Emotional and Spiritual Care in Disasters 5-13</p>
<p><b>Explain</b> that a number of self-scoring tests have been devised to monitor levels of stress associated with care giving:</p> <ul style="list-style-type: none"><li>◆ One example is the Professional Quality of Life Scale (ProQOL) test, which measures “Compassion Satisfaction and Compassion Fatigue.”</li><li>◆ Another example is the “Disaster Caregiver At-Risk Test,” which measures stress levels.</li></ul>	<p>Refer participants to <i>Professional Quality of Life Scale (ProQOL) Test</i>. You may download the measure and other information about it for free from <a href="http://www.isu.edu/~bhstamm">www.isu.edu/~bhstamm</a>.</p> <p>Refer participants to <i>Disaster Caregiver At-Risk Test</i> in the Participant Guide and on the following pages in the Instructor Guide.</p>

**Disaster Caregiver At-Risk Test**  
(Reprinted from the UMCOR manual, Pastoral Care in Disaster Recovery, by permission of the General Board of Global Ministries, The United Methodist Church)

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*Taken periodically during recovery stage/ 6 weeks and after disaster.*

**Circle the appropriate response.**

1. I have now been more than two weeks without a day off.  
No = 0                      Yes = 1
  
2. The recommended debriefing meetings are not worth the time they take and I am thinking of skipping them.  
No = 0                      Yes = 1
  
3. Most of the people involved in the recovery process hardly care about the people they have come to help and simply are looking for accolades.  
No = 0                      Yes = 1
  
4. More than six weeks have passed and I've not been able to get back into my usual hobbies.  
No = 0                      Yes = 1
  
5. I find myself wanting to be in charge of everything related to the disaster because others just aren't doing what's needed.  
No = 0                      Yes = 1
  
6. I realize that for the first time in years my ministry is really exciting.  
No = 0                      Yes = 1
  
7. I notice I'm getting "paranoid" and cynical toward the Bishop and others who call to see how I'm doing.  
No = 0                      Yes = 1
  
8. I'm increasingly having "run-ins" and conflicts with co-workers.  
No = 0                      Yes = 1
  
9. I'm having an increasing number of disturbing dreams and nightmares about disasters.  
No = 0                      Yes = 1
  
10. My spouse is starting to complain that I am unavailable literally and/or emotionally.  
No = 0                      Yes = 1

## Spiritual Care Provider Self-Care: Finding a Balance

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11. I can hardly stand still; relaxing is out of the question.

No = 0                      Yes = 1

12. The only thing that seems to slow me down is a “stiff” drink.

No = 0                      Yes = 1

13. I have embarrassed myself more than once now by breaking down and crying at inappropriate times.

No = 0                      Yes = 1

14. I’ve had several “accidents” lately that were probably related to my being preoccupied in thought.

No = 0                      Yes = 1

15. I’d just as soon go home or to my room after working all day long and speak to no one.

No = 0                      Yes = 1

16. I’m thinking of the survivors as a mass rather than viewing them as individuals needing service.

No = 0                      Yes = 1

17. I am actually feeling burdened and resentful that people need and expect so much from me.

No = 0                      Yes = 1

18. Intrusive images, sounds or smells keep bringing the disaster to the forefront of my attention. They get in the way of normal life.

No = 0                      Yes = 1

**YOUR TOTAL SCORE: \_\_\_\_\_**

### **Scoring:**

**0     Good, you are nearly risk-free!**

**1-5   Review your behavior, remember stress is cumulative.**

**6-10  Consult a mentor or colleague, you are at risk!**

**11-15 Change your behavior immediately! Counseling may be needed.**

**16+  Take a break now! You are not indispensable. Soon you will do more harm than good.**

Lesson Plan	Instructor Notes
<p><b>Explain</b> that it may be useful for spiritual care providers to see an instrument developed by a spiritual care provider and trained professional to assist with the diagnosis of more severe traumatic stress-related symptoms.</p>	<p>Refer participants to the <i>Holistic Health Inventory</i> in the Participant Guide and on the following pages of the Instructor Guide.</p>

## Holistic Health Inventory, Department of Chaplaincy, Social Services, Home Health and Hospice

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Dr. Bryan Crousore, Chaplain and Department Manager  
Dearborn County Hospital  
Lawrenceburg, Indiana

Directions: This inventory is to be completed by a chaplain, chaplain's assistant, social worker, hospice nurse or volunteer, or home-health worker and filed on the patient's medical chart in the "Ancillary Services" Section. This inventory is to be completed based on an informal interview or conversation (which may be conducted on one or more sessions) with the person and is not to be conducted as a question and answer interview.

