

# PASTORAL CRISIS RESPONSE

A *WORK IN PROGRESS* MANUAL TO ASSIST CHURCH STAFF,  
CLERGY AND CHAPLAINS RESPOND TO CRISIS SITUATIONS MORE  
EFFECTIVELY

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## DECIDING

There once was a salesman who after a long day on the road, exited the interstate and found himself in unfamiliar surroundings. He quickly realized that there was not an entrance to the interstate and he would need to backtrack and ask for directions. As he drove down the road, in the dark, there was a gang of violent thieves who saw his plight and drove by with a burst of gunfire and laughter. They entered his vehicle, took his wallet, stole his cell phone, rummaged through his trunk and glove box, while he sat motionless. They left with another burst of gunfire. Sitting there in the driver's seat, bleeding and frightened the thieves would return, the man fell unconscious.

A married couple, on their way to visit a Wednesday night prayer meeting and revival, also took the same wrong exit. They saw the man and without a word between them, made a quick U-turn and sped away to find a convenience store or gas station.

The visiting minister and guest speaker for the Wednesday night revival service got off the same interstate exit. Upon realizing that he was lost, thought about asking the man in the car sitting very still, but realized something was very wrong and sped on by. He mustn't be late.

And then there was another man, a prominent minority businessman who owned a local gay bar and escort service. He immediately saw the car, and the man, and stopped. He checked for breathing, used his cell phone to call 911, and bandaged the man's wounds, waited for the emergency personnel. He rode behind the ambulance and entered the hospital emergency room with the wounded man and the paramedics. He approached the nurse's station, gave his name and billing information and told the nurse to let him know if there was anything else the man needed. He then called a local towing company to have the man's car towed to a safe place. Finally he phoned the police.

- Which person in the story do you identify with?
- If placed in the above situation, what would you consider the best course of action for you, with your background and training?
- In today's world, how do you know when it is safe to get involved?

Two million people are hospitalized each year due to accidents. There are 142,500 deaths each year due to accidents. Heart attacks, strokes and other sudden death illness add to these statistics. Suicide claims seventeen thousand lives each year. Eighteen thousand people were murdered last year in this county. Since 1993, there have been an unprecedented number of flood disasters in various parts of the United States. FEMA reports a growing number of all types of disasters since 1995. There are many ways to help in an emergency. Everyone *should* know what to do in an emergency. Everyone can do *something*, but first you have to decide....that you will respond.

There are several reasons that people do not respond in an emergency. The most common are the presence of other people, uncertainty about the injured individual or their type of injury, fear of disease, and fear of doing

something wrong. These are very real concerns to people. The decision to act and how to act is yours and yours alone.

There are several things to consider as Christians. In Luke 10:25-37, a lawyer with questions and possibly dishonest motives approached JESUS. His question was "What must I do to inherit eternal life?" JESUS answered with "What is written in the law?" The lawyer responded by quoting the law from Deuteronomy 6:5 and Leviticus 19:18. "Love the Lord your God with all your heart, and all your soul and with all your strength and with all your mind and your neighbor as yourself." Then JESUS had another question for the lawyer, "Who is your neighbor?" and proceeded to tell the story of the Good Samaritan. When JESUS was finished with the parable, HE asked the lawyer, "Which of these proved himself to be a neighbor?" The lawyer could only reply "The one who showed pity and mercy." JESUS then instructed him to do the same. HE asks and instructs us to do the same, "Who is your neighbor? Go and care for them as you would want them to care for you and your loved ones." (Matthew 7:12)

Another consideration would be following the Parable of the Talents in Matthew 25:14-46. JESUS tells about the difference between sheep and goats. JESUS explains that the sheep will be separated from the goats when HE returns to rule. HE will say to the sheep how pleased HE is that they fed and clothed and housed HIM and visited HIM in prison. Their response is that they were unaware that they had been so generous. HE replies that they comforted HIM when they comforted the people in the world who needed comfort. HE also rebukes the goats that did not respond to the needs of the people in the world.

There is a final consideration as Christians. When JESUS was crucified as a sacrifice for the sins of the world population, HE took on all pain and afflictions along with the sins of mankind. (Isaiah 53:4) When we are ministering to others, we are ministering to HIM just as the woman who broke the alabaster bottle of precious perfumed oil. The mixture's fragrance was a reminder of the woman's love for JESUS when HE hung on the cross, because this was one of the last incidents before the trial and death of JESUS. JESUS said that she would always be remembered for this deed. (Matthew 26:6-13, Mark 14:3-9)

In choosing to respond, we are choosing to be obedient as well as choosing to be compassionate. We are given tremendous freedom to respond at many levels. Some will be capable of praying, some will be on-scene responders, some will be set-up and follow-up or clean-up assistants and others will be financial contributors. This manual, the resources mentioned at the end of the manual, responder training and the prompting of the HOLY SPIRIT will provide most of what is necessary, but YOU are the ingredient for success.

## SUFFERING and JOB

The book of Job has long been a scripture passage studied for answers to the question of why GOD allows or causes suffering. If you read it only from a human perspective, you will only have a partial understanding and for some, despair. It has been used to explain suffering from a causal view, deep fear and hidden sin mindsets. If we look at Job from GOD'S view, I think it will make a little more sense. If we could look at Job's peril from a "whole picture" perspective, we might be able to look more effectively at the issue of suffering. Of course, this is not totally possible, but at least try.

Here's Satan, pacing back and forth, eyeing Job, wanting to destroy this human who each day looks more and more like his maker, GOD. One day as Satan presents himself to GOD with the other angels, he is asked by GOD, "Have you noticed my servant Job? He is the finest man in all the earth - a good man who fears GOD and will have nothing to do with evil." GOD did not offer up Job as a sacrifice, HE already knows that Satan wants to destroy Job. GOD is all knowing. HE knows what Satan is and has been thinking, knows what he will do, and knows how Job will respond. HE knows what Job's wife will say and what Job's friends will do and say. HE knows exactly how much pain and stress Job can endure. GOD has a purpose and knows exactly how to accomplish it. GOD already knew what the end result would be when HE "pointed" out Job to Satan.

Satan replies, "Of course he is good, YOU have always protected him with YOUR hedge. Take away his family and home and wealth and he will curse YOU to YOUR face." GOD assuredly says, "You may do anything, but do not harm him physically."

So Satan is allowed to cause tragedy. In one day, Job's home is destroyed by wind that caves in the roof and also kills all his children. Servants "report" that fire from GOD has burned up all his sheep, three bands of Chaldeans have driven off his camels and killed his servants, and the Sabeans have raided his donkeys and oxen and killed the farmhands. Job is grief stricken, but does not sin or blame GOD.

The angels return to GOD'S presence and Satan is there also. "Where have you been, Satan?" GOD asks. "I've just been watching what has been going on" replies Satan. Again GOD points out Job. "Skin for skin" Satan says. "A man will give anything to save his own life. Touch his body with sickness and he will curse YOU to YOUR face." God agrees, but cautions Satan, and draws the line at Job's essence.

Job's wife now tells him to just curse GOD and die. Three friends come to comfort Job, but when they see him, they don't even recognize him because of his physical appearance. They are so stricken with despair themselves that they can only sit silently for seven days and nights. Job's emotional support vanishes. When words are finally spoken, Job curses his own birthday.

GOD has allowed Job's wealth, family, home and health to be removed from the hedge of protection. Today many would say that the physical symptoms were a direct result from the tragedies. The hedge is now embracing only Job's spirit. Job is totally safe, although he cannot see or understand this...yet.

Each of his friends attempts to counsel and advise Job. Poetically, empathetically and ignorantly they all plead with him to confess his sin be reconciled to GOD. "How enviable the man whom GOD corrects. Do not despise the chastening of the LORD when you sin. How long will you go on like this before you turn to GOD, outstretch your hand, and get rid of your sin? You are supposed to be a wise man. Who are you trying to fool?"

This is what happens to those who reject GOD." Job can only reply that he does not know his sin, cannot figure out any of this and again curses the day he was born.

At the end of all the conversation and dialogue, Job, his wife and his friends are no further along understanding the dilemma of Job's suffering. There is *no* resolution or answer from a human perspective.

Then GOD speaks out of a whirlwind. HE engulfs Job in the eye of the storm and whispers HIS truth. GOD and Job converse. GOD paints a picture of Himself and who HE is. "Has the rain a father? Can you hold back the stars? Who is wise enough to number all the stars? Why are you using your ignorance to deny my providence? Have you ever commanded the morning to appear? Everything under the heaven is mine. Do you still want to argue with the ALMIGHTY?" Ultimately the picture being painted by GOD *is* GOD. HE is still in charge. HE is still creating every leaf on every tree every day. He paints every dawn sunrise and every twilight sunset. HE knows the number of hairs on the head of every human, every second. Nothing escapes HIS grasp. It is about GOD's rights. It is about GOD and HIS grace and redemptive power. It is about the productive work and purpose of GOD that is continually active. It all begins and ends with GOD. Job realizes that he has seen and heard GOD and admits his own foolishness.

GOD then has a message for Eliphaz and his other two friends. They are instructed to give a sacrifice to Job to be offered in their behalf. Job is given *another* test. Job is asked to pray for them and offer a sacrifice *for them*. Job does not hesitate to pray for them and in doing so forgives them and extends forgiveness, the final step in the process. GOD restores health, family, wealth and home to the hedge of protection. He has suffered great loss, but he lives to see his grandchildren and great-grandchildren and dies only after he has lived a long and good life.

Job is not the only human in the Bible to endure trials and tragedy. Adam, Moses, Abraham, Joseph, David, Paul and perhaps every major figure has a story of distress and heartache. We do not ponder their sin. We are never instructed to even wonder about another's sin in reference to their suffering. We are never instructed to wonder if sin has caused a disability or fire or tornado. We are however instructed to love and care for every individual that needs assistance, as we would care for our families and ourselves. Very few of us ask ourselves if our loved ones deserve love and concern.

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## THE NATURE OF CRISIS

The Chinese language portrays our word crisis, as one character representing both of the words, danger and opportunity. Crisis is danger because there is risk, peril, jeopardy and exposure to hazard. Crisis is also an opportunity to display the human skills you have learned from previous experiences, to solve new, potentially distressful dilemmas, and therefore expand your expertise. Webster defines crisis as "a separating decision, a serious or decisive state of things, or the turning point when an affair must soon terminate or suffer material change". Our word crisis is derived from the Greek word for decision. For the purposes of this manual we will define crisis as a *stressful incident or series of incidents needing an immediate response in order to attempt to restore the previous established normalcy*.

Crisis can happen in an instant or be at the end of a series of cumulative, out-of-the-ordinary events. It is a fork in the road, a pivotal point or a crossroad. Life is a series of crises, some are predictable and some are unexpected. It is the place or mental state where a decision has to be made in order to continue. In essence, individuals live in a state of equilibrium where they perceive their lives as safe and sane. When an event, a state of disorganization or another person becomes an obstacle for that balance, the physical health, emotional resiliency and spiritual conviction of that person can be compromised.

If it were just this simple, most people would not have difficulty choosing a plan of action. The difficulty comes when it is the middle of the night, you are seemingly safe and cozy in your bed, and the tornado hits your house scattering your life onto your neighbor's front yard. The overwhelming surges of adrenaline-laced emotions and actual physical symptoms surface and become the initial focal point. After that, the realization that your daily routine will not be the same for several days or weeks will encompass your concentration. Finally, your thoughts will question whether your life will ever be the same. The answer is "no", but it can be better, or worse, or just different. It is a choice and if you have prepared and educated yourself, it can sometimes be a simpler transition.

Many people, especially in the midst a crisis, don't necessarily see the event as an opportunity. Most will only be aware of the physical feelings, roller-coaster emotions and circumstances directly in front of their faces. Generally, young children or inexperienced people will be the most vulnerable to the forces of the crisis. Mature adults are usually better equipped and flexible. Of course generalities will vary with each individual, and each event.

A crisis can be situational or developmental. A crisis can alter the rest of your day or the rest of your life. Those who are in the middle of the crisis have a tunnel-vision perspective of the problem, and this alters their ability to effectively cope during the first seventy-two hours. This is where skilled helpers, counselors, ministers and lay ministers are most needed. Some will need assistance after that, either on a limited basis or for professional long-term recuperation.

There are common negative characteristics of a crisis. It hits without warning. Basic security is, or at least "feels" threatened. The resolution is uncertain. There is now a chain of events and decisions that surface. Self-confidence is exposed and jeopardized. Urgency, confusion, desperation and apathy are all very present emotions.

There are also positive features that are not usually expressed. Crisis is an opportunity to show what we have learned, and therefore move on. It is a place where our values become clearly defined. It is an unplanned chance to let go of one era, and move into the next epoch. It is a time to recall that there is always hope. It is a time to face the roaring lion by faithfully standing your ground on the solid rock of God's love. (I Peter 5:8)

Viewing crisis as both an opportunity and danger point leaves room for theories of inoculation. Arming individuals with pre-knowledge of the reactions and effective coping mechanisms can be healthy and liberating. In studies of individuals who have experienced traumatic events and spontaneously recovered with no "counseling" or debriefing, researchers have found specific resiliency traits present. Among those is the ability to retrieve truthful, balanced information, the ability to soothe and calm themselves, the ability to regulate and modify "feelings", the ability to moderate self-loathing and being alone with aloneness. These are things that can be taught, learned and reinforced in appropriate developmental stages.

There is an "emotional predicament" in the time of crisis and with it come five components: the hazardous event, the vulnerable state, the precipitating factor, the state of active crisis and the stage of reintegration or crisis resolution.

The hazardous event is the specific occurrence. It can be an external blow such as a natural disaster. It can also be an internal change, a developmental stage or a transitional phase, such as conversion, marriage, retirement or even adolescence. Whether the event is a predictable occurrence or unexpected happening will have a lot to do with the person's stress reactions.

The vulnerable state is the person's subjective reaction to the initial blow or event. Each person will respond to this "stressor" in his or her own way. The reaction is not necessarily abnormal or strange just because it is not the reaction that we would have, or have seen others have, or have read about. It is the event that is abnormal or out of the ordinary. During the vulnerable state, the person may or may not go through predictable phases.

The precipitating factor is the link in the chain of stress-provoking events that converts the vulnerable state into the state of disruption. It is the proverbial "straw that broke the camel's back". Holmes and Rahe developed a scale to evaluate the stress potential for specific common life events that is still used today. (see appendix R)

The active crisis state is a descriptor of the person's subjective condition. Once the initial homeostatic mechanisms have broken down, tension has struck, and all equilibrium has vanished, what you have left is a person whose defenses are weakened, their coping mechanisms are inadequate, and the emotional and psychic pain is immense. Two distinct processes begin at this point. If the person has been in distress for some time, this will become an *exhaustion crisis*. The individual may have been "coping" with one or a series of stressors and has already reached their saturation point. If this is a sudden change in the environment, there will be more of a *shock crisis*. This individual is experiencing the full impact of this explosive release of emotions and their coping mechanisms are not yet available. There is usually a receptiveness to assistance at this point. If you can be there, in that moment, minimal intervention can accomplish maximum effect.

Reintegration is actually an extension of the active crisis stage. As the anxiety and stress of the moment subside, thoughts of recovery and reorganization emerge. The actual thought process is more like a roller-coaster diagram. Cognitive perception can be altered as the individual attempts to retrieve information and absorb discernment. This is also where the individual begins to review the crisis event. Recalling correct data and perceiving truth is essential. This is also where substantial emotions can be "drained off". Development of new behavior patterns and coping skills can begin to occur toward the end of this phase. A traumatic stress assessment can usually be made either by or at this point. This will have to do with the services available. It is

important for *someone* to make this observation because the individual in the middle of this abnormal event will have little or no full realization of what has happened and how it will impact their life. This is one point where memories begin to fragment which can cause the traumatic stress to intensify and distort the actual reality of the event.

There are other theories of different stage of crisis. Bard and Sangrey use Impact, Recoil and Reorganization. Long and Wood identify the stages as the stressful event, the involved person's feelings, reactions and observable behavior and finally other individual's reactions. Their model explains why the conflict cycle recycles.

There are many crisis intervention styles. There are too many to explain or evaluate each one. For this manual, we will discuss the immediate interventions that have emerged and are used most often by trauma specialists and professionals who work with crisis intervention almost exclusively.

Recognizing that the event is indeed a crisis is the first step. Many bystanders are not aware enough to know that there is an incident that needs professional attention. Of those who realize a need, many do not know what to do. And finally many bystanders simply do not want to "get involved" for personal and other reasons.

Three things should be on the crisis checklist. *First* notice and continue to be aware of unusual behavior. *Second*, look for the triggering event or the actual crisis. This may be something other than the present situation. *Last*, determine how the person's behavior is balancing out due to their stressors. From this point you will be initiating the actual interventions.

Mental Health Professionals usually are responsible for recognizing symptoms needing immediate interventions. *First responders in a crisis also should be able to assist survivors with referrals and information.* There are predictable emotional and physiological responses that appear after life-threatening disasters and calamities. This information can be passed on to the survivors during the aftermath of the crisis in the form of a debriefing (either formal or informal), a defusing or a decompression. Psychoeducation, open guided discussions, other forms of crisis intervention and follow-up services at one, three, six and twelve month intervals are also advantageous.

## STRESS

Stress is one of the most talked about, least understood, devastating topics in recent time. If you believe everything that you read, you will be confused and frightened and "stressed out". There are some simple truths about stress that we need to consider when ministering to others and taking care of ourselves. We have all heard the phrase, "It's not the heat, it's the humidity". It is a little like that with stress. It's not so much the stress, as it is the reaction to stress. To understand stress and our reactions to it, we will need to dissect stress and disarm its harmful effects.

Which came first the crisis or the stress? At the very core of the stress/distress problem is the Western twentieth-century lifestyle. With all the modern conveniences that were absent from our ancestors, we have less time for relaxation and recreation. We are driven to succeed, accumulate things, do more and do it all quicker, better and more efficiently than the "next guy". Of course, the "next guy" is trying to accomplish the same thing. We are performing it all at the expense of our physical health, families and faith.

### WHAT IS STRESS?

Of course, everyone has their own definition of stress and what is stressful. Common answers will include tension, anxiety, pressure and worry. Almost everyone can give recent examples of stressful situations. *Stress is the response of the body to any demand. Stress is an individual reaction. Stress can be acute, episodic, chronic or traumatic.*

There is family stress, personal stress, job stress and situational stress (traffic, standing in line, social situations, and financial difficulties). Our reactions to stress will be affected by our previous experiences, information given and received, individual differences, social support and the degree to which we can control a situation.

There is not enough stress, just enough stress and too much stress. Too little stress is the result of sudden or prolonged idleness and can be disastrous and ineffective. Just enough stress is joyous, motivating, and efficient. Too much stress can cause physical, emotional and psychological illness. The goal is balance and many people never achieve this. They go from one crisis situation to another.

Some of the recognizable effects of stress are: anxious mood, fears, depression, poor memory, blurred vision, hot and cold flashes, breathing difficulties, hand tremors, gastrointestinal problems, fatigue, inability to relax, sleep disturbances, vague muscular aches and pains (not associated with injury), weight loss, teeth grinding, heart problems, sexual dysfunction, dry mouth, sweating, skin flushing. There are also subtle effects that manifest after years of the constant drip of adrenaline has worn away the lining of internal organs.

Some of the stress-induced illnesses include: allergies, asthma, auto-immune diseases, blood pressure problems, digestive disorders, irritable bowel syndrome, colitis, headaches and migraines, heart disease, hyperactivity (actually hypervigilance), insomnia, generalized pain, rheumatoid arthritis, and skin disorders. Many physical problems that are related only to women have been linked to stress. These include, but are not limited to PMS, postnatal depression, pregnancy difficulties and menopausal difficulties. These difficulties also have hormonal causes.

There is a lot of activity in the body when stressful situations occur. Different people will have different reactions according to their past experiences and physical make-up. When stress happens, we react both reflexively and biochemically. Most of the time, ANY stressor will produce the same reflex and biochemical reaction.

Reactions occur in the brain, heart, stomach and intestines, muscles, skin, and lungs. The brain perceives the challenge of threat and increases blood flow and stress hormones, causing panic, migraine headaches and general anxiety. With the increased blood flow, the heart rate increases and blood pressure elevates. This can cause dizziness, mild mid-sternum pain, palpitations and rapid or skipped heart rates. The stomach increases acid production and promotes accelerated digestion, unless other hormones cut off the flow, causing that pizza you just ate to just sit there in your stomach. Generally, there is gastric distress with heartburn, nausea, diarrhea, gas and constipation. The muscles all over your body become tense and shortly cause aches and pains. Extremities (hands and feet) get less blood and become cold, although there may be increased sweating. Lungs are muscles and when tense can cause shortness of breath, shallow breathing or even hyperventilation. There is a general overall feeling of impending fear and doom.

### **DIS-STRESS**

Most of us have been programmed to believe that we are not "officially" sick as long as we can still struggle to cope. Stress becomes problematic when after too many failed coping strategies, the body and mind begin to react in a less than healthy manner. Physical frustration erodes the vitality of the emotions and intellect. This process then fuels disturbing negative thoughts and doubts, which in turn impedes physical well being. Many of us ignore this as long as we can. We learn how to be unwell. This is the twentieth century's mad pace. The real problem comes when stress becomes STRESS, progressive, accumulating, unexpected, situational STRESS.

This is the point where individuals are most at risk. They have been on nuisance overload for so long, coping with the stresses of life that when a major critical event happens, there just isn't any stored coping surplus. Psychological, physical, emotional and Spiritual systems are depleted. This is when individuals get physically sick. Before this they were just semi-sick.

It is important to take care of yourselves NOW, during the traumatic event, after the incident and for as long as it takes. Also there is a vast, but subtle difference between taking care of you and indulging yourself.

## TRAUMATOLOGY

Traumatology is the study of natural and man made trauma and its effect upon psychological, biological, sociological and spiritual domains of human personality development with associated predictive preventive-interventions and strategies evolving from the study.

- ACUTE STRESS is usually caused by a sudden, unexpected, arbitrary and often random event.
- CHRONIC STRESS is one that occurs over and over again- each time pushing the individual towards the edge of his/her state of equilibrium or beyond.
- CRITICAL INCIDENT is an event or situation that is sudden, overwhelming and unexpected. It has the capacity to cause a person to lose their life-balance and plunge into a series of strong emotional responses that should be disarmed and addressed to avoid a permanent loss of life-balance and a person's ability to cope.
- TRAUMATIC EVENT is an event that is overwhelming not only because of its unexpected nature or immediate emotional responses. It is significant because of the potential long-term effects due to the nature of the event. Examples include death, injury or long term illness, disaster and loss of property.

Individuals exist in a normal state of "equilibrium" or balance. That emotional balance involves every day stress, both positive and negative. Examples include being late to work, receiving a promotion, having a flat tire, going away for the weekend or disciplining your children. Occasionally stress will be severe enough to move an individual out of this state of balance and into a state of depression and anxiety.

When a critical incident or traumatic event occurs, a number of scenarios can evolve. The initial responses are normal. Although this may seem like a contradiction since there are sometimes very erratic and unhealthy looking behaviors.

There seems to be a trauma continuum or a process by which trauma reactions evolve in some sufferers. The process begins with normal stress reactions and can develop into Post-Traumatic Stress reactions, Post-Traumatic Stress Disorder and Compassion Fatigue or Secondary Traumatic Stress Disorder. There are also arguments that this process sometimes goes straight to all the developmental characteristics of Post-Traumatic Stress Disorder without the healthy reactions. These reactions can also be delayed for an undetermined amount of time, surfacing when triggered by another critical incident or traumatic event.

## Post-Traumatic Stress Disorder

Post-Traumatic Stress Disorder was introduced as a diagnostic category in 1980, although the symptoms have been with mankind throughout recorded history, beginning in 1900 BC in Egypt. The original case studies used for the DSM-IV revolved around train engineers who consistently had the same general set of symptoms following their involvement in train crashes with fatalities. The engineers were unable to return to work due to their symptoms. Other studies and research included veterans of assorted wars.

PTSD involves a crisis situation and the person's response to it. It also includes the reactions of first responders and family of survivors and victims. The person suffers an extreme blow or series of blows that plague the individual with initial symptoms and responses that continue and intensify, or appear after a long delay. The person feels as if they have been thrown against the wall several times or that the rug of life jerked out from under them. There is shock and confusion and fear and perhaps real physical injuries. There are dilemmas and legal problems to solve. There are other people who went through the same experience, who do not seem to be effected the same way you have been effected. There is fear that it might happen again. There is fear that the symptoms will never go away. Life is just not the same. There is a universal vulnerability to this disorder. *Anyone* could, under a specific set of circumstances, be stricken with debilitating symptoms.

