

Light Our Way



A GUIDE FOR SPIRITUAL CARE IN TIMES OF DISASTER

for Disaster Response Volunteers, First Responders and Disaster Planners





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Purpose

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

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

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

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

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

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

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

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

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

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

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

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

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SECTION ONE

BASIC CONCEPTS OF

Spiritual Care

Summary

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

ONE



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WHEAT.

Basic Concepts of Spiritual Care

THE NATIONAL VOLUNTARY ORGANIZATIONS ACTIVE IN DISASTER (National VOAD) is an organization especially appropriate to identify and champion the principles and standards of disaster spiritual care. Many of the member organizations have religious and spiritual backgrounds. The very principles of National VOAD's foundation, the Four C's of Cooperation, Communication, Coordination, and Collaboration, speak to identifying, applying and practicing common standards in this



important endeavor. The Emotional & Spiritual Care Committee likes to include a fifth C—Compassion. We offer *Light Our Way* as a source of

ONE



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

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

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

common language and approach to developing capacity in spiritual care along the entire disaster continuum. We hope that this resource lights the way toward planning and providing spiritual care as an integral part of disaster response.

WHAT IS SPIRITUALITY?

Before one can explore the meaning and place of spiritual care, we must consider a primary question. “What is spirituality?”

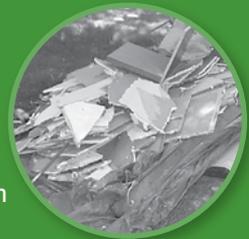
Spirituality is a broader concept than religion or faith tradition. Many people choose to adhere to a religion or faith tradition that provides a source of belonging, meaning, and identity. Spirituality is broader because every person has a sense of spirituality, whether or not she is “religious.”

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

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

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

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



Consider these descriptions of spirituality.

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

—RABBI ERIC LANKIN

“Spirituality is the feeling of being alive. It is the driving force that gives you the understanding of who you are. It is the guide that leads you to the meaning of your relation with God, people, the world and yourself. Spirituality brings clarity to your thoughts, tranquility to your heart and warmth to your feelings.”

—IMAM SHAYKH KIFAH MUSTAPHA

“Spirituality is the essence of life—the beliefs and values that give meaning to existence and that which is held sacred. It is one’s understanding of self, God, others, the universe, and the resulting relationships.¹”

—REV. NAOMI KOHATSU PAGET



MARKS OF POSITIVE SPIRITUALITY

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

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

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



HOW DISASTER AFFECTS SPIRITUALITY

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

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

—THE REV. JOHN A. ROBINSON, JR.

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

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





WHAT IS SPIRITUAL CARE?

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

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

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



Therefore, some of the basic standards and principles of disaster spiritual care include:

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

Spiritual care providers can be a quiet and patient listening presence while people share strong feelings and emotions of loss, anger and pain. Spiritual care providers nurture and encourage every spiritual perspective to be a source of strength in difficult times. Spiritual care providers patiently accept strong expressions of anger and rage, even those directed at God. Spiritual care providers never correct or contradict any expression of faith or doubt. *All expressions are authentic and true for the person receiving care.*

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

In this resource we will explore many different avenues of spiritual care, including activities that explicitly assist spiritual healing and activities that are effective even without previous plan or intention. Throughout the entire disaster continuum, there are numerous forms of spiritual care that assist communities in coping with tragedy, upheaval and loss.



WHO RECEIVES SPIRITUAL CARE?

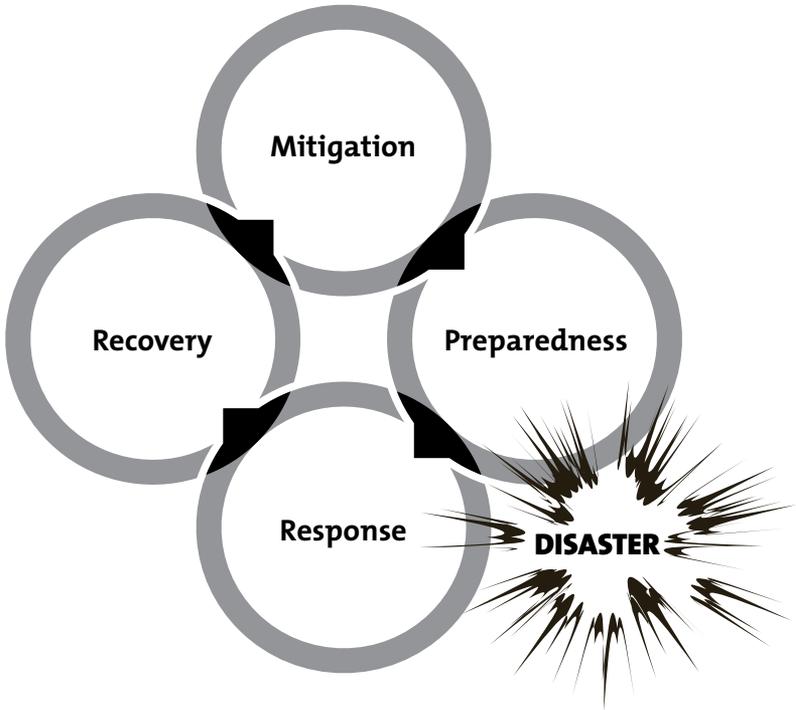
Everyone’s sense of meaning can be shaken during a disaster—from those suffering losses to response workers. Each may benefit from receiving spiritual care. The following chart suggests persons who may require spiritual care and the kind of spiritual struggles they may face.

| | |
|--|---|
| <p>People who are impacted by disaster who may seek or need spiritual care:</p> <ul style="list-style-type: none"> • individuals/families/communities who have lost homes or have been displaced • individuals/families/communities who have lost businesses or whose businesses have been shut down • individuals/families who have become separated • families/businesses/congregations who have lost loved ones or been displaced • the seriously injured • first responders • relief workers • community leaders • Emergency Room and hospital personnel • law enforcement personnel • survivors of previous disasters and traumas | <p>Questions and needs arising from the disaster:</p> <ul style="list-style-type: none"> • struggles of faith and meaning • desire for religious/spiritual resources and rituals • questions about getting assistance—when, where, how • need for contact & sense of belonging • need for basic survival materials—shelter, rest, water, food, basic sanitation • need for accompaniment/calm presence of others who have not been affected as severely • need for gathering places to connect with other survivors/mourners • need for safe places to vent/talk/recover |
|--|---|



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

THE FOUR PHASES OF EMERGENCY MANAGEMENT



ONE



SECTION TWO

TYPES OF

Spiritual Care

Summary

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



Types of Spiritual Care



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

Many activities and services provided by disaster response agencies result in a sense of spiritual nurture for disaster impacted individuals. Indeed, the sight of a familiar disaster service emblem in a time of need may instill an immediate sense of hope and courage in someone impacted by disaster. This happens because the symbol or emblem has a history, a familiarity. In a sense, this too is spiritual care.

TWO



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

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

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

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

Sometimes spiritual care is an activity or gesture which may not be performed with the direct intention of providing spiritual care, but which nonetheless results in a bolstering and nurturing of a person's spirit. Persons and agencies that provide this manner of spiritual care may include:

- Synagogues, mosques, churches and other houses of worship that open their doors as shelters, feeding kitchens and meeting places
- Persons who open their homes to provide shelter and meals for relief workers and those who have been impacted by disasters
- Persons who offer to substitute for a person's job responsibilities or to care for family members of those who have died
- Spontaneous vigils, memorials, or services which provide support to individuals and communities
- Spontaneous generosity of neighbors and local businesses to meet basic needs of survivors



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

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

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

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

Sometimes spiritual care consists of activities and gestures that are performed with the direct intention and goal of nurturing and bolstering the spirit. Groups providing this form of intentional spiritual care include:

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

These activities and gestures of spiritual care occur along the entire response continuum.

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

LOCAL COMMUNITY RESOURCES

As an integral part of the pre-disaster community, local spiritual care providers and communities of faith are primary resources for post-disaster spiritual care. Because local communities of faith are uniquely equipped to provide healing care, any spiritual care services entering from outside of the community support but do not substitute for local efforts. The principles of the National VOAD—cooperation, coordination, communication and collaboration—are essential to the delivery of disaster spiritual care³.



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

Other spiritual care providers in disaster have more extensive training and certification for specific roles. Hospital chaplains, for example, typically have completed the education and certification to be a minister,



priest, rabbi, imam or faith leader in their own tradition. Additionally, they have completed a series of courses in a process called Clinical Pastoral Education. This training heightens awareness of diverse faith traditions and equips spiritual care providers to function effectively in specialized assignments such as morgue duty, death notification, special needs populations and unique cultural settings⁴.