### Identification Data

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (s): \_\_\_\_\_

Emergency Contact(s): \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Person Referring: \_\_\_\_\_

Brief narrative description of the primary person, other persons present, the circumstances and surroundings in which the interview or conversation took place, and the person conducting the interview or conversation.

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Person Completing this survey: \_\_\_\_\_

## Physical Health Status

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

- Person appears normal weight for age.
- Person appears slightly underweight for age.
- Person appears markedly underweight for age.
- Person appears grossly underweight for age.
- Person appears slightly overweight for age.
- Person appears markedly overweight for age.
- Person appears grossly overweight for age.

### General Health Appearance

- Person appears to be in generally good health for age.
- Person appears tired, drawn, or in stress.
- Person appears to be in acute distress.
- Person appears to have no pain.
- Person appears to have mild to moderate pain in specific location.
- Person appears to be in acute pain in specific location.
- Person appears to have generalized moderate to severe pain in more than one major body area.

### Chronic Illnesses or Disabling Conditions and Activities of Daily Living (ADL)

- Person has no observable chronic illnesses or disabling conditions.
- Person has a chronic illness or disabling condition causing slight changes in the person's ADL.
- Person has a chronic illness or disabling condition requiring moderate adaptations in ADL.
- Person has a chronic illness or disabling condition requiring drastic adaptations in ADL.
- Person requires personal aid or assistance for some ADL.
- Person requires personal aid or assistance for most or all ADL.
- Person requires institutional care.

### Current Illness or Injury

- Person is not ill or injured.
- Person has illness or injury that can be successfully treated by the person without assistance.
- Person has an illness or injury that is being successfully treated by a physician.
- Person has an illness or injury requiring short-term treatment by a professional therapist(s).
- Person has an illness or injury requiring long-term care by a professional therapist(s).
- Person has an illness or injury that will require in-patient care and treatment for less than 21 days.
- Person has an illness or injury that will require in-patient care and treatment for more than 21 days.
- Person has an illness or injury that will require skilled nursing care following in-patient care.
- Person has an illness or injury that will require in-home therapy(s) after in-patient or skilled nursing care.
- Person has an illness or injury that will require long-term intermediate care or residential care.
- Person has an illness or injury that will likely result in death in 6 months or less.

## Spiritual Health Status

### **Sense of Hope or Despair**

- Person expresses unrealistic hope for the future.
- Person expresses realistic hope for the future.
- Person expresses limited hope for the future.
- Person expresses neither hope nor despair.
- Person vacillates between expressions of hope and despair.
- Person expresses mild despair.
- Person expresses utter despair.

### **Sense of Peace or Guilt**

- Person expresses a sense of deep and abiding peace.
- Person has experienced forgiveness and has offered forgiveness to significant others.
- Person desires to forgive and be forgiven.
- Person desires to forgive and be forgiven but circumstances prohibit those relationships.
- Person has not examined his life in guilt and forgiveness terms.
- Person has some unresolved guilt.
- Person has much unresolved guilt.

### **Sense of Pride or Shame**

- Person expresses pride at the attainments of life to this point.
- Person expresses limited or conditional pride at the attainments of life to this point.
- Person expresses some disappointment with accomplishments.
- Person expresses disappointment with life itself.
- Person expresses feelings of shame with some accomplishments of life to this point.
- Person expresses feelings of total shame with life as it has been lived.

### **Sense of Trust or Suspicion**

- Person expresses trust of all the world around.
- Person expresses trust in known associates only.
- Person expresses trust in only one or two others.
- Person expresses trust of no one.
- Person expresses suspicion of others.
- Person expresses suspicion of most other people.
- Person expresses suspicion of all the world around.