The Bible has numerous examples of effects and symptoms of PTSD. Job lost his family, farm and health suddenly and by violent means. (Job 1:13-19) David had several close encounters with death revolving around animals, soldiers, King Saul and giants in his lifetime. (I Samuel 17:1-52, I Samuel 18:10-11, 27, I Samuel 19:8) He also witnessed hand to hand combat and thousands of brutal murders by Israeli warfare. These events changed his personality and altered his immediate family. His daughter Tamar was raped by her half-brother, (II Samuel 13:10-15) his son Amnon was killed at the command of his other son, Absalom, who later died a violent death. (II Samuel 13:28, II Samuel 18:9-15) There are incidents of gang rape. (Judges 19) Jonah was shipwrecked and swallowed by a whale. (Jonah 1:15-17) Paul was beaten, imprisoned and shipwrecked three times. (II Corinthians 11:23-28) Ultimately the Trial and Crucifixion of JESUS produced a ripple effect that touched those who watched then, and is felt by believers to this day. (Matthew 27, Mark 15 Luke 23, John 19)

There have been theories and studies and data on all sides of this disorder. The question of how to view the trauma survivor has fueled continuing debate. The original issues raised by clinicians argue that this should not be just another mental health disorder because the traumatic event was extreme enough to cause anyone experiencing a similar event to suffer from similar symptoms. Researchers who produce the empirical data to diagnose and treat persons suffering from PTSD, argue that there are other risk factors or life events that are present and responsible for the psychological problems. There are also studies that suggest that the whole process is a normal neurobiological response to adversity and extreme stress.

Studies of "high risk" individuals suggest that PTSD is the exception rather than the rule following a traumatic event. War veterans and crime victims were among those defined as "high risk" individuals. Similar studies were completed with natural disaster victims, firefighters, concentration camp survivors and prisoners of war. The observation that trauma is not a sufficient determinant of PTSD raises the possibility of other risk factors such as genetic predisposition, family history, the individual's personality, past trauma history, past psychological and behavioral problems, parental relationships, other life events simultaneous to the traumatic event. Whether these are factors that predispose an individual to PTSD is not clear, but they should be considered.

Individuals who develop characteristic symptoms of PTSD, also seem to have a higher incident of substance abuse and other psychiatric disorders. This can be contributed to the overlapping between disorders, but also poses the possibility of secondary symptoms and long term effects. There is rarely a "pure" or uncomplicated PTSD. This again suggests there are underlying factors that predispose certain individuals to the effects of PTSD following a traumatic event.

There have always been conflicts around the neurobiology effects associated with PTSD. Stress response research used to state that individuals who experienced a traumatic event of cataclysmic proportions would have the same biological response as animals. New studies of psycho-physiologic, electro-physiologic and neurochemical alterations in individuals with PTSD, demonstrate a sensitivity of several biological systems not present in other individuals. Some refer to this as the "costly moment of terror". A single incident of overwhelming terror can alter brain chemistry and produce a physiological memory. Victims of a devastating trauma may never be the same biologically and it does not matter if the traumatic event was the terror of war, torture or child abuse, being trapped in a hurricane or tornado, or almost dying in an auto accident. The more intense the trauma is for the individual, the longer the effects and the more likely to result in PTSD.

The DSM-IV defines the diagnostic features of PTSD as developing characteristic symptoms following personal exposure to an extreme traumatic stressor (death, threatened death, serious injury, threatened physical or emotional injury), witnessing an extreme traumatic event (violent death, threatened death or injury to another person), or learning about unexpected or violent death, injury or threat of death to a family member or close associate. The reactions will involve intense fear, helplessness or horror. The person will develop symptoms resulting from the traumatic event that include persistent re-experiencing the event, persistent avoidance of stimuli associated with the event and numbing of general responsiveness, and persistent symptoms of increased arousal.

The full symptom picture must be present for at least one month and cause significant distress and impairment in social, occupational and other areas of functioning. There can be acute stress disorder if the symptoms last only three months, chronic PTSD if the symptoms last for more than three months and delayed onset PTSD if the symptoms appear at least six months after the traumatic stressor.

The American Counseling Association, The Association of Traumatic Stress Specialists and The National Organization for Victim Assistance all agree that there are certain behaviors that allow counselors and responders to know that the person is experiencing signs of Post-Traumatic Stress Disorder. These include the criteria listed in the DSM-IV.

Re-experiencing the event through vivid memories and flashbacks to that or other traumatic events

- "Feeling" emotionally frozen or numb
- Feeling overwhelmed by otherwise normal everyday situations
- Diminished capacity to enjoy the things they used to be interested in doing
- Crying uncontrollably often
- Isolating themselves or withdrawing from friends and family and other social situations
- Using alcohol, recreational drugs and prescription drugs to anesthetize and relieve the painful memories and get through the day
- Feeling moody, irritable, rageful, fearful and suspicious most of the time
- Having difficulty getting to sleep or staying asleep
- Sleeping too much or experiencing and re-experiencing nightmares

- Feeling guilty about surviving the event or being unable to problem solve how you could have changed or prevented the event
- Feeling a sense of impending doom in the present about the future

Donald Meichenbaum, a psychologist and researcher in Canada, has divided persons who suffer with PTSD into seven categories.

- Persons who have experienced or been exposed to traumatic events (natural or man-made disasters) and are not seeking treatment, but could benefit from various psychoeducational interventions
- Persons who have been exposed to traumatic events from Type I stressors (sudden unpredictable experiences such as crime, accidents, natural disasters) or Type II stressors (prolonged, sustained, repeated experiences such as childhood sexual abuse, war experiences, domestic violence) and are seeking treatment
- Persons who have experienced traumatic events in the past and still remember
- Persons who are being treated for psychiatric or medical disorders who report or have in their history, "victimization" experiences
- Persons who enter treatment to learn if they have been "victimized"
- Persons who suffer from PTSD symptoms without the trauma - Prolonged Duress Stress Disorder (PDSD)
- Health Care Providers who treat "victimized" persons

PTSD can take various forms. It can be severe and urgent. It can appear from time to time triggered by sights and sounds and smells that were present at the moment of trauma. It can be lingering and stubborn or resistant to relief. It can also be suspended and appear suddenly when triggered by the same sights and sounds or smells that were present at the time of the traumatic event.

Individuals with PTSD who can speak about their "feelings" often use metaphorical descriptions. They speak about their exaggerated sensitivity, feeling trapped, their sense of personal loss, their past secrets, their trespassing or interfering thoughts, and their desire for healing. Here is a partial listing of their descriptions.

- I am a time bomb, ready to explode
- I am a volcano ready to blow
- I am an emotional yo-yo
- I feel like I am caught up in a tornado
- I am overcome with creepy sensations
- I am a tightly coiled spring
- I am frozen, stuck, trapped, dislocated, enclosed, in a time machine
- I am a rag doll, robot, rabbit stuck in the glare of headlights
- I am spaced out, going through life sleepwalking
- I am running on autopilot
- I can't stop the flashbulb memories
- My thoughts have a life of their own
- I want the slate wiped clean
- I have a hole in myself
- Part of me has died
- I am living in no man's land
- I am a prisoner of the past
- I am damaged goods, a sinner, a bad seed, dirty, crippled
- I am drowning in a sea of chaos

- I have a vacuum, hole, fragments in my memories
- I have memories lurking around every corner

They also speak about their desire for healing. They talk about finding closure, resolution, obtaining peace, beginning again, moving on, finding meaning, and rebuilding a new life.

Counselors are always seeking more efficient ways to assist their clients in the healing process. Researchers are looking for clues regarding the causes and cures of mental health disorders just as physicians look for causes and cures for physical ailments. In recent years, there have been whole paradigm shifts in trauma treatment. Current treatments come from two different directions or theories. Some counselors treat clients with therapy and medication, attempting to desensitize the trauma that has happened. Some counselors approach trauma as something you can prepare for and possibly inoculate yourself against, like a swine flu or smallpox vaccination. There are merits to both.

Resiliency is also a factor to consider. There are those who spontaneously recover from the most horrendous traumatic events. Most people consider that natural disasters, personal tragedy, war, torture, terrorism, and false imprisonment would be events that would impair even the most stable individuals, at least briefly. Eighty-seven per cent of those individuals who experience sudden, life-threatening, violent experiences have common characteristics that sustain them through the ordeal. They have qualities in place that assist them through the worst side effects of trauma. They have the ability to "normalize" within about three months *excluding* anniversary dates. These qualities include: *the ability to retrieve appropriate, truthful information, the ability to comfort and soothe oneself, the ability to moderate self-loathing, the ability to regulate and modify "feelings", and the ability to be alone with aloneness.* Maturity, strength of character and overall good mental health *did not* seem to be able to change the effects of trauma and its transference.

JESUS taught resiliency by example and also possessed these qualities. JESUS always had the WORD with HIM, which is ultimate truth. HE was emotionally articulate and was controlled by the SPIRIT, just as HE instructs us to be. HE knew who HE was and knew how much HE was loved by his FATHER and that **NOTHING** could separate HIM from that love. HE meditated on the WORD and prayed alone, away from the crowds of hurting people that followed and pressed against HIM.

Treatment modalities have changed also with these paradigm shifts due to increased research. Treatments have consisted of drugs to mask and manage, solution-focused therapies, and simplistic learning models. New treatments include Morita therapy, Eye Movement Desensitization and Reprocessing, Traumatic Incident Reduction, Neuro-Linguistic Programming, Thought Field Therapy and Theophostic counseling. There are multiple effective intervention opportunities.

Critical Incident Stress Debriefings have shown to be an effective tool in reduction of PTSD characteristic symptoms. Critical Incident Stress Debriefing is a method that has come to the forefront in recent years. Debriefing will be discussed at length in a later chapter. Basically it can be used by a variety of helpers to assist individuals through an array of traumatic events. There are several models. Each one is geared toward specific types of trauma and trauma survivors.

Healing and recovery usually involve a process. With PTSD, sometimes the process is over a lifetime due to the physiological changes in the body. Many are permanent. The body keeps score. The physical body becomes incubated in terror. Again, in studies of "high risk" individuals who had undergone severe traumatic stress, the heart rate, blood pressure and startle reflex were readily elevated at sounds, sights and smells similar to those at the trauma site. Researchers have identified excessive central nervous system

stimulation at the instant of the trauma to be the cause for the person to continually relive the event, both as a intellectual, emotional and physiological memory.

Intense stress is accompanied with the release of hormones. A nerve running out of the brain to the adrenal glands triggers adrenaline and noradrenaline secretions. Adrenaline and noradrenaline surge through the blood stream causing the heart to beat faster and prime the body for an emergency. Then these hormones activate receptors on the vagus nerve running back into the brain. This causes the heart to continue beating faster, but also signals the amygdala and other brain parts to supercharge that intense emotional memory. These hormones assist the individual to mobilize in the event of emergency. They also sweep through the body, return to the brain, and trigger the release of more equally powerful hormones (cortisol, epinephrine and norepinephrine, oxytocin, vasopressin and endogenous opioids). This flood of hormones produces the "fight-flight" response in most people, but for a few individuals, it produces a "freeze" mode. In this instance, all those hormones are rushing through the body and have no appropriate physical response. The stressor has paralyzed the victim. The problem comes when the next emergency arises. The physical, biological body remembers, and responds, the same way it did before, without any decision making process from the lessons learned by the intellectual brain in the last emergency.

There are other hormonal surges producing panic attacks, flashbacks (or flash bulb memories), partial or complete amnesia (when in an altered state), exaggerated startle response, impulsivity, aggression, memory disturbances, and pain numbing or blocking. Neurobiological studies in children showed many of the same symptoms. Sometimes these symptoms continue throughout the lifetime of the traumatized individual. Although the images and sensory experiences fail to fade with time, the person has great difficulty relating the experience in words. Fear responses leave actual lesions on the cortex of the brain in the amygdala, preventing their disappearance. The fear memories emerge under a variety of circumstances and are not modified by coping and learning experiences.

There are common responses for PTSD in each developmental stage and there are common symptoms of PTSD that can be identified regardless of age. These could be having recurrent and intrusive recollections of the traumatic event, a decline in school performance or general learning difficulties, feelings of guilt, having nightmares, being fearful of the traumatic event returning, hypervigilance, repetitive unsatisfying play, time and space distortions, exaggerated startle response, clinging and withdrawing or isolating themselves.

Infants who have experienced trauma may fuss more, lose their developmental step that they just acquired or fail to learn new and expected developmental tasks. Very young children need extra soothing nurturing and comforting. They will need more time from parents or already trusted caregivers.

Preschoolers may be clingy and anxious about separation from family or aggressive with other children. They may play the same game over and over or do an activity repeatedly, but not look as if they are enjoying themselves. They may take a step backward in their development or express magical ideas about the trauma. Preschoolers are very self-centered and may feel that they helped cause the event. They may also fill in the gaps that they don't understand with their own imagination.

School age children can more easily grasp the full concept of the trauma. They may be more realistic about what happened, but they may also be more fearful because of this. They may regress developmentally, compensate for their own helplessness by blaming themselves and act recklessly due to believing that they have an unsure future. They may develop school performance problems, test all your rules, and experience sleep difficulties.

Teenagers will react to trauma according to their maturation level. They already do not communicate openly with adults and this will only intensify. They often feel that only their friends understand. They may get more involved in risky behaviors due to a new belief that the future could be shortened. They sometimes develop a negative self image because they were unable to avoid the trauma. They may rehearse vengeful things to do to the persons responsible for the trauma. If there is too much withdrawal from previously normal social activities, red flags should be raised the teen should be observed for signs of depression and suicide. Any significant change in a teen's typical behavior warrants attention.

Children are more malleable than resilient. There are attributes that are present in children who recover from traumatic events with less intervention. Social competence, problem solving skills, autonomy and a sense of purpose for the future are all usually skills that the child possesses. They may be flexible, caring, have empathy and an established sense of humor. They will be able to think in abstract terms and reflect or think of alternate solutions to problems that arise. They may be resourceful and have a plan or prepare in certain situations. They are hopeful and have aspirations. They know who they are, seem assertive, believe that they have some control over their environment and have the ability to separate themselves from people and things that are falling apart around them.

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## ASSISTING THE PHYSICALLY DISABLED A VERY BASIC PRIMER

In 1968, the Federal Government passed *Public Law 90-538* (Handicapped Children's Early Education Law Program, HCEEP). This was the first federally funded special education program aimed specifically at young children with disabilities and their families. Since that a series of laws have changed the way children and adults with disabilities are viewed. In 1973, *Public Law 93-112 s504* (the Rehabilitation Act) insured that any person or organization that received federal financial assistance would not discriminate against persons because of their disability. In 1975, *Public Law 94-142* established the right of all handicapped children to appropriate public education at public cost. Ultimately in 1990, the *Individuals with Disabilities Education Act* (IDEA), and the *American with Disabilities Act* (ADA) paved the way for individuals from birth to age 21 to be eligible for all services necessary to achieve productive lives through gainful employment. The ADA provides protection and assistance in the areas of employment, transportation, public accommodations, state and local government and telecommunications.

Historically, there have always been children and adults with disabilities and special needs. Specialized education and other services have not always been provided to meet those needs. Asylums were built for protection from the cruelties which children and adults endured before the eighteenth century. In the late eighteenth and early nineteenth century, physicians and teachers joined efforts with parents to educate and care for children and adults with sensory impairment, developmental delay difficulties and intellectual impairment. As the education profession matured and compulsory school attendance laws came into existence, teachers and administrators realized that a percentage of students needed instruction beyond the ordinary classroom experience. Specialized education has evolved from deinstitutionalization to mainstreaming, and now we strive for inclusion. The goal now is to place a child or adult in the least restrictive environment or one that offers a balance of protection and opportunity.

New laws come with new vocabulary. The first terms you should acquaint yourselves are disability and handicapped. Most people use the words disabled and handicapped interchangeably. Legally, the two words are very separate. A disability is an inability to do something, a diminished capacity to perform in a specific way. We all have them. A handicap, on the other hand, is a disadvantage imposed on an individual by an outside source. A disability may or may not be a handicap, depending on the circumstances. Likewise, a handicap may or may not be caused by a disability. It has to do more with perception and circumstances. Fair is another word that takes on a new meaning. Fair, in this legal context, has to do with a person's needs being met rather than equality. The goal is to confine the person's handicap to those characteristics and circumstances that cannot be changed and to make sure that we impose no further handicap by our attitudes or unwillingness to accommodate the person's disability. The ultimate goal is independent, productive citizens.

Also with new laws come resistance, disagreement and dissatisfaction. Lawsuits have been prevalent and the newest Supreme Court ruling has guaranteed that medically fragile students will have access to public education at public expense rather than parental or insurance funding. This will include the payment of nursing staff brought into the classroom. There are lawsuits pending and many others will press for final decisions as the law defines disability more precisely.

Some of the other terminology that is used is ever evolving. Initially, there were blind, deaf, mentally retarded and physically handicapped. Today there is visual impairment, intellectual disability, impaired hearing, Orthopedically impaired and emotional-behavioral disorder. In fact, there are acronyms used with increased regularity. The terms EBD, MID, VI, OI/OHI and IH are second nature to teachers, counselors and physicians.

If you feel a need to use this terminology, please do so only in private, away from the person you are assisting or in the confines of professional confidentiality. *Each person has a name, please use it.*

In the next few pages, each general disability category will be briefly defined. This is not meant to be an exhaustive study. It is meant to give a very broad idea of what the individual is experiencing and how to possibly recognize some characteristics in order to more effectively communicate, not diagnose, treat or label. This information is meant to improve your sensitivity to their individual needs. There are resources listed at the end of this manual to further broaden your knowledge.

## Impaired Hearing

This is a generic term indicating a hearing disability that might range in severity from mild to profound, including deaf and hard of hearing. Medical personnel are interested primarily in the measurable degree of hearing loss. Teachers and speech therapists are concerned with the age of onset and how the hearing loss affects the person's ability to speak and develop language skills. Professionals do not agree on the actual definition of deaf. Most audiologists reserve the term "deaf" to define an individual with a hearing loss in the profound range or hearing only sounds above 90 decibels. Other professionals refer to those who are hearing impaired or do not benefit from an amplification device as being "deaf". Non-professionals sometimes refer to anyone using sign language as "deaf".

Hearing impairments can have many causes. Hearing loss can occur due to an injury *in utero*, unknown congenital abnormalities, genetic or hereditary syndromes, delivery difficulties, infections and injuries after birth and trauma. Sometimes congenital hearing impairment is not identified due to lack of infection or suspicion until the child has a significant speech delay. Early assessment and detection are essential to the physical and mental and spiritual well being of each child.

This is one of the most frustrating disabilities due to specific prejudices. Speech development has a direct correlation with the ability to hear speech clearly. English language and production are affected. This produces a functional disadvantage in communication, which can be an underlying cause of behavioral problems without adequate support from the community. Intelligence testing is not always a good indicator of ability or impairment due to English language deficits. Performance tests give a more balanced assessment, especially if they are administered in sign language.

More so than with other disabilities, there is a distinct Deaf culture. This is both natural and supportive, but can aid in the frustration of communication deficits with a hearing world. This minority community has its own behavioral norms, linguistic differentiation, endogamous marital patterns, historical awareness and voluntary organizational networks. There are those who argue that this is so only due to placing hearing impaired in separate residential schools and classrooms.

American Sign Language is a unifying influence in this population. It is a distinct and true language with its own grammar and ability to convey abstract thoughts. There is no universal sign language. Those who use ASL are considered in the true sense, to be bilingual. Finger-spelling is the representation of the English alphabet by finger positioning and is used for communicating. Speech-reading, or lip-reading, is a method using visual information from a number of sources to interpret what is being said. It is extremely difficult to learn and should not be expected of all individuals who are hearing impaired any more than you should be expected to learn sign language.

In the Biblical account of holy conduct laws given to the Jewish nation after the flight from Egypt, Jehovah instructs the Israelites to not take advantage of the blind or deaf or to curse them. (Leviticus 19:14) Isaiah prophesied of a time when the deaf would hear and the blind would see. (Isaiah 29:14) Isaiah also told of God's intention of destroying his followers' enemies as well as healing the deaf, lame and blind. (Isaiah 35:5) There are scripture references of specific incidents of Jesus healing persons with deafness and references that let us know that numerous other healings took place. (Matthew 11:5, Mark 7:32-35, Mark 9:20-29, Luke 7:22)

If you are ministering to an individual with hearing impairments, you may need to set up your own protocols for communication. Ask if they need or want an interpreter. Written words can be used. Make sure that you have plenty of paper. Keep communication simple and short. Use nonverbal cues and gestures. Check with them frequently to know if they understand. Provide written instructions and guidelines, including addresses and phone numbers of resources. Try to be sensitive and not turn your face from them too often.

There are specific communication disorders also. Language learning depends on brain development and proper brain functioning, but not necessarily intelligence. The individual will need extra attention and care to maintain the communication necessary for emergency situations and for the individual to benefit from services being offered. Some will choose who they want to communicate with and there is often a need for persons who are bilingual.

## Visual Impairment

Research shows that most of us have a special fear of blindness. It ranks third as most feared condition, with only cancer and AIDS outranking it. This is despite the fact that blindness is the least prevalent disability. Many people are very uncomfortable around people with blindness. This centers on the fact that many social interactions revolve around eye contact. Even our language about communicating expresses this fact. We want to speak "face to face" rather than over the phone, so we can express ourselves and judge how the other person responds to us.

Legal blindness is an assessment of visual acuity of 20/200 or less in the better eye even with correction. Translated that means that what a person with no need of glasses sees at 200 feet, this person cannot see the object clearly until it is at 20 feet. Also considered a significant disability is a visual field of less than 20 degrees instead of the usual 105 degrees. There are also serious impairments caused by disease and injury. Conditions such as cataracts, glaucoma, retinitis pigmentosa, coloboma, diabetic retinopathy are responsible for complete or partial loss of vision. Refractive errors and ocular misalignments are especially frequent. Improper muscle functioning conditions such as strabismus and nystagmus, can cause visual problems, but can also be corrected in most cases by surgery or eye exercises.

Some visual impairment characteristics that may be prominent are more self-centered language, reliance on tactile and auditory experiences, impaired mobility and repetitive stereotypical movements. Social adjustment is sometimes problematic due to society's reaction to their condition rather than their actual blindness.

## Some Myths Associated with Visual Impairment and Blindness

- ◆ People who are blind have an extra sense to enable them to detect obstacles.
- ◆ People who are blind have superior musical ability.
- ◆ Braille is not useful.
- ◆ All people who are blind read braille.
- ◆ If people with low vision use their eyes too much, their vision will deteriorate.

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- ◆ All people who are blind have "seeing eye" dogs.
- ◆ Guide dogs take people who are blind wherever they want to go.
- ◆ People who are legally blind cannot see anything.

There is no research that presents any data observing lower intelligence in people who are blind. There are studies that suggest that academic achievement is lower in the visual impairment population. Verbal tests are used most often. The use of most standard intelligence tests is problematic due to the lack of spatial and tactile assessment. People who are blind rely heavily on tactual and auditory information to learn a concept. In many ways, comparing sighted and unsighted people is like comparing apples and oranges and often leads to more misconceptions.

When ministering to a person who is blind, please consider the following. Most people who are blind will have had mobility training with a cane or guide dog and will be capable of maneuvering most terrain with minimal assistance. In an emergency situation, when guiding a person with significant vision loss, there are some basic guidelines to follow. Never just leave a visually impaired person alone without a reference point. Tell them where they are now, with descriptors of the room or surroundings and actually place or guide their hand to a stationary object. When guiding them, allow them to take your arm at the elbow and walk slightly behind you. Do not be surprised if they use their hand to protect their head and face. Speak in a normal tone of voice, directly to a person who is blind, not to everyone else. Do not assume they are also deaf. Let them know if and when you leave the room or area. Touch can be very important, but please ask before just grabbing or touching indiscriminately. Tell them what you are doing. Never push a person who is blind toward somewhere without fully communicating with them where they are "going". It is better to lead them. Respect their individuality, they are not looking for your pity. If you are uncomfortable, just admit it openly so as not place additional strain on the encounter.

The Bible speaks of the stigma of disabilities including blindness in respect to descendants of Aaron and their right to make sacrifices to God. They were permitted to have some priestly duties, but not full responsibilities. (Leviticus 21:16-23) Justice was to be blind and without ability to twist the laws to benefit rich men. (Deuteronomy 16:19-20) Those who took advantage of people who were blind were to be cursed. (Deuteronomy 27:18) Blindness was one of the curses given for disobedience. (Deuteronomy 28:28-29) There are numerous examples of Jesus healing those who were blind. (Matthew 9:27-30, Matthew 11:4-5, Matthew 12:22, Matthew 15:30, Matthew 20:30-34, Matthew 21:14, Mark 8:22-26, Mark 10:46-52, Luke 7:21-22, Luke 18:35-43, John 9:1-41) Other examples tell of the source of Jesus' ability to heal the sick and blind, (Luke 4: 18-19) and Jesus' compassion for the poor, lame and blind. (Luke 14:7-14)

## Emotional Disorders

Many different terms are used to define and label individuals with emotional difficulties and behavior disorders. There are many sources of information to assist counselors, educators and parents in their every day interactions with persons who sometimes struggle with debilitating disturbances. There are differences in conceptual models, different methods of measuring and diagnosing and differences in the professionals who categorize and serve individuals with emotional problems. There are many causes. Congenital genetic abnormalities, traumatic physical injury, undesirable experiences and emotional abuse and neglect are just some of the known causes. Many unknown causes remain. For the purposes of this manual, we will broadly define these disorders as having behaviors that go to extremes, are unacceptable because of social or cultural expectations and are chronic or exhibiting in several environments.