Professional chaplains are able to become Board Certified Chaplains (BCC) through a number of cognate accrediting bodies for spiritual care. Organizations, including the Association of Professional Chaplains, set standards of training and education and certify chaplains who meet those standards.

Spiritual care may take many forms: from listening to the stories of disaster affected individuals to arranging and/or prioritizing familiar spiritual or religious resources to leading large community-wide events. Spiritual care has a tremendous ability to bolster the hope and coping skills



of persons struggling with spiritual issues following a disaster. Spiritual care also has the capacity to damage vulnerable persons if performed in an inappropriate way. Because of this delicate reality, it is crucial that agencies and groups providing spiritual care adhere to common ethical standards and codes of behavior such as the Disaster Spiritual Care Points of Consensus of the National Voluntary Organizations Active in Disasters.

Several disaster response organizations and professional spiritual care organizations have proposed guidelines and standards regarding spiritual care in time of disaster. The Emotional & Spiritual Care Committee of the National VOAD completed “Disaster Spiritual Care Guidelines of the National VOAD” which can be reviewed in the Resources Section of this guide. Minimally, any guidelines developed for spiritual care in time of disaster should clearly articulate excellence in disaster spiritual care⁵:

- Respect for all expressions of belief regarding faith and non-faith
- Respect for each person’s rich diversity of heritage, language and culture
- Commitment to ethical practices that protect the vulnerable
- Commitment to collaboration with all disaster spiritual care providers, local and deployed
- Commitment to confidentiality
- Spiritual assessments to determine perceived and real needs and assets

Adherence to these principles is essential for spiritual care in a setting as public and as vulnerable as a community facing disaster. Those who have been impacted by disasters deserve to receive spiritual care in a manner appropriate for their own lives, cultures and faith traditions. When spiritual care providers from numerous agencies and organizations provide such care in a consistent professional manner, the service is embraced and cherished by communities in need.



SOME DISASTER SPIRITUAL CARE “DO’S”

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

Things to Say:

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

Things to Keep in Mind:

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



Spiritual care providers may find themselves providing care to people from cultures and faith traditions very different from their own. Even spiritual care providers with significant experience working in cross-cultural settings will nevertheless frequently encounter situations and needs for which they are unprepared.

DISASTER SPIRITUAL CARE IN DIVERSITY

Respect is foundational to disaster spiritual care. Spiritual care providers demonstrate respect for diverse cultural and religious values by recognizing the right of each faith group and individual to hold to their existing values and traditions⁶.

The most sincere and direct way to approach these moments is to be humble and to ask specifically about special needs that have not been met. Some useful cross-cultural considerations include:

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

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



SECTION THREE

Disaster Emotional Care

AND ITS RELATIONSHIP TO DISASTER SPIRITUAL CARE

Summary

Spiritual care providers partner with emotional care providers in caring for communities in disaster. Spiritual and emotional care share some common elements but are distinct healing modalities. Spiritual care providers can be an important asset by referring individuals to receive care for their mental health needs.



Disaster Emotional Care and its Relationship to Disaster Spiritual Care

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

Tension between providers of disaster emotional care and spiritual care can sometimes surface because of how similar the two modalities are, resulting in confusion over roles in shared settings which can interfere with the timely and efficient provision of services.

To clarify the distinction between disaster spiritual care (DSC) and disaster emotional care (DEC), it is helpful to understand their similarities and differences, which are summarized in the table on the next page.



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

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

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

"Thank you, Pastor. Care to join me for a cup of coffee?" Helen had always liked Pastor Beth, even though she'd looked so young when

Table 1.1—Similarities and Differences Between DEC and DSC⁷

| SIMILARITIES | DIFFERENCES |
|---|---|
| Both provide emotional support and comfort using principles of Psychological First Aid (e.g., importance of meeting basic needs) | DEC primary purpose/intent is attending to emotional needs, concerns; DSC primary purpose/intent is attending to spiritual needs and concerns |
| Both refer to community resources for longer-term services | DEC primarily trained in psychopathology; DSC educated in pastoral care and applying theological context to life circumstances |
| Both are trained to deliver multi-cultural services | Different language of engagement with client: DEC focuses on coping and stress; DSC focuses on meaning and faith |
| Both work with individuals and families in crisis and grieving | Different skill sets—DSC may participate in religious or spiritual rituals; DEC uses crisis intervention and coping skills training |
| Both emphasize self-care, coping, and decision-making support | DEC identifies risk of long term psychological issues; DSC promotes individual’s ability to use their faith as a source of healing and strength |

THREE



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?”

Fortunately, disaster spiritual care providers and disaster emotional care professionals are developing a greater respect for one another's roles and contributions to the healing of a community following disaster. Each group is in a unique position to refer clients to the other's care when conditions warrant. Through shared training and exercise, in the face of disaster, both DEC and DSC providers are equipped to work as a collaborating team within the command structure.

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

DISASTER EMOTIONAL CARE

There are numerous approaches and methods that mental health professionals apply when caring for a community affected by disaster.

“No, Helen, I don't think you're going crazy,” Pastor Beth stated. “And I thank you that you shared with me these feelings that you've been having. We've all been under a lot of stress, and being irritated easily is a normal reaction.”

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

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

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



National VOAD member agencies have a consensus on the value and place of a set of emotional care activities helpful across the disaster continuum⁸. These activities include:

- Preparedness activities
- Assessment and triage activities
- Psychosocial support activities
- Early psychological intervention activities
- Recovery activities

PREPAREDNESS ACTIVITIES

Many National VOAD organizations provide training for mental health professionals preparing them to work effectively in a disaster setting.

Assessment and Triage Activities

Disaster emotional care providers are trained to identify persons most in need of immediate care, those who are likely to recover on their own with normal support from friends and family, and those who might require some additional support during the recovery process. Persons in need of immediate care typically are given emergency emotional support and stabilization, then referred to community behavioral health resources.

Psychosocial Support Activities

Psychological First Aid (PFA) is an approach for supporting disaster-impacted persons by promoting safety, calm, connectedness, self-efficacy, empowerment and hope. PFA is appropriate for disaster survivors, responders, and the community as a whole, both during the response and recovery phases. Disaster emotional care providers also support coping, provide psychoeducation, help reduce stress, and promote resilience.

Early Psychological Intervention Activities

Psychological First Aid (PFA) is a method of providing emotional care for those who are impacted by disasters, and is best delivered by trained helpers who can link to collaborative resources. PFA seeks to meet basic needs, facilitate connections, provide information, provide active listening,



and help persons affected by trauma to feel safe. Other early intervention strategies that are useful for both disaster survivors and responders include crisis intervention, coping skills training, and stress management.

Recovery Activities

Some people develop long term conditions such as post-traumatic stress disorder (PTSD) after the trauma of a disaster. Other people may experience emotional and psychological issues, such as depression and anxiety that persist during the recovery phase. Disaster emotional care providers refer these individuals to behavioral health professionals in the community who can provide necessary and appropriate care. Disaster emotional care workers also provide psychoeducation and targeted interventions to help build resilience in individuals, families, and communities during the recovery phase.

DISASTER EMOTIONAL CARE IN ACTION

In all stages of disaster, disaster emotional care providers are active and can be called on for care. During response and recovery stages, many National VOAD organizations will sponsor and supply disaster emotional care personnel who will be present in numerous places such as community assistance centers, multi-agency resource centers, restricted recovery sites and respite centers for recovery workers. If a particular disaster response doesn't include pre-planned or sponsored disaster emotional care provision, disaster spiritual care providers will want to identify community mental health professionals to whom they can refer.

Spiritual care providers working in these contexts can be very helpful to disaster emotional care providers by encouraging disaster impacted persons and workers to access behavioral health services when needed. Especially among emergency personnel such as firefighters, police and emergency medical technicians (EMT's) there can be a perceived stigma associated with receiving care from behavioral health professionals. Encouragement from a spiritual care provider can sometimes assist people to feel comfortable utilizing these important services.



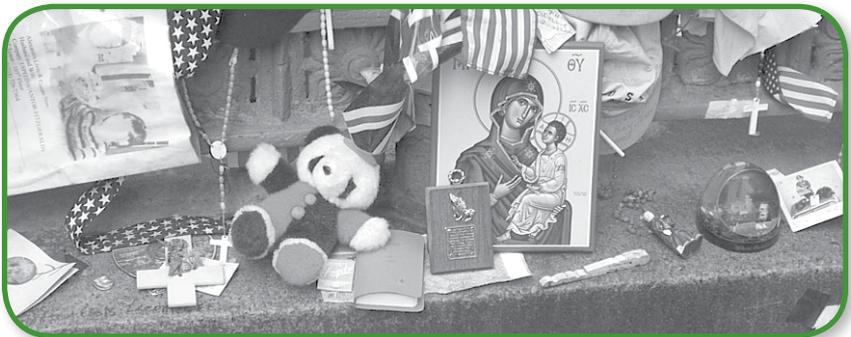
SIGNS AND SYMPTOMS

Spiritual care providers should be particularly attentive to specific signs and symptoms that may indicate that seeing a disaster emotional care provider could be helpful. The needs of individuals in distress are best served when spiritual care providers maintain an open attitude and take action to connect them with disaster emotional care services. For example, a spiritual care provider might say, *“Thank you for sharing these feelings with me. I think that it could also be very helpful for you to spend some time talking with a disaster emotional care provider. I can help you get in touch with someone who specializes in helping people with these kinds of issues.”*

Spiritual care providers should familiarize themselves with disaster emotional care services available during the disaster, and if possible, make personal connections with disaster emotional care providers to build trust and comfort in making mutual referrals.