### **Sense of Confidence or Fear**

- Person expresses confidence in God, self, and others.
- Person expresses confidence only in close associates.
- Person expresses confidence in only one or two others.
- Person expresses confidence in no one.
- Person expresses fear of closest associates.
- Person expresses fear of most other people.
- Person expresses fear of God, self, and others.

**Sense of Cheerfulness or Sadness**

- Person consistently demonstrates a cheerful outlook on life.
- Person sometimes demonstrates a cheerful outlook on life.
- Person will express cheerful outlook when prompted by others.
- Person is not cheerful or sad.
- Person is sad.
- Person is morbidly sad.
- Person is overwhelmed by sadness.

**Religious Identification**

- Person identifies closely with a supportive, organized religious entity.
- Person is connected with an organized religious entity.
- Person has an historical or past connection to an organized religious entity.
- Person has no connection with an organized religious entity.
- Person is estranged from all religious entities.
- Person is antagonistic to all forms of organized religion.

**Religious Ideation**

- Person expresses deep faith in identified rituals, sacraments, or other religious practices
- Person expresses confidence in identified ritual, sacrament, and other religious practices.
- Person desires ritual, sacrament, or other religious practices but cannot specify what they would be.
- Person is neutral to rituals, sacraments, or other religious practices.
- Person is uninterested in rituals, sacraments, or other religious practices.
- Person is denies the usefulness of rituals, sacraments, or other religious practices.
- Person is antagonistic to all forms of rituals, sacraments, or other religious practices.

**Religious Practices**

- Person regularly engages in prayer, meditation, study, or other clearly articulated practices.
- Person regularly participates in acts of charity, altruism, or sacrifice for others.
- Person occasionally engages in prayer, meditation, study, or other clearly articulated practices.
- Person occasionally participates in acts of charity, altruism, or sacrifice for others.
- Person rarely engages in prayer, meditation, study, or other clearly articulated practices.
- Person rarely participates in acts of charity, altruism, or sacrifice for others.
- Person never engages in prayer, meditation, study, or other clearly articulated practices.
- Person never participates in acts of charity, altruism, or sacrifice for others.
- Person ridicules all forms of religious practice.



## Mental Health Status

### Intellectual Competence

- Person is of normal intelligence.
- Person is of above normal intelligence.
- Person is a slow learner.
- Person is mildly mentally retarded.
- Person is moderately mentally retarded.
- Person is severely or profoundly mentally retarded.
- Person has autism, dyslexia, Tourette's Syndrome, or other developmental disability.

### Mental Illness

- Person does not have a serious mental illness.
- Person is being successfully treated for:
  - An Anxiety or Panic Disorder
  - Bi-polar Disorder (Manic-Depressive Disease)
  - Clinical Depression
  - Obsessive-Compulsive Disorder
  - Schizophrenia
- Person is not being successfully treated for:
  - An Anxiety or Panic Disorder
  - Bi-polar Disorder (Manic-Depressive Disease)
  - Clinical Depression
  - Obsessive-Compulsive Disorder
  - Schizophrenia
- Person is "on-the street" due to untreated serious mental illness.

### Daily Coping Skills

- Person has normal coping skills for daily living.
- Person needs occasional assistance from significant others to cope with normal living.
- Person needs frequent assistance from significant others to cope with normal living.
- Person needs constant assistance from significant others to cope with normal living.
- Person needs occasional assistance from professional counselors/therapists to cope with normal living.
- Person needs frequent assistance from professional counselors/therapists to cope with normal living.
- Person needs constant assistance from professional counselors/therapists to cope with normal living.
- Person is unable to cope with normal living.
- Person requires institutional care to live.

### Education

- Person has advanced degrees or education beyond college.
- Person completed college or post-secondary education in a profession or skilled trade.
- Person has some college or post-secondary education.
- Person completed high school.

- Person has some high school.
- Person completed elementary school.
- Person attended elementary school.
- Person participated in special education or adaptive education.
- Person is uneducated.
- Person is able to read or write enough to communicate limited information.
- Person is functionally illiterate.