These individuals will often have some or all the following symptoms:

- ◆ Inability to learn that cannot be explained by intellectual, sensory or health factors
- ◆ Inability to build and maintain satisfactory relationships with peers and authority figures.
- ◆ Inappropriate behaviors and feelings that do not respond to direct interventions that would normally be effective
- ◆ General pervasive unhappiness and depression
- ◆ Tendencies to develop physical symptoms, fears and phobias

Some examples of Emotional and Behavior Disorders:

Autism, Schizophrenia (Paranoid, Disorganized, Catatonic, Undifferentiated, Residual, Schizoaffective, Schizophreniform), Tourette's, Eating Disorders, Conduct Disorder, Oppositional Defiant Disorder, Pervasive Developmental Disorder, Substance-Abuse Disorders, Depressive Disorders, Bipolar Disorders, Anxiety Disorders (Panic Disorder, Agoraphobia, Obsessive-Compulsive Disorder, Post-Traumatic Stress Disorder, Acute Disorder), Dissociative Disorders (Dissociative Amnesia, Dissociative Fugue, Dissociative Identity Disorder), Sexual Identity Disorder, Pedophilia, Voyeurism, Sleep Disorders, Impulse-Control Disorders (Kleptomania, Pyromania, Intermittent Explosive Disorder, Pathological Gambling), Adjustment Disorder, and Personality Disorders (Paranoid, Schizoid, Schizotypal, Borderline, Histrionic, Narcissistic, Avoidant, Dependent).

There are many therapeutic approaches and models that are used to treat persons with these disorders. Some of the effects of these disorders can be managed by medications. Many of these individuals can live fairly "normal" lives with or without medications. Some will need counseling, medications, intermittent or frequent hospitalization and generally lots of assistance. Some will live their lives in one constant crisis or a series of crises. In a situational crisis, they may need a lot of specialized attention. It is possible for a caring, non-professional helper to minister to their needs in a crisis situation, but you must be in tune with the individual.

There will also be individuals who are less cognitively aware due to multiple learning disabilities or diminished mental capacity from mental retardation, developmental delays and brain trauma from several sources. How an individual thinks can be a result of what has been programmed or fed into their mind. When ministering to an individual with emotional problems, remember to be very truthful and not add to their confusion. Repeat instructions if necessary, but make sure that the love that God has for them, is revealed through you. Pray for assistance from the Holy Spirit, before during and after all encounters. If you are just too uncomfortable to attend to them, ask for assistance from another person who is at the scene ministering.

Children with any disability are twice as likely to be abused as nondisabled children, including sexual abuse. Historically all victims of crime have been denied full participation in the criminal justice process and disabled victims are even less likely to report and prosecute criminals. Obstacles include isolation, limited access (physical and attitudinal), underreporting of crime, limited advocacy and myths. Some myths include: people with disabilities are suffering and thus should be offered charity only, they lack the ability to make appropriate choices for themselves, and many people fear that their distress and disability is contagious.

People with disabilities will experience the same reactions that nondisabled individuals experience, but they may be intensified due to the feelings of stigmatization already being experienced. Many people with disabling conditions may be more physically vulnerable to victimization and traumatic events due to mobility, information processing or hearing difficulties. Even those who are not more physically vulnerable are victimized due to the perception by the offender (often, family members and caregivers as well as strangers) that they are more vulnerable or "easy prey". As many as eighty-three per cent of the developmentally delayed

women have been sexually assaulted. That represents a fifty per cent higher rate than the general population. Fifty per cent of the individuals in long-term rehabilitation hospitals are disabled due to violent assaults.

About fifty-four million Americans live with a wide array of physical, mental and emotional disabilities. As a group, individuals with disabilities are older, poorer, less educated and less employed than those individuals without disabilities. There is no combined effort to assist the many groups and families that span many communities in many geographic locations. There are diverse needs. There are also ethnic, religious and racial diversity among those who are disabled.

JESUS gave us some great examples on how to minister to people with disabilities and traumatic injuries. . Luke 6:18-19 tells about people coming from all over the country to hear JESUS and be healed. HE healed the blind and the demon-possessed and the deaf and the paralyzed and lepers and the crippled and even the dead. (Matthew 9:27-30, Mark 8:22-25, John 9:1-41, Matthew 8:16, 28-31, Mark 7:32-35, Matthew 9:2-7, John 5:1-9, Mark 5:35-43, Luke 8:41-56, John 11:1-45) JESUS thought that healing those in need was so important, HE instructed HIS disciples to continue HIS work. (Matthew 12:22) Even when HE was physically exhausted, HE had time to heal the sick of body and mind. HE was even moved with enough compassion to heal the daughter of a Canaanite woman. (Matthew 15:22-28)

Please remember also that these individuals have been "coping" with their disabilities on a daily basis for their lifetime. They have been a target for trauma lies this whole time and this incident can be just another reminder of those lies. This is not something that they may fully realize. Try to be as supportive and patient as GOD has been with you.

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## DIVERSITY

Differences among nationalities, races, gender and just plain individual differences have a way of distracting individuals from ministering to other's needs. This can happen at the most inopportune moment. Prejudice is nothing more than hatred and misunderstanding magnified. The damage that is done is often not easily undone. The hurdles that individuals of different gender, race and ability encounter had difficult to explain to those who have never seen discrimination. Differences do make a difference, but they also give us unique perspectives into problem solving, relationships and Love.

The United States is an example of immense diversity. We were originally created as a haven for different cultures and religious freedom. We have always had trouble getting along, but the concept is still solid. Cultural literacy is the context of what we say and read. Cultural differences are what makes Americans American. Still there are those in this country that would send the uninvited millions back to Africa, Asia, India and anywhere else they came from. We are lacking in our cultural diversity education. The rich cultural differences tear us apart more than unifying the cultures into one nation.

Giger and Davidhizar identified six distinctions among cultural groups that directly affect health and health care. These are environmental control, biological variations, social organization, communication, space and time orientation. Even health in this country is complex due to cultural differences. How people define health, medicine, illness and treatment differ between the cultures.

Cain was the first to ask, "Am I my brother's keeper?" Do we, as Christians, have a responsibility toward our fellow man or woman or child? Are we only responsible for our own family, our own race, our own gender, or just those we can tolerate? Do we have a responsibility to get to know about cultural differences?

JESUS again, gave us an example of what we should do. He ministered on several occasions to people of different races, gender and ethnic background. The Roman Captain and his servant (or slave) were given the same treatment as fellow Jews. (Matthew 8:5-13, Luke 7:1-10) The Canaanite *woman* was not ignored although JESUS' disciples encouraged HIM to do so. (Matthew 15:21-28, Mark 7:25-30) The Samaritan *woman* at the well was reached by JESUS' kind words. (John 4:4-29) JESUS was always being criticized for associating with tax collectors and notorious swindlers. (Matthew 9:9-10, Luke 5:27-30) The *woman* caught in the very act of adultery was defended, forgiven and consoled by JESUS. *NOTE: the woman, not the sin was defended.* (John 8:1-11) JESUS *never* turned anyone away who was in need. And many still need HIM. This is our opportunity to join HIM in this purposeful work.

## **DEBRIEFING PROCESS**

A Debriefing is a process set in motion after a critical incident or a situation that causes individuals to experience strong emotions outside the normal range of those encountered every day. It is designed to reduce short and long term difficulties, which sometimes occur. Potentially traumatizing incidents include, but are not limited to automobile accidents, injury or death to a child, psychological abuse, robbery, serious physical injury, natural disaster, line of duty death or injury, suicide, homicide, life threatening situation (or perceived) and observing any of the incidents listed above. There are some usual reactions, but all reactions are normal in the scheme of the abnormal event. The debriefing aids in sorting through these emotional reactions, defining which ones might be healthier.

### **WHAT ARE THE GOALS OF DEBRIEFING?**

- Normalize reactions
- Ventilate emotions
- Decrease tension
- Educate regarding coping strategies
- Support the participants
- Promote and encourage recovery
- Assess participants for long term repercussions
- Refer as needed to trained professionals

### **ORGANIZING A DEBRIEFING**

Only individuals with appropriate training and education should conduct debriefings. Group work, Trauma recovery, Critical Incident Stress Management, Psychiatric nursing and other mental health training are crucial. Leaders and members of the debriefing team are responsible for assessing the needs of the group as a whole and the individuals in the group, recognizing ongoing support referral needs. "Peer" members can be an integral part of the team, but are not always available. A debriefing should usually take place as soon as possible and although there is no empirical data to support the 24 hour time frame many quote, most experienced debriefers concur that if the procedure can be done before the first nights' sleep, the more complex reactions can be lessened. The debriefing usually lasts 1-3 hours, but should not be timed. It should be structured, but not rigid or robotic.

### **"SETTING UP"**

As soon as the event has occurred and it is brought to the attention of the Team, the process begins. General information begins filtering in, individuals involved, the nature of the event, facts and rumors begin to circulate. The debriefers should not involve themselves with too much information or become affected or infected by the emotions being distributed. *Detachment* at this stage will benefit the process later. Tasks at hand include - Organizing the Team, the location of the debriefing, grouping the participants, and giving attention that all affected by the "incident" are invited participants (including custodial staff, emergency professionals, family members). Several debriefings- group specific- if needed, should be scheduled.

Arrange the room with the participants in mind. Position Team members through out the seating arrangement. As participants arrive, greet them asking if there is anyone who they feel was deeply affected by the "incident". Take this opportunity to establish rapport with the participants. Have tissues, "trauma bag" (if you decide), building layouts and any "creature comforts" you think might be necessary for the duration as it is awkward to "break" during the debriefing or allow participants to leave. No one should be allowed to enter once the debriefing has begun.

## INTRODUCTION

- Begin with an explanation of the purpose and process.
- Set guidelines.
- Stress confidentiality.
- Encourage involvement, but, state that participation is voluntary.
- Mention that emotions will be present and that some current emotions may trigger past emotional responses.
- Summarize the "incident"
- Ask each person to introduce themselves (including Team members), explaining their role, action and impressions.
- Encourage all participants to do whatever they need to do to take care of themselves during this process.
- Stress *Safety* and *Security*.

## EDUCATION

- Ask the participants to share what they were thinking, sensing and reacting to.
- Have a handout explaining what some of the common reactions are to traumatic incidents. Go over it.
- Have a handout with examples of effective and ineffective Coping methods. Go over it.
- Have literature with local resources including EAP and Mental Health Professionals with trauma experience.
- Ask participants questions that will help you assess if any need more intensive treatment.
- Actively Listen.
- Ask the participants about their sleep patterns since the "incident".
- Do not allow any one participant to dominate the session, even if long pauses persist (including yourself).
- *Validate* the normalcy of their reactions each time they mention different reactions.
- Allow participants to positively *ventilate* their reactions and emotions without becoming overly critical. Encourage supportive involvement.

## CONCLUSIONS

- Summarize participants emotional reactions in a validating manner.
- Re-emphasize confidentiality.
- Emphasize Recovery, growth and supportive learning.
- Ask if there any more questions.
- Thank all their participants for their beginning involvement in the debriefing process.

## DEBRIEFING IS NOT...

**THERAPY** because it is focused on an at risk group. It is not uncovering or probing. It is for team building purposes. It is focused on the event. It is education. It is validating. It is confidential. It is part of the Organization's protocol. Those who are assessed to need further assistance are referred to the E.A.P. or local Trauma Specialists.

**JUDGING** because the "event" is the abnormal phenomenon. Participants are not treated as patients or clients, but "experts" of the event because *they* experienced it. It is not an investigation or critique of the incident.

**THE END** because there are more interventions to do (if necessary). Trauma recycles about every 30 days, has anniversary dates and can be triggered by other events and trauma.

Debriefing is a method that has been used for decades. There are many styles and different goals to be achieved. The approach used in this manual will be an eclectic model, based on several established models. The focus will be placed on the reasons behind, and desired results, rather than exact technique although different techniques will be discussed. *This is not meant to be a critique of any other models or their efficiency. It is meant to be a simple effective model for use by lay persons who wish to help their neighbors in a disaster or traumatic event.*

For this manual, debriefing is *NOT* therapy, because it is *not* probing or uncovering. It is focused on an "at risk" group or individual. It is for educational purposes. It is to validate the responses and "feelings" that are flooding the situation. It is confidential, which means that you will *not* be talking to your family and other church members, when you leave the scene, about what was said or what you thought. The only appropriate way to discuss what went on in a debriefing is in silent prayer. It can be used as a tool to assess the needs of all those involved and refer to other local agencies. It can also be used to establish and reinforce the strengths of the individuals involved.

It is *NOT* meant to be a substitute for counseling or therapy anymore than first aid was meant to be a substitute for surgery. Some people after a traumatic event will need to reorganize their thoughts, emotions and life. It is sometimes a long process and some people will benefit greatly from further counseling.

Also, it is *NOT* judging. The event was abnormal, *not any* of the individual's responses. Sometimes there are responses that are signs of unhealthy emotions or coping styles surfacing, but the responses themselves are normal. To judge a person's responses would be like someone handing out a list of reactions at the end of the trauma and telling the individuals that they are limited to experiencing these responses with this trauma. People respond differently.

It is *not* an investigation. It is *not* a critique of what happened and what they should have done differently. Those who participate in a debriefing are the "experts". They are the ones who experienced the trauma. Even if you experienced something similar, you are *not* them, now, in this situation. If you have experienced a significant trauma in your life, you may want to be sure that you have worked entirely through it to avoid triggering similar response during your process of assisting others in a crisis.

This is *not* THE END. This is *a first* intervention. There should *always* be follow-up services. There can also be other interventions such as temporary relocation, meals, clothing, prayer, friendship, counseling, employment, financial support, networking and more prayer. Trauma recycles about every thirty days and almost always has anniversaries. The ministry team should check on individuals at these intervals.

Each debriefing may be a little different due to the participants and nature of trauma or disaster. There are, however, necessary components. Certain expectations must be in place so that no further harm is done. These include:

- PREPARE AND EDUCATE YOURSELF (the minister or debriefer)
- LISTEN
- GIVE TRUTHFUL INFORMATION (never withhold information)
- PAY ATTENTION TO THE PHYSICAL NEEDS OF THE PERSON
- PAY ATTENTION TO THE EMOTIONAL NEEDS OF THE PERSON
- PAY ATTENTION TO THE SPIRITUAL NEEDS OF THE PERSON
- HANDOUTS ARE USEFUL - OFFER INFORMATION
- REFER TO OTHER LOCAL RESOURCES (*ask for permission* to give *any* agency the person's name or *any* information about the event, *before referring*)
- INSIST ON CONFIDENTIALITY
- NOTICE AND BUILD ON THE PERSON'S STRENGTHS
- ALLOW THEM TO "DRAIN OFF" AS MUCH EMOTION AS POSSIBLE WITHOUT DECIDING OR CONVICTING
- VALIDATE THEIR "FEELINGS" AND RESPONSES (never minimize)
- ASSIST THEM TO FEEL SAFE AND SECURE

This is an emotional first aid technique. As in any emergency, there may be individuals who need extensive further assistance. This may have been the proverbial straw that broke the camel's back or just so overwhelming that there will be long term assistance needed. As in any crisis, this is an opportunity for you, as well as the traumatized person to make effective decisions, grow, mature and move on to assist others. Be prepared to notice if further assistance is needed and respond.

A debriefing is a process set in motion after a trauma, disaster or situation that causes individuals to experience strong emotions outside the normal range encountered every day. It is designed to reduce the short and long-term difficulties, which can and do occur.

Potentially traumatizing incidents include, but are not limited to automobile accidents, injury or death of a child, natural disasters (flood, fire, hurricane, earthquake, tornado), robbery, line of duty death or injury, suicide, homicide, and observing any of these incidents. There are "usual" reactions, but all reactions are normal. It is the event that is outside the scope of normal, no matter how common the event seems. Debriefing aids in sorting through the emotional reactions. Debriefing assists the individuals who have experienced the trauma to normalize their reactions, ventilate their emotions, decrease their tension, educate themselves about effective coping strategies, and support other participants. They can gather information from the debriefers and the other participants. They can make more informed decisions about their own recovery process and know where appropriate assistance is available. Debriefing can begin to give some control of their life back to them. Debriefing and similar processes were originally designed for emergency responders, but it has been used with success with non-emergency professionals and the general public. As long as the persons conducting the

intervention have been trained to maintain the integrity of the debriefing, this procedure should be helpful in a variety of settings.

A debriefing can accelerate the normal recovery process for participants. It should be voluntary and is a group meeting and process. It is a team effort with peer support. It is not necessary for every individual to speak during a debriefing for the process to be effective, although talking can be beneficial to the healing process. The ideal timeframe for a debriefing is the first twenty-four hours. There is some research to support before the individuals go to sleep, but sometimes this is not possible. The effectiveness can be for the first seventy-two hours and even after that education can be beneficial.

Much can be learned by studying the professionals who have taken the first steps in introducing the debriefing techniques to the world. Although there is not an abundance of long term research on the efficiency of debriefings, we can learn from professional's documented successes and mistakes. The four major influences on debriefings as we know them presently have been war, disasters, emergency medical, fire and hospital services and law enforcement psychology.

There are some concerns about debriefings. Dr. Christine Dunning and Dr. Richard Gist have developed *what they consider to be* a more rounded approach due to their concerns from their research and experience. Their concerns are:

- Research does not support debriefing as an effective intervention in and of, and its absence does not cause PTSD or other long term effects
- Most survivors of traumatic events do not develop PTSD
- Survivors are not always the ones requesting a debriefing. Many times it is the employer or EAP that is the most committed to the process
- The debriefing does not address or account for some of the other symptoms of traumatic events such as depression and phobias
- The debriefing itself can overwhelm some individuals
- Debriefings sometimes ignore or strip away the positive effects of denial or levels of dissociation
- Within approximately three to four weeks, support systems fade, making an immediate debriefing premature
- Debriefings may interrupt coping skills. Fear and avoidance can be useful for some individuals
- Debriefings often focus on the many negative aspects of the traumatic event
- Survivors of traumatic events already talk about the event approximately twelve times per day (average), making this increased disclosure less effective.

Dr. Jeffery Mitchell, the developer of critical incident stress debriefings, has cautions about debriefings also. He does *not* advocate it to be used for purposes other than lessening the effects of PTSD. It is *not* to be used as a treatment for PTSD. Timing must be considered for the debriefing to be as effective as possible. The facilitators must be trained and ready. The facilitator should *not* be a close associate of the participants or involved in the incident. The level of resistance is a factor in the efficiency of a debriefing. The level of administrative and family support is vital for optimum benefit. Pre-education and follow-up services effect the outcome of debriefings.

**This does not mean that debriefings should be deleted from trauma interventions.** It does mean that there should be a *variety of interventions* included. Also the persons leading the debriefings should be *trained professionals* who are continually sensitive to the needs of the survivors. Other interventions include, but are not limited to:

- Initial telephone consultations and continuing availability,
- Immediate on-site response
- A variety of assistance (food, clothing, shelter, financial assistance, prayer support, child care, etc.)
- Crisis intervention
- Psychological and educational debriefings
- Evaluations and assessments
- Chaplain visits
- Multiple level counseling
- Follow-up debriefings
- Telephone (and personal) follow-up
- Return to life and work assistance
- Anniversary and memorial assistance

There are several styles and techniques of debriefing. Some models require strict adherence to the model and are very formal. Some are less formal and just require general things to be done during the process. There are some studies being done on the efficiency of each model, but there are and will always be *many* variables. Each incident or trauma is very personal and has different circumstances. Some even call debriefings different things when they are performed on certain groups.

*Demobilizations, defusings* and *decompressions* are all terms used for different kinds of debriefings. *Demobilization* is a quick thirty minute or so informational and rest session used mainly for emergency personnel who are removed from the scene for the duration. A *defusing* is a twenty to forty minute, three-step session provided away from the scene immediately following the traumatic event. Dr. Jeffery Mitchell developed these two methods. *Decompression* is a five-question assessment of emergency personnel, away from the scene long enough for the questions to be asked and answered. Dr. Grady Bray designed this technique. These questions are:

- Where were you assigned today?
- Have you been able to talk to your family?
- How are things going with your team?
- How are you taking care of yourself?
- Where do you expect to be tomorrow?

An educational debriefing is designed for large groups with few participants needing extensive services. They normally last from one hour to ninety minutes. They begin with introductions of the facilitators and proceed to the importance of the debriefing process. An individual is asked to tell what happened and others are encouraged to update this information one at a time. Participants are then asked to tell about their post-trauma repercussions and then normalize, compare and emphasize positive growth. The group then is presented with information from the facilitators regarding effective and ineffective coping skills and possible implications for future counseling. There is time for general questions, closing statements and the facilitators remain for consultation after the debriefing.

A psychological debriefing is designed for small groups with participants who have been more severely impacted by the trauma. This process can take from two to four hours. It should be a pre-determined timeframe so participants can prepare. The facilitators are more highly trained and there should always be at least two. There is an initial introduction of the facilitators and an overview of the debriefing process. Each participant is

encouraged to tell their experience while the debriefers gently confront and clarify. This process assists the facilitators to later make referrals and suggestions for services needed by the individuals. Participants are then encouraged to look at the direct repercussions of this trauma and normalize those responses. Effective and ineffective coping skills and information are given to the participants. Participants are told about possible signs of continuing stress and the need for counseling. Participants can be paired up (if there is time) and converse about individual recovery techniques. Closing consists of the group returning and the facilitators giving a quick statement and then remaining for questions and referrals.

Dr. Jeffery Mitchell was one of the first psychologists who conducted debriefings. He has since written several books and hundreds of articles on the subject. He regularly trains facilitators and conducts debriefings for emergency fire and police personnel. His Critical Incident Stress Debriefing (CISD) model is a formal structured debriefing backed up by possibly the most research and data. This model seems to be more effective with fire personnel than police and other emergency due to the fact that fire personnel are in a more social situation in the firehouse and police officers return to patrol, alone. He also has developed a technique for Critical Incident Stress Management (CISM). He uses stages to take participants through the debriefing process.

**Stage One *Introduction:***

Introduces team members, explains process and sets expectations

**Stage Two *Fact:***

Describes traumatic event from each participant's cognitive view and perspective

**Stage Three *Thought:***

Allows participants to describe reactions, first thinking and then emotionally and sympathetically

**Stage Four *Reaction:***

Identifies the most traumatic aspect of the event for the participants and identifies the matching emotional reaction

**Stage Five *Symptom:***

Identifies the personal symptoms of distress at cognitive level

**Stage Six *Teaching:***

Educates regarding normal reactions and adaptive coping mechanisms

**Stage Seven *Re-Entry:***

Clarifies questions, prepares for end of debriefing

There are three principals that are essential to the success of debriefings according to Dr. Jeffery Mitchell. They are *immediacy*, *proximity* and *expectancy*. *Immediacy* means as soon as possible. *Proximity* refers to the source of the location of the debriefing, which should be as close to the critical site as safely and comfortable as possible. *Expectancy* refers to the process of setting the expectations firmly in the mind of the traumatized individuals that recovery is very possible.

Spiritual support at the scene of a crime, disaster or traumatic event is extremely helpful as long as it does not turn into a religious service. Good listening skills, displaying care and concern and offering follow-up services are three things that are generally needed and requested. On the scene support needs to be limited to what is absolutely necessary at that moment and no more.

The National Organization of Victim Assistance (NOVA) has a debriefing model also. They were first called in 1980 to respond to the Mount Saint Helens volcano disaster. Again in 1981, they were asked to assist in Edmond, Oklahoma when a postal employee killed fourteen of his co-workers before killing himself.

Since these events, NOVA has been active in numerous crime scenes and natural disasters. Their method involves a less formal or structured techniques. Their training covers a broader base of topics present in crime scenes and natural disasters. They provide services for the non-professional as well as the emergency professional survivors. The services NOVA offers at the site and beyond include crisis intervention, debriefing, death notification, grief counseling, research, and training. (Young)

They refer to a chronology that emerges from the traumatic event. This chronology is Pre-disaster equilibrium, Warning and Threat, Impact, Inventory, Rescue, Remedy/Mitigation, and Adjustment.

*Pre-disaster equilibrium* is the community before the disaster actually happened including cultural political economic and historical tensions and transitions.

*Warning and Threat* is the pre-disaster anxiety following written, visual or auditory warning messages.

*Impact* is the time factors, duration of the event and total damage (if known).

*Inventory* is when there is an almost silent lull after the initial impact and before the rescue.

*Rescue* is the actual physical emergency rescue.

*Remedy/Mitigation* is when an individual or community attempts to gain control and face the effects of the crisis.