If clients exhibit any of the following behaviors, consider referring them to disaster emotional care providers:

- Flat, expressionless affect of face or voice
- Thinking or talking about hurting oneself or others
- Uncontrollable outbursts of emotion long after trauma
- Persistent nightmares long after trauma
- Problems with relationships and disruption of social support networks
- Articulating violent or self-destructive imagery



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

For this reason, disaster emotional care providers will want to consider contexts in which they might make a referral for a client under their care to receive spiritual care. Some signs or themes that trigger a referral may include a client:

- Desiring to experience rituals and receive resources from a faith tradition
- Yearning for a reconciliation with previously held beliefs
- Asking questions about hope and transcendent power
- Feelings of guilt, doubt, unforgiveness, shame, trust, or values

We have already explored how “telling the story” is such an important part of recovery from disaster. Therefore, comprehensive care for a community gathers as many people as possible to re-tell the story of disaster, response and recovery. Working together, spiritual care providers and disaster emotional care providers offer support to the whole person; body, mind and spirit. All three are intricately and mysteriously connected.



SECTION FOUR

Disaster Spiritual Care

IN LONG TERM RECOVERY

Summary

Spiritual care has an important role during the long term recovery phase following disaster. Assessing and providing for the spiritual needs of individuals, families and communities can kindle important capacities of hope and resilience. Specific strategies for spiritual care during long term recovery can bolster these strengths.



Disaster Spiritual Care in Long Term Recovery



THE TRANSITION FROM RESPONSE to the long term recovery phase can be painful and confusing for a community. Disaster impacted persons will naturally and quickly build a view of the community after disaster with reference to the many agencies and organizations that have appeared during the response phase to help.

Some agencies that specialize in response may have visibly different roles during long term recovery. Some people who responded initially may not be replaced when they finish their deployments. While disaster response agencies provide important long term recovery assistance, nevertheless, the transformation to long term recovery may be accompanied by feelings of abandonment in the community. This is an

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

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

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

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

especially important time for spiritual care providers to attend to such feelings.

While a disaster may have initially evoked feelings of rage, dismay and shock, the transition to long term recovery may involve feelings of exhaustion, confusion and despair. During both response and long term recovery, spiritual care providers serve individuals, families and the community in many of the same ways. Yet, during long term recovery particular attention is focused on transforming feelings. Some key spiritual care activities that can focus the needs of this phase include:

- Community Spiritual Assessment⁹
- Spiritual care interventions to kindle hope
- Attention to emotional and spiritual issues around anniversary times
- Organized community services of memorial and remembrance
- Retreat opportunities for spiritual care providers



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

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



COMMUNITY SPIRITUAL ASSESSMENT

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

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

SPIRITUAL CARE 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?

Psychosocial Dimensions

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

Neighboring Community Dimensions

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



Ethnic and Cultural Dimensions

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

Societal Issues Dimensions

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

Community Leadership Dimensions

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



SPIRITUAL DIMENSIONS

Beliefs and Meaning

Are there predominant religious expressions in the community? In what way do minority religious expressions need special consideration? Do the various religious communities interpret disaster in distinct ways?

Vocation and Consequence

Does this community have a vision for itself distinct from this disaster? Has the disaster threatened, bolstered or altered that vision?

Community History and Story

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

Courage and Growth

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

Ritual and Practice

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

Community Cohesion

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

Spiritual Leadership

How equipped are spiritual leaders to handle the demands of disaster recovery? Have they worked through similar events in the past?¹⁰

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

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

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

and further:

There can be no hope that does not constitute itself through a we and for a we. I would be tempted to say that all hope is at the bottom choral.¹¹

Hope is the central capacity that contributes toward personal and communal resilience. 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. Both natural and created beauty can infuse our spirits with a sense of strength and energy that 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. Remembering examples of success in the face of adversity is powerful. A renewed and bolstered sense of hope emerges that can sustain an individual, family and community throughout the current crisis.¹²



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 members of their houses of worship and for themselves during these times. Community memorial services can be helpful in giving voice to and space for some of the strong feelings prompted by an anniversary.

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

ORGANIZED COMMUNITY SERVICES OF MEMORIAL AND REMEMBRANCE

Public community gatherings to mark transitions and anniversaries are crucial to long term healing following a disaster. These events can punctuate the feelings of a community and speak aloud that which 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 a multi-faith audience. The representative and leaders who take part must represent the broad diversity of the community. The format must be accessible to people from diverse religious backgrounds, especially those who may not be accustomed to public religious gatherings.

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

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

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



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RETREAT OPPORTUNITIES FOR CAREGIVERS

In the next section, we will cover the personal and spiritual risks to which spiritual care providers may be vulnerable in disaster. One valuable spiritual care provision for the care providers themselves is the availability of retreat opportunities during long term recovery. 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 phase, but they best center on providing a time of quiet rest and replenishment for the participants.

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

SECTION FIVE

EMOTIONAL AND SPIRITUAL CARE FOR

the Caregiver

Summary

Providing spiritual care in disaster can be an overwhelming experience. The burdens of caring for others in this context can lead to compassion fatigue. Understanding important strategies for self-care is essential for spiritual care providers. Disaster response agencies have a responsibility to model healthy work and life habits to care for their own staff in time of disaster.



Emotional and Spiritual Care for the Caregiver

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

People in crisis often turn to spiritual and religious resources for comfort and support. A report in *The Journal of Nervous and Mental Disease* (Roberts et al., 2003) cites evidence to show that 1) 90% of Americans turned to religion as a coping response after the terrorist attacks on September 11th in New York City (Schuster et al., 2001); 2) many people use spiritual resources in coping with problems that cause psychological trauma (Backus et al., 1995; Smith et al., 2000; Weinrich et al., 1990); and

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

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

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



3) clergy are recognized for their role in helping address front-line mental health issues (Larson et al., 1988; Mannon and Crawford, 1996; Mobley et al., 1985).

Among the faith resources sought during times of stress and trauma are many thousands of community faith leaders, chaplains, faith group practitioners and lay spiritual care providers. Charles Figley, Ph.D. points out that they are among a variety of care providers who are at risk of compassion fatigue:

These individuals can experience frequent, repetitive, and cumulative exposure to trauma and high levels of extreme stress. Many front-line health and religious professionals suffer from secondary psychological trauma or compassion fatigue (Figley, 1995, 2002).

In the following excerpts from an interview in a respected online publication, Figley defines compassion fatigue and highlights the risks

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

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

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



often encountered by those—including clergy—who provide care in the wake of disasters and other traumatic events:

Compassion fatigue is a state experienced by those helping people in distress; it is an extreme state of tension and preoccupation with the suffering of those being helped to the degree that it is traumatizing for the helper. . . The helper, in contrast to the person(s) being helped, is traumatized or suffers through the helper's own efforts to empathize and be compassionate. Often, this leads to poor self-care and extreme self-sacrifice in the process of helping. Together, this leads to compassion fatigue and symptoms similar to posttraumatic stress disorder (PTSD)...Helping other people—whether you're a volunteer or a medical doctor—requires empathy and compassion. You have to see the world through an individual patient's perspective, and compassion in that you not only understand their world view, but you're motivated to assist them. . .

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

"Of course you're not crazy, Jim," said Pastor Beth. "What you're going through is commonly experienced by many people after disasters. I've been to see the counselors myself, and found it really helpful to share with a trained professional the feelings and stresses I've been having."

"What kind of example is that," Jim sighed. "A minister that can't handle his own feelings?"

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

"I'll think about it. Thanks, Beth, for your concern. And for fixing that copier!"

The main thing with regard to self-care is that those who are selfless and compassionate have an Achilles heel—they don't pay enough attention to themselves. So we have to save them from themselves. I'm a psychologist working at a college of social work, and one of the reasons I'm here is because there's a calling among social workers to help mankind, and to help the less fortunate. The people who are drawn to that are extraordinarily vulnerable to compassion fatigue. The same is true for the faith community, for nurses, even certain specialties within the military and Red Cross volunteers. There's a tendency to be selfless and to help other people. So they have to recognize that they're more vulnerable than most people because they neglect their own needs, despite what their children or spouses say. And even when they recognize it, when they have a choice to put a victim, a client, or a survivor ahead of themselves, they do that (Gould, 2005).