## Family and Environmental Status

### **Living Arrangement**

- Person is dependent child living with birth family in single-family dwelling/apartment.
- Person is dependent child living with other than birth family in single-family dwelling/apartment.
- Person is dependent child living with foster family.
- Person is adult child living in home of parent(s) or other family.
- Person is young adult living alone.
- Person is a young adult living in dormitory or with unrelated roommate(s).
- Person is an adult living with spouse.
- Person is an adult living with spouse and children.
- Person is a single parent living with children.
- Person is an older adult living alone in single-family dwelling/apartment.
- Person is an older adult living alone in Senior Housing or subsidized congregate living.
- Person is an older adult living alone in Residential Care Facility.
- Person is an older adult living in an Intermediate Care Facility.
- Person lives in a non-traditional setting, described as \_\_\_\_\_.
- Person is homeless.

### **Employment**

- Person is fully employed at the person's highest level of competence.
- Person is fully employed but at an occupation lower than desired.
- Person is employed part-time.
- Person is employed occasionally.
- Person is temporarily unemployed.
- Person is chronically unemployed.
- Person is unable to work and receives workmen's compensation or disability income.
- Person is unable to work and does not receive workmen's compensation or disability income.
- Person is employed in a adaptive employment.
- Person is employed in a sheltered workshop.
- Person is unable to be employed in any setting.

### **Family and Significant Other Support**

- Person has significant positive family/significant other support.
- Person has some positive family/significant other support.
- Person has little or no family/significant other support.
- Person has no family/significant others living nearby.
- Person has unsupportive family/significant others.

- Person has mostly negative interaction with family.
- Person has completely negative interaction with family.



**Financial Resources**

- Person has sufficient financial resources for any and all needs and wants.
- Person has sufficient financial resources for all needs.
- Person has sufficient financial resources for most major needs.
- Person has sufficient financial resources for basic needs.
- Person needs occasional financial assistance from family/others for basic needs.
- Person needs frequent financial assistance from family/others for basic needs.
- Person is dependent for all financial support from family/others.
- Person is dependent on welfare, charity, and/or handouts for basic needs.
- Person is homeless.

**Community Involvement**

- Person is a significant leader in church, community, or organization activities.
- Person is very involved in church, community, or organization activities.
- Person is somewhat involved in church, community, or organization activities.
- Person is not involved in church, community, or organization activities.
- Person is isolated or estranged from church, community, or organizational activities.

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Lesson Plan	Instructor Notes
<p>Summary and Transition</p> <hr/> <p><b>Say</b> that you want the participants to help you summarize what they have learned in this lesson.</p> <p>Ask:</p> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> <p>What are some of the things you learned in this lesson?</p> </div> <p><b>Review</b> key points from the lesson:</p> <ul style="list-style-type: none"> <li>◆ Importance of knowing your own emotional and spiritual care needs                     <ul style="list-style-type: none"> <li>– When to assess</li> <li>– What to assess</li> </ul> </li> <li>◆ Strategies for coping with stress</li> <li>◆ When to get help and what kind of help to get</li> </ul>	<p><i>5 minutes</i></p> <div style="display: flex; flex-direction: column; align-items: center;">   </div> <p>Ask this question to help the participants recall the key points from this lesson.</p> <p>Show Slide 5-14.</p> <div style="border: 1px solid black; padding: 5px;"> </div> <p>Show Slide 5-15.</p> <div style="border: 1px solid black; padding: 5px;"> </div>



# *Emotional and Spiritual Care in Disasters*

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## **Course Name: Emotional and Spiritual Care in Disasters**

### **Lesson 6: Additional Resources and Training**

#### **Learning Objectives**

At the conclusion of this lesson, participants will be able to:

- ◆ Assess their own readiness to provide emotional and spiritual care in disasters
- ◆ Identify additional resources and training in emotional and spiritual care

#### **Time Required**

30 minutes

#### **Topics**

1. Overview (5 minutes)
2. Where Do You Stand? (10 minutes)
3. Additional Resources and Training (10 minutes)
4. Summary (5 minutes)

