Chaplaincy Training Notebook Sixteen Hours

The Caribbean & Southern Africa

Website: FCICHAPLAINS.ORG

WHAT IS A CHAPLAIN

- The Difference Between a Pastor and a Chaplain One of the easiest ways to understand the difference between a chaplain and a pastor is to consider where they are based.
- Pastors have a church as their base.
- Chaplains are based in the community rather than a particular church.

WHAT IS A CHAPLAIN

Pastors Are:

- Minister to their congregation
- Typically, the audience is not in crisis or experiencing trauma.
- While they provide individual guidance or counseling, it is not the main focus of their job.
- Spreading the faith is their primary focus but they do assist the community.
- May have gender restrictions for service.
- May have gender restrictions for ordination.

WHAT IS A CHAPLAIN

Chaplains Are:

Workers outside of the church

Have a nondenominational approach and work equally with people of all faiths.

May at times hold informal worship services, which would be for all faiths; however, worship is not the focus of their duty.

Often involved in helping through traumatic situations.

Dedicated servants

Leaders of the faith

Nonjudgmental

Available • Good listeners • Spiritual paramedics

WHAT IS A CHAPLAIN

Spiritual Paramedic:

People helper

Shockproof

Listen carefully

Maintains a sense of humor

Assessment skills

What does it mean to be shockproof?

WHAT IS A CHAPLAIN

- There is no need to get in over your head.
- There is plenty of help out there. If you can't handle the situation, ask for help.
- **Just as a Paramedic**:
- Assesses
- Intervenes
- And may refer patients to a definitive medical care…. A spiritual paramedic will do the same.

Remember that it is not important to impress others with your knowledge and using scripture quotes is often inappropriate.

WHAT IS A CHAPLAIN

- **Chaplains Strive to Live by**:
- Holiness – see Hebrews 12:14
- Humility – see 1Peter 5:6
- Hard Work – see Colossians 3:23

The souls of those we serve remain the constant and sustaining goal of the Chaplain. We care for their concerns, we feel their hurt, we desire to be of service, but first and foremost, we desire to be representatives of Jesus in their lives.

SPIRITUAL CARE

SPIRITUAL CARE It is the duty of a Chaplain to provide Spiritual care. Yet many are unclear as to exactly what Spiritual care means and how to incorporate it in working with those we serve.

What is the difference between Spirituality and Religion?

Spirituality An individual practice, having to do with a sense of peace and purpose. It also relates to the process of developing beliefs around the meaning of life and connections with others.

Spirituality is a broad concept with room for many interpretations.
- In general, it includes a sense of connection to something bigger than ourselves.
- Typically involves a search for meaning in life and as such it is a universal experience.

SPIRITUAL CARE

Religion
A specific set of organized beliefs and practices, usually shared by a community or group.

What is Spiritual Care?
• Spiritual Care deals with the provision of compassion and empathy during periods of heightened stress, distress, and anxiety.
• In addition, it is caring for those experiencing Spiritual Distress which can be defined as the inability or impaired inability to integrate meaning and purpose in life through connectedness with self, others, nature, a greater power outside themselves.

SPIRITUAL CARE

Why are Spiritual Beliefs Important?

- Provide strength to overcome hardships.
- Help people make better life choices – adhering to a particular spiritual tradition may bring about indirect health benefits because
many beliefs have rules for how we treat our bodies and about avoiding unhealthy lifestyles.
- Incorporating spiritual practices may help you live longer. An exhaustive review that compared spirituality and religiousness to other health interventions found that people with a strong spiritual
life had an 18% reduction in mortality.

SPIRITUAL CARE

Why are Spiritual Beliefs Important?

- Spiritual practices have been recognized as powerful coping mechanisms for dealing with life-changing or traumatic events.
- Spiritual care is regarded as a life-enhancing factor and coping mechanisms for dealing with life-changing or traumatic events.
- These practices may also increase hope for the future. Research reports significantly increased immune functions in response to spiritual care practices.