There is a relationship between community faith leader involvement in disaster response and an increase of the risk of compassion fatigue. Research cited, and performed, by Rabbi Stephen B. Roberts buttresses this notion. Roberts reports that a prior study by C.A. Darling showed that even in a non-disaster environment 9.1% of clergy were at extremely high risk, 7.8% were at high risk and 20.4% were at low to moderate risk for compassion fatigue. Roberts then cites his own research to reveal that when clergy are involved in disaster response these percentages increase significantly to 27.5% at extremely high risk, 11.7% at high risk, 28.1% at low to moderate risk (Roberts, et al. 2008). Another study by Roberts and his team, dealing exclusively with caregivers in the New York City September 11th response reports similar data, but adds the additional conclusion that when these same caregivers themselves receive appropriate support their risk diminishes (Roberts, et al. 2003). This data reinforces the need for disaster spiritual care providers to take both pre- and post-disaster measures to care for themselves.



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

A number of self-scoring tests have been devised to monitor levels of stress associated with care giving. An excellent example is the Professional Quality of Life Scale (ProQOL). The test measures Compassion Satisfaction and Compassion Fatigue. Caregivers should be encouraged to take time periodically to assess their levels of stress associated with their work.¹³ When the results of these tests, however, reveal excessive stress and/or minimal coping resources, it would be wise to discuss the situation with a competent and caring counselor.

All along the disaster response continuum, caregivers will be tempted to pour themselves into this work in ultimately unhealthy ways. Yet maintaining a strong sustained response requires persons to remain vigilant to their own needs for self-care. Organizations concerned for the well-being and retention of experienced persons will make emotional, mental and spiritual care for the caregiver a top priority.

Caregivers themselves are often not attuned to these issues in themselves, thus the need for the leadership of their organizations to take responsibility in attending to the emotional, mental health and spiritual needs of their staff and volunteers. Further, organizations must not send mixed signals on this important point; that is, speaking about the importance of self-care but making no provision in scheduling for it. Leadership and management must personally model healthy work habits to encourage staff to do the same. (see DEC Points of Consensus #7 and DSC Points of Consensus #6)

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



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

Before Disaster Strikes:

- Training on issues of self-care, burn-out, empathy fatigue, and compassion fatigue
- Self-scoring tests such as the ProQOL to assess pre-disaster stress levels

During Emergency Response:

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

After Emergency Response:

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



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

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

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

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

Fortunately, many important lessons have been learned about emotional, mental health and spiritual care for the caregiver. Applying these lessons along the disaster response continuum on personal and organizational levels promises to mitigate the threats inherent to those who reach out to provide care in times of disaster.



SECTION SIX

MITIGATION, PREPAREDNESS,
PLANNING AND TRAINING AS

Spiritual Care Components

Summary

Community faith leaders have an important role in mitigation efforts. By preparing their houses of worship and themselves for disaster they help build resilient communities. Training for the role of disaster spiritual care (DSC) provider is essential before disaster strikes.



Mitigation, Preparedness, Planning and Training as Spiritual Care Components

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

Spiritual care providers and community faith leaders have an important role to play in pre-disaster mitigation, preparedness planning and training. This role concerns preparedness for both faith communities and for spiritual care providers.

SIX



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

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

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

FAITH COMMUNITY PREPAREDNESS

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



The group discussed ways to prepare for any future disasters. They considered sessions on self-care for faith and community leaders. They would ask the hospital chaplain to lead a session on trauma. They would work with the Town Council representatives to coordinate municipal disaster preparedness. They invited the local Emergency Manager to have a representative at their meetings. They applied for membership in the local VOAD (Voluntary Organizations Active in Disaster). The more they brainstormed, the more excited they became. Their first official act was to elect Pastor Beth to work with emergency managers as the first disaster preparedness liaison from the community faith leaders' alliance.

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



Mitigation and preparedness activities that houses of worship can consider include:

- Forming partnerships for sharing buildings and space with other community groups
- Creating a faith community telephone tree
- A disaster Go-Box (a box containing all the supplies, resources and information that one might need to access in case of disaster)
- Identifying hazards and hazardous materials in the faith community's facilities
- Identifying leaders within one's faith community
- Collaborating with local emergency management agencies in planning and preparedness for disaster
- Communicating and partnering with disaster response agencies
- Identifying volunteers who could provide labor and services to their faith community and the larger community when disaster strikes
- Advocating the identification of hazards throughout the community
- Advocating on behalf of vulnerable populations throughout the community
- Donating financial and other resources to disaster response agencies

Many religious bodies have disaster response divisions and free-standing organizations that can provide literature, materials, training, resources and consultation to assist houses of worship in understanding and planning for disaster. Community faith leaders will want to be acquainted with these organizations and to form relationships before disaster strikes.

Because faith communities often function as places of refuge when disaster strikes, careful planning and preparedness can greatly enhance a community's resilience.



SPIRITUAL CARE PROVIDER PREPAREDNESS

We have discussed how the role of disaster spiritual care provider is distinct from the kind of spiritual care that community faith leaders provide for their own members. Community faith leaders naturally provide spiritual care in a way familiar to their members, which incorporates the symbols, rituals and traditions of their faith traditions. The role of disaster spiritual care provider involves being committed to the three basic principles we introduced in Section I:

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

When briefed and prepared for disaster response, community faith leaders generally adapt well to providing appropriate and respectful disaster spiritual care. Moreover, community faith leaders can benefit from training and orientation to this specialist role before disaster strikes.

Many disaster response agencies with an interest in spiritual care have designed and sponsored training opportunities in functioning effectively in times of disaster for community faith leaders. Spiritual care providers who understand disaster response activities and are connected to disaster response agencies before disaster strikes benefit from:

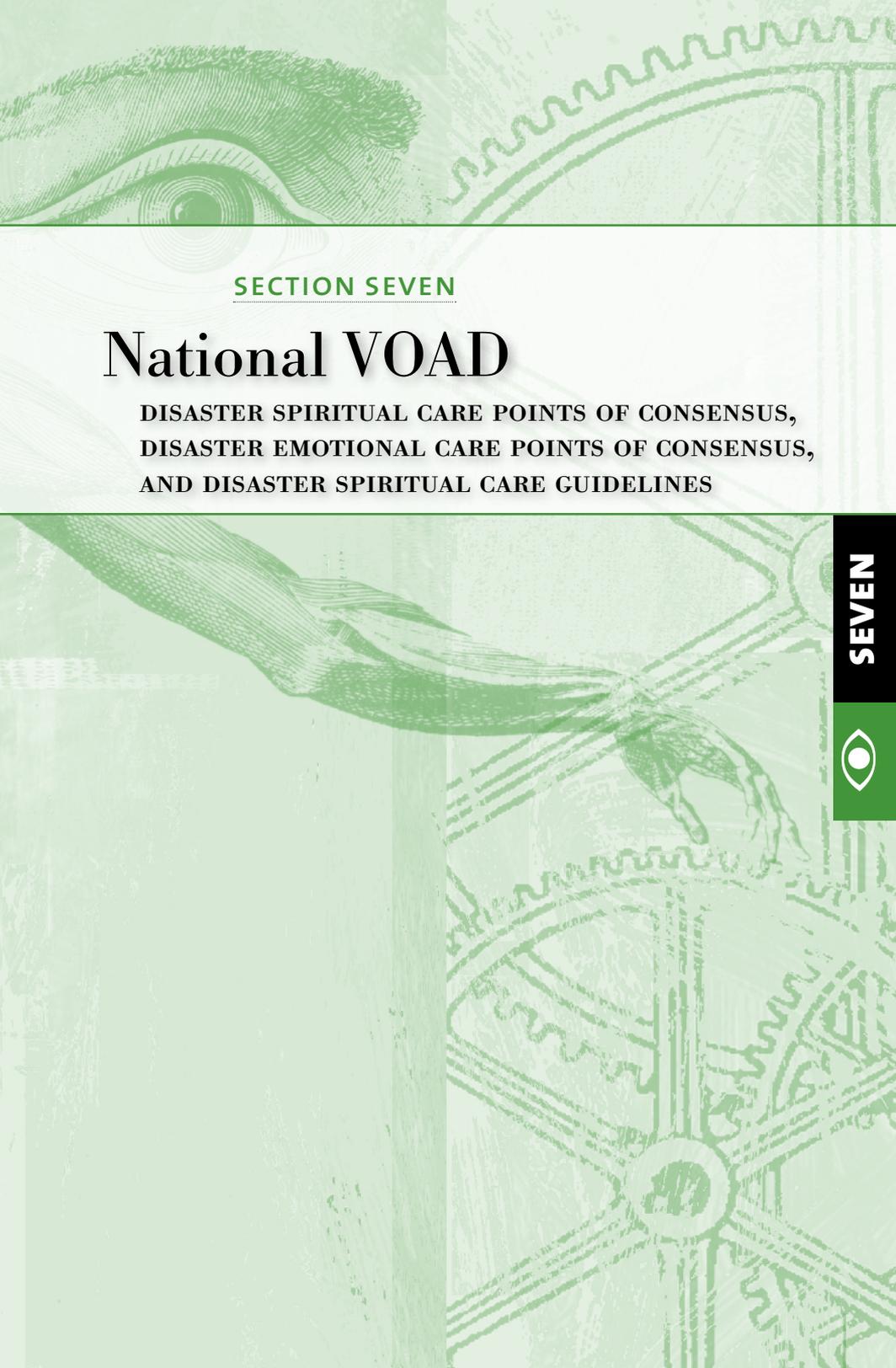
- An appreciation for religious and spiritual diversity
- An orientation to strategies for managing personal stress in an effort to mitigate secondary traumatic stress
- Specialized skills for responding to disaster
- An orientation to the National Response Plan (NRP) and Incident Command Structures
- Knowledge of the disaster response community
- An orientation to the National VOAD Disaster Spiritual Care Points of Consensus and Disaster Spiritual Care Guidelines (see Section 7)