#### **Training Methods**

1. Small group activity
2. Individual assessment
3. Participative lecture/guided discussion


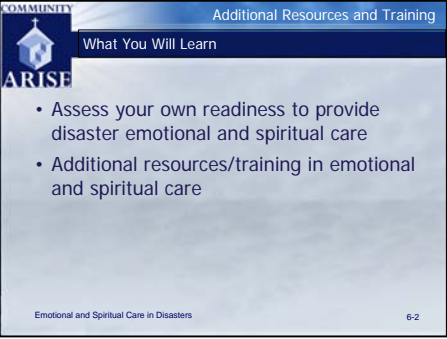
#### **Participant Materials**

1. Participant Manual

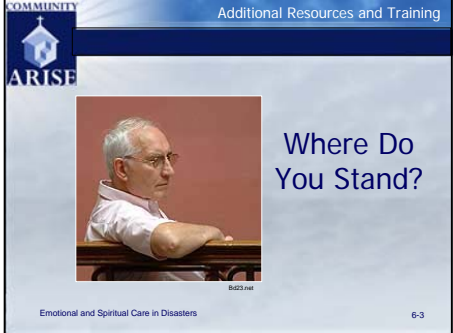

## **Training Materials**

1. PowerPoint slides and projection system
2. Easel pad, markers, and tape

# Additional Resources and Training


Lesson Plan	Instructor Notes
<p data-bbox="152 722 341 764"><u>Overview</u></p> <p data-bbox="152 1192 976 1356"><b>Say</b> that this lesson will help participants consider and assess their own readiness to provide emotional and spiritual care during disasters. It will also help them identify additional resources and training opportunities.</p> <p data-bbox="152 1394 976 1472"><b>Explain</b> the lesson objectives. At the end of this lesson you will be able to:</p> <ul data-bbox="152 1514 943 1713" style="list-style-type: none"><li>◆ Assess your own readiness to provide disaster emotional and spiritual care</li><li>◆ Identity additional resources/training in emotional and spiritual care</li></ul>	<p data-bbox="1024 716 1170 751"><i>5 minutes</i></p> <p data-bbox="1024 770 1230 806">Show Slide 6-1.</p>  <p data-bbox="1024 1394 1230 1430">Show Slide 6-2.</p> 



Lesson Plan	Instructor Notes
<p>Where Do You Stand?</p> <p><b>Explain</b> that you now understand the importance of self-care to disaster ministry and some strategies for coping with stress. You also know that self-care starts with a self-assessment.</p> <p><b>Activity 6-1: Stress in My Life</b></p> <p><b>Say</b> that this is an exercise to set a baseline for yourself. You can periodically use the assessment measures provided in Lesson 5 to see how you are doing.</p> <p><b>Explain</b> the activity:</p> <ul style="list-style-type: none"> <li>◆ In the Participant Guide, you will find the worksheet for this activity.</li> <li>◆ Take a few moments to read and respond to each question.</li> </ul>	<p><i>10 minutes</i></p> <p>Show Slide 6-3.</p>  <p></p> <p>Time: 5-10 minutes</p> <p>Use this exercise to help participants assess the amount of stress in their own lives.</p> <p>Activity instructions:</p> <ol style="list-style-type: none"> <li>1. Review the activity directions provided on the Activity 6-1 Worksheet in the Participant Guide (see following page).</li> <li>2. Allow the participants about 10 minutes to individually complete their worksheets.</li> </ol>





Lesson Plan	Instructor Notes
<p><b>Say</b> that before disaster strikes it can also be helpful to take the time to reflect on the presence of God in their lives.</p> <p><b>Activity 6-2: Reflecting on the presence of God</b></p> <p><b>Explain</b> the activity:</p> <ul style="list-style-type: none"><li>◆ In the Participant Guide, you will find the worksheet for this activity.</li><li>◆ Take a few moments to read and respond to each statement.</li></ul>	 <p>Time: 10 minutes</p> <p>Use this exercise to help participants reflect on the presence of God in their lives.</p> <p>Activity instructions:</p> <ol style="list-style-type: none"><li>1. Review the activity directions provided on the Activity 6-2 Worksheet in the Participant Guide (see following page).</li><li>2. Allow the participants about 10 minutes to individually complete their worksheets.</li></ol>