SPIRITUAL CARE

Key Statistics

- 87% of patients would call spirituality important in their lives, while
between 51% to 77%, depending on the study, consider religion to be important.
- 28% (of cancer patients), 40.8% (of cancer patients undergoing chemotherapy), even 65% (of older patients) have spiritual distress.
- 72% of patients in one study articulated that they received minimal or no spiritual support from the medical team.

Spiritual Care Do's and Don'ts

Do's
- Have a Christ – like attitude.
- Serve everyone without discrimination.
- Be a person of your word.
- Be shockproof.
- Be a leader of the faith.

Don'ts
- Be judgmental.
- Only work within your faith or denomination.
- Evangelize
- Make promises you cannot keep.
- Try to impress with your knowledge of scripture.

WHAT SPIRITUAL CARE DOES NOT DO

Spiritual care does not promote religion or spiritual practices or enforce beliefs on people, but instead provides opportunities for people to express their values and needs and empowers them to deal with their current situation.

SPIRITUAL CARE – TWO CATEGORIES

- **Religious Interventions**

1. Honors religious beliefs without judgement or prejudice.
2. Support people within their own faith traditions.
3. Offer opportunities for them to discuss their beliefs and values.

Ask

- What scriptures are important to you?
- How can I support you spiritually?
- Do you have spiritual beliefs that help you cope in stressful situations?

If the answer is no, ask what gives their life meaning.

SPIRITUAL CARE – TWO CATEGORIES

- **Nonreligious Interventions**

1. Be present (ministry of presence)
2. Listening – body language, eye contact, etc.
3. Empathy and compassion
4. Music
5. Art
6. Meet the need.
7. Ask – How can I help you?
8. Resources

Pastoral Care and Counseling references "CARE " as

- Listening, building rapport using active listening skills
- Being present
- Acceptance
- Appropriate self-disclosure
- Responding to spiritual needs, spiritual pain, and distress through reflection, offering support for common issues such as grief and loss, crisis, ethical and moral issues

Pastoral Care and Counseling References "CARE" as

- Offering instruction; facilitate decision-making.
- Offering prayer
- Bible study
- Facilitating worship gathering and celebrations of different faiths.
- Providing resources
- Facilitating connection with faith communities
- Aiding in processing the meaning and purpose of life, personal worth and suffering.

Additional helpful questions

- What are your sources of hope, strength, comfort, and peace?
- What do you hold onto during difficult times?
- Do you believe in God?

Pastoral Care and Counseling References "CARE" as

IN CONCLUSION

The goal of spiritual care is to promote a sense of peace, comfort, contentment and develop a sense of purpose in the life of those we serve.
We do this in such a manner as to acknowledge and support what is
important to them and not our own religious agenda.

CHAPLAINCY IN THE COMMUNITY

Overview

- Serve everyone according to their needs.
- Allowed by law.
- A compassionate outreach
- Expanded new fields in ministry.
- Increased need
- A growing ministry

Even one chaplain in a community can make a difference!

CHAPLAINCY IN THE COMMUNITY

Where chaplains are needed

- Corporate settings
- Schools
- Airport TSA
- Emergency Services
- Hospitals/Nursing Homes
- Hospitals visitation
- Blessing and benedictions
- Sporting events
- Jail and Prison
- Governmental Agencies

CHAPLAINCY IN THE COMMUNITY

Other Points

- Not a church ministry
- Outside the walls
- Gender roles
- Licensed
- Ordained

TYPES OF CHAPLAINS

Hospital and Hospice

- Brings comfort to patients.
- Conducts spiritual services.
- Counsels' patients
- Works with medical staff

Jail and Prison

- Nurtures spiritual life among inmates.
- Supports family and prison officials.
- Offers compassion without judgement.

TYPES OF CHAPLAINS

Sports

- Develops relationships with players.
- Facilitates Bible studies.
- Provides biblical counseling (Pastoral Counseling)
- Serves professional, amateur, collegiate, and school athletics.

School Campus

- Supports students in a one-on-one relationship.
- Awareness of current student challenges.
- Available to administration, educators, and support staff.
- Available to parents and guardians
- Offers hope.

TYPES OF CHAPLAINS

Business and Industrial

- Businesses (large and small) employ chaplains for staff and clientele.
- Confidant for management and employee issues that affect productivity.
- Aid in mitigating work stressors.