The continuous public awareness of threats of terrorism and frequent natural and human caused disasters has enhanced interest in preparedness, which has led many community faith leaders and spiritual care providers to seek specialized training. Especially in large cities, considerable attention has been paid to identifying partnerships for providing appropriate and respectful spiritual care in times of disaster. The National VOAD's basic principles of Cooperation, Communication, Coordination and Collaboration serve to strengthen partnerships among agencies and organizations—both from secular and faith-based spheres—to include spiritual care as an integral part of the disaster response continuum.

The Resources Section of the National VOAD website provides information on where community faith leaders and spiritual care providers can find resources on training in all the areas mentioned above. Further, disaster planners can find information in the National VOAD Disaster Spiritual Care Points of Consensus, Disaster Emotional Care Points of Consensus, and Disaster Spiritual Care Guidelines in the following section. We hope that this guide will help disaster planners and community faith leaders create meaningful partnerships to provide for the spiritual needs of disaster victims and response workers in the future.





SECTION SEVEN

National VOAD

**DISASTER SPIRITUAL CARE POINTS OF CONSENSUS,
DISASTER EMOTIONAL CARE POINTS OF CONSENSUS,
AND DISASTER SPIRITUAL CARE GUIDELINES**

SEVEN



National Voluntary Organizations Active in Disaster Points of Consensus

DISASTER SPIRITUAL CARE POINTS OF CONSENSUS

IN 2006 THE NATIONAL VOLUNTARY ORGANIZATIONS ACTIVE IN DISASTER'S Emotional and Spiritual Care Committee published *Light Our Way* to inform, encourage and affirm those who respond to disasters and to encourage standards insuring those affected by disaster receive appropriate and respectful spiritual care services. As a natural next step following the publication of *Light Our Way* and in the spirit of the NVOAD “Four C’s” (cooperation, communication, coordination and collaboration), the Emotional and Spiritual Care Committee then began working to define more specific standards for disaster spiritual care providers. The following ten “points of consensus” set a foundation for that continuing work.

1. Basic Concepts of Disaster Spiritual Care¹

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

2. Types of Disaster Spiritual Care²

Spiritual care in disaster includes many kinds of caring gestures. Spiritual care providers are from diverse backgrounds. Adherence to common standards and principles in spiritual care ensures that this service is delivered and received appropriately.

3. Local Community Resources

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



4. Disaster Emotional Care and its Relationship to Disaster Spiritual Care³

Spiritual care providers partner with mental health professionals in caring for communities in disaster. Spiritual and emotional care share some similarities but are distinct healing modalities. Spiritual care providers can be an important asset in referring individuals to receive care for their mental health and vice versa.

5. Disaster Spiritual Care in Response and Recovery⁴

Spiritual care has an important role in all phases of a disaster, including short-term response through long term recovery. Assessing and providing for the spiritual needs of individuals, families, and communities can kindle important capacities of hope and resilience. Specific strategies for spiritual care during the various phases can bolster these strengths. Ratified by Full Membership, 2009

6. Disaster Emotional and Spiritual Care for the Caregiver

Providing spiritual care in disaster can be an overwhelming experience. The burdens of caring for others in this context can lead to compassion fatigue. Understanding important strategies for self-care is essential for spiritual care providers. Disaster response agencies have a responsibility to model healthy work and life habits to care for their own staff in time of disaster.⁵ Post-care processes for spiritual and emotional care providers are essential.

7. Planning, Preparedness, Training and Mitigation as Spiritual Care Components⁶

Faith community leaders have an important role in planning and mitigation efforts. By preparing their congregations and themselves for disaster they contribute toward building resilient communities. Training for the role of disaster spiritual care provider is essential before disaster strikes.



8. Disaster Spiritual Care in Diversity

Respect is foundational to disaster spiritual care. Spiritual care providers demonstrate respect for diverse cultural and religious values by recognizing the right of each faith group and individual to hold to their existing values and traditions. Spiritual care providers:

- refrain from manipulation, disrespect or exploitation of those impacted by disaster and trauma.
- respect the freedom from unwanted gifts of religious literature or symbols, evangelistic and sermonizing speech, and/or forced acceptance of specific moral values and traditions.⁷
- respect diversity and differences, including but not limited to culture, gender, age, sexual orientation, spiritual/religious practices and disability.

9. Disaster, Trauma and Vulnerability

People impacted by disaster and trauma are vulnerable. There is an imbalance of power between disaster responders and those receiving care.

To avoid exploiting that imbalance, spiritual care providers refrain from using their position, influence, knowledge or professional affiliation for unfair advantage or for personal, organizational or agency gain.

Disaster response will not be used to further a particular political or religious perspective or cause—response will be carried out according to the need of individuals, families and communities. The promise, delivery, or distribution of assistance will not be tied to the embracing or acceptance of a particular political or religious creed.⁸



10. Ethics and Standards of Care

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

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

¹ See *Light Our Way* pp. 52-54.

² Ibid.

³ Ibid.

⁴ Ibid.

⁵ Ibid.

⁶ Ibid.

⁷ Church World Service “Standard of Care for Disaster Spiritual Care Ministries”

⁸ Church World Service “Common Standards and Principles for Disaster Response”

* See *Light Our Way* p. 16



DISASTER EMOTIONAL CARE POINTS OF CONSENSUS

IN MAY 2005, THE EMOTIONAL AND SPIRITUAL CARE COMMITTEE of the National Voluntary Organizations Active in Disaster (National VOAD) approved points of consensus regarding provision of early psychological intervention for persons affected by disaster. The following statements about Early Psychological Intervention were included: Early Psychological Intervention is valued, has multiple components, requires specialized training to deliver, and represents one point of a continuum of emotional care. This Points of Consensus document was subsequently incorporated into guidelines for disaster emotional care by National VOAD member organizations.

In 2013, the National VOAD's Emotional and Spiritual Care Committee appointed a new subcommittee to write an updated list of agreed upon principles to guide both National VOAD organizations and community care providers to prepare for, respond to, and promote recovery from disaster. In the spirit of the National VOAD "Four C's" (cooperation, communication, coordination and collaboration), the new document expands the 2005 points of consensus for early psychological intervention, reflects current knowledge and ethical principles for disaster emotional care provision and replaces the previous document.

The following ten points of consensus are minimal standards, ethical or operational principles specific to Disaster Emotional Care. To continue as a member of National VOAD, organizations are required to agree to abide by approved Points of Consensus. This document was presented by the Disaster Emotional Care subcommittee to the National VOAD Emotional and Spiritual Care Committee in May 2014. Guidelines to outline the implementation of the principles contained in this document are under development.



1. Basic concepts of disaster emotional care

- a) Disaster emotional care is a valuable component of comprehensive disaster preparedness, response and recovery.
- b) Disaster emotional care promotes resilience, helps mitigate long and short-term psychological consequences of disaster, and facilitates recovery.
- c) Disaster emotional care includes a range of supportive actions grounded in concepts of resilience and behavioral health.
- d) Disaster emotional care activities are informed by relevant research and established best practices.
- e) Disaster emotional care is not psychotherapy, nor a substitute for psychotherapy. However, it is often the first step that could lead to professional counseling and psychotherapy.
- f) Disasters significantly affect everyone and their communities, including individual victims, family and social networks, rescue workers, health care providers, faith communities and spiritual care providers, vulnerable populations and impacted businesses.
- g) People impacted by disaster will experience a range of emotional responses, of varying intensity and duration.
- h) People's emotional responses to disaster are influenced by a variety of factors, including degree of exposure, individual resilience and recovery environment.
- i) Specialized training is necessary for effective disaster emotional care.

