

## 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 DSC<sup>7</sup>**

SIMILARITIES	DIFFERENCES
<b>Both provide emotional support and comfort using principles of Psychological First Aid (e.g., importance of meeting basic needs)</b>	DEC primary purpose/intent is attending to emotional needs, concerns; DSC primary purpose/intent is attending to spiritual needs and concerns
<b>Both refer to community resources for longer-term services</b>	DEC primarily trained in psychopathology; DSC educated in pastoral care and applying theological context to life circumstances
<b>Both are trained to deliver multi-cultural services</b>	Different language of engagement with client: DEC focuses on coping and stress; DSC focuses on meaning and faith
<b>Both work with individuals and families in crisis and grieving</b>	Different skill sets—DSC may participate in religious or spiritual rituals; DEC uses crisis intervention and coping skills training
<b>Both emphasize self-care, coping, and decision-making support</b>	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 continuum<sup>8</sup>. 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.



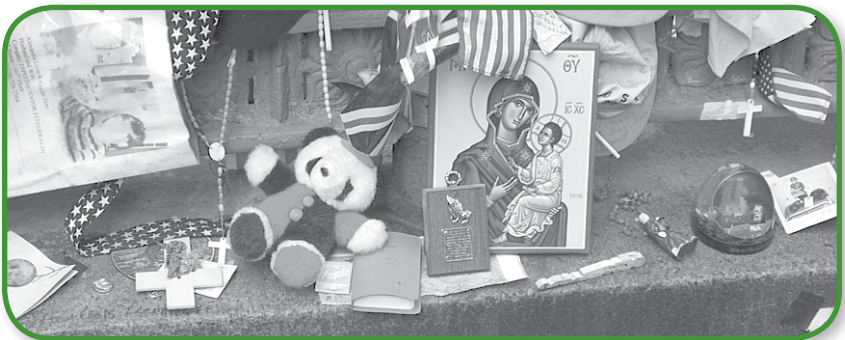
## SIGNS AND SYMPTOMS

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.