*Adjustment* is the final phase and can last for not only the lifetime of the individuals, but over generations. (pp.32-47, Young)

A NOVA debriefing includes the following elements:

**Safety and Security:** These are basic issues for survivors. Personal and physical needs are addressed. The debriefers and responders make sure that the participants are in no immediate danger and provide warmth, food, clothing and rest (and other needs). Next, security issues are addressed. Survivors may "feel" at risk, exposed or vulnerable, when there is no real present danger. Assurances are repeated. Confidentiality is explained and expressed. Honesty is essential. Trust is being established.

**Ventilation and Validation:** In this phase the survivors "tell their story". The debriefer gently keeps each person focused on his or her own reactions and viewpoint. Active listening, asking appropriate questions and reframing does this. The survivors also listen to others stories which can fill in pieces of the overall story picture for some. Each time the story is told, it may take a different form. There will be a lot of sensory information because trauma is sensory sensitive. Art can also be used to express these feelings. Debriefers should pay close attention to body language and excessive emotions. The debriefers validate the survivor's responses. The event was abnormal. The reactions are not abnormal or strange. The words chose by the debriefers should be carefully chosen to soothe. They should apologize quickly for any inaccurate or upsetting words. Ask for clarification of anything you don't understand.

**Predict and Prepare:** This is the educational component. Assist the participants in predicting emotions and practical issues that will surface following the traumatic event. Handouts with local resources, advocacy programs and PTSD information can be helpful. Long term stress reactions can be explained. Do not withhold information from survivors.

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 BE STILL AND KNOW THAT I AM GOD Be still and know that I am GOD BE STILL I AM

## The Truth Factor Insert

In the moments following a traumatic event, there is a vulnerability that most individuals experience in no other timeframe. The emotions that are present are mostly negative. Anxiety rises, fear emerges, paralyzing numbness overcomes and hopelessness lingers. Thought processes are altered. Guilt, anger and a sense of dread fuel the confusion. Physical symptoms, such as sweating, nausea, rapid heart beat, headache, rashes, and gastrointestinal problems add more discomfort to the mental disorientation. In other words, otherwise normal sane individuals are thrown or tossed into a whirlwind of emotions and awkwardness. Basic essential needs are, or seem, absent.

Food, oxygen, self-identity, support systems, dignity, financial support and meaning are seven basic attachments most people need present, especially in a crisis.

Maslow proposed that there was a *hierarchy of needs* where the physiological needs were at the bottom and self-actualization or accomplishment was at the top. The desire to reach one's full potential or become what one can become, will take a back place when one's basic physiological and security needs are not met. A crisis can be triggered when these factors are lost or not present in an individual's life or if they "seem" lost in an already happening crisis.

When an individual reaches the pivotal point of crisis, "feelings" are often the loudest voice heard. These feelings speak volumes of fear and shame, abandonment and horror, powerlessness and invalidation. These "feelings" speak lies. Each time these same "feelings" occur in future events, (and they will) the person "hears" the lies repeated and reinforced until they seem very believable. Small traumas will reinforce larger traumatic events, and larger traumas will alter people's lives.

Lies become self-talk and can show up at the most inconvenient moment. Conclusions that are drawn by these cognitive distortions, make sense to the individual who experienced the trauma, and are familiar phrases that we all hear from time to time. The individual becomes their worst accuser.

The following is a small stressful (not necessarily traumatic) event, but will illustrate the point. A young mother of twin toddlers comes home from the hospital with a new baby to a loving husband and comfortable house. Within a few days, she is seeking out counseling due to depression and anxiety. She tells the counselor (or her pastor, or her friends or her family) "I'm so miserable, I'm so overwhelmed. I would kill myself if I didn't think that God would punish me to hell forever. I can't handle this. I dread waking up. I feel so guilty and selfish. I'm a terrible mother." The truth is evident to most other mothers (who aren't "lying" to themselves). She is an overly tired, normal, young mother with unrealistic expectations of herself and has been watching entirely too much television, movies, and listening to entirely too many other mothers who are "lying" to themselves. She has convicted herself and is reconstructing her own belief system based on untrue self-talk, lies and feelings. Helping her survey her own self-talk, making the truth believable and reinforcing the truth would be more appropriate than just saying to her "There, there, sweetie, it will be better tomorrow". Honesty, an organizational chart and a group of women from the local church to assist temporarily with housework, childcare and meals would be an even better solution.

Truth is an elusive concept to a lot of people. Psychologists, philosophers and theologians will argue that there is your truth and my truth, based on our experiences and understanding. Situational truth has evolved and surfaced through the centuries. Exaggeration and imagination are acceptable in more and more settings. Assuming others cannot tolerate truth in certain situations is becoming sociable. Silence or avoidance of the

truth is seen as expedient. Withholding your own beliefs to avoid making waves or hurting someone else's feelings is being demanded as Tolerance. Little white lies and mixed messages have become common place. Truth is no longer seen as a high contrasting black or white issue, but many shades of lukewarm gray. There is this superficial truth and beneficial truth, but there is also honest, liberating truth.

The Old Testament Hebrew language speaks of truth as interchangeable with the words stability, certainty, assuredness, trustworthy, faithful, established, sure, fixed, firm, upright, covenant and reality. Truth accompanied mercy, kindness, peace, light, beauty, prosperity, and judgement. (II Samuel 2:6, II Samuel 15:20, Esther 9:30, Psalms 15:2, Psalms 43:3, Psalms 57:3, Psalms 61:7, Psalms 138:2, Isaiah 39:8) We were instructed to walk in truth, serve with truth, choose truth, speak and declare truth, purchase truth, but not sell it, and to call upon GOD in truth. (I Kings 3:6, Psalms 86:11, II Samuel 12:24, Psalms 119:30, Proverbs 12:17, Psalms 30:9, Proverbs 23:23, Psalms 145:18) Truth had the ability to preserve, protect, prosper, teach, shield the faithful and destroy the enemy. (Psalms 40:11, Psalms 45:4, Psalms 25:5, Psalms 91:4, Psalms 54:5)

Truth is everywhere and available. Truth springs from the earth and reaches into the clouds and endures to all generations. (Psalms 85:11, Psalms 108:4, Psalms 100:5) Truth is not elusive to those who seek out, listen to, and recognize it.

The New Testament Greek echoes the Old Testament. Truth is used interchangeably with the words verity, indeed, surely, even so, and really. We are instructed to worship in spirit and truth. (John 4:23-24) The non-believers of the time were always bringing twisted, dishonest questions and dilemmas to JESUS. His answers were always clear and concise truth. (Matthew 22:15-22, Mark 12:13-17) The belt of truth is to be buckled around our waist, along with the full armor available from GOD, when we battle with spiritual forces of evil. (Ephesians 6:14) We, as CHRISTIANS are instructed to "live" and grow in truth. (Ephesians 4:15)

Discernment of truth in spiritual warfare is essential. (I Timothy 2:4) We are to pray for discernment for ourselves, and for those in positions of authority. JESUS stated that HIS teaching was truth, and the truth, if you knew it, would liberate all who were slaves to sin. HE also taught that some would not be able to discern truth, and for them the lies of the enemy would seem more like truth, than truth itself. (John 8:31-47)

A crisis is a spiritual battleground. Just above and around the physical space of the scene are principalities and powers of this dark arena of spiritual forces. There are also angels that we are literally brushing up against as we maneuver the terrain. The enemy's angry and subtle, but razor-sharp weapons are murder, lies and theft. (John 10:10 and 8:44) We are instructed to put on the undivided, full armor of GOD and "Stand firm".

Ephesians lists the complete armor of GOD consisting of a buckled belt of truth, a placed breastplate of righteousness, foot coverings of peaceful readiness and good news, a protective shield of faith, a helmet of salvation and a sword-like weapon of the word of GOD. Let me suggest that you read the word "whole" as meaning one seamless piece of armor covering the whole person - body, intellect and spirit. When dressed in that *habit*, we are then commanded to, and promised to be able to, stand. Further instructions are to pray and keep on praying in that occasion and all occasions. (Ephesians 6:10-18)

In this crisis battleground, most people will only "see" the destruction, raw emotions, sadness and pain. It is more effective to get a larger view of the scene. This is just one moment or chapter in the unwilling participant's lives. You must rise above or separate yourself from the effects of the incident or trauma in order to do this. You must also be grounded in truth to be able to impart truth and love to the survivors. It is essential for you to know who you are in your relationship with CHRIST. This is not the time for a crisis of faith with the team members. It is profitable to the trauma survivors for you to be able to impart truth in this situation. If you cannot

gently confront the lies and minister truth with your speech, then just pour out GOD'S love through your actions and refrain from reinforcing any lies that are perpetuated.

The Word isn't the Word (in our life and other's lives) until it has been heard and then experienced and ultimately spoken to others. (Romans 10:8-11) GOD'S ways are higher and more complex, but also more effective. (Isaiah 55:8) To hear and experience and then speak His Word is healing and can perform miracles that we can only hope to one day understand. (Isaiah 55:8-11) When the Word goes from our ears to our hearts and then out our lips, we complete the Great Commission, which was the one command given to all believers by JESUS right before He returned to the Father. (Matthew 28:19-20, Mark 16:15-18)

GOD'S Word *is* Truth. (John 17:17) We can rely on this whenever we have any doubt. We cannot rely on statistics, which can be manipulated and altered or misunderstood. We are separated from the world and it's constant barrage of mixed messages by GOD's simple, unchanging Truth.

JESUS *is* the Way, the Truth and the Life. (John 14:6) JESUS came to earth that we might become better acquainted with our FATHER, who is also His FATHER. Another purpose was to build trust between mankind and the FATHER by revealing the attributes of GOD while walking among us and teaching us directly. The disciples were taught by JESUS, given the HOLY SPIRIT and understanding of all scripture and proceeded to teach to everyone they encountered. (John 14:16, John 16:7-13, John 17:6-10, 14, Luke 24:45) Truth became flesh and began duplicating itself.

JESUS *is* the WORD. (John 1:1-5) When the trinity is illustrated, sometimes the WORD is neglected. Somehow we must restore the inherent value and position of the scripture. In the beginning, before time as we now know it, GOD, JESUS, the HOLY SPIRIT and the WORD were present and complete. This fact can be instrumental in the healing of traumatic memories and useful in the traumatic moment itself.

With those truths established, Christians can move forward in the assurance that this healing is available to all those who abide in Him and ask for healing through the name of JESUS, the strong Son of GOD. (John 15:7) His Love is ever present, abides with us and provides the complete victory. (Romans 8:38-39) The key is to bring the hurting person into the presence of GOD.

This can be accomplished through the prayer team and prayer support of others, coupled with our prayers on the scene. We can ask specifically for the light of GOD's truth to expose the darkness and lies in the situation. It is that simple. GOD wants to heal and restore and complete HIS purpose. HIS very nature is LOVE and HE wants the best for HIS children. We can be confident in that truth.

Recognizing the lies being planted in the time of trauma and praying for GOD's assistance are just two truth inserts. You can insert truth with every positive stroke you make with your breath. In order to speak, you must breathe. That breath is a gift from GOD. Ask GOD to help you choose the words you use with every encounter. Words can be as life-giving as the breath you receive from GOD. You may have your favorite comforting Biblical sayings. It is not always comforting to everyone to have scripture quoted to them. The Bible states that the WORD of GOD will not return void or be ineffective, but ask for guidance. (Isaiah 55:11) There will be occasions when individuals are grounded in other religions or are just unreceptive to GOD at this time. Let Love be your guide.

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Leviticus 19:18 Matthew 19:19

Matthew 22:39 Mark 12: 31 Luke 10:27

Romans 13:9 Galatians 5:14 James 2:8

## COMPASSION FATIGUE

"The capacity for compassion and empathy  
seems to be at the core of our ability to do the work  
and at the core of our ability to be wounded by the work."

- Charles Figley, Ph.D. Florida State University

Of all the gifts bestowed by God through the Holy Spirit, compassion is the most prevalent. Don and Katie Fortune believe that it is because there are so many hurting and wounded people and that it is "needed" the most. Approximately one third of the population of Christian ministers tested possessed compassion as a primary gift or personality characteristic.

Webster defines *compassion* as:

*a suffering with another; hence, sympathy;  
sorrow for the distress or misfortune of another,  
with the desire to help; pity; commiseration*

Compassionate people have a tremendous capacity to show love. They almost always look for and find the good in others. They admit to sensing the spiritual and emotional atmosphere of a group, individual or setting. They are actually attracted to individuals who are in distress. They are the ones who usually take action in situations where there are hurting people. They are more concerned for the mental and emotional distress of individuals than the physical comfort. They take great care with their words so as to not injure or harm others. They can easily detect insincerity and wrong motives in others. They are drawn toward others with the capacity for compassion. Compassionate people love to do thoughtful things for others. They will go to great lengths to avoid confrontations and conflicts. They do not like to be rushed. Their heart rather than their head guides them. They are typically cheerful and positive. They quickly intercede for others, grieve with those who are hurting and are great crusaders for good causes.

There are drawbacks to this giftedness. People who are more compassionate tend to be less decisive. They can operate out of co-dependency, rather than in the best interest of the person. They are more easily wounded themselves. Their "affectionate" nature can be misinterpreted by the opposite sex. If they are not maintaining their own boundaries, they can become totally engulfed in empathy for others who are in distress.

Throughout the Bible there are examples of great compassionate people. The Good Samaritan was a parable and classic portrait of a compassionate person. (Luke 10:30-35) Other stories include, but are not limited to Ruth, (Ruth) Rachael, (Genesis 29-31, 35, 46, 48:7) Rebekah, (Genesis 22:23, 24:29, 35:8, 49:31) Jeremiah, (Jeremiah 9:1-26) and Joseph, the earthly father of Jesus. (Matthew 1:16-24, Luke 1:27, John 1:45)

As early as 1980, Danieli concluded that the impact of trauma work on the professionals that served these clients included counter transference and Farber and Hiefetz added Burn Out. McCann and Pearlman argued that Vicarious Traumatization was a phenomenon that intruded upon the four major areas of a counselor's functioning: cognitive schemata, psychological needs (safety trust, power, esteem, intimacy and independence), the memory system and frame of reference. All these are fundamental to trauma adaptation. Dutton asserted that these cognitive shifts may interfere with a counselor's ability to function in the "helping" role. McCann and Pearlman also concluded that those counselors who listened to their client's accounts of victimization could

internalize their client's memories and this would in turn alter their own memory system. This would manifest with intrusive thoughts, flashbacks and dreams, all disruptions of their imagery system of memory, constituting one of the primary diagnostic criteria for Post-Traumatic Stress Syndrome. Also included is the counselor's reaction to the client's traumatic dialogue, the raw emotions of anger, guilt, shame, irritability, grief and fear and the inability to contain these intense emotions. The counselor's altered frame of reference due to trauma exposure and incubation impacts their world view, identity and SPIRITUALITY.

As counselors, responders, friends, neighbors, Christians, we will be exposed to secondary trauma and its full impact when we listen to their stories, see the destruction caused by natural disasters and man made trauma. The overwhelming invisible wounds of the same victims we are aiming to assist can infect us. You can also bring it home to your family.

There is a universal vulnerability to Secondary Traumatic and Post-Traumatic Stress Disorder more so than any other DSM-IV classification. Most people in the "helping" professions do not bring their personal problems to work, but they do have a tendency to bring their work home to their families. This puts your family at risk for the same symptoms you just witnessed in the individuals who were traumatized. This is true of disaster workers, clergy, medical personnel, fire and police personnel, medical dispatchers, military personnel and veterans, *and their families*.

Post-Traumatic Stress Disorder revolves around the person's reaction to an event. The event is catastrophic, outside the range of most human experience and causes significant distress in the social, occupational and other important areas of functioning. The event happened to the person directly. The event happened to someone standing next to the person (significant other) or the event has been continuously narrated to the person without appropriate relief. This third characteristic is what is affecting caregivers and their families. If the person, while writing a report or letter about the incident or certain aspects of the incident and their reactions, starts to think that this could have happened to them, the cycle has begun. If the responder starts dreaming about the incident whether it is happening to them or not, appropriate action should be taken to avoid full-blown symptoms. If family members are constantly stricken with debilitating anxiety about wanting to alleviate their spouse's discomfort, then they will need counseling themselves or at least further trauma education information.

Defusing will be a part of every emergency response action due to this type of fatigue that is unique to this type of work. If for some reason you are not part of a defusing or debriefing following responding to a community emergency, you are putting yourself and family at risk for Secondary-Traumatic Stress Disorder.

Compassion Fatigue differs from Burn Out. In many ways they are very similar and many who were suffering from Compassion Fatigue, thought that they were just burned out from their jobs and lives. Compassion Fatigue sufferers are impacted by the kinds of people they deal with and the type of problems those people have. They will experience tension and pre-occupation with the traumatized person and it will manifest by re-experiencing the traumatized person's traumatic event, avoidance and numbing of reminders of the traumatic event and persistent arousal. Burn Out, on the other hand, can be caused by extreme dissatisfaction with one's life or job or marriage that is caused by the job or marriage or life generally, not a specific terrifying event. It is cyclical, with bouts of low energy, increased irritability, depression, impaired competence and can include withdrawal or distancing from co-workers and friends. Burn Out is also serious, but can be alleviated by a change in employment, work habits, or a long vacation.

There is a downward spiral of trauma symptoms. As in any disorder or disease, not everyone will experience all the symptoms or characteristics. If you are regularly experiencing even the symptoms in the first stage, you should take some time to focus on spending some time recuperating. Here is a list of stages of symptoms to

watch for in yourself, those you minister to and co-responders. Most people assume that stages one through three are just normal stressful realities that everyone has. Stage four is where most people begin to seek help through counseling, self-help techniques or treatment of physical symptoms.

### **STAGE ONE -EARLY WARNING SIGNS**

VAGUE ANXIETY, FEELINGS OF DEPRESSION, APATHY, CONSTANT  
BOREDOM WITH JOB AND LIFE

### **STAGE TWO -INITIAL SYMPTOMS**

LOWERED EMOTIONAL CONTROL, SLEEP DISTURBANCES, DIFFUSE BACK  
AND MUSCLE ACHES, HYPERACTIVITY, MINIMIZATION OF SYMPTOMS,  
GRIM HUMOR, BEGINNING MISTRUST OF SELF AND OTHERS,  
FORGETFULNESS, INCREASING ANXIETY, HEADACHES, EXCESSIVE  
FATIGUE, MODERATE WITHDRAWAL FROM SOCIAL CONTACT

### **STAGE THREE -ESCALATION OF SYMPTOMS**

GENERALIZED PHYSICAL WEAKNESS, STRONG FEELINGS OF DEPRESSION,  
INCREASED SMOKING, INTESTINAL DISORDERS, WITHDRAWAL, LOSS OF  
SEXUAL APPETITE, EMOTIONAL OUTBURSTS, RIGID THINKING, DENIAL,  
PARENTING SKILLS WEAKEN, DIFFICULTY THINKING CLEARLY, SKIN  
RASHES, SELF-MEDICATING BEHAVIORS, HIGH BLOOD PRESSURE,  
MIGRAINES, LOSS OF APPETITE, EXCESSIVE IRRITABILITY, IMPAIRED  
JUDGMENT, PHYSICAL, MENTAL AND EMOTIONAL NUMBING

### **STAGE FOUR- SUB-ACUTE SYMPTOMS**

ASTHMA, DIABETES/HYPOGLYCEMIA, SLEEP DEPRIVATION, HEART  
ATTACKS, INABILITY TO FUNCTION ON JOB, INABILITY TO FUNCTION,  
TIME/SPACE DISTORTIONS, MUSCLE TREMORS, OVERREACTION TO  
EMOTIONAL STIMULI, NIGHT TERRORS- NONSPECIFIC, NUMBING  
INCREASES (PSYCHIC AND PHYSICAL), CORONARY ARTERY DISEASE,  
CANCER, SEVERE DEPRESSION, SEVERES SOCIAL CONTACTS,  
UNCONTROLLABLE CRYING, SUICIDAL THOUGHTS OR LOSS OF WILL TO  
LIVE, SEVERE FATIGUE, AGITATION, ACCIDENT PRONE/CARELESS, LIFE  
SEEMS TO BE RUN BY FEAR, **HOPE** DIMINISHES

## **STAGE FIVE -ACUTE TRAUMA SYMPTOMS**

SURVIVAL MODE, SHAME, NIGHTMARES -SPECIFIC INCIDENT, MEMORY LOSS, DEEP GRIEF, FOR "LOSS OF SELF", OBJECT IMPRINTING, ANY FEAR TRIGGERS TRAUMA RESPONSES, PREOCCUPATION WITH POWER AND DEATH, CHANGE IN APPEARANCE, ALL ENCOMPASSING LOSS OF FAITH, UNCONTROLLABLE RAGE (COULD BE LETHAL), NO VIEW OF THE FUTURE, FRAGMENTED SPEECH, INABILITY TO "TELL THEIR STORY", FREQUENT REPLAYING OF THE "EVENT", CHRONIC DEPRESSION, DEATH ANXIETY

## **STAGE SIX -RECOGNIZING AND HEALING**

CONNECTION AND TRUST WITH THERAPIST/COUNSELOR, ANTIDEPRESSANTS, EDUCATION ABOUT TRAUMA AND COMPASSION FATIGUE, LEARNING ABOUT TRIGGERING, COURAGE TO "TELL THEIR STORY", LEARNING THAT GRIEVING IS "PART" OF LIFE, DIAGNOSIS, INTELLECTUAL CONNECTION, BUILDING SUPPORT, PURPOSEFUL GRIEF WORK, COURAGE TO ADMIT VULNERABILITY, SOCIAL INTERACTIONS RETURN, EMOTIONS BEGIN TO STABILIZE, AWARENESS OF HYPERVIGILANCE, NIGHTMARES FADE AS RESOLUTION OCCURS, LOOSENS TIES WITHOUT SEVERING, ACTIVELY SEEKS HEALING

Jesus is referred to as the Wonderful Counselor. (Isaiah 9:6) He gave the perfect example to other counselors, neighbors, friends and caring Christians. Each and every person that He came into contact with was shown compassion and love. He avoided compassion fatigue and its stress by constantly and continually turning over all of his daily affairs to God, His Father through prayer. (Matthew 26:36-45, Mark 1:35, Luke 6:12, Luke 9:18, Luke 11:1) Jesus handled each situation on the spot, right then and there, in the moment. Researchers now say that assertiveness training is one of the best known de-stressors. Jesus moved away from the pressing crowds of distressed hurting people to spend time with disciples, friends, and family, recuperating from the day's activities. (Matthew 13:2, Matthew 15:32, Luke 5:1-4, John 10:22) He switched types of activities to unwind. (Luke 5:4, 29) He had no doubt who He was, the depth of the love of GOD, and the source of the power in His human life. (John 17:1-26) His instructions to His disciples are as timely today as then; "...stop being perpetually uneasy (anxious and worried) about your life..." (Matthew 6:25-34, Amplified Bible) and "Come unto me all you who labor and are heavy laden and over burdened, and I will cause you to rest - I will ease and relieve and refresh your souls". (Matthew 11:28-30)

No one can fully describe explain the overwhelming images of pain and tragedy that are associated with the helping profession. At the end of the day, you will have so many conflicting emotions that you will wonder if you had any impact on the events of the day or the people. You may go home and cry yourself or this particular event will not deeply affect you, but it is normal to be "moved" with compassion. Know this, If you come with the love of God in your heart, listen and respond with that same love, leave the scene, making no more promises than to pray, you have made a tremendous impact in the name of Jesus.

Some of you will have to discontinue your work as responders and caregivers due to these and other stressors. No one knows how the events and people will affect you and your unique personality and set of life circumstances. Those of you who remain will have to allow, encourage and support such decisions. If this ministry becomes anything less than a joy and daily privilege, it is time to re-think, re-group, reconsider and pray hard regarding your involvement.

## FORGIVENESS

One of the most difficult things for individuals who have experienced seemingly excessive trauma or grief is the practice of forgiveness. Many survivors and family members of victims in the Oklahoma City bombing expressed that the event would not end for them until Timothy McVey was convicted. When the conviction and sentencing was determined, those same individuals then said that it would not end until the perpetrator was dead. I would add that it will not "end" for them until they allow themselves to let go of this pain and begin the healing process of forgiveness.

There are many misconceptions and misunderstandings about forgiveness. Forgiveness is *not* forgetting. Forgiveness is *not* condoning the offense. Forgiveness is *not* absolution of the offense. Sometimes there are natural and legal consequences. Forgiveness is *not* a form of self-sacrifice or a clear-cut one-time decision.

Forgiveness is something you do for yourself. It is a by-product of the healing process. It is an internal process, but can almost always be manifest by outward signs. Forgiveness is letting go of the intense emotions and realizing that you no longer need the resentments and grudges. It is a sign of positive self-esteem. It is realizing that you no longer want to punish the one causing the offense, because nothing you do to punish will heal the pain. Forgiveness is freeing up and putting to better use the energy that once was consumed by harboring resentments and nursing the unhealed wounds. Forgiveness leaves justice to GOD.