2. Types of disaster emotional care

Emotional care is provided across the disaster continuum from preparedness to response and recovery. Emotional care takes many forms, and emotional care providers are from diverse professional backgrounds. Accepted types of disaster emotional care include, but are not limited to:

- Preparedness activities
- Assessment and triage activities
- Psychosocial support activities
- Early psychological intervention activities
- Recovery activities



3. Capacity building, readiness and planning components of disaster emotional care

Capacity building involves identifying and recruiting appropriate disaster emotional care providers. In order to deliver effective disaster emotional care, it is essential that providers engage in training and exercises, and become affiliated with a disaster relief organization. Disaster emotional care providers have an important role in planning and mitigation efforts and contribute toward building resilient communities.

4. Local community resources

Local providers of emotional care are an integral part of their communities pre-disaster, and therefore are primary resources for also providing post-disaster emotional care services. Because local providers of emotional care are uniquely equipped to serve their communities, any emotional care services from outside the community support but do not substitute for local efforts. In this context, the principles of the VOAD movement—cooperation, communication, coordination, and collaboration—are essential to the delivery of emotional care.

5. Disaster emotional care and resilience

Resilience is defined as the strengths of an individual or community to respond well to adversities. Resilience can be both inborn and developed, and most people are inherently resilient. Research suggests that most people impacted by a disaster will return to pre-disaster levels of functioning and some people will grow as a result of the experience. Disaster emotional care providers should encourage survivors to recognize and strengthen their resilience as a part of disaster emotional care intervention.

6. Disaster emotional care in recovery

In order for communities to fully recover and integrate the disaster into their history, emotional care is essential as part of a program of services. Disaster emotional care providers work with state and local Recovery Committees to offer services related to the disaster, encourage programs aimed at strengthening community resilience, and facilitate counseling and supportive services for persons in need. Pre-existing community programs are the primary emotional care providers whose capacity to serve the community will be acknowledged, supported and strengthened.



7. Disaster emotional care for the caregiver

Providing emotional care in disaster can be an overwhelming experience. The burdens of caring for others in this context can lead to compassion fatigue. Understanding important strategies for self-care is essential for emotional care providers. Disaster response agencies have a responsibility to care for their own staff during all phases of disaster deployment and to model healthy work and life habits. Post-deployment support processes for emotional care providers are also essential.

8. Disaster emotional care and its relationship to disaster spiritual care⁹

Mental health professionals partner with spiritual care providers in caring for individuals and communities in disaster. Spiritual and emotional care share some similarities but are distinct healing modalities. Spiritual care providers can be an important asset in referring individuals to receive care for their mental health and vice versa.

9. Disaster emotional care and diversity

As a foundation of disaster emotional care, providers respect diversity among colleagues in emotional and spiritual care and within communities served, including but not limited to race, ethnicity, culture, gender, age, sexual orientation, spiritual/religious practices, socioeconomic status and disability. Disaster emotional care providers strive for cultural awareness and sensitivity, and adapt care strategies to address cultural differences in the individuals and communities they serve.

⁹ See *Light Our Way*, 2013, pp. 52-54.



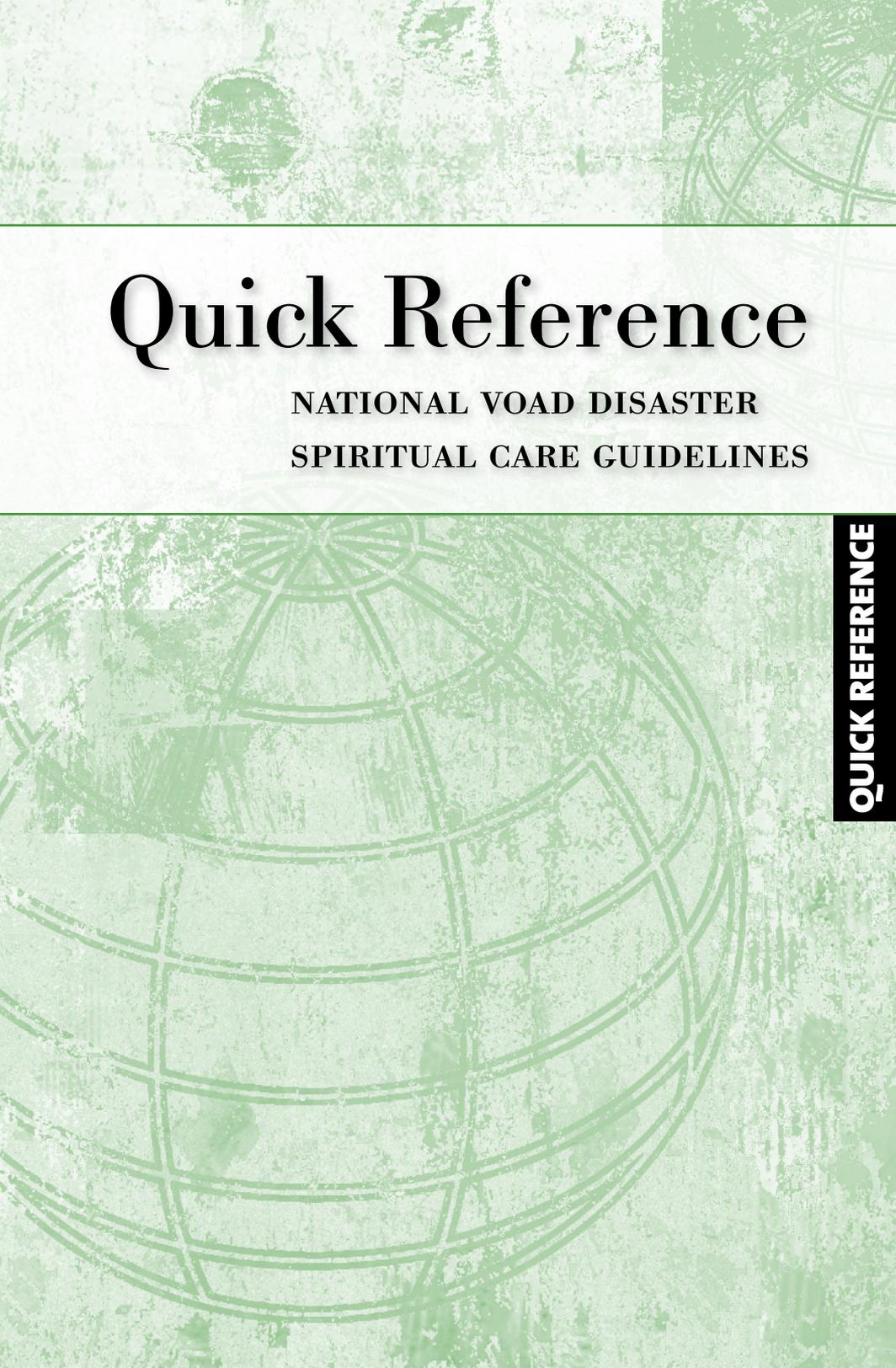
10. Ethics and Standards of Care

National VOAD members affirm the importance of professional standards of care and the obligation to follow legal and ethical guidelines. Adherence to common standards and principles promotes the delivery of effective and appropriate disaster emotional care.

Disaster emotional care services should incorporate the principles of:

- Personal and professional integrity
- Accountability and responsibility
- Recognition of the boundaries of one's competence
- Respect for people's rights and dignity, including privacy and self-determination
- Promotion of safety and protection of people affected by disaster





Quick Reference

NATIONAL VOAD DISASTER

SPIRITUAL CARE GUIDELINES

QUICK REFERENCE

Quick Reference to the National VOAD Disaster Spiritual Care Guidelines

INTRODUCTION TO QUICK REFERENCE GUIDE

KEY CONCEPTS:

- This Quick Reference Guide includes a summary of the six sections of the National VOAD Disaster Spiritual Care Guidelines (Sections One through Five plus the Appendices as listed in the Table of Contents).
- The Quick Reference Guide directs readers to the larger DSC Guidelines document via line numbers found in parenthesis and, for electronic versions, via hyperlink.
- The National VOAD Disaster Spiritual Care Guidelines are intended for those within National VOAD organizations with advanced experience in disaster spiritual care who will be planning and implementing their agency's disaster spiritual care training, programing and operations.
- Specific sections of the DSC Guidelines document may be inserted into existing emergency management plans as an annex or appendix.
- National VOAD Committees produce three kinds of documents, each with distinct vetting processes.
 - RESOURCES are tools, manuals, and written materials developed through a National VOAD committee process to assist organizations in their disaster response activities. For example, the National VOAD Emotional and Spiritual Care Committee produced Light Our Way in 2006.
 - POINTS OF CONSENSUS (POC) are minimal standards, ethical principles or operational principles specific to a relevant topic of the Committee. National VOAD member

organizations are required to agree to abide by approved Points of Consensus. The National VOAD Disaster Spiritual Care POC were ratified in 2009.