## Activity 6-2 Work Sheet: Reflecting On The Presence Of God

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### Instructions:

1. Rank your responses: 1-never, 2-rarely, 3- sometimes, 4-often, 5-always

I experience the presence of God in:

- Nature
- Personal problem situations
- Problems extending far beyond my personal life
- Problem of others for whom I care
- Joyful situations
- Other people
- The news
- Social situations
- Socio/political situations
- What I hear
- What I see
- What I touch
- What I taste
- What I smell
- The hustle & bustle of life
- Quiet times
- Active times (gardening, jogging, etc.) Specify: \_\_\_\_\_
- Inactive times (reading, resting, etc.) Specify: \_\_\_\_\_
- Worship services
- Prayer

2. I experience the absence of God in \_\_\_\_\_

3. I learned \_\_\_\_\_

4. I realize \_\_\_\_\_

5. I wonder \_\_\_\_\_

6. I hope \_\_\_\_\_

7. Rank your responses: 1-never, 2-rarely, 3- sometimes, 4-often, 5-always

I experience God as:

\_\_ Judge

\_\_ Kind Father

\_\_ Loving Mother

\_\_ Conscience

\_\_ Comforter

\_\_ Limit Setter

\_\_ Confronter

\_\_ Initiator

\_\_ Enemy

\_\_ Push over

\_\_ Destroyer

\_\_ Shaker

\_\_ Savior

\_\_ Freedom Giver

\_\_ Liberator

\_\_ Guiding Force

\_\_ Part of me

- Part of everything
- Responder
- Tyrant
- Distant watcher
- Creator
- Mover
- Uninvolved bystander
- Other: \_\_\_\_\_

8. I learned \_\_\_\_\_

9. I realize \_\_\_\_\_

10. I am glad \_\_\_\_\_

11. I want \_\_\_\_\_

12. I will \_\_\_\_\_

13. I am \_\_\_\_\_

14. Rank your responses: 1-never, 2-rarely, 3- sometimes, 4-often, 5-always

When people have faith in God they are:

- Obedient
- Secure
- Adventuresome
- Rewarded
- Respected
- Saved
- Forgiving
- Other worldly

- Judging
  - Involved
  - Accepting
  - Humble
  - Dependent
  - Responsive
  - Fools
  - Self-assured
  - Wise
  - Peaceful
  - Troubled
  - Directed
  - Self-directed
  - Connected to life
  - Loving
  - Disconnected from life
  - Distant
  - Religious
  - Independent
  - Brave
  - Interdependent
- Other: \_\_\_\_\_

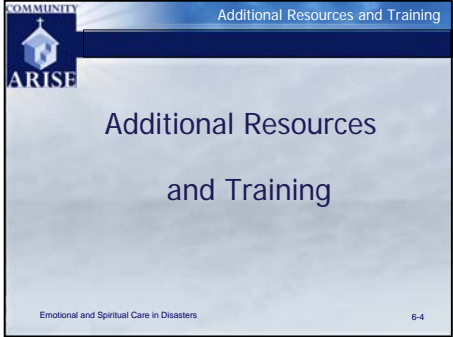


15. Prayer is \_\_\_\_\_



16. Prayer is not \_\_\_\_\_

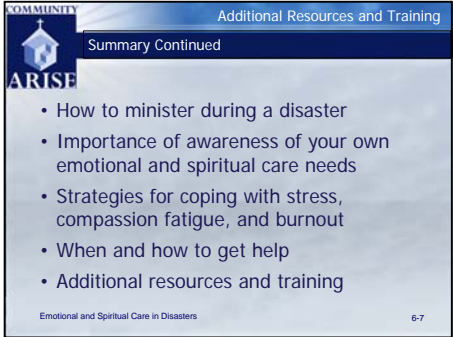

17. Being spiritual is \_\_\_\_\_



18. Being spiritual is not \_\_\_\_\_
19. I am aware of the presence of God when I \_\_\_\_\_
20. I can increase my experience of God by \_\_\_\_\_
21. I seldom experience God in \_\_\_\_\_ or when \_\_\_\_\_
22. I want to experience God in these times and places and I can do the following to help that process: \_\_\_\_\_
23. I will begin by \_\_\_\_\_
24. I am afraid \_\_\_\_\_
25. My fears can be overcome by \_\_\_\_\_
26. I want the help of and prayer of \_\_\_\_\_
27. I stop myself from finding God by \_\_\_\_\_
28. Disasters have affected my faith negatively by \_\_\_\_\_  
and positively by \_\_\_\_\_