To *not* forgive promotes the lies that are implanted in traumatic events. It gives us the illusion of power. You begin to believe as long as you do *not* forgive, you cannot be hurt again by this event. You begin to believe that if this had not happened you would have had the "perfect life". You also begin to believe the illusion that you are so good that this shouldn't have happened to you. These beliefs do not promote healing. They just perpetuate your walking wounded status.

There are two kinds of forgiveness, vertical and horizontal. One kind is essential for continued fellowship with GOD and the other is used for dealing with the problematic emotions that emerge from trauma and grief. (guilt, bitterness, depression, anger, etc.) These emotions if left unchecked can cause physical and further emotional ailments. The other type of forgiveness is between the offender and offended.

When others offend us, we are instructed to forgive as we have been forgiven by GOD. (Matthew 6:15) Peter was told that he could not stop at the law's standard of forgiveness. JESUS told him to be prepared to forgive the offender seventy times seven, or an indefinite number of incidents. (Matthew 18:21-22) This requires practice, daily practice. If the offender repents, we are to forgive him. (Luke 17:3-4) If we are holding a grudge against someone, we are told to forgive. (Mark 11:25) How can we accomplish this?

Everett Worthington Jr., a psychologist who mostly dealt with marital difficulties had to come to grips with forgiveness when his own mother was brutally murdered. He had counseled hundreds of couples through the process when there were affairs and hurts between husband and wife, but this was personal. He uses a method called REACH.

**RECALL THE HURT, EMPATHIZE, ALTRUISTIC GIFT OF FORGIVENESS  
COMMIT TO FORGIVENESS, HOLD ON TO FORGIVENESS**

Each step builds on the last premise. When a person who has been hurt decides to let go of the desire to avoid and exact revenge on the person who has offended them, the healing can begin. Timing is an important factor. The person has to be ready to seek reconciliation and it has to be safe and actually possible. It is a two way street. There are at least two humans involved in reconciliation. It can be, but does not usually happen quickly.

In Matthew 18:23-34, JESUS tells a parable of forgiveness to reinforce the answer to Peter's question, "How many times must I forgive a brother who sins against me?" HE compares the Kingdom of GOD to a king who decides to clear his accounts. One of his debtors owes the equivalent of ten million dollars. The man is unable to pay. The king has the right to have the debtor sold as a slave until the debt is paid. All the man's possessions could be sold to satisfy the bill. The debtor's family could also be sold into slavery to eliminate the deficit. This was the law. The king was within his rights. The king orders it done. The man is frenzied. He is about to lose *everything* in his world that means *anything* to him. He pleads his case before the king. The king hears his distress, is moved with compassion and forgives the full amount. He orders the man released.

The man returns to his neighborhood to find the man who owes him the equivalent of two thousand dollars. He demands the instant return of the money and threatens the man physically. This debtor also pleads for but a little time to clear up the bill. The man refuses and has the debtor arrested and jailed until the bill can be paid. In the mean time, the neighbors of the man who had been forgiven by the king are disturbed by what they have witnessed. They tell the king what has happened. The king is furious. He wonders why he forgave the debt and sends his servants to arrest the debtor. He has a few choice words for the man also. "You wicked, evil hearted, scoundrel. Are you not the same man that I just forgave a ten million-dollar debt? Why could you not show the same compassion and mercy to the servant who owed you so little?" The king did not even wait for a reply...if there was one. He has the man thrown into the worst jail and detained until he can pay the full amount. JESUS ends by assuring the disciples that our Heavenly King will respond the same to our unwillingness to forgive the trivial earthly obligations when HE has forgiven our complete debt.

Forgiveness is still a choice. It is *not* easy. Sometimes it can and does cause as much pain as the original offense. From GOD's perspective, there was a great price that was paid...the death of HIS one and only SON. From that perspective, the choice is easier because it is based on the forgiveness that has already been given.

## OVERCOMING

Christians are instructed to be active in the world, but to not succumb to the struggles of this earthly, temporary home. This requires constant reminders for some of us. The human tendency is to see what is in front of our eyes. Circumstances, the daily grind, and the stresses of life surface at the most inopportune times. We all want to be "spiritual" and above these trivial distractions, but they keep jumping in front of our vision. In order to work in a ministry of this intensity, you *must* have a plan of action for taking care of yourself. Ask for assistance from the HOLY SPIRIT in each situation. The grace of GOD is always available for Christians. Grace is the empowering presence of GOD to be who HE intended you to be and do what HE intended you to do. It is the divine influence of GOD on your heart. It is available when our human abilities are not enough to accomplish the miracle that needs to happen. HIS grace fills in and empowers and accomplishes HIS purposeful work through us.

This manual is to be used in conjunction with training from experienced, qualified traumatic-stress counselors and specialists. This transcript is not complete and training is required before trauma response and/or debriefing is attempted. CISM and CISD training is mandatory.

## BIBLIOGRAPHY

- The Holy Bible, various translations, one author, GOD.
- Aguilera, Donna C. and Messick, Janice M. Crisis Intervention, Theory and Intervention, St Louis, C. V. Mosby Company, 1982.
- Allen, Roger J. Human Stress, Its Nature and Control, New York, MacMillan, 1983.
- American Red Cross. Community First Aid and Safety, Boston, StayWell, 1993.
- Backus, William. Learning to Tell Myself the Truth, Minneapolis, Minnesota, Bethany House Publishers, 1994.
- Backus, Willim. The Healing Power of a Christian Mind, Minneapolis, Minnesota, Bethany House, 1996.
- Batshaw, Mark L. Children with Disabilities, fourth edition, Baltimore, Paul H. Brooks Publishing, 1997.
- Benson, Herbert. The Relaxation Response, New York, Avon Books, 1975.
- Blackaby, Henry T. and King, Claude V. Experiencing God, Nashville, Tennessee, Broadman and Holman, 1994.
- Bloch, Douglas. Words That Heal, New York, Bantam Books, 1990.
- Brende, Joel Osler. Coping With Disasters, Columbus, Georgia, Trauma Recovery Publications, 1998.
- Brooks, Barbara and Siegel, Paula. The Scared Child, New York, John Wiley and Sons Inc., 1996.
- Brown, Barbara B. Between Health and Illness, Boston, Houghton Mifflin Company, 1984.
- Carter, Rosalynn. Helping Yourself Help Others, New York, Times Books, 1994.
- Church, Forrest. Life Lines, Boston, Beacon Press, 1996.
- Clark, Barbara. Growing Up Gifted, New York, Merrill, 1992.
- Colgrove, Melba, Bloomfield, Harold H. and McWilliams, Peter. How to Survive the Loss of a Love, Toronto, Bantam, 1983.
- Danieli, Y. Countertransference in the Treatment and Study of nazi Holocaust Survivors and their Children, *Victimology: An International Journal*, vol5 (2-4), pp. 355-367, 1980.

- Davis, Ron Lee. Healing Life's Hurts, Dallas, Word Publishing, 1986.
- Diagnostic and Statistical Manual of Mental Disorders, fourth edition, Washington D. C., American Psychiatric Association, 1994.
- Donnelley, Nina Herrmann. I Never Know What To Say, New York, Ballantine, 1987.
- Dutton, M. A. *Empowering and healing the battered woman: a model for assessment and intervention*, New York, Springer Publishing Co, 1992.
- Egan, Gerald. The Skilled Helper, Pacific Grove, California, Brooks/Cole Publishing, 1990.
- Edelwich, Jerry and Brodsky, Archie. Burn-Out, New York, Human Science Press, 1980.
- Farber, B. A. and Hiefetz, L. J. The Process and Dimensions of Burnout in Psychotherapists, *Professional Psychology*, vol. 13, pp.293-301, 1982
- Figley, Charles R. Compassion Fatigue, New York, Brunner/Mazel, 1995.
- Figley, Charles R. "The Field of Traumatology: Applications to Families and Children", keynote address, 1996 IATC Fifth Annual Conference, San Francisco, California.
- Follette, V. M., Polusny, M. M. and Milbeck, K. Mental health and law enforcement professionals: Trauma history, psychological symptoms, and impact of providing services to child sexual abuse survivors, *Professional Psychology Research and Practice*, vol 25, pp. 275-282, 1994.
- Ford, Norman, D. The Fifty Healthiest Places to Live and Retire in the United States, New York, Ballantine Books, 1991.
- Fortune, Don and Katie. Discovering Your God-Given Talents, Grand Rapids, Michigan, Fleming H Revell, 1987.
- Frankl, Victor. Man's Search for Meaning, New York, Touchtone, 1984.
- Gleitman, Henry. Psychology, New York, W. W. Norton and Company, 1991.
- Golan, Naomi. Treatment in Crisis Situations, New York, The Free Press, 1978.
- Goleman, Daniel. *Costly Moment of Terror*, New York Times, September 8, 1992.
- Hacker, Carol. Third Annual International Association of Trauma Counselors Convention, *Rescuing Little Red Riding Hood : When her Nightmare Becomes Yours*, Charleston, South Carolina, 1994.
- Hallahan, Daniel P. and Kaufman, James M. Exceptional Children, Boston, Allyn and Bacon, 1994.

- Hanson, Peter G. The Joy of Stress, Kansas City, Andrews and McMeel, 1991.
- Hart, Archibald D. The Hidden Link Between Adrenaline and Stress, Dallas, Word Publishing, 1995.
- Hart, Archibald D. Stress and Your Child, Dallas, Word Publishing, 1992.
- Hill, Reuben. "Generic Features of Families under Stress", *Social Casework* vol. 39, February-March 1965.
- Hoff, Lee Ann. People in Crisis: Understanding and Helping, Menlo Park, California, Addison-Wesley Publishing, 1978.
- Hoffman, David. Successful Stress Control, Rochester, Vermont, Thorsons Publishers Inc., 1987.
- Hughes, Selwyn. Helping People Through Their Problems, Minneapolis, Bethany House, 1981.
- Johnson, Kendall. School Crisis Management, Alameda, California, Hunter House, 1997.
- Klein, Donald C. and Lindemann, Eric. "Preventative Intervention in Individual and Family Crisis Situations", *Prevention of Mental Disorders in Children*, New York, Basic Books 1961.
- Lampman, Lisa, editor. Helping a Neighbor in Crisis, Wheaton, Illinois, Tyndale House Publishers, 1997.
- Lewis, Sheldon and Lewis, Sheila K. StressProofing Your Child, New York, Bantam Books, 1996.
- Mantel, Michael. Ticking Bombs, Defusing Violence in the Workplace, Burr Ridge, Illinois, Irwin Professional Publishing, 1994.
- Maslow, Abraham. Motivation and Personality, New York, Harper and Row, 1954.
- McCann, I. L. and Pearlman, L. A. Vicarious Traumatization: A framework for understanding the psychological effects of working with victims, *Journal of Traumatic Stress*, vol 3, pp. 131-149, 1990.
- McGee-Cooper, Ann. You Don't Have to Go From Work Exhausted!, New York, Bantam, 1992.
- Meichenbaum, Donald. A Clinical Handbook/Practical Therapist Manual for Assessing and Treating Adults with Post-Traumatic Stress Disorder (PTSD), Waterloo, Ontario, Canada, Institute Press, 1994.

- Miller, Lyle H. and Smith, Alma Dell. The Stress Solution, Pocket Books, Pocket Books, 1993.
- Mitchell, Jeffery and Everly, George S. Critical Incident Stress Debriefing: CISD, Elliot City, Maryland, Chevron Publishing, 1996.
- Mitchell, Jeffery and Everly, George S. *Critical Incident Stress Management: The Basic Course Workbook*, Ellicott City, Maryland, International Critical Incident Stress Foundation Inc., 1996.
- Nirenberg, Jesse. Getting Through to People, Englewood Cliffs, New Jersey, Prentice-Hall Inc., 1963.
- O'Connell, Vincent and O'Connell, April. Choice and Change, Englewood, New Jersey, Prentice-Hall Inc., 1974.
- Ogawa, Brian. Color of Justice, Office of Governor, State of California, 1990.
- Padus, Emrika. Your Emotions and Your Health, Emmaus Pennsylvania, Rodale, 1986.
- Patterson, James and Kim, Peter. The Day America Told the Truth, New York, Plume, 1992.
- Phillips, J. B. Your God is Too Small, New York, Collier, 1961.
- Pippert, Rebecca Manley. Hope Has Its Reasons, San Francisco, Harper and Row, 1989.
- Roberts, Dirk. Violence in Your Workplace, London, Condor Book, 1993.
- Robinson, Jean. Using Crisis Intervention Wisely, Eugene W. Jackson, 1979.
- Ryan, Kathleen and Oestreich, Daniel. Driving Fear Out of the Workplace, San Francisco, Jossey-Bass Publishers, 1991.
- Sanford, Linda T. Strong at the Broken Places, New York, Random House, 1990.
- Schutz, Will. The Truth Option, Berkeley, California, Ten Speed Press, 1984.
- Scott, Pat. Batten Down the Hatches, Nashville, Tennessee, Twenty First Century Christian, 1997.
- Seamands, David. Healing for Damaged Emotions, Wheaton, Illinois, Victor, 1983.
- Sears, William and Thompson, Lynda. The A.D.D. Book, Boston, Little, Brown and Company, 1998.
- Simon, Sidney B. and Simon, Suzanne. Forgiveness, Seattle, Warner Books, 1990.

- Smith, Ed. Beyond Tolerable Recovery, Campbellsville, Kentucky, Family Care Publishing, 1996.
- Spector, Rachael. Cultural Diversity in Health and Illness, Stamford, Connecticut, Appleton and Lange, 1996.
- Spungen, Deborah. Homicide: The Hidden Victims, Thousand Oaks, Sage Publications, 1998.
- Stamm, B. Hudnall. Secondary Traumatic Stress, Lutherville, Maryland, Sidran Press, 1995.
- Steele, William. Trauma Debriefing for Schools and Agencies, Grosse Pointe Woods, Michigan, Institute for Trauma and Loss in Children, 1998.
- Steiner, Claude. Achieving Emotional Literacy, New York, Avon Books, 1997.
- Thomas, R. Roosevelt. Differences Do Make a Difference, The American Institute for Managing Diversity, 1992.
- van der Kolk, Bessel. *The Body Keeps Score: Memory and the evolving psychobiology of post-traumatic stress*, Boston, Massachusetts, Harvard Medical School, 1994.
- Viscott, David. Emotional Resilience, New York, Harmony Books, 1996.
- Whiteman, Tom. Disarming Stress, *Christian Counselor Today*, vol. 4 no. 3, Summer 1996.
- Wolin, Steven J. and Wolin, Sybil. The Resilient Self, New York, Villard, 1993.
- Wood, Mary M. and Long Nicholas J. Life Space Intervention, Austin, Texas, Pro-Ed Inc., 1991.
- Wright, H. Norman. Resilience, Anne Arbor, Michigan, Servant Publications, 1997.
- Wright, H. Norman. Crisis Counseling, Ventura, California, Regal Books, 1993.
- Yehuda, Rachel, and McFarlane, Alexander C. *Conflict Between Current Knowledge About Post-Traumatic Stress Disorder and its Original Conceptual Basis*, Department of Psychiatry, Mt. Sinai School of Medicine, 1995.
- Young, Marlene. National Organization of Victim Assistance Training Manual, Washington D.C., 1998.

## Internet Resources

Compassion Fatigue Self Test for Helpers

<http://www.fsu.edu/~bhstamm/satfat.htm>

Compassion Fatigue Traumatology Journal

<http://www.fsu.edu/~trauma/> and <http://psy.uq.edu.au/PTSD/trauma/traumaj.html>

Compassion Fatigue ACE Self-Test

<http://www.ace-network.com/cftest.htm>

Carl Hayden's Pages

<http://www.long-beach.va.gov/ptsd/stress.html>

National Center for PTSD

<http://www.dartmouth.edu/dms/ptsd/index/htm>

David Baldwin Trauma Pages

<http://www.trauma-pages.com/index.html>

Cedar Rapids Community School District v. Garrett F., a minor by his mother and next friend Charlene F.  
March 3, 1999

<http://supct.law.cornell.edu/supct/html/96-179320.html>

*Concerns About Debriefing*, Dunning, Christine and Gist, Richard, <http://www.posttrauma.com>

*Working with Victims of Crime with Disabilities*, Tyiska, Cheryl Guildry,

<http://www.ojp.usdoj.gov/ovc/factshts/disable.htm>

Federal Emergency Management Agency statistics,

<http://www.fema.gov/disasters/>

National Victim Assistant's Academy,

<http://www.ojp.usdoj.gov/ovc/assist/nvaa/>

Everett Worthington Jr. The Practice of Forgiveness,

<http://www.spiritualityhealth.com/We/reach.html>

## APPENDIXES

43 Ways to Encourage Others  
-52 Ways to Encourage Others, C. E. Rollins

Don't give up on that person  
 Commit to whatever you can commit to, no matter how small, and then DO IT  
 Listen, REALLY LISTEN  
 "You are not alone"  
 SHARE your joys and secrets and opinions and ideas and successes  
 Cry together over things that matter  
 Be present  
 "Thank you"  
 Believe the best and help overcome the worst  
 Accentuate the positive no matter how small  
 "What can I do to help?"  
 Pass along uplifting words that spoke to you  
 Speak your support  
 Be loyal  
 "You have options"  
 Make an anonymous gift  
 Write a letter of support or encouragement or commendation or appreciation  
 "GOD loves you"  
 Eliminate "I told you so" from your personal dictionary  
 Recognize that all opinions have merit  
 Sit a Spell  
 "Things don't have to stay this way"  
 Believe  
 Admit that you were wrong  
 Go the extra mile  
 "I don't believe that you need that crutch"  
 Show up for the big event  
 Invite the person along  
 Send flowers  
 Provide a place of rest  
 Walk them around the block...several times  
 "I like you"  
 Give a handshake  
 "This won't last forever"  
 Be enthusiastic  
 Praise GOD  
 Give a bear hug  
 "There is still time to make good decisions"  
 Help to break a cycle  
 Remind them to take a *deep* breath  
 "You have the ability to change"  
 Magnify the good and pure and lovely and joyful and gentle and peaceful  
 "You may be down, but you're not out"

## **THE DIFFERENCE BETWEEN GRIEF AND TRAUMA**

Trauma Debriefing, William Steele, The Institute for Trauma and Loss in Children, 1998.

Trauma and crisis complicate the grieving process.

### **GRIEF**

General reaction is sadness

Reactions are Grief only

Reactions look like Grief

Grief-stricken individuals can usually talk about the experience

In Grief, pain is the acknowledgement of the loss

In Grief, anger is generally Non-aggressive and non-assaultive

In Grief, guilt emerges as "I wish I would/would have not..."

Grief generally does not attack or "disfigure" our self-image

In Grief, dreams tend to be of the deceased

Grief does not usually involve trauma reactions like flashbacks, startle response, hypervigilance and numbing, etc.

### **TRAUMA**

General reaction is terror

Reactions are mixed Grief and Trauma

Reactions are not familiar to General Public

Most do not or cannot talk about the event

In Trauma, pain triggers tremendous terror and an overwhelming sense of powerlessness and loss of safety

In Trauma, anger can become assaultive even in non-violent Trauma

Trauma guilt emerges as "It was my fault. I could have prevented it." And "It should have been me."

Trauma can distort, attack and "disfigure" our self-image

In Trauma, dreams are of the self as a potential victim

Trauma involves grief reactions in addition to trauma specific reactions that are discussed here

## **STRESS, MIND and BODY MYTHS**

### **MYTH #1**

Stress is the same for everyone

### **MYTH #2**

Stress is always bad for you

### **MYTH #3**

Stress is everywhere, so you can't do anything about it

### **MYTH#4**

The most popular methods for stress reduction are the best ones

### **MYTH #5**

No symptoms, no stress

### **MYTH #6**

Only the major symptoms of stress require attention

### **MYTH#7**

There is a mind separate from the body

### **MYTH#8**

If a physical complaint is rooted in mental processes, it isn't real

### **MYTH#9**

Since the brain controls the body, all physical complaints are under mental control

### **MYTH #10**

Mental and physical symptoms are due to primarily chemical imbalances and should be treated with prescription drugs

### **MYTH #11**

We potentially have control over our minds and bodies and are therefore responsible for all illnesses to which we succumb

### **MYTH #12**

The power of mind, faith or spirit can cure anything

-The Stress Solution, by Lyle Miller and Alma Dell Smith

## Post-Traumatic Stress Symptoms

*These are only a sampling of common complaints by survivors of crime, trauma and natural disasters. It is not meant to be an exhaustive or exclusive list. It is best used to inform, comfort and validate.*

**Physical:** Insomnia, Gastrointestinal distress, Thirst, Teeth grinding, Chest pain, Elevated blood pressure, Visual difficulties, Chills, Profuse sweating, Dizziness, Choking sensation, Muscle tremors, Frequent urination, Vomiting, Headaches, Motor tics or twitching, Fainting, Breathing difficulty, Changes in appetite, Fatigue, Rapid pulse, Shock symptoms (restlessness, irritability, rapid breathing, altered consciousness, pale, cool, moist skin, rapid breathing and pulse), Etc.

**Behavioral:** Excessive silence, Change in work habits and other activities, Dark humor, Poor job performance, Emotional outbursts, Ritualistic behavior, Suspiciousness, Changes in eating habits, Decreased libido, Excessive use of recreational drugs and alcohol, Inability to rest, Nonspecific bodily complaints, Erratic movements, Hyperalert to environment, Antisocial actions, Pacing, Emotional outbursts, Etc.

**Emotional:** Loss of emotional "control", Denial, Depression, Fear, Anxiety, Panic, Grief, Crying spells, Anger, Irritability, Apprehensive, Overwhelmed feeling, Intrusive memories, Agitation, Guilt regarding failure to help others, Survivor guilt, Lost and abandoned feeling, Uncertainty, Etc.

**Cognitive:** Poor concentration, Poor decision making, Difficulty identifying familiar objects or people, Reduced attention span, Hypervigilance, Memory problems, Loss of time, place and person orientation, Problem solving difficulties, Nightmares, Calculating difficulties, Disturbed thinking, Increased or decreased awareness of surroundings, Blaming others, Confusion, Etc.

**Interpersonal:** Rejection of outside assistance, Alienation and emotional detachment, Anger outbursts, Domestic violence, Isolation from family and friends, Etc.

**Delayed Symptoms:** Increased nasal allergies, Violence and child abuse, Distrust, Broken relationships, Fragmented feelings, Recurring physical problems, Apathy, Depression, Nightmares, Employment problems, Lack of meaning to life, Etc.

-Los Angeles County Department of Mental Health and American Red Cross

## **THE LIES THAT ARE IMPLANTED AND PERPETUATED BY TRAUMA**

These are some of the lies that are implanted at the moment of trauma or soon after. Intellectually, individuals may "know" that the statement is *not true*, but it "feels" true. True enough to alter and paralyze their behavior. (Backus, Schutz, Smith)

My parents don't want me and would be happier if I weren't around.  
     I would be better off dead.  
     My life isn't worth living.  
 I have nothing to look forward to.  
     I'll never amount to anything.  
     I don't deserve forgiveness.  
 I'm a disappointment to everyone.  
     My life is a total mess.  
     I can't win.  
     I can't handle "this" again.  
     I am dirty.  
     "They" are going to get me.  
     I am not loved.  
 I should have never been born.  
     There is no way out.  
 I'll never be able to manage my life alone.  
 It's just a matter of time before it happens again.  
 Why would "they" do this to me?  
 Things will never get any better.  
     Nothing ever turns out right.  
     Not even God can help me.  
     I cannot trust anyone.  
     This always happens to me.  
 I can never seem to get it right.  
     I deserved it.  
     No one will believe me.  
     This does not make sense.  
     I can't change the way I feel.  
 I am the way I am and I can't change, I know because I've tried.  
     No one cares.  
     I am all alone.  
     I'm going to die.  
     I can't stop this.  
     I am so stupid.  
     I should have known better.