- GUIDELINES typically relate closely to an approved POC document and represent expanded operational, behavioral and/or ethical recommendations from the Committee.
- The Glossary provides clarification on key terms and acronyms.
 - DSC: Disaster Spiritual Care
 - DSCP: Disaster Spiritual Care Provider: also known as spiritual care provider
 - “Deployed DSCPs” and “Local faith providers:” The DSC guidelines distinguish between “deployed” and “local” disaster spiritual care providers. :
 - “Shared settings” and “Private settings.” The DSC Guidelines are primarily designed to address DSC in “shared settings.”

SECTION ONE: BACKGROUND, PURPOSE AND SCOPE

SECTION SUMMARY:

The National VOAD Disaster Spiritual Care Guidelines are intended “to assist communities to implement high quality disaster spiritual care services to serve the needs of individuals, families and communities affected by disaster.” The guidelines share the hallmarks of excellence to which National VOAD members aspire in disaster spiritual care, promoting confidence among our partners and the general public providing orientation, experience in cultural and religious diversity, mutual accountability, parameters of mutual protection and safety, and shared language and terminology.

KEY CONCEPTS:

- National VOAD member organizations and other adjudicating bodies rightly exercise self-defined standards of accreditation and certification.

- In some shared settings, specific methods of disaster spiritual care provision may be selected by those designated with primary responsibility for these settings.
- These guidelines are primarily designed for shared settings.

SECTION HIGHLIGHTS:

Importance of Training and Credentialing, Scope of Services Provided, and Covenant for National VOAD Partners

It is imperative that disaster spiritual care providers are appropriately trained and publicly identified and credentialed for their work to competently help vulnerable persons and assure the public that this work is being done by qualified persons. (Section 4, National VOAD Disaster Spiritual Care Guidelines) The need for DSC training and credentialing is apparent when looking at several interrelated dynamics and concepts:

1. Disasters are demanding events that create significant distress and can even overwhelm coping abilities.
2. Disaster spiritual care is delivered within the context of this organized cycle of activities, particularly in the response phase.
3. Disaster spiritual care is part of the broader crisis intervention process. This process is not psychotherapy, but is an acute short-term helping process.
4. Disaster spiritual care includes training, assessment, deployment, programs and curricula, guidance in commemorative observances, and resources to assist local disaster planners.
5. Disaster spiritual care relates to the National VOAD “4 C’s.”
6. National VOAD members share in all services, including disaster spiritual care, seeking to include all partners in bringing valued contributions to serve the needs of affected communities.

SECTION TWO: STRIVING FOR EXCELLENCE—DISASTER SPIRITUAL CARE

SECTION SUMMARY:

Section Two outlines the rights that people impacted by disasters have related to what they can expect from National VOAD organizations and their disaster spiritual care providers. This section also refers specifically to DSC POC's #9 (regarding imbalance of power) #4 (regarding partnering with mental health professionals), and #10 (regarding the importance of cooperative standards of care and greed ethics).

National VOAD recognizes that people impacted by disasters are vulnerable in times of crisis. National VOAD organizations and their disaster spiritual care providers have a duty to protect those impacted by disaster while providing appropriate care. The following guidelines are provided to highlight the disaster spiritual care (DSC) that people impacted by disasters will receive.

SECTION THREE: STRIVING FOR EXCELLENCE AS AN ORGANIZATION

SECTION SUMMARY:

This section provides suggested guidelines to assist organizations as they help DSC providers maintain a healthy balance before, during and after deployment.

SECTION HIGHLIGHTS:

1. Deployed DSC providers will be clearly identified within their organization. Essential support and management systems should be in place to facilitate effective DSC within the disaster operation. Affiliated DSC providers will not self-deploy to a disaster scene, but will only provide care when authorized through a coordinated organizational response that works within the incident management system of the sponsoring organization.

2. Disaster Spiritual Care Providers Have a Right to Expect that National VOAD Organizations Will Provide:
 - a. Training and preparation
 - b. Pre-deployment assessment and screening
 - c. Appropriate deployment placement
 - d. Appropriate recognition of role and function
 - e. On site supervision and peer support
 - f. Care for the caregiver on scene
 - g. Post-deployment care
 - h. Organizational leadership care
3. The Quick Reference Checklist form will help disaster leadership ensure that the disaster operations provide essential components to support effective DSC teams.

SECTION FOUR: DISASTER SPIRITUAL CARE PROVIDERS IN SHARED SETTINGS

SECTION SUMMARY:

This section includes specific discussion of training, experience, credentialing, competencies, qualifications, identification, typing and accountability structures for the delivery of appropriate and effective DSC. Local disaster spiritual care providers and communities of faith are the primary resources in post disaster spiritual care.

KEY CONCEPTS:

- National VOAD recommends that individual National VOAD member organizations credential their own deployed disaster spiritual care personnel and volunteers in compliance with identity, vetting, qualifications and affiliation outlined in this section.
- National VOAD does not endorse one member agency's training over another's. National VOAD member organizations will be responsible for preparing their affiliated DSC providers with

knowledge, skills, abilities, and how to utilize life experience and select training programs to achieve those ends.

- “Resource typing” describes the level of the DSC provider’s capability using job titles and standards for qualifying for various roles and job titles. NIMS recommends that NGOs credential personnel and volunteers not covered by NIMS Job Titles based upon identity and affiliation with the NGO. Table 4-10 summarizes suggested type titles with recommended affiliation, accountability, endorsement, education, training, experience, physical/medical fitness and certification.
- Credentialing includes identification, competency, and accountability.

SECTION HIGHLIGHTS:

Section 4 includes tables for Local DSCPs in shared settings, Deployed DSCPs (Deployed by National VOAD member organizations) and National VOAD Member DSC trainers.

Components included in the table below:

1. Identification
 - a. Table 4.1 For Local DSC Providers in Shared Settings, “Identification” encompasses documentation that authenticates identity of the DSC provider and confirmed relatedness to faith communities from the local disaster-affected area.
 - b. Table 4.1 For National VOAD Member Organization Deployed DSC Providers in Shared Settings “Identification” encompasses documentation that authenticates identity of the DSC provider by photo, expiration date, full name, signature, etc., after organizations have certified the identity and qualification of the DSC providers.

2. Competency categories (Section 4.B, Table 4.3)
 - a. Competency in disaster spiritual care is defined as proficiency in three key areas needed to be effective in this specialized ministry. These factors relate to several core issues in the delivery of DSC:
 - I. Personal attributes (Who I am) TABLE 4.4, 4.5, 4.6
 - II. Knowledge (What I know) TABLE 4.4, 4.5, 4.6
 - III. Skills (What I do) TABLE 4.4, 4.5, 4.6
 - b. Table 4.3 outlines three competency factors, the key issue, definition of the factor, primary method of development and documentation.
3. Accountability: In order to care properly for vulnerable persons, protect the integrity of the organizations represented and facilitate successful services, local and deployed DSC providers working in shared settings agree to the following accountability guidelines. (Table 4.7)
 - a. Accountability detail table for Local DSCPs in shared settings: TABLE 4.7
 - b. Accountability detail table for National VOAD Member Organization Deployed DSCPs in shared settings: TABLE 4.8
4. Development and documentation of competencies
 - a. Table 4.9 outlines recommendations on life experience and education/training that help develop the competencies, in addition to methods for documentation.
5. Resource typing table includes specific discussion of credentialing, competencies, qualifications, identification, typing and accountability for use by National VOAD member organizations.

| | Local DSCPs in shared settings | Deployed DSCPs (deployed by National VOAD Member Organizations) | National VOAD Member DSC Trainers |
|--|--------------------------------|---|-----------------------------------|
| A. IDENTIFICATION | TABLE 4.1 | TABLE 4.2 | TABLE 4.2 |
| B. COMPETENCY CATEGORIES | TABLE 4.3 | TABLE 4.3 | TABLE 4.3 |
| C. COMPETENCY DETAIL Attributes, Knowledge, Skills | TABLE 4.4 | TABLE 4.5 | TABLE 4.5, 4.6 |
| D. ACCOUNTABILITY | TABLE 4.7 | TABLE 4.8 | TABLE 4.8 |
| E. DEVELOPMENT and DOCUMENTATION of COMPETENCIES | TABLE 4.9 | TABLE 4.9 | TABLE 4.9 |
| F. RESOURCE TYPING • Education and training • Experience • Physical and mental fitness • Certification/ licensure | N/A | TABLE 4.10 | TABLE 4.10 |

QUICK REFERENCE

SECTION FIVE: INTENTIONAL INTEGRATION OF DISASTER SPIRITUAL CARE WITHIN RECOVERY AND RESPONSE

SECTION SUMMARY:

The purpose of this section is to provide a template for deploying and working with disaster response personnel from faith-based, governmental and private sector organizations that are coordinating intentional disaster spiritual care activities in shared settings.