TYPES OF CHAPLAINS

Fire and EMS

- Services extend to victims, family, and responders.
- Help lessen potential development of PTSI.
- Crisis intervention team
- Line of duty death
- Provide spiritual guidance and counseling.

TYPES OF CHAPLAINS

Police

- Provide confidential support to officers and families.
- Provide support to crime and accident victims and their families.
- Chaplains are an integral part of the Critical Incident Response Team.
- Assist with Critical Incident Stress Debriefings

Military

- Assist and counsel military personnel and families.
- Specific educational and enlistment requirements set by Defense Department/Ministry of Defense/Defense Force.

TYPES OF CHAPLAINS

Veterans

- Assist and support veterans and families.
- Trained in PTSI interventions.
- Trained in Suicidology.
- Working knowledge of the VA (or related) Health System.

Disaster

- Assist in various duties during disasters.
- Additional training required.
- Never self-deploy.

TYPES OF CHAPLAINS

Chaplains are a bridge between church and secular society.

Chaplains provide opportunities for the Christian faith to influence public life.

The calling of the chaplain is varied, yet specific. Following are examples:

- The Police Chaplain may not be called to serve as a Hospital or Jail Chaplain.
- The Hospital Chaplain may not be successful in Sports or Transportation Chaplaincy

EVANGELISM

Evangelism in Chaplaincy

- The Evangelist has a mandate to win souls.
- The Pastor has a mandate to care and shepherd their flock.
- The Chaplain has a mandate to meet the needs of the community.

Evangelism in Chaplaincy

- The primary purpose of the Chaplain is to meet the needs of those we serve.
- After having met the immediate need people are much more receptive to spiritual help.
- Be a stabilizing force during times of crisis.

EVANGELISM

Evangelism in Chaplaincy

- The Chaplain is mandated by God to be available and competent in his/her duties to be the best possible ambassador for Christ in the workplace and community.
- Evangelism is therefore not the primary approach of a Chaplain but must be secondary: there is a time and place for everything.

SESSION TWO

• Ethics and Responsibility	30 Minutes
• Confidentiality	30 Minutes
• Listening	30 Minutes
• Break	15 Minutes
• Hospital/Hospice Chaplain	30 Minutes
• School Chaplain	30 Minutes
• Nursing Home Chaplain	30 Minutes
• Emergency Service Profile	30 Minutes
• Law Enforcement Chaplain	30 Minutes
• Disaster Response	25 Minutes

ETHICS AND RESPONSIBILITY

What is Ethics?

According to The Merriam-Webster Dictionary

Ethics is defined as:

- The discipline dealing with what is good and bad and with moral duty and obligation.
- A set of moral principles.
- The principles of conduct governing an individual or a group.

What is ethical for one might not be ethical for another. Can you give an example?

_____

ETHICS AND RESPONSIBILITY

What Does the Application of Ethics mean?

This is a question that you, as a Chaplain, will have to reconcile in order to know what the people you serve expect of you.

- Chaplains should do everything in their power to live according to biblical principles.
- You may be the only representative of Christ that others might encounter.
- A chaplain must maintain a Christian attitude, even when everything seems to be falling apart.

ETHICS AND RESPONSIBILITY

As a Chaplain, we are an anchor to those we serve and need to remember that we…..

- Accepted the responsibility.
- Are an Ambassador of Christ.
- Are a leader in the community.
- Are a stabilizing force.

State of being Reliable

Trustworthy, Dependable, Loyal, Capable, Steadfast, Stable, Upright, Honest, Able, Accountable, Restraint, Faithful, Efficient, Capacity

CONFIDENTIALITY

The Difference Between Confidentiality and Privileged Conversation.

Confidentiality: Shared information between two or more people regarding an issue that is intended to be kept private.

Privileged: Conversation that takes place within the context of a relationship that is legally protected (with exceptions).

CONFIDENTIALITY

Examples of Privileged Relationships

- Attorney – client
- Therapist – client
- Pastor – congregant
- Doctor – patient
- Chaplain – individual

CONFIDENTIALITY

Walking the Fine Line and Mandated Reporters

- The Chaplain must walk the fine line between the agency and worker in order to not fall into the “Us vs Them” trap.
- If confidence is breached, the Chaplain will lose the trust of those they serve, and the Chaplain’s effectiveness will be diminished.