## **ACCORDING TO THE WORD OF GOD YOU ARE.....**

NEW CREATION HEIR OF GOD JOINT-HEIR WITH JESUS ONE WITH  
 THE WORD RIGHTEOUSNESS OF GOD IN CHRIST JESUS IN PERFECT  
 HEALTH CHOSEN ONE BLESSED WITH EVERY SPIRITUAL BLESSING  
 STANDING AND ACTING ON THE WORD DOER OF THE WORD FREE  
 FROM LAW AND TRADITION FREE FROM WANT IN FAVOR WITH GOD  
 AND MAN SAVED, REDEEMED, SANCTIFIED, FORGIVEN, ETERNAL,  
 RESURRECTED WITH HIM VICTORIOUS IN ALL THINGS CLEANSED  
 FROM ALL UNRIGHTEOUSNESS MORE THAN CONQUEROR ABIDING  
 IN HIM CAREFREE OAK OF RIGHTEOUSNESS WEALTHY IN ALL  
 THINGS PART OF HIS BODY SET APART PECULIAR A GIFT SALT  
 A BELIEVER A BRANCH OF THE VINE HIGH AND LIFTED UP INTO  
 HEAVENLY PLACES AN OVERCOMER PARTAKER OF HIS DIVINE  
 NATURE A MEMBER OF THE ROYAL FAMILY UNWAVERING  
 FORGIVING FULL OF JOY TENDERHEARTED DELIVERED FROM EVIL  
 FAR FROM OPPRESSION AND FEAR BLESSED OF THE FATHER  
 TEMPLE OF THE HOLY SPIRIT SINGLE-MINDED TO HIS WORD  
 STRONG IN HIM AND THE POWER OF HIS MIGHT WALKING IN FAITH  
 HEALED STEADFAST COMPLETE IN HIM PULLING DOWN ENEMY  
 STRONGHOLDS IN JESUS' NAME BEARING FRUIT THAT REMAINS  
 WELL-GROUNDED IN THE WORD PEACEFUL CASTING DOWN ANY  
 THOUGHTS CONTRARY TO HIS WORD AND THINKING ON ALL THOSE  
 THINGS THAT ARE PURE AND LOVELY AND HONEST AND OF GOOD  
 REPORT CLAD IN HIS ARMOUR AND TRUSTING IN HIS ABILITY

**CLICHES FROM PEOPLE, THAT WERE NOT ALWAYS COMFORTING  
IMMEDIATELY FOLLOWING A DEATH, CRISIS OR TRAUMATIC EVENT  
(ESPECIALLY TO CHILDREN)**

THEY HAD A LONG LIFE  
IT'S A BLESSING  
THEY WENT TO HEAVEN  
THEY ARE SITTING ON GOD'S LAP  
THEY HAVE GONE AWAY...FAR AWAY  
YOU CAN'T QUESTION GOD'S WILL  
THE GOOD DIE YOUNG  
AT LEAST THEY FELT NO PAIN  
SHE/HE WAS OLD  
CRYING DOESN'T HELP  
THE LORD GIVES AND THE LORD TAKES AWAY  
EVERYBODY DIES  
YOU CAN ALWAYS GET ANOTHER PET/TOY/HOUSE  
YOU CAN ALWAYS HAVE OTHER CHILDREN  
HE/SHE IS AT PEACE NOW  
NOW YOU'RE THE "MAN" OF THE HOUSE, YOU HAVE TO BE STRONG  
GET ON WITH YOUR LIFE  
EVERYTHING WILL BE ALL RIGHT  
TIME HEALS  
IF YOU'RE LUCKY, THIS WILL BE THE ONLY BAD THING THAT HAPPENS TO YOU  
I KNOW JUST HOW YOU FEEL  
YOU WILL GET OVER IT  
YOU WERE LUCKY  
WHAT YOU HAVE TO DO IS STAY BUSY  
WHY DO YOU THINK IT HAPPENED  
BETTER THEM THAN YOU  
NOW YOU ARE ALL ALONE  
HE/SHE HAS EXPIRED  
HE/SHE HAS GONE TO SLEEP  
GOD HAS CALLED HIM HOME  
WE'VE LOST -----  
ALL THINGS MUST PASS  
GOD WILL NEVER GIVE US MORE THAN WE CAN HANDLE  
YOU'LL FIND SOMEONE ELSE  
HE/SHE LED A FULL LIFE  
GET IT TOGETHER NOW  
BE THANKFUL THAT YOU HAVE ANOTHER SON/DAUGHTER  
KEEP A STIFF UPPER LIP  
PULL YOURSELF UP FROM THE BOOTSTRAPS  
DON'T FEEL BAD

## **BIBLICAL STRESS REDUCERS**

### **PRAISE GOD ALWAYS ...AND IN ADVANCE!**

PSALMS 104  
 PSALMS 105  
 PSALMS 106  
 PSALMS 135:1-3  
 PSALMS 136

*YOU BETTER JUST READ THE WHOLE BOOK*

### **BE STILL -SLOW DOWN**

PSALM 37:7  
 PSALM 46:10

### **LAUGH A LOT**

PROVERBS 17:22  
 ROMANS 12:15

### **SIMPLIFY YOUR LIFE**

MATTHEW 6:19

### **TALK LESS - LISTEN MORE**

JAMES 1:19

### **LIVE IN TODAY**

MATTHEW 6:34

### **DON'T WORRY**

MATTHEW 6:27  
 PHILIPPIANS 4:6  
 PROVERBS 12:25

### **ENCOURAGE OTHERS AND YOURSELF**

I PETER 1:6  
 ROMANS 8:38  
 PSALMS 42:5, 11  
 PSALMS 43:5  
 MARK 4:35-41

## **BLESSED ARE THOSE WHO PRAY.....**

**PRAY HUMBLY** II CHRONICLES 7:14

**PRAY IN THE TEMPLE AND THE SANCTUARY** LUKE 18:10,  
ISAIAH 16:12

**PRAY AND WATCH** LUKE 21:36, MARK 13:13, MATTHEW 26:41

**PRAY OVER THE SICK** JAMES 5:14

**PRAY FOR CHILDREN** MATTHEW 19:13

**PRAY ALONE** MATTHEW 6:6

**PRAY FOR THE LEADERS** I TIMOTHY 2:2

**PRAY FOR THE BAPTISM OF THE HOLY SPIRIT** ACTS 8:15

**PRAY FOR THOSE WHO DESPISE YOU** LUKE 6:28,  
MATTHEW 5:44

**PRAY SIMPLY** MATTHEW 6:9

**PRAY WITH KNOWING UNDERSTANDING** I CORINTHIANS 14:15

**PRAY EXPECTANTLY, CONFIDENTLY** MARK 11:24

**PRAY THANKFULLY** PHILLIPIANS 4:6

**PRAY FOR ONE ANOTHER** JAMES 5:16, I THESSALONIANS 5:25

**PRAY EFFECTIVELY** MATTHEW 6:9-13

**PRAY FOR FORGIVENESS** MATTHEW 6:12, JOB 42:1-10

**PRAY HABITUALLY** PSALM 32:6, ISAIAH 38, DANIEL 9, JONAH 2

**PRAY FAITHFULLY** JAMES 5:15

**PRAY ON YOUR KNEES** DANIEL 6:10, ACTS 9:40

**PRAY GOD'S WILL** MATTHEW 26:39,42,44, ROMANS 8:26

**PRAY IN THE WILDERNESS** LUKE 5:16

**PRAY AND FAST** ACTS 14:23

**PRAY ON YOUR FACE** MATTHEW 26:39

**PRAY FOR ALL BELIEVERS** JOHN 17:20-21

**PRAY FOR THE PEACE OF JERUSALEM** PSALM 122:6

**PRAY IN THE POWER OF THE HOLY SPIRIT** JUDE 1:20,  
I CORINTHIANS 14:15

**PRAY ALWAYS, CEASELESSLY, CONSTANTLY** EPHESIANS 6:18, I  
THESSALONIANS 5:17

**PRAY HARD** LUKE 22:44

**PRAY AGAIN** COLOSSIANS 1:9, JAMES 5:18, MARK 14:39,

**PRAY WITH VARIETY** MATTHEW 6:7-8

## PSALM 23

(A JAPANESE TRANSLATION)

THE LORD IS MY PACE-SETTER, I SHALL NOT RUSH;  
HE MAKES ME TO STOP AND REST FOR QUIET INTERVALS.

HE PROVIDES ME WITH IMAGES OF STILLNESS,  
WHICH RESTORES MY SERENITY.

HE LEADS ME IN THE WAYS OF EFFICIENCY, THROUGH CALMNESS OF MIND,  
AND HIS GUIDANCE IS PEACE.

EVEN THOUGH I HAVE A GREAT MANY THINGS TO ACCOMPLISH EACH DAY, I  
WILL NOT FRET, FOR HIS PRESENCE IS HERE.

HIS TIMELESSNESS, HIS ALL-IMPORTANCE WILL HOLD ME IN WISE BALANCE.

HE PREPARES REFRESHMENT AND RENEWAL IN THE MIDST OF MY ACTIVITY BY  
ANOINTING MY HEAD WITH THE OILS OF TRANQUILLITY.

MY CUP OF JOYOUS ENERGY OVERFLOWS!

SURELY HARMONY AND EFFECTIVENESS SHALL BE THE FRUITS OF MY HOURS,  
FOR I SHALL WALK IN THE PACE OF MY LORD.....  
FOREVER.

## USEFUL PHRASES TO USE WITH TRAUMATIZED CHILDREN

YOU ARE SAFE NOW (IF THEY ACTUALLY ARE).

I'M GLAD YOU ARE HERE WITH ME NOW, OR I'M GLAD YOU'RE TALKING WITH ME NOW.

I AM SORRY IT HAPPENED (SAY WHAT "IT" IS - I AM SORRY ABOUT YOUR MOTHER'S DEATH; I  
AM SORRY ABOUT YOUR HOUSE FIRE; I AM SORRY ABOUT WHAT YOU HAVE HAD TO GO  
THROUGH BECAUSE OF.....).

IT WASN'T YOUR FAULT (IF YOU ARE SURE IT WASN'T).

YOUR REACTION IS A NORMAL RESPONSE TO AN UNEXPECTED,  
HORRIBLE, TRAUMATIC EVENT.

IT IS UNDERSTANDABLE THAT YOU FEEL THAT WAY.

IT MUST HAVE BEEN REALLY UPSETTING/DISTRESSING  
TO SEE, HEAR, FEEL OR SMELL THAT.

YOU ARE NOT CRAZY.

THINGS MAY NEVER BE THE SAME AGAIN, BUT THEY CAN AND WILL GET BETTER AND YOU  
WILL TOO.

YOUR IMAGINATION CAN SOMETIMES MAKE A HORRIBLE REALITY WORSE THAN IT REALLY  
IS, SO ASK PEOPLE TO BE HONEST AND OPEN WITH YOU.

CAN I PRAY WITH YOU? CAN I PRAY FOR YOU? IS THERE SOMETHING I COULD LIFT UP TO  
GOD IN MY PRAYER TIME FOR YOU?

I UNDERSTAND WHY THAT WOULD "FEEL" TRUE, BUT IT IS JUST NOT TRUE.

***\*\*LIMIT EXPOSURE TO FURTHER STIMULI (SEE, HEAR, TOUCH, SMELL) THAT RE-TRAUMATIZES OR  
CONTAINS "TOXIC" CONTENT (T.V., RADIO, CONVERSATIONS)\*\****

***\*\*RE-ESTABLISH ROUTINE (INCLUDING PLAY), BOUNDARIES AND STABILITY\*\****

***\*\*BE READY TO GIVE "PHYSICAL REASSURANCE" (HUGS, ETC.)\*\****

## WHO ARE YOU?

THE APPLE OF HIS EYE Zechariah 2:8  
 REDEEMED\* OF THE LORD Psalm 107:2  
 JOINT HEIRS WITH CHRIST Romans 8:16,17  
 A SPECIAL TREASURE Exodus 19:5  
 THE SALT OF THE EARTH Matthew 5:13  
 THE INHABITANTS OF THE ROCK Isaiah 42:11  
 THE CHILDREN OF THE HIGHEST Luke 6:35  
 THE BODY OF CHRIST I Corinthians 12:27  
 THE RANSOMED\*\* OF THE LORD Isaiah 35:10  
 KINGS AND PRIESTS UNTO GOD Revelation 1:5,6  
 THE CALLED ACCORDING TO HIS PURPOSE Romans 8:28  
 HIS WORKMANSHIP Ephesians 2:10  
 A PEOPLE OF INHERITANCE Deuteronomy 4:20  
 THE CONGREGATION OF THE MIGHTY Psalm 82:1  
 A PEOPLE NEAR UNTO HIM Psalm 148:14  
 A NEW CREATURE II Corinthians 5:17  
 GOOD AND FAITHFUL SERVANT Matthew 25:23  
 A CHOSEN GENERATION I Peter 2:9  
 MY SANCTIFIED ONES Isaiah 13:3  
 A HOLY PRIESTHOOD I Peter 2:5  
 A ROYAL PRIESTHOOD I Peter 2:9  
 FINE GOLD Lamentations 4:2  
 THE CHILDREN OF GOD Romans 8:16  
 MY SONS AND DAUGHTERS II Corinthians 6:17,18  
 AN EXCEEDING GREAT ARMY Ezekial 37:10  
 SAINTS I Corinthians 1:2  
 ORACLES OF GOD\*\*\* I Peter 4:11  
 AMBASSADORS FOR CHRIST II Corinthians 5:20  
 THE LIGHT OF THE WORLD Matthew 5:14  
 MORE THAN CONQUERORS Romans 8:37  
 THE VERY ELECT Matthew 24:24  
 THE EXCELLENT IN WHOM IS ALL MY DELIGHT Psalm 16:3

- to be bought back from bondage with a purchase price.

\*\* a price paid to recover a captured person out of imprisoning hands.

\*\*\* sharing truth with others under the inspiration of the Holy Spirit.

## QUESTIONS FOR GOD

I asked God to take away my pain.

God said, "No. It is not for me to take away, but for you to give it up."

I asked God to make my handicapped child whole.

God said, "No. Her spirit was whole, her body was only temporary."

I asked God to grant me patience.

God said, "No. Patience is a byproduct of tribulations; it isn't granted, it is earned."

I asked God to give me happiness.

God said, "No. I give you blessings. Happiness is up to you."

I asked God to spare me pain.

God said, "No. Suffering draws you apart from worldly cares and brings you closer to me."

I asked God to make my spirit grow.

God said, "No. You must grow on your own, but I will prune you to make you fruitful."

I asked for all things that I might enjoy life.

God said, "No. I will give you life so that you may enjoy all things."

I ask God to help me LOVE others, as much as he loves me.

God said..." Ahhhh, finally you have the idea."

## **Hand in Hand Evaluation**

Please take a few minutes to assist us in responding to others in the future by completing this evaluation.

What did you find most helpful in this intervention?

What did you find least helpful or not helpful at all?

How can we improve? How can we do more to help? What did we forget?

Please return to: NorthStar Church  
P O Box 2349  
Kennesaw, Ga. 30144

Thank you for your cooperation. May the Lord GOD, Creator of the universe and all life, bless and keep you.

## **Hand in Hand Intervention Incident Report**

Description:

Date:

Team Members involved:

Types of Assistance offered:

Referrals made and to which agency:

Follow-Through Proposed:

Follow-Through Completed:

## **Hand in Hand Volunteer Application**

Name:

Address:

Phone:

E-mail:

Other ways to reach you:

Briefly, tell about your relationship with Jesus Christ:

Briefly, state why this ministry interests you and what role you see yourself performing:

What life experiences have you had that have prepared you for this ministry?

Do you speak a foreign language? List.

What do you do to take care of yourself and relieve stress?

List strengths you have that will assist this ministry:

List anything that would be a deterrent to your role in this ministry: (such as prejudices, past experiences, ability to take direction)

Are you willing to commit to 1 year to this team, knowing that it will require basic training, continued training and team preparedness, and commitment to maintaining personal preparedness?

Signature\_\_\_\_\_

Date\_\_\_\_\_

## Scenario I

There is a woman in the neighborhood with three small children being assaulted by her husband. She is a "little slow". She has often been seen in public with bruises and swollen cuts. Her children are always with her. She does not have a car or a job. Her husband was recently arrested for drug charges and now she has no means of support. She has no known family.

When her husband is released, she is beaten again and he is arrested again for assault. The police department refers her to the church and through counseling and assistance, she decides to file for divorce. He responds with a child custody case and is going to use her mental disability, lack of employment and other abilities against her to obtain custody.

Come up with some ways your team can respond.  
This will need to include short-term and long-term assistance.

## The Social Readjustment Rating Scale

Life Event	Mean Value
1. Death of Spouse	100
2. Divorce	73
3. Marital Separation	65
4. Jail or incarceration	63
5. Death of a close family member	63
6. Personal injury or illness	53
7. Marriage	50
8. Fired from work	47
9. Marital Reconciliation	45
10. Retirement	45
11. Change in health of family member	40
13. Sex difficulties	39
14. Gain new family member	39
15. Business re-adjustment	39
16. Change in financial state	38
17. Death of close friend	37
18. Change in occupation	36
19. Change in number of arguments with spouse	35
20. Mortgage over \$10,000*	31
21. Foreclosure of mortgage or loan	30
22. Change in responsibilities at work	29
23. Child leaves home	29
24. Trouble with in-laws	29
25. Outstanding personal achievement	28
26. Wife begins or exits work outside home	26
27. Begin or finish school	26
28. Change in living conditions	25
29. Revision of personal habits	24
30. Conflict with supervisor	23
31. Change in work hours or conditions	20
32. Change in residence	20
33. Change in school	20
34. Change in recreation	19
35. Change in church activities	19
36. Change in social activities	18
37. Mortgage or loan less than 10,000*	17
38. Change in sleeping habits	16
39. Change in number of family get-togethers	15
40. Change in eating habits	15
41. Vacation	13
42. Christmas	12
43. Minor violations of the law	11

(Holmes, Rahe)

\*1967 figures, today this would equal \$90,000 due to inflation.

## **EIGHT REASSURANCES in a CRISIS**

As you counsel people and in a crisis, the goal is to bring them to a more self-sufficient, but GOD centered wholeness. Encouragement, Empathy and Listening with a prayerful attitude will bring you both to a conclusion of rejoicing.

The Survivors can be told that his or her problem or circumstance is fairly common.

The Survivors can be told that there is a known cause and treatment for their problem or circumstance.

The Survivors can be told that the symptoms, while annoying and distressful, are not dangerous and they are not losing their mind.

The Survivors can be told that specific treatments are available.

The Survivors can be told that resolution of the problem and circumstance is possible.

The Survivors can be told that the results of the problem and the solutions are sometimes both painful

The Survivors can be reassured that although they may have relapses, this does not mean that the symptoms are worsening.

When appropriate, the Survivors can be reassured that the problem or circumstances are not the direct result of sinful action.

From Crisis Counseling by H. Norman Wright

## God Knows

When you are tired and discouraged from seemingly fruitless efforts....  
God knows how hard you've tried.

When you have cried so long, and your heart is in anguish...  
God has counted every tear.

If you feel that your life is on hold and time has passed you by...  
God is here, waiting for you.

When you are lonely and your friends seem too busy even for a phone call...  
God is right there by your side.

When you think you've tried everything and don't know where to turn now...  
God has the solution.

When nothing makes sense and you are confused and paralyzed...  
God has the answer.

If suddenly your outlook is brighter and you begin to find traces of hope...  
God was whispering to you.

When things are going well and you have much to be thankful for....  
God has blessed you.

When something joyful happens and you are filled with awe...  
God has smiled at you.

When you have a purpose to fulfill and a dream to follow...  
God has opened your eyes and called you by name.

Remember that where ever you are or whatever you are facing....  
**GOD KNOWS.**

## **DEBRIEFING COMPONENTS**

- TALK TO THE TARGETED PERSONS AS SOON AS POSSIBLE AFTER THE ACUTE TRAUMA
- 
- BUILD ON THEIR STRENGTHS
- 
- FACILITATE
- 
- EDUCATE
- 
- SUPPORT
- 
- REFER (KNOW LOCAL RESOURCES)
- 
- CONCERN YOURSELF WITH THE STAFF'S "COMFORT"
- 
- INSIST ON CONFIDENTIALITY
- 
- PREPARE THE ROOM (LAYOUT, BATHROOM FACILITIES, TISSUES, WATER, ETC.)
- 
- PREPARE YOURSELF
- 
- LISTEN
- 
- HANDOUTS
- 
- BLACKBOARD
- 
- "SECURE" VENUE (QUIET, UNINTERRUPTED, SAFE)

## PRAYER REQUESTS

I have found that you **must** be prepared to pray the will of GOD with total FAITH, NO DOUBT, and to pray *as specifically as possible* in time of trauma. Assist the person to *begin* to focus on GOD's blessings in their life. You **must** be able to see *for them* that there is abundant life beyond this disaster. Below is a *partial* list of examples. Please explore more scripture and thoughts and affirmations.

**THANK and PRAISE GOD** for being the ever-present, ever-productive, CREATOR of everything and every situational circumstance.

**THANK GOD** for HIS provision in *this* time of need.

Ask them to list their specific needs and pray for those needs. (as often as needed)

**THANK GOD** for His protection in this situation. JESUS is the DOOR and the GOOD SHEPHERD. The DOOR is a physical protection and the GOOD SHEPHERD sits in the doorway, allowing no one to bother the flock without HIS knowledge or permission. (John 10:7-10, John 10:11)

**THANK GOD** for being present in *this* crisis. HE has NOT abandoned *any* of us, no matter how true that “*feels*”.

**THANK GOD** for HIS faithfulness in the past, the present circumstance and the future.

**THANK GOD** for HIS steadfast LOVE, whether we “*feel*” it or not.

**THANK GOD** in advance for what HE is capable of doing in and with this crisis.

## STRESS REDUCERS FOR CHILDREN

Stress-Proofing Your Child by Sheldon Lewis and Sheila Lewis

**MUSCLE RELAXATION** Teach your children to relax by getting in a prone or comfortable position, First tighten all your muscles and then focus on relaxing one muscle group at a time starting with the toes, then feet, the ankles and so on until they are relaxing their mouth, and nose and forehead and hair. This will take about 10 minutes.

**BREATH POWER** Sit or lie down so the back is straight, but relaxed. Have the child place their hand on their diaphragm and then ask them to take a real deep breath and let it out...very slowly and deeply, raising and lowering the diaphragm. Now ask them to do that and add to do it in a circular motion and visualize the air going in the nose and into the lungs and circulating oxygen into every pore of their body, and then leaving the body through the mouth once it has done its job. Do this for 2-3 minutes.

Read their favorite story to them or one of your favorite soothing poems or stories.

Encourage them to be their favorite animal and just frolic and play.

Encourage and provide materials for drawing and coloring. Ask them to draw scenes from a favorite story or make up a story picture. You can tell them a story and ask them to illustrate it.

Ask them to pretend that they are a puppet and give them instructions for dancing or skipping or reaching and bending.

Encourage them to list things in the past for which they are thankful, no matter how little or trivial sounding.

Encourage them to tell you about their favorite things.

Listen, really listen. Give them your full attention. Hang on their every word as long as they need to talk.

## Primary v. Secondary Traumatic Stress Disorder

### Primary

### Secondary

#### A. Stressor:

Experienced an event outside the range of usual human experience that would be markedly distressing to almost anyone.

1. Serious threat to self
2. Sudden destruction of one's environment

#### A. Stressor:

Experienced an event outside the range of human experience that would be markedly distressing to almost anyone.

1. Serious threat to traumatized person (TP)
2. Sudden destruction of TP's environment

#### B. Reexperiencing of Traumatic Event

1. Recollections of event
2. Dreams of event
3. Sudden reexperiencing of event
4. Distress of reminders of event

#### B. Reexperiencing of Traumatic Event

1. Recollection of event/TP
2. Dreams of event/TP
3. Sudden reexperiencing of event/TP
4. Reminders of event/TP distressing

#### C. Avoidance/Numbing of Reminders

1. Efforts to avoid thoughts/feelings
2. Efforts to avoid activities/situations
3. Psychogenic amnesia
4. Diminished interest in significant activities
5. Detachment/estrangements from others
6. Diminished affect
7. Sense of foreshortened future

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2. Efforts to avoid activities/situations
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7. Sense of foreshortened future

#### D. Persistent Arousal

1. Difficulty falling/staying asleep
2. Irritability or outbursts of anger
3. Difficulty concentrating
4. Hypervigilance for self
5. Exaggerated startle response
6. Physiological reactivity to cues

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4. Hypervigilance for TP
5. Exaggerated startle response
6. Physiological reactivity to cues

Symptoms under one month duration are considered normal, acute, crisis-related reactions. Those symptoms not manifesting until six months or more following the crisis or event are PTSD or STSD related. (Figley, DSM-IV)

## COMPASSION FATIGUE

BURNED OUT BY THE KIND OF CONTACTS INDIRECTLY  
TENSION AND PRE-OCCUPATION WITH TRAUMATIZED PERSON AS MANIFESTED  
BY :

RE-EXPERIENCING *THEIR* TRAUMATIC EVENTS  
AVOIDANCE/NUMBING OF REMINDERS  
PERSISTENT AROUSAL

FASTER ONSET OF PROBLEMS  
FASTER RECOVERY  
SENSE OF HELPLESSNESS AND CONFUSION  
SENSE OF ISOLATION FROM SURPORTERS  
SYMPTOMS OFTEN CONNECTED FROM REAL CAUSES  
SYMPTOMS TRIGGERED FROM THE PAST

## BURN OUT

STATE OF EXTREME DISFACTION WITH JOB: CAN BE CAUSED BY SUPERVISOR,  
JOB DESCRIPTION, HOURS AND CAN BE CYCLICAL  
EXCESSIVE DISTANCING FROM CLIENTS  
IMPAIRED COMPETANCE  
LOW ENERGY  
INCREASED IRRITABILITY  
DEPRESSION  
LOSS OF ENTHUSIASM

## STRESS REDUCTION

Acknowledge your stress. Own it. Educate your self. Make a commitment to do something about it just like any other habit. Until you have taken this step, the suggestions that follow will not be effective. This is YOUR life. Commit to live it abundantly.