Lesson Plan	Instructor Notes
<p data-bbox="149 367 873 415">Additional Resources and Training</p> <p data-bbox="149 835 228 871"><b>Ask:</b></p> <div data-bbox="224 919 917 1073" style="border: 1px solid black; padding: 10px;"><p data-bbox="240 949 847 1031">Where can you find additional resources for emotional and spiritual care?</p></div> <p data-bbox="149 1121 228 1157"><b>Ask:</b></p> <div data-bbox="199 1171 893 1339" style="border: 1px solid black; padding: 10px;"><p data-bbox="215 1201 834 1325">What can you do after this course to help prepare you for the role of emotional and spiritual care provider in disasters?</p></div>	<p data-bbox="1024 361 1187 396"><i>10 minutes</i></p> <p data-bbox="1024 417 1230 453">Show Slide 6-4.</p> <div data-bbox="1019 455 1469 789" style="border: 1px solid black; padding: 5px;">A presentation slide with a blue header containing the text 'Additional Resources and Training'. On the left side of the header is a logo for 'COMMUNITY ARISE' featuring a house icon. The main body of the slide has a light blue background with the text 'Additional Resources and Training' in the center. At the bottom, it says 'Emotional and Spiritual Care in Disasters' on the left and '6-4' on the right.</div> <div data-bbox="1024 835 1167 978" style="border: 1px solid black; padding: 10px; text-align: center;">A large question mark inside a rounded square box.</div> <p data-bbox="1024 995 1406 1031">List responses on chart paper.</p> <div data-bbox="1024 1121 1167 1264" style="border: 1px solid black; padding: 10px; text-align: center;">A large question mark inside a rounded square box.</div> <p data-bbox="1024 1281 1406 1316">List responses on chart paper.</p>

Lesson Plan	Instructor Notes
<p>Summary</p> <hr/> <p><b>Say</b> that you want the participants to help you summarize what they have learned in this course.</p> <p>Ask:</p> <div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 10px auto;"> <p>What are some of the things you learned in this course?</p> </div> <p><b>Review</b> key points from the course:</p> <ul style="list-style-type: none"> <li>◆ Role of faith community in disasters</li> <li>◆ Disaster stages and terminology</li> <li>◆ How disaster ministry is different</li> <li>◆ Understanding trauma, loss, and grief</li> <li>◆ What it takes to provide emotional and spiritual care</li> <li>◆ Patterns of cultural differences</li> </ul>	<p><i>5 minutes</i></p> <div style="display: flex; flex-direction: column; align-items: center;">   </div> <p>Ask this question to help the participants recall the key points from this course.</p> <p>Show Slide 6-5.</p> <div style="border: 1px solid black; padding: 5px;"> </div> <p>Show Slide 6-6.</p> <div style="border: 1px solid black; padding: 5px;"> </div>

Lesson Plan	Instructor Notes
<p>◆ How to minister during a disaster</p> <p>◆ Importance of awareness of your own emotional and spiritual care needs</p> <p>◆ Strategies for coping with stress, compassion fatigue, and burnout</p> <p>◆ When and how to get help</p> <p>◆ Additional resources and training</p> <p><b>Ask:</b></p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>Have your question(s) about emotional and spiritual care in disasters been answered in this course?</p> </div> <p><b>Say:</b></p> <p>Throughout this course, you have learned how to provide emotional and spiritual care during disasters, in a caring and supportive way.</p> <p><b>Thank</b> the participants for their attendance and participation.</p>	<p>Show Slide 6-7.</p>  <p></p> <p>The point of this question is to remind the participants of their expectations for the course, identified in Lesson 1, and help them validate their learning experience.</p> <p>Show Slide 6-9.</p> 