US vs. Them trap means that we can be caught in the middle between employees and management or anyone we serve and their supervisor.

CONFIDENTIALITY

Example: Someone wants to talk to you- later their supervisor says they are under investigation, and you need to tell them what you talked about – if you divulge that information, it would be a breach of confidentiality. What is told in private must be kept private.

LISTENING

Success in Chaplaincy means listening more and talking less.

Why should I be a Good Listener?

- Listening empowers others.
- Effective listening significantly increases credibility.
- Listening is a gift to the speaker – we are often not generous with this gift.
- Listening builds trust.
- Listening earns respect.

LISTENING

Success in Chaplaincy means listening more and talking less.

Good Listening

- The skill of listening is a true art.
- Listen to understand, not simply to formulate a response.
- Discern when to offer a comment and when to remain silent.
- Listen to capture and understand.
- Concentrate on what others are saying to you.
- Register the information in your mind.
- Listen as though you will be asked to repeat the information.

LISTENING

Why should we be good listeners? It helps de-escalate stress.

Effective Listening

- Can be a challenge.
- Requires self-assessment.
- Requires ongoing practice.

Have you ever heard:

“How many times do I have to tell you? Or “Are you hard of hearing?

LISTENING

Are We Effective Listeners?

Studies have shown that immediately after listening to a 10-minute oral presentation, the average listener has heard, understood, and retained 50% of what was said. Within 48 hours that drops off to a final level of 25%
efficiency.

LISTENING

Developing Rapport

Nonverbal Behaviors

- Sit face to face.
- Maintain eye contact. (If culturally acceptable)
- Lean forward.
- Nod
- Smile

LISTENING

Developing Rapport

Verbal Behaviors

- State you are there to listen.
- Reassure confidentiality.

***Be aware of cultural differences.**

LISTENING

Facilitative Listening is Fostering a safe environment to accommodate one's need to be heard. Questions or ask someone

who wants to talk:

1. Would you like my input, or would you like for me to just listen?
2. Would this room be a comfortable place for us to talk?
3. Where would you like to sit?
4. How can I support you?

People in crisis often feel a loss of power. You can give it back to them through your questions.

LISTENING

Echoing
Repeating a key word, the individual has said in order to normalize and
validate the information.

Example
- Individual – “I was so angry with myself that night”.
- Peer Support – “I can see how you would be angry”.

LISTENING

Facilitative Listening
Reflection of Content
Repeating a summary of what you have heard. This conveys that you have
listened in an effort to understand the speaker.

- Individuals – “what really bothers me about the shooting is that I keep having flashbacks and nightmares”.
- Peer Support – “Flashbacks and nightmares are your main concern, is that correct?

LISTENING

Reflection of Feelings

Reflection of feelings means that in addition to hearing the content of **what** is being said, you make the effort to understand how the speaker **feels**, without attaching a value judgement.

- Individual – “I just couldn’t believe that he would treat me that way!”
- Peer Support – “I can see how that would be upsetting”.

LISTENING

Additional Points

- Gives the individual the freedom to say whatever needs to be said without being judged.
- Often an individual fears being criticized for his/her thoughts or feelings.

Reflection of feeling and content are two significant aspects of peer support. Together they comprise empathy, in an effort to offer support. The goal is to support the individual by clearly hearing what has been shared in order to understand his/her experience. There is no right or wrong answer.

LISTENING

Listening Techniques

Open-Ended Questions

- Open-ended questions are phrased to avoid ‘yes or no” answers**.**
- Offers the individual an opportunity to reveal more information.
- **Example**: “How are you coping with your current circumstances?”

LISTENING

Listening Techniques

Closed-Ended Questions

- There are times when closed-ended questions are appropriate.
- **Example**: “Are you considering suicide”
- This can be useful to gather information that can be obtained by asking simple questions.
- May be the only type of questions a person has the capacity to answer at the moment.
- Be cautious; repetitive closed-ended questions can be misinterpreted as an interrogation