Get up 15 minutes *earlier* in the morning...don't just set the alarm and press snooze 6 times. Plan ahead. BE PREPARED. Be Prepared to WAIT. SIMPLIFY. Clean out. **Organize**. Learn the difference between needs and wants. Learn how to **BREATHE** deeply and chill. Stretch and **RELAX**. Rephrase it into a POSITIVE statement. Change Channels. *Switch Brains*. Take the less traveled road. Do one thing at a time. Surround yourself with positive, encouraging, persistent people. **Play Today**. Don't rely on your memory. Write it down. Take notes. Count your blessings...regularly. Eat good food. No exceptions. You will NOT starve. Practice Forgiveness Often. Love someone new today. Do a good deed. Practice random acts of kindness. Practice Safety. Plan a picnic with a friend. Learn a new skill. Read a favorite Bible story 25 times with feeling. Get **Enough** Sleep, whatever that is for YOU. Spend some *quality uninterrupted* time with GOD. Examine your purpose. **Turn off** the television and read something you have always wanted to read. Be *Still*. Close your eyes and smell the roses and gardenias and kudzu and mimosa. **Laugh**....laugh again. Allow yourself to be curious. Smile. Show some teeth. Really *experience* your emotions. Do something physically active. **Power Nap**. Daydream. Decide to be fully *passionate* about something. Dive in. Tell someone a joke. Take a *long* walk down a winding path going nowhere in particular. For the next hour, tell everyone you come into contact with..."What a good job you are doing."...after you have noticed what a good job they are doing. Find something to compliment. Drink a cup herbal tea. Review all the positive things that happened today. Sit in the sun. **Feel** the sun on your back. **Create** something. Surprise someone. Welcome the sun this morning. Look at old pictures. Play music. Sing. **Whistle**. Play a game. Plan next year's vacation. Say good-bye to the sun today. Call an old friend. Prepare a nutritious meal. **Laugh** again. Bird-watch. *Pray*. Schedule some time off. Star-gaze. *Pretend*. Throw a party. Go to a party. Fellowship with friends. Socialize. Jump rope. Take a bubble bath. Squish mud through your toes. Watch the clouds go by. Do something **Spontaneous**. Walk on a beach. Be Courageous. Chase your shadow. Dress warm and take a walk in the rain. Encourage someone. Build a sandcastle. Thank GOD. Compliment someone. Thou shalt *not* Procrastinate....Just do it.

Continue adding to this list...there are still some things that you have always wanted to do...

## DEATH NOTIFICATION

On the wall of Brasenose College at Oxford University hangs a letter from President Abraham Lincoln as a model of "purest English". It is also a model of written response to a grieving mother:

*Dear Mrs. Bixby,*

*I have been shown in the files of the War Department a statement of the Adjutant General of Massachusetts that you are the mother of five sons who have died gloriously on the field of battle. I feel how weak and fruitless must be any word of mine which should attempt to beguile you from the grief of a loss so overwhelming. But I cannot refrain from tendering you the consolation that may be found in the thanks of the republic they died to save. I pray that our Heavenly Father may assuage the anguish of your bereavement and leave you only the cherished memory of the loved and lost, and solemn pride that must be yours to have had so costly a sacrifice upon the altar of freedom.*

*Yours very sincerely and respectfully,*

*A. Lincoln*

### General Guidelines for Death Notification

Obtain as much information as possible and available about the deceased.

Obtain as much information as possible and available about the person(s) to be notified.

Whenever possible notification should be made in person.

Notification should be made quickly, compassionately and as accurately as possible.

Make notification in pairs.

Do not take personal effects of the deceased to the notification.

Your appearance should be clean and neat, especially if you have been at the scene.

Introduce yourself.

Confirm that you are speaking to the appropriate person. Ask to enter the house before making the notification.

Encourage the person to be seated.

Speak simply, directly and compassionately.

Be prepared to present confirming evidence.

Monitor for signs of danger to the survivors and remove dangerous objects.

Be prepared to care for children.

Do not leave the person alone. Provide a "safety net".

Answer all questions honestly, directly and compassionately.

Focus on the immediate needs of the survivors.

Remind survivors of their rights if they are victims of crime or disaster.

## **LISTENING SKILLS**

### **INEFFECTIVE**

CARELESS ASSUMPTIONS  
BOREDOM  
INTERRUPTED CONCENTRATION  
DISAGREEMENT  
EGO-INVOLVEMENT BY LISTENER  
FAILURE TO MAKE EVERY ATTEMPT TO UNDERSTAND  
GENERALIZATIONS THAT ALL CRISES ARE THE SAME  
SELECTIVE HEARING  
INTERRUPTIONS BY LISTENER  
JUDGEMENTS GIVEN BY LISTENER TO SPEAKER

### **EFFECTIVE**

ASK QUESTIONS ONLY TO FACILITATE THE FLOW OF STORY  
BELIEVE THE SPEAKER'S IMPRESSIONS AND REACTIONS  
CLARIFY, SUMMARIZE, JOURNEY WITH THEM  
DISCERN UNSPOKEN MESSAGES  
ECHO SPEAKER'S PHRASES  
AFFIRM THE SPEAKER  
GIVE INFORMATION TO HELP SURVIVORS UNDERSTAND  
THE WHOLE SITUATION MORE CLEARLY  
INSTILL PEACE THROUGH SILENCE  
AVOID IMPOSING YOUR JUDGEMENTS OR PREJUDICES

## THRIVING AFTER SURVIVING

RECOGNIZE THE LOSS  
 YOU ARE NOT ALONE  
 YOU ARE A PRECIOUS CHILD OF THE LIVING GOD  
 YOU CAN *THRIVE* AGAIN  
 GIVE YOURSELF *TIME* TO HEAL AND TAKE CARE OF YOURSELF  
 KEEP DECISION MAKING TO A MINIMUM  
 SEEK OUT AND ALLOW OTHERS TO OFFER COMFORT  
 CELEBRATE YOUR SURVIVAL  
 PRAY *ENORMOUSLY*  
 SURROUND YOURSELF WITH LIVING THINGS  
 RE-AFFIRM YOUR BELIEFS  
 HEALING HAS LEAPS AND BACKSLIDES  
 AVOID SELF-MEDICATING  
 TAKE LONG WALKS  
 GET "ENOUGH" SLEEP  
 CHANGE YOUR SCENERY  
 BREATHE DEEPLY AND CHILL  
 CHANGE YOUR SPEECH FROM "I SHOULD" TO "I CHOOSE"  
 CONTINUALLY READJUST YOUR ATTITUDE  
 FIND A "HERMIT SPOT" AND USE IT *AS OFTEN AS NEEDED*  
 LEARN TO VENT POSITIVELY RATHER THAN "CHAINDUMP"  
 REMIND YOURSELF TO BE A RESOURCE TO OTHERS  
 FOCUS ON AT LEAST ONE POSITIVE THING FROM EACH DAY  
 90% OF SUCCESS IS SHOWING UP, BEING THERE  
 THE WORD "NO" IS A COMPLETE SENTENCE  
 TALK TO A FRIEND  
 PRAY HARD  
 WORK ON OR DO SOMETHING ENTIRELY FRIVOLOUS  
 MOURN YOUR LOSS  
 CREATE SOMETHING  
 EXPECT RELAPSES  
 "WORK" OFF SOME TENSION  
 TOMORROW WILL BE HERE SOON ENOUGH  
 BE HERE IN THIS MOMENT  
 BE THANKFUL, BE PRAYERFUL, BE PRAISEFUL  
 REMEMBER, YOU ARE CONVALESCING...AS LONG AS NEEDED

## WHAT CAN I DO....I'M JUST A KID?

Ask your parents before doing anything on this list and remember, this is only the beginning of what you can do...

WRITE A "THANK YOU" CARDS AND LETTERS TO  
LOCAL FIRE AND POLICE OFFICERS

TAKE A \$\$\$ COLLECTION FOR THE AMERICAN RED CROSS

HAVE A "YARD SALE" AND DONATE THE PROCEEDS TO  
EMERGENCY RELIEF FUNDS

ENCOURAGE YOUR CLASSMATES WHO ARE REALLY SAD

WRITE "SYMPATHY" CARDS AND ENCOURAGING LETTERS TO  
DISASTER SURVIVORS (SPEAK HOPE)

VOLUNTEER TO BABYSIT BROTHERS AND SISTERS OR CHILDREN  
WHILE ADULTS GIVE BLOOD FOR DISASTER RELIEF AGENCIES

EDUCATE YOURSELF AND OTHERS ABOUT PREPAREDNESS

DONATE SNACKS, BOTTLED WATER AND OTHER NEEDED ITEMS TO  
DISASTER RELIEF AGENCIES

BE PATIENT WITH THE ADULTS WHO ARE TROUBLED BY THE DISASTER

SEND "THANK YOUS" AND ENCOURAGING WORDS TO THE PRESIDENT, SENATORS,  
MILITARY PERSONNEL, AND GOVERNMENT RELIEF EFFORTS

DISCUSS YOUR OWN FEARS AND CONCERNS  
WITH RESPONSIBLE ADULTS

KNOW THAT THERE WILL BE *PLENTY OF THINGS YOU CAN DO IN ONE MONTH, IN TWO  
MONTHS AND EVEN A YEAR FROM NOW*  
AS THIS DISASTER UNFOLDS

PLEDGE TO PRAY FOR SURVIVORS AND FAMILIES OF VICTIMS AS OFTEN AS YOU THINK OF  
IT. THIS IS SOMETHING THAT WILL BE NEEDED  
**FOR A LONG TIME**

TAKE CARE OF YOURSELF SO YOU CAN CONTINUE TO HELP OTHERS  
YOU HAVE NOT DONE YOUR BEST WORK YET

## IT'S OK TO PLAY TODAY

Dot all your "i's" with smiley faces.

Sing into your hairbrush.

Learn to tell some elephant jokes or grape jokes or "knock knock" jokes.

**Let the string all the way out of your kite.**

Read the funnies and throw away the rest of the paper.

Have someone read you a story.

Ask someone if their refrigerator is running.

**Dunk your cookies or toast or crackers.**

Put an orange slice in your mouth, peel side out and smile at people.

**Pretend that your bread rolls are tap dancing.**

Eat ice cream for breakfast.

Buy yourself a helium balloon..you remember the rest..(you do remember?)

**Step carefully over sidewalk cracks.**

**Wave to the engineer. (And...)**

Change into some play clothes (What?...

You don't have any play clothes? Go buy some.)

Eat peanut butter straight out of the jar.

*Try to get someone to trade you a better sandwich.*

**Squish some mud between your toes.**

Run through the sprinkler with all your clothes on.

Blow the paper wrapper off a straw.

**Make a clover chain for someone you really like.**

Kiss a frog...just in case.

Skip a stone across a pond

Refuse to eat the crusts.

**Sing to yourself...all...day....long.**

Make a face the next time someone tells you "NO".

Ask someone if they like "see-food" .....

Do a cartwheel.

PUT WAY TOO MUCH SUGAR ON YOUR CEREAL.

*Fingerpaint with chocolate pudding, make a really big mess and clean it up.*

**Make cool screeching noises when you go around a corner.**

**Fuss a little and take a nap.**

**Make someone laugh just when they start to drink something.**

Take a long running jump over a big puddle.

*Giggle at nude statues in a museum.*

**Give yourself a gold star for everything you do today.**

## IT'S OK TO BE SAD TODAY

CRYING,  
 THINKING SAD THOUGHTS,  
 WORRYING ABOUT PEOPLE YOU DON'T EVEN KNOW,  
 WORRYING ABOUT OTHER CHILDREN  
 AND THEIR FAMILIES,  
 WORRYING ABOUT FIREMAN AND POLICEMAN  
 AND EMERGENCY WORKERS,  
 WANTING TO DO "SOMETHING" TO HELP,  
 CRYING SOME MORE,  
 THINKING ABOUT YOU OWN SAFETY,  
 BEING AFRAID OF LOSING YOUR PARENTS,  
**BEING AFRAID TO RIDE IN AN AIRPLANE,**  
 BEING FRIGHTENED TO BE IN A TALL BUILDING,  
 BEING ANGRY AT PEOPLE WHO HAVE "HURT" THE INJURED PEOPLE YOU SEE ON THE  
 TELEVISION NEWS,  
**FEELING HELPLESS,**  
 WANTING TO HELP, BUT NOT KNOWING  
 HOW OR WHAT TO DO,  
**LOSNG YOUR APPETITE,**  
 THINKING THAT IT JUST DOESN'T MATTER HOW I ACT,  
**WANTING TO JUST SIT IN YOUR PARENTS LAP,**  
 WANTING TO TALK AND ASK LOTS OF QUESTIONS,  
 NOT WANTING TO ASK *ANY* QUESTIONS,  
 NOT BEING ABLE TO STOP CRYING  
 WHENEVER I THINK ABOUT "IT",  
 THINKING THAT NOTHING MATTERS,  
 NOT BEING ABLE TO DO MY SCHOOL WORK,  
**BEING FIDGETY AND UPSET AND TOO BUSY,**  
**BEING SICK TO MY STOMACH,**  
 WORRYING ABOUT YOUR OWN FAMILY.....

*.....BUT NOT FOR TOO LONG. TALK TO ADULTS WHO YOU TRUST AND WILL  
 TELL YOU THE TRUTH. TALK TO ADULTS WHO CAN HELP YOU DO POSITIVE  
 THINGS THAT HELP YOU FEEL LESS SAD AND EVEN HAPPY AGAIN, BECAUSE  
 IT'S OK TO PLAY AGAIN TOO.....*

## PSALM 46

as read by Paula P. Smith, responder to the World Trade Center disaster

**GOD** IS my refuge and strength

a very present *and* well tested support in any distress.

Therefore, I will NOT fear, even if the earth should change totally and skyscrapers be shaken into the midst of the cities; though economic waters rise and fall, though the job market tremble with chaos and riots.

**SELAH**

*(pause, breathe deeply, think calmly about that)*

There is a river of quiet, peaceful joy, whose streams constantly flow through the city of GOD, the holy place of the tabernacles of the MOST HIGH.

GOD is always residing in the midst of that city, making the city secure and impenetrable, despite the surrounding chaos and turmoil.

GOD is available to the city and its inhabitants early and *always* on time.

I, as a Christian, am a citizen of that city.

The nations, kings, rulers and world leaders rage, question, report, make plans, and rant. Countries are unstable *and* temporary; GOD utters HIS voice, and the whole earth melts in submission.

The LORD and Commander of the armies of heaven  
is here among us now.

The GOD of Jacob is our protective, secure fortress  
(and high towers).

**SELAH**

*(suspend all other thoughts, breathe deeply and think only about that)*

Come, behold the creative capabilities of the LORD, who has brought isolated barrenness *and* awesome marvels in all the earth. HE makes worldwide wars to cease until the end of all calculated time; HE breaks *all* offensive weapons into pieces and causes them to malfunction and become worthless and unusable.

HE sets fire to defensive armor.

*“STAND SILENT, STOP FIGHTING, RECOGNIZE, KNOW and UNDERSTAND  
that I AM.....GOD”*

The LORD and Commander in Chief of the heavenly armies is here among us.

HE, the GOD of Jacob has come to rescue us.

**SELAH**

*(take a deep breathe and pause, as long as it takes to fully realize this)*

The Amplified Bible, Zondervan, Good News Bible, American Bible Society, The Book, Tyndale

## THE 100

If Earth's population was shrunk into a village of just 100 people  
 --with all the human ratios existing in the world still remaining  
 -- what would this tiny, diverse village look like?  
 Philip M. Harter, M.D., Stanford University School of Medicine,

57 would be Asian  
 21 would be European  
 14 would be from the Western Hemisphere  
 8 would be African  
 52 would be female  
 48 would be male  
 70 would be nonwhite  
 30 would be white  
 70 would be non-Christian  
 30 would be Christian  
 89 would be heterosexual  
*6 people would possess 59 percent  
 of the entire world's wealth, and all  
 6 would be from the United States.*  
 80 would live in substandard housing  
 70 would be unable to read  
 50 would suffer from malnutrition  
 1 would be near death  
 1 would be pregnant  
 1 would have a college education  
 1 would own a computer

## DEBRIEFING YOUR DEBRIEFERS

- ✓ Teams should NOT work more than a week AT the site without being thoroughly assessed by trained Mental Health Providers.
- ✓ Debriefers should be educated and experienced with the type of disaster they are handling or have an experienced with them.
- ✓ Teams should be DEBRIEFED at least daily and then *whenever needed*.

Teams and Debriefers should be debriefed BEFORE they leave to return home and within a short time following their return. This should be by Mental Health Personnel who has specific PTSD and STSD expertise. Assessments and communication are vital. Debriefers' expertise *will be needed again*.

### REVIEW:

- How did it go for YOU?
- How did YOU think you did?
- What did you do that you wished you hadn't done, said, reacted to?
- What recurrent patterns emerged for YOU?
- What new "worries" have surfaced for you?

### RESPONSE:

- What did you forget to say that you wished you had remembered to say?
- How has this whole experience affected YOU?
- How has this whole experience been good for YOU? Have you learned anything?
- What was the hardest part of this experience for YOU?
- What emotions were the hardest for YOU to deal with or access?

### REMIND:

- What follow-up needs to be done?
- What role can YOU assume?
- What are YOU going to do in the next 24-72 hours to take care of yourself?
- What will YOU do to eventually "let go" of the negative aspects of this experience?

### FOLLOW-UP FOLLOW-UP FOLLOW-UP FOLLOW-UP FOLLOW-UP

- Make names and e-mail addresses or phone #'s available to other team members for "touch base" follow-ups.
- Encourage Journaling.
- Provide opportunities to all members to debrief their experiences...this is how we all learn and grow and inoculate ourselves.

# WHO ARE THE 87% ?

MATURITY  
STRENGTH OF CHARACTER  
GOOD MENTAL HEALTH.....

.....**CANNOT** CHANGE THE EFFECTS  
OF TRAUMA AND ITS TRANSFERENCE

- ◆ BALANCE OF INFORMATION  
RETRIEVED
- ◆ REGULATE AND MODIFY  
FEELINGS
- ◆ ABILITY TO SOOTHE AND  
CALM SELF
- ◆ ALONE WITH ALONENESS
- ◆ ABILITY TO MODERATE  
SELF-LOATHING

## TRAUMA STAGES

### **STAGE ONE EARLY WARNING SIGNS**

VAGUE ANXIETY, FEELINGS OF DEPRESSION, APATHY,  
CONSTANT BOREDOM WITH JOB AND LIFE

### **STAGE TWO INITIAL SYMPTOMS**

LOWERED EMOTIONAL CONTROL, SLEEP DISTURBANCES, DIFFUSE BACK AND MUSCLE  
ACHES, HYPERACTIVITY, MINIMIZATION OF SYMPTOMS, GRIM HUMOR, BEGINNING  
MISTRUST OF SELF AND OTHERS, FORGETFULNESS, INCREASING ANXIETY, HEADACHES,  
EXCESSIVE FATIGUE, MODERATE WITHDRAWAL FROM SOCIAL CONTACT

### **STAGE THREE ESCALATION OF SYMPTOMS**

GENERALIZED PHYSICAL WEAKNESS, STRONG FEELINGS OF DEPRESSION, INCREASED  
SMOKING, INTESTINAL DISORDERS, WITHDRAWAL, LOSS OF SEXUAL APPETITE,  
EMOTIONAL OUTBURSTS, RIGID THINKING, DENIAL, PARENTING SKILLS WEAKEN,  
DIFFICULTY THINKING CLEARLY, SKIN RASHES, SELF-MEDICATING BEHAVIORS, HIGH  
BLOOD PRESSURE, MIGRAINES, LOSS OF APPETITE, EXCESSIVE IRRITABILITY, IMPAIRED  
JUDGMENT, PHYSICAL, MENTAL AND EMOTIONAL NUMBING

### **STAGE FOUR SUB-ACUTE SYMPTOMS**

ASTHMA, DIABETES/HYPOGLYCEMIA, SLEEP DEPRIVATION, HEART ATTACKS, INABILITY TO  
FUNCTION ON JOB, INABILITY TO FUNCTION..., TIME/SPACE DISTORTIONS, MUSCLE  
TREMORS, OVERREACTION TO EMOTIONAL STIMULI, NIGHT TERRORS- NONSPECIFIC,  
NUMBING INCREASES (PSYCHIC AND PHYSICAL), CORONARY ARTERY DISEASE, CANCER,  
SEVERE DEPRESSION, SEVERES SOCIAL CONTACTS, UNCONTROLLABLE CRYING, SUICIDAL  
THOUGHTS OR LOSS OF WILL TO LIVE, SEVERE FATIGUE, AGITATION, ACCIDENT  
PRONE/CARELESS, LIFE SEEMS TO BE RUN BY FEAR, *HOPE* DIMINISHES

### **STAGE FIVE ACUTE TRAUMA SYMPTOMS**

SURVIVAL MODE, SHAME, NIGHTMARES -SPECIFIC INCIDENT, MEMORY LOSS, DEEP GRIEF,  
FOR "LOSS OF SELF", OBJECT IMPRINTING, ANY FEAR TRIGGERS TRAUMA RESPONSES,  
PREOCCUPATION WITH POWER AND DEATH, CHANGE IN APPEARANCE, ALL  
ENCOMPASSING LOSS OF FAITH, UNCONTROLLABLE RAGE (COULD BE LETHAL), NO VIEW  
OF THE FUTURE, FRAGMENTED SPEECH, INABILITY TO "TELL THEIR STORY", FREQUENT  
REPLAYING OF THE "EVENT", CHRONIC DEPRESSION, DEATH ANXIETY

### **STAGE SIX RECOGNIZING AND HEALING**

CONNECTION AND TRUST WITH THERAPIST/COUNSELOR, ANTIDEPRESSANTS, EDUCATION  
ABOUT TRAUMA AND COMPASSION FATIGUE, LEARNING ABOUT YOUR "BUTTONS",  
COURAGE TO "TELL THEIR STORY", LEARNING THAT GRIEVING IS "PART" OF LIFE,  
DIAGNOSIS, INTELLECTUAL CONNECTION, BUILDING SUPPORT, PURPOSEFUL GRIEF  
WORK, COURAGE TO ADMIT VULNERABILITY, SOCIAL INTERACTIONS RETURN, EMOTIONS  
BEGIN TO STABILIZE, AWARENESS OF HYPERVIGILANCE, NIGHTMARES FADE AS  
RESOLUTION OCCURS, LOOSENS TIES WITHOUT SEVERING, ACTIVELY SEEKS HEALING

## CHILDREN CHARACTERISTICALLY.....(and you should too!)

- SEEK OUT THINGS THAT ARE FUN TO DO OR FIND A WAY TO HAVE FUN WHERE THEY ARE DOING and WHAT THEY ARE DOING;
- SPONTANEOUSLY JUMP FROM ONE INTEREST OR PROJECT TO ANOTHER, GIVING THEMSELVES PERMISSION TO LEAVE ONE ACTIVITY WHENEVER THEY FEEL BORED OR MORE INTERESTED IN SOMETHING ELSE;
- ARE CURIOUS AND USUALLY EAGER TO TRY ANYTHING ONCE;
- SMILE AND LAUGH A LOT;
- EXPERIENCE AND EXPRESS EMOTIONS FREELY;
- ARE CREATIVE AND INNOVATIVE;
- ARE PHYSICALLY ACTIVE;
- ARE CONSTANTLY GROWING PHYSICALLY AND MENTALLY;
- WILL RISK OFTEN – I.E., AREN'T AFRAID TO KEEP TRYING SOMETHING THAT THEY ARE NOT INITIALLY GOOD AT AND AREN'T AFRAID TO FAIL;
- REST WHEN THEIR BODY TELLS THEM TO (AND IF THEY RESIST NAP TIME, THEY BECOME CRANKY AND HAVE SHORTED ATTENTION SPANS);
- LEARN ENTHUSIASTICALLY;
- DREAM AND IMAGINE;
- BELIEVE IN THE IMPOSSIBLE;
- GENERALLY DON'T WORRY OR FEEL GUILTY; AND
- ARE PASSIONATE.

- from You Don't Have to Go Home From Work Exhausted by Ann McGee-Cooper

## Are You a Coffee Bean????

Her mother took her to the kitchen. She filled 3 pots with water. In the 1st, she placed carrots, in the 2nd she placed eggs and in the last she placed ground coffee beans. She let them sit and boil without saying a word. In about 20 minutes she turned off the burners. She fished the carrots out and placed them in a bowl. She pulled the eggs out and placed them in a bowl.. Then she ladled the coffee out and placed it in a bowl. Turning to her daughter, she asked, "Tell me what do you see?" "Carrots, eggs and coffee," she replied. The mother brought the daughter closer & asked her to feel the carrots. She did and noted that they were soft. She then asked her to take an egg and break it. After pulling off the shell, she observed the hard-boiled egg. Finally, she asked her to sip the coffee. The daughter smiled, as she tasted its rich flavor and smelled its aroma. The daughter then asked. "What's the point, mother?" Her mother explained that each of these objects had faced the same adversity-boiling water-but each reacted differently. The carrot went in strong, hard and unrelenting. However after being subjected to the boiling water, it softened and became weak. The egg had been fragile. Its thin outer shell had protected its liquid interior. But, after sitting through the boiling water, its inside became hardened. The ground coffee beans were unique, however. After they were in the boiling water they had changed the water. "Which are you?" she asked her daughter. "When adversity knocks on your door, how do you respond? Are you a carrot, an egg or a coffee bean?"