KEY CONCEPTS:

- Local community resources:
 - Local spiritual care providers and communities of faith are primary resources for post-disaster spiritual care. DSCPs entering from outside of the community support but do not substitute for local efforts.

- Local resources may not be prepared or may become overwhelmed and need additional support.
- Whenever possible, DSC providers entering from outside of the local community should coordinate with and refer to local spiritual care providers.
- National VOAD member agencies support and do not usurp or interfere with existing relationships between other National VOAD members and their affiliated local spiritual care providers or communities of faith.
- National VOAD affirms the importance of various organizations to manage who provides services within their own operations/span of control.
- Each state VOAD is encouraged to have a standing Emotional and Spiritual Care committee (ESCC) who will provide a key role in cooperation, communication, coordination, and collaboration during disaster spiritual care.

SECTION HIGHLIGHTS:

ORGANIZATION, ASSESSMENT, COORDINATION, and DELIVERY of DISASTER SPIRITUAL CARE (DSC) in SHARED SETTINGS

1. Organization:
 - a. DSC is most effective when each municipality, county and state formally designates where DSC fits within written incident management plans
 - b. DSC is most effective when organized into a comprehensive disaster response and recovery effort by the collaboration of the following DSC organizational team that includes
 - 1.) a designated, experienced disaster spiritual care faith community representative to advise incident command on assets, needs and DSC providers in the affected community (Appendix B),
 - 2.) leadership of existing ministerial/interfaith association(s) and other local faith leadership within the affected community, and
 - 3.) appointed leadership

of the established local or state VOAD Emotional and Spiritual Care Committee or equivalent (ideally comprised of representatives from multiple faith-based member organizations) with support of affiliated National VOAD member organizations as needed.

- c. DSC is most effective when a mechanism is built to develop local disaster spiritual care capacity (e.g. identify, train and incorporate local faith providers).
 - i. A Local Faith Provider is typically a clergy person or other recognized faith group leader in the local community where the disaster has occurred - the formal religious leadership within some religions. (Appendix D: “Glossary and Acronyms”)
 - ii. Spiritual Care Providers also known as DSC providers are individuals who provide emotional and spiritual care and support from a faith-based perspective to affected populations and responders. Disaster spiritual care providers come from diverse cultural and spiritual backgrounds to provide sensitive, appropriate care for all persons and to acknowledge and respect every spiritual perspective.
 - iii. National VOAD Guidelines Section 4, “Disaster Spiritual Care Providers in Shared Settings,” includes specific discussion of training, experience, credentialing, competencies, qualifications, identification, typing and accountability structures for the delivery of appropriate and effective DSC.
 - iv. National VOAD member organizations are encouraged to be prepared to provide a list of their qualified, deployable DSC providers available to a particular community.
2. Assessment
- a. The DSC organizational team listed above and in paragraph 5.c.ii of the Guidelines of the larger document above completes community assessment of need for DSC. Appendix E contains additional information for conducting

- a community spiritual care assets and needs assessment.
 - b. Prepared municipalities, counties and states are aware of the DSC capacity within their jurisdictions.
 - c. National VOAD affiliates of local DSC providers may support DSC community assessment.
3. Coordination
- a. The DSC organizational team listed above coordinates DSC in collaboration with liaisons appointed by responding groups providing DSC.
 - b. Local community faith leaders are included in all phases of a disaster from preparation to recovery.
 - c. Inclusion of additional stakeholders (e.g. those listed in paragraph c.ii of this section) enhances coordination and delivery of DSC.
4. Delivery
- a. Each municipality, county, and state looks first to local capacity to meet the DSC need within an impacted area.
 - b. When local resources are exceeded and assistance from outside of the community is required, spiritual care services entering from outside of the community support but do not substitute for local efforts.
 - c. DSC resources entering from outside of the community extend mutual respect and observe the “4 Cs” of National VOAD.
 - d. The State VOAD ESCC is a helpful source of referrals for competent, trained and experienced DSC providers from municipal, county, state and national levels.

APPENDICES:**SUMMARY:**

Appendices A, B and C contain basic information intended for their named audiences. Appendix D (Glossary and Acronyms) and Appendix E (Community Spiritual Assessment) are helpful for all audiences.

APPENDIX A:

Suggestions for Local Communities of Faith. Offers guidance for “How Your Community of Faith Can Prepare to Provide Disaster Spiritual Care Following Disasters.”

APPENDIX B:

Job Aid for the Faith Community Representative. The Faith Community Representative (FCR) serves as a faith community liaison in order to advise Emergency Management and Incident Command on assets and needs of the faith community in the affected region. Appendix B Describes the Section, Mission and Duties of the FCR during Preparedness, Response and Recovery phases.

APPENDIX C:

Fact Sheet for Emergency Management - Disaster Spiritual Care. Provides an overview of key concepts and roles related to disaster spiritual care including:

1. Voluntary Organizations Active in Disaster
2. The Faith Community Representative
3. National VOAD Disaster Spiritual Care “Points of Consensus”
4. National VOAD Disaster Spiritual Care Guidelines
5. The Role of Local Faith Communities and Disaster Spiritual Care Providers
6. Coordinating Disaster Spiritual Care
7. Access and Credentialing

APPENDIX D:

Glossary and Acronyms

APPENDIX E:

Community Spiritual Assessment. Includes questions related to the whole community and the local faith community that will help guide the assessment of spiritual care assets and needs.

APPENDIX F:

Resources. Includes links to key National VOAD resources including:

1. Full text of the National VOAD Disaster Spiritual Care Points of Consensus
2. Talking points regarding the National VOAD Disaster Spiritual Care Points of Consensus



ESCC DSC Guidelines writing committee and the Light Our Way 2nd Edition team, left to right: Ray Woolridge, Martin Feldbush, Kevin Ellers, Jim Kirk, Naomi Kohatsu Paget, Mary Hughes Gaudreau

Resources

RESOURCES

Online Disaster Spiritual Care Resource Center



NATIONAL VOAD COORDINATES planning efforts by many voluntary organizations responding to disaster. When member organizations follow the National VOAD 4 Cs before disasters strike, DSC is more effective with less duplication in service. Founded in 1970, National VOAD is committed to Cooperation, Communication, Coordination, and Collaboration in disaster response. Many National VOAD member organizations provide spiritual care in disaster and offer resources and information through their websites. A list of National VOAD member organizations can be viewed at

<https://www.nvoad.org/voad-members/national-members/>

The National VOAD Resource Center provides a comprehensive guide to online information regarding disaster spiritual care. The Resource Center references numerous disaster response organizations interested in spiritual care. The Center provides links to training, standards, and resources of interest to disaster spiritual care providers. The links provided present information of interest to disaster planners and spiritual care providers. The information presented in links is the property of the sponsoring organizations and the Emotional & Spiritual Care Committee of the National VOAD. National VOAD does not endorse nor is responsible for the content of external sites. The National VOAD Resource Center can be viewed at <http://www.nvoad.org>.

Endnotes

- ¹ Paget, Naomi K. Southern Baptist Disaster Relief Training Manual. North American Mission Board of the Southern Baptist Convention, 2004, p 65.
- ² Rev. John A. Robinson, Jr.
- ³ National VOAD, Disaster Spiritual Care Points of Consensus, #3.
- ⁴ National VOAD, Disaster Spiritual Care Guidelines, *Specialized Skills for Spiritual Care Managers*, Sec. 4, p 25, 2014.
- ⁵ National VOAD Disaster Spiritual Care Guidelines, *Scope of Services Provided*, Sec. 1, p 8, 2014.
- ⁶ National VOAD, Disaster Spiritual Care Points of Consensus, #8.
- ⁷ Valerie Cole and Naomi Paget, "Partners in Compassion: Emotional Care and Spiritual Care in Disasters." National VOAD Conference, Minneapolis, MN, May 24, 2016.
- ⁸ National VOAD Disaster Emotional Care Points of Consensus, #2.
- ⁹ National VOAD Disaster Spiritual Care Guidelines, Appendix E, p 52.
- ¹⁰ 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.
- ¹¹ 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.
- ¹² 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).
- ¹³ For further information on Compassion Fatigue Self-Scoring Tests, see Stamm, BH (2002) Measuring Compassion Satisfaction as well as Fatigue: Developmental history of the Compassion Fatigue and Satisfaction Test.

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