

Providing Spiritual and Emotional Care and Support to Diverse Populations Directly Affected by Disaster

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Objectives

- Critical incidents, such as natural or human-caused disasters, or violence of any kind, often produce spiritual angst. Victims and bystanders may question why God would allow such events, survivors may feel guilty, and people not uncommonly experience existential angst and crises of faith. As caregivers, how can we recognize, address, respond to, and help minimize the spiritual and psychological damage?

Objectives (continued)

- Reactions to critical incidents are sometimes informed by cultural norms. More specifically, we are likely to be confronted with reactions influenced by Asian, African, and African-American cultures, as well as Eurocentric influences. As caregivers who intervene after a critical event, how can we be aware of these differences and respond appropriately?

Objectives (continued)

- Where can we turn for advanced training in critical incident intervention?



Intervening after disasters is NOT

- Psychotherapy
- Long term
- usually provided by mental health professionals



What is needed is

Psychological first aid immediately after a crisis, such as a MVC, trauma, tornado, fire, terror attack, suicide, earthquake, hurricane, shooting, plane crash, train derailment, school bus crash, industrial accident, murder, robbery, assault etc.

the need

- Over 80% of Americans will be exposed to a traumatic event
- Of those, 9% will develop PTSD (that's 25 million people)
- 40-70% of rape or torture victims develop PTSD



the need (continued)

- About 50% of disaster workers will develop significant distress
- 10-30% of law enforcement & firefighters develop PTSD
- 11-31% of combat veterans suffer from PTSD





Without intervention, there is a rise in panic disorders, depression, suicide & substance abuse in those exposed to trauma.

Cultural Considerations



Religion in Asia

Hinduism,
Buddhism,
Confucianism,
Taoism, Jainism,
Sikhism,
Zoroastrianism,
Islam, Judaism,
Christianity



Asian Cultural Norms

- Some Asians do not use words like “death,” “dead,” or the like
- In some Asian cultures it is anathema to give bad news to an elder
- Elders are deeply respected

Grief Expression

Latin, Middle Eastern & African traditions are typically more expressive of grief than are those of European background



Christian Traditions

- There are over 33,000 varieties of Christians in 238 different countries.
- Independents include Pentecostals, Charismatics, fundamentalists, etc.
- Protestants include UMC, Presbyterians, Lutherans, ABC, etc.
- Roman Catholics
- Orthodox
- Nontraditional (Mormon, JW, etc.)

Jews

- Orthodox
- Conservative
- Reform
- Modesty is important
- Some: No embalming, burial in 24 hours



Muslims

- Sunni
- Shia
- Modesty is important
- Some: No embalming, burial in 24 hours



Cultural Norms

Straight, Gay, African, Asian, Trans,
Rural, Urban, Rich, Poor, White, Black,
Brown, Educated, Uneducated, Jewish,
or Zoroastrian, people are people and
all people experience emotional
distress as a result of trauma.

Helping in 3 stages

- Diffusion –
ASAP
- Debriefing –
within 24-72
hours
- Follow up



- typically, we are intervening with people who witnessed the event or are directly affected by it.
- typically, we are intervening within hours of the event
- we can group them by similar experience
- typically, we are intervening with first responders within 2-3 days of the event

Respond in every crisis, especially if there is:

- A disruption of psychological homeostasis
- A failure of usual coping mechanisms
- There is evidence of significant distress or impairment of functioning.

target the response, not the event

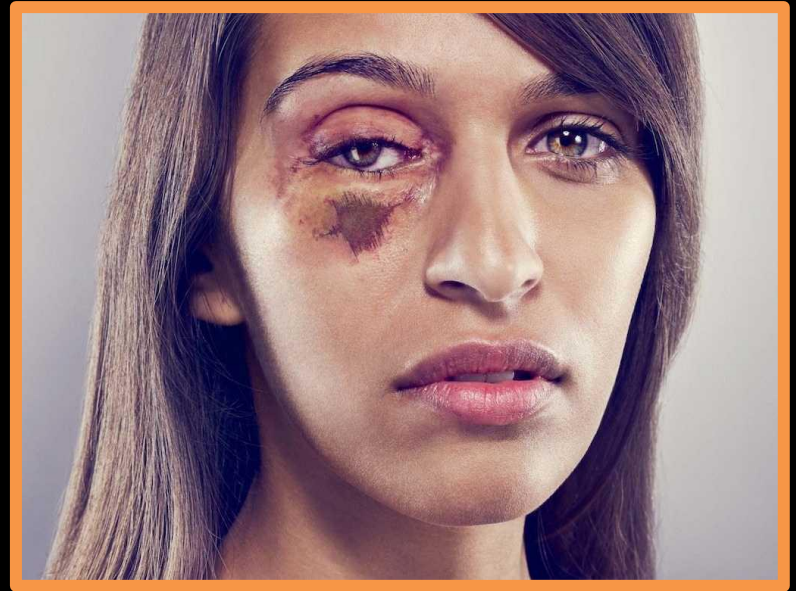


normal vs. abnormal

- Behavioral distress such as sleep disturbance, withdrawal, crying, family discord, hypervigilance, the 1000 yard stare, is **NORMAL**



- Violence, antisocial acts, abuse of others, diminished hygiene, immobility, self-medication, is **ABNORMAL**.
- Refer to a specialist



Physical distress
such as headaches,
hyperventilation,
muscle spasms,
exhaustion,
digestive distress is
NORMAL



Chest pain, irregular heartbeat, seizures, recurrent dizziness, blood in vomit, urine, etc., loss of consciousness, numbness, inability to speak is ABNORMAL.
REFER TO A PHYSICIAN



Spiritual
distress such as
anger at God,
withdrawal
from the faith-
community, or
a crisis of faith
is **NORMAL**



Cessation
from practice
of faith or
religious
hallucinations
are
ABNORMAL.
REFER TO A
PASTORAL
COUNSELOR.



Assess mental status

- SPEECH, amplitude, flow, organization
- EMOTION, appropriate?
- APPEARANCE, atypical, unusual?
- ALERTNESS, oriented X3?
- ACTIVITY, including facial expressions, movements, interactions

techniques

1. Silence/listening
2. Non-verbal attending
3. Restatement
4. Paraphrasing summarizes key points



techniques

5. Reflection of emotion
summarizes key emotions
6. Closed-end questions (“yes”
/“no”) establish facts, use first &
last
7. Open-ended questions probe,
expand (I want her to talk)

S.A.F.E.R. MODEL OF CRISIS INTERVENTION

- S = Stabilize; meet basic needs, mitigate acute stressors
- A = Acknowledge & reflect
- F = Facilitate understanding, normalize feelings and reactions
- E = Encourage effective coping,
- R = Refer if needed

To help those traumatized

- Meet immediate physical needs
- Listen carefully
- Normalize what is normal
- Seek to learn what gives meaning & purpose to this person's life
- Reinforce the positive

Where can we turn for advanced training in critical incident intervention?

- www.icisf.org
- www.crisiscounselingcertification.com
- State critical incident stress management workshops

"That's all Folks!"