Think of this: Which am I? Am I the carrot that seems strong, but with pain and adversity, do I wilt and become soft and lose my strength? Am I the egg that starts with a malleable heart, but changes with the heat? Did I have a fluid spirit, but after death, a breakup, a financial hardship or some other trial, have I become hardened and stiff? Does my shell look the same, but on the inside am I bitter and tough with a stiff spirit and a hardened heart? Or am I like the coffee bean? The bean actually changes the hot water, the very circumstance that brings the pain. When the water gets hot, it releases the fragrance and flavor. If you are like the bean, when things are at their worst, you get better and change the situation around you. When the hour is the darkest and trials are their greatest do you elevate to another level? How do you handle Adversity?

**ARE YOU A CARROT, AN EGG, OR A COFFEE BEAN?"**

.....EVEN VIET NAM HAD A  
*DEMILITARIZED* ZONE

MAKE YOUR  
HOME  
A  
**WAR-FREE,**  
*SAFE HAVEN*  
ZONE

### Compassion Fatigue Bibliography/Further Reading

- Allen, Roger J. Human Stress, Its Nature and Control, New York, MacMillan, 1983.
- Antonovsky, Aaron, Ph.D. "The Salutogenic Perspective: Toward a New View of Health and Happiness".
- Antonovsky, Aaron, Ph.D., Health, Stress and Coping: New Perspectives on Mental and Physical Well-Being.
- Benson, Herbert. The Relaxation Response, New York, Avon Books, 1975.
- Brown, Barbara B. Between Health and Illness, Boston, Houghton Mifflin Company, 1984.
- Edelwich, Jerry and Brodsky, Archie. Burn-Out, New York, Human Science Press, 1980.
- Farber, B. A. and Hiefetz, L. J. The Process and Dimensions of Burnout in Psychotherapists, *Professional Psychology*, vol. 13, pp.293-301, 1982
- Figley, Charles R. Compassion Fatigue, New York, Brunner/Mazel, 1995.
- Follette, V. M., Polusny, M. M. and Milbeck, K. Mental health and law enforcement professionals: Trauma history, psychological symptoms, and impact of providing services to child sexual abuse survivors, *Professional Psychology Research and Practice*, vol 25, pp. 275-282, 1994.
- Hacker, Carol. Third Annual International Association of Trauma Counselors Convention, *Rescuing Little Red Riding Hood : When her Nightmare Becomes Yours*, Charleston, South Carolina, 1994.
- Hart, Archibald D. The Hidden Link Between Adrenaline and Stress, Dallas, Word Publishing, 1995.
- Hoffman, David. Successful Stress Control, Rochester, Vermont, Thorsons Publishers Inc., 1987.
- McCann, I. L. and Pearlman, L. A. Vicarious Traumatization: A framework for understanding the psychological effects of working with victims, *Journal of Traumatic Stress*, vol 3, pp. 131-149, 1990.
- McGee-Cooper, Ann. You Don't Have to Go From Work Exhausted!, New York, Bantam, 1992.

- Meichenbaum, Donald. A Clinical Handbook/Practical Therapist Manual for Assessing and Treating Adults with Post-Traumatic Stress Disorder (PTSD), Waterloo, Ontario, Canada, Institute Press, 1994.
- Metcalf, C. W. and Felbie, R., 1992, Lighten Up, Addison-Wesley.
- Mitchell, Jeffery and Everly, George S. Critical Incident Stress Debriefing: CISM, Elliot City, Maryland, Chevron Publishing, 1996.
- Stamm, B. Hudnall. Secondary Traumatic Stress, Lutherville, Maryland, Sidran Press, 1995.
- van der Kolk, Bessel. *The Body Keeps Score: Memory and the evolving psychobiology of post-traumatic stress*, Boston, Massachusetts, Harvard Medical School, 1994.
- van der Kolk, Bessel, McFarlane, Alexander, and Weisaeth, Lars. *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body and Society*, New York, The Guilford Press, 1996.

## COMPASSION FATIGUE INTERNET RESOURCES

Compassion Fatigue Self Test for Helpers  
<http://www.fsu.edu/~bhstamm/satfat.htm>

Compassion Fatigue: Traumatology Journal  
<http://www.fsu.edu/~trauma/>

David Baldwin Trauma Pages  
<http://www.trauma-pages.com/index.phtml>

National Center for PTSD  
<http://www.dartmouth.edu/dms/ptsd/index.htm>

Carl Hayden' s Pages  
<http://www.long-beach.va.gov/ptsd/stress.html>

Compassion Fatigue ACE Self Test  
<http://www.ace-network.com/cftest.htm>

**DISASTER RELIEF AGENCIES  
WHO ACCEPT CONTRIBUTIONS  
AND NEED CONTINUING PRAYER SUPPORT**

**AMERICAN RED CROSS:** Services including Anything and Everything surrounding the Manhattan World Trade Center Tragedy. *Accepting volunteer, blood and monetary donations.* 1-877-REDCROSS (733-2767) <http://www.redcross.org>

**GEORGIA BAPTIST DISASTER RELIEF:** Provides 95% of the disaster relief in Georgia in association with the American Red Cross. Including, but not limited to Feeding Teams, Childcare, Communication, Site Clean-up, and Clergy Support. They are presently providing these services at ground 0 in the Manhattan World Trade Center Tragedy. Disaster Team participation requires training. *Accepting monetary donations.* (Also North American Mission Board at <http://www.namb.net> <http://www.gabaptist.org> and P.O. Box 116543, Atlanta, GA. 30368-6543)

**SALVATION ARMY:** Provides food, grief counseling, clergy and chaplains on site throughout the Manhattan and Washington tragedy. Donations for the World Trade Disaster can be sent to Salvation Army National Capital and Virginia Division, P.O. Box 18658, Washington, D. C. 20036. 1-800-SAL-ARMY <http://www.salvationarmy.org>

**INTERNATIONAL CRITICAL INCIDENT STRESS FOUNDATION:** ICISF provides crisis response and critical incident stress debriefings by trained staff and clergy/chaplains, defusings and demobilizations for fire and police personnel and emergency workers. This service is ESSENTIAL for the mental and physical health of these HEROes. This service continues for years, if necessary and is *without charge*. ICISF INC., attn: Donald Howell or Victor Wellcant, 10176 Baltimore National Pike, Unit 201, Elliott City, MD. 21042 or on the web at <http://www.icisf.org> for information and updates

**ASSOCIATION OF TRAUMATIC STRESS SPECIALISTS:** Provides traumatic incident debriefings and on-site crisis counseling and clergy/chaplains for the ICISF debriefers. Services provided by limited grants and other foundation and companies. Provides training and certification for trauma services providers. <http://www.atss-hq.org>

Vocatus atque non vocatus DEUS aderit  
Summoned or not GOD is present now

THANK YOU THANK YOU THANK YOU THANK YOU THANK YOU THANK YOU THANK YOU  
THANK YOU THANK YOU THANK YOU THANK YOU  
THANK YOU THANK YOU THANK YOU THANK YOU THANK YOU THANK YOU THANK YOU  
THANK YOU THANK YOU THANK YOU THANK YOU

## COMPASSION STRESS

**Compassion Stress** is defined as the natural consequent behaviors and emotions of knowledge about a traumatizing event experienced by a significant other. It is the stress resulting from *helping or wanting to help* a traumatized person.

"Those who come in contact with a traumatized person...may experience considerable emotional upset and may over time, become indirect 'victims' of the traumatic event, experiencing secondary traumatization or traumatic stress" (Figley 1993)

**Vicarious Traumatization** is defined as a stress reaction experienced by therapists researchers, families, emergency workers and clergy who are exposed to disclosures of traumatic images and material by clients and research participants. (McCann and Pearlman 1990)

Previous conceptualizations of the impact of trauma work on professionals have included counter-transference; "burnout" and work related PTSD. Symptomology of Compassion Stress may include feelings of negative counter-transference, indecency, increased frustration and helplessness - all of which lead to ineffective treatment and distress in the person dealing directly with the traumatized client.

### INEFFECTIVE COPING METHODS

Making Radical Changes  
Avoiding Decisions  
Social Withdrawal  
Substance Abuse  
These create stress themselves.

### EFFECTIVE COPING METHODS

Peer Support Networks - Increasing Contact with Others  
Consultations with Colleagues  
Education about Specific Trauma  
Personal Therapy  
Avoiding Unproductive Worrying by Channeling Energy  
Maintaining Physical Health with Healthy Habits  
Humor

## COMPASSION FATIGUE

**Compassion Fatigue** is defined as the natural behavioral and emotional response to knowledge of a traumatizing event (critical incident stress). It is identical to Secondary Traumatic Stress Disorder and is equivalent to Post-Traumatic Stress Disorder. (DSM IV) Compassion Fatigue is the difference between the sequelae or pattern of response, during and following a traumatic event, for people exposed to the primary stressors and those exposed to the secondary stressors. Therapists, other Professionals, Family, and Friends of people exposed to the primary stressors (i.e. victims) are *vulnerable* to Secondary Traumatic Stress (Compassion Stress) and Acute Stress Disorder (Compassion Fatigue). Figley, 1993

The Person has....

- experienced an event outside the range of human experience that would be markedly distressing for almost anyone.
- had a serious threat to his or her life or physical integrity.
- had serious threat or harm to his or her children, spouse, or other close relative or close friends.
- had serious threat of or sudden destruction of his or her home or community.
- seen another person seriously injured or killed in an accident or by physical violence.
- learned about unexpected or violent death, serious harm, or threat of death or injury by a family member or close associate.

The good news is that Mental Health Professionals with personal trauma history do not appear to negatively impact the person's response to trauma work. There is no discernable threshold for doing trauma work for Mental Health Professionals beyond which these persons would exhibit trauma-specific symptoms. The bad news is that the personal stress of the Mental Health Professional seems directly related to trauma stress in the job. (Follette, Polusny and Milbeck, 1994)

## HIERARCHY OF HUMAN NEEDS

MASLOW 1962, MILLER 1981, WEIL 1973, GLASSER 1985

1. SURVIVAL
2. SAFETY
3. TOUCHING (SKIN CONTACT)
4. ATTENTION
5. MIRRORING AND ECHOING
6. GUIDANCE
7. LISTENING
8. BEING REAL
9. PARTICIPATING
10. ACCEPTANCE AND BELONGING:  
TAKEN SERIOUSLY, ADMIRED, TOLERATED,  
VALIDATED, RESPECTED FOR BEING YOUR  
TRUE SELF
11. OPPORTUNITY TO GRIEVE LOSSES AND  
GROW
12. SUPPORT
13. LOYALTY AND TRUST
14. ACCOMPLISHMENT  
*MASTERY, PERSONAL CREATIVITY, SENSE  
OF COMPLETION, CONTRIBUTING*
15. ALTERING ONE'S OWN CONSCIOUSNESS,  
TRANSENDING ORDINARY
16. SEXUALITY
17. ENJOYMENT OR FUN
18. FREEDOM
19. NURTURING
20. UNCONDITIONAL LOVE (INCLUDING  
CONNECTION WITH A HIGHER POWER)

**PRAYER SUPPORT NEEDS  
FOR THE WAKE OF WTC TRAUMA  
(THIS IS NEEDED SEVERAL TIMES A DAY  
AND ON A CONTINUING BASIS FOR YEARS TO COME)**

FIRE PERSONNEL, POLICE OFFICERS, DISPATCHERS, NATIONAL GUARD, DEBRIEFERS, STATE TROOPERS who provide an escort for the bodies to the morgue, MILITARY PERSONNEL, TRAUMA SPECIALISTS WHO DEBRIEF THE DEBRIEFERS, LOCAL BUSINESS OWNERS, CLEAN-UP CREWS, SURVIVORS OF EVENT, PERSONS INJURED IN THE EVENT STILL IN THE LOCAL HOSPITALS, HOSPITAL PERSONNEL (DOCTORS, NURSES, AND OTHER SUPPORT POSITIONS), FAMILY OF SURVIVORS, FRIENDS OF SURVIVORS, FAMILY OF MISSING AND PRESUMED DEAD, FRIENDS OF THE MISSING AND PRESUMED DEAD, FAMILY OF THE DECEASED, FRIENDS OF THE DECEASED, AIRLINE CREWS, AIRLINE SUPPORT PERSONNEL, OUR COUNTRY'S LEADERS, OTHER WORLD COUNTRY'S LEADERS, AMERICAN RED CROSS PERSONNEL, SALVATION ARMY PERSONNEL, GEORGIA BAPTIST DISASTER RELIEF PERSONNEL, GRIEF AND BEREAVEMENT COUNSELORS, TRAUMA SPECIALISTS, TRAUMA RESEARCHERS, RESIDENTS OF NEW YORK CITY, RESIDENTS OF SURROUNDING AREAS (NEW JERSEY, ETC.), PEOPLE DIVERTED TO OTHER AIRPORTS IMMEDIATELY FOLLOWING THE EVENT, COMMUNITIES WHERE THESE PEOPLE WERE DETAINED, COMMAND CENTERS FOR SUPPORT PERSONNEL AT GROUND ZERO, SUPPORT PERSONNEL AT GROUND ZERO, CHAPLAINS AND CLERGY IN NEW YORK CITY AND SURROUNDING AREAS, TRANSPORTATION PERSONNEL, FORENSIC EXAMINERS, LOCAL LABORATORY PERSONNEL, CRIME RESPONSE DETECTIVES, MORGUE PERSONNEL, NEW YORK RESIDENTS WHO HAVE RETURNED TO WORK IN THE SURROUNDING BUILDINGS WITH TREMENDOUS FEAR, ANXIETY AND THE CONSTANT REMINDERS OF THE EVENT, PEOPLE WHO HAVE EXPERIENCED PAST TRAUMATIC AND TERRORISTIC EVENTS, RESIDENTS OF AFGHANISTAN WHO WATCH AND LISTEN, PARALYZED BY THE EVENTS SURROUNDING THE WTC EVENT, RESTAURANT, JANITORIAL, AND CITY PERSONNEL, ARCHITECTS AND CONSTRUCTION WORKERS IN CHARGE OF REBUILDING THE PENTAGON AND MEMORIALS AND SURROUNDING BUILDINGS, THE COUNTRY'S CHILDREN, THE WORLD'S CHILDREN, PEOPLE WHO HAVE LOST THEIR JOBS, PEOPLE WHO WILL LOSE THEIR JOBS LATER, PEOPLE WHO WILL BE PHYSICALLY AND EMOTIONALLY AND SPIRITUALLY DISABLED BY THE WTC EVENT FOR A VERY LONG TIME (This is only a short list of the needs, meant to help you begin the process of prayer support)

PRAY FOR ECONOMIC STABILITY, PERSONAL STAMINA, AND **PEACE**, THE PEACE THAT  
ONLY **GOD** PROVIDES

# STRESS ZAPPERS - SANITY SAVERS

STRIVE TOWARD BALANCE, NOT MORE OR LESS

Learn to decline gracefully (the word "no" is a complete sentence)

Control your personal spending

PRACTICE PERSONAL DISCIPLINE

**DISCARD GUILT**

CREATE ENERGY

*Forgive Yourself*

Fight fatigue,

**DISCARD WORRY**

Write it Down

*Sprinkle your conversations with positive phrases*

Simplify everything possible

Encourage others to do things for themselves

CONTINUE DISCARDING CLUTTER

**Stop making excuses for NOT taking care of yourself**

Consult an EXPERT - Call your MOM

PRACTICE FORGIVENESS, MOMENT TO MOMENT

**EXAMINE** AND **ADJUST** YOUR

THOUGHT PROCESSES AND ATTITUDES

**ASK FOR HELP**

**Organize, organize, organize, and continue to organize**

**CHOOSE YOUR WORDS AFTER THINKING**

B. D. A. C.

**SWITCH BRAINS**

Live in the here and now

PREPARE TO BE ANNOYED (and perplexed and frustrated and...)

Stretch and relax

**ALLOW YOURSELF MORE TIME (thou shalt not procrastinate)**

Thou Shalt Not *Should* on thyself

## Take Care of Your Big Bad Self – Add to this List

### Take Care of Yourself **NOW** - Habit and Routine

- Eat *proper* nutrition; feed your brain and nerves and heart, 5 servings of vegetables, ENOUGH of what you NEED
- Drink *plenty* of water (at least 64 oz per day)
- Rest, sleep, *PowerNap* – You CANNOT catch up on sleep, 8-10 hours per night for *most people*
- EXERCISE – Your heart, your *other* muscles, Stretch, Resist, PowerWalk, Move, Bodies in motion tend to stay in motion (even if that doesn't *feel* true at the time), Benefits include Emotional Stamina and Health as well as Physical Strength and Well Being
- Avoid Negative thoughts and emotions.  
*Train and Discipline* yourself to “STOP THINK”
- Exercise and Feed Your Spirit
- Floss you teeth
- Prepare for the Whatever
- Drain off Stress and adrenaline– Do things to NOT get stressed rather than waiting for STRESS and then *Doing*, Have you ever tried to *unwind* a watch?
- Exercise Both Brains – Read, Solve, Wonder, Inquire, Laugh, Learn More, Switch Brains, Whistle, Count things, Sing as you work

### Take Care of Yourself **WHEN** (remember, it's habit and routine)

- ALL OF THE ABOVE PLUS...
- Exercise and Feed Your Physique, Intellect and Spirit (What? You thought you could run on empty!)
- Drink *Plenty* of Fluids, there are no good substitutes for fresh, clean water
- REST (You STILL *cannot* catch up on sleep)
- *Drain off* and Deactivate Stress, Adrenaline and Emotions ASAP
- Switch Brains, Debrief, Defuse
- Ask for ANY assistance that you need – this is NOT weakness
- Allow time to *Process* Lessons Learned – 30 to 90 days is not too long
- Start Looking Forward to Something if You weren't Already

### Take Care of Yourself **AFTER** (all the way to **HOPE**)

Whatever it Takes, For However Long it Takes, With No Stigmas or Guilt, Recoup, Restore, Rest, Renew, Re-Establish Routine ASAP, Continue to Drain Off, De-Brief, De-Activate Stress, Adrenaline and Emotions (it is a process), It's OK to Play, It's OK to be Sad, Re-Establish Balance, Be Kind to Yourself (Can You say “Spa”?), Let Others Be Kind to You, Resist Withdrawing, Re-Establish Your Humor, Seek Professional Help if Necessary – You Have MY Permission

**YOU HAVE NOT DONE YOUR BEST WORK YET**

THERE IS A SUBTLE,  
BUT VAST  
DIFFERENCE  
BETWEEN *TAKING  
CARE OF YOURSELF*  
AND INDULGING  
YOURSELF

## DIVERSITY

Just when you think you've got it all figured out, someone comes along and changes your mind. By showing you that there are different ways of being smart or funny or graceful or generous. And that the color of your skin is less important than the color of your imagination. And that yours is only one of six billion ways of carrying yourself through the world. And afterwards, you are no longer quite yourself; you are larger, in the knowledge that the only race that *really* matters in the human one.

Merrill Lynch, *Working Woman*, Jan. 2000

## The Silver Refiner

A group of women were studying the book of Malachi in their Bible study. In their session on chapter three, they were puzzled by verse three, which reads: "HE will sit as a refiner and purifier of silver."

The women wondered what this statement could tell them about the character and nature of GOD. One of the women offered to research the process of refining silver and report back to the group at their next meeting. During the week, the woman called a silversmith and made an appointment to watch him at work. She didn't mention her purpose, just her curiosity about the process of refining silver. As she watched, the silversmith held a piece of silver over the fire and let it heat up. He explained that in refining silver, one needed to hold the silver in the middle of the flame, where the heat was the hottest, in order to burn away all the impurities. The woman thought about GOD holding us while we're in a hot spot . . . then she thought of the verse, that HE sits as a refiner and purifier of silver.

She asked the silversmith if he must sit there in front of the fire the entire time the silver was being refined. The man answered yes. He not only had to sit there holding the silver, but he had to keep his eyes on the silver the entire time it was in the flames. If the silver was left even a moment too long, it would be *destroyed*.

The woman was silent for a moment. Then she asked the silversmith, "How do you know when the silver is fully refined?" He smiled at her and answered, "Oh, that's the easy part - *when I see my image reflected in it.*"

If today you are feeling the heat of the flames, remember that GOD has HIS eye on you and will keep HIS hand on you and watch over you until HE sees HIS image in you.

- Author Unknown.

"Use what talents you possess; the woods would be very silent if no birds sang except those that sang best."

-- Henry Van Dyke

# SOME TYPICAL REACTIONS TO CRITICAL INCIDENTS TRAUMATIC EVENTS

## COGNITIVE

SENSORY  
DISTORTION  
CONFUSION  
(“DUMBING DOWN”)  
INABILITY TO  
CONCENTRATE  
DIFFICULTY IN  
DECISION MAKING  
GUILT  
PREOCCUPATION  
(OBSESSIONS) WITH  
EVENT  
INABILITY TO  
UNDERSTAND THE  
CONSEQUENCES OF  
BEHAVIOR

**\*\*SEVERE\*\***  
SUICIDAL/HOMICIDAL  
IDEATION  
PARANOID IDEATION  
DISORIENTATION  
PERSISTENT  
DIMINISHED  
PROBLEM-SOLVING  
DISTRESSING  
RECURRENT  
DREAMS  
DISABLING GUILT  
HALLUCINATIONS  
DELUSIONS  
PERSISTENT  
HOPELESSNESS or  
HELPLESSNESS  
PSYCHOGENIC  
AMNESIA

## EMOTIONAL

DISSOCIATION  
ANXIETY  
IRRITABILITY  
ANGER  
MOOD SWINGS  
DEPRESSION  
FEAR, PHOBIA  
PHOBIC AVOIDANCE  
POST-TRAUMATIC  
STRESS (PTS)  
GRIEF

**\*\*SEVERE\*\***  
PANIC ATTACKS  
OVERWHELMING  
FEELINGS  
PERSISTENT “FLAT”  
OR INAPPROPRIATE  
AFFECT  
INFANTILE  
EMOTIONS IN  
ADULTS  
IMMOBILIZING  
DEPRESSION  
POST-TRAUMATIC  
STRESS DISORDER  
(PTSD) –  
Post-Traumatic Stress  
(PTS) is a normal  
survival response;  
PTSD is a pathological  
variant of that normal  
survival reaction

## BEHAVIORAL

IMPULSIVENESS  
RISK-TAKING  
EXCESSIVE EATING  
ALCOHOL/DRUG USE  
HYPER-STARTLE  
COMPENSATORY  
SEXUALITY  
SLEEP  
DISTURBANCE  
WITHDRAWAL  
FAMILY DISCORD  
CRYING SPELLS  
HYPER-VIGILANCE  
1000-YARD STARE

**\*\*SEVERE\*\***  
VIOLENCE  
ANTISOCIAL ACTS  
ABUSE OF OTHERS  
LASTING  
COMPULSIVE ACTS  
DIMINISHED  
PERSONAL HYGIENE  
IMMOBILITY  
PERSISTENT SLEEP  
DISTURBANCE  
(e.g., nightmares)  
SELF-MEDICATION

## PHYSICAL

TACHYCARDIA OR  
BRADYCARDIA  
HEADACHES  
HYPERVENTILATION  
MUSCLE SPASMS  
PSYCHOGENIC  
SWEATING  
FATIGUE  
EXHAUSTION  
INDIGESTION,  
NAUSEA, VOMITING

**\*\*SEVERE\*\***  
CHEST PAIN  
PERSISTENT  
IRREGULAR  
HEARTBEATS  
RECURRENT  
HEADACHES  
BLOOD IN VOMIT,  
URINE, STOOL,  
SPUTUM  
COLLAPSE or LOSS  
OF CONSCIOUSNESS  
NUMBNESS or  
PARALYSIS  
(ESPECIALLY IN  
ARMS, LEG, FACE)  
INABILITY TO SPEAK  
or UNDERSTAND  
SPEECH

## SPIRITUAL

ANGER AT GOD  
WITHDRAWAL FROM  
FAITH-BASED  
COMMUNITY  
CRISIS OF FAITH

**\*\*SEVERE\*\***  
CESSATION FROM  
PRACTICE OF FAITH  
RELIGIOUS  
OBSESSIONS  
RELIGIOUS  
COMPULSIONS  
RELIGIOUS  
HALLUCINATIONS OR  
DELUSIONS

**\*\*ALL OF THE  
SIGNS AND  
SYMPTOMS OF  
SEVERE  
DYSFUNCTION  
WARRANT  
REFERRAL TO  
THE NEXT  
LEVEL OF  
CARE\*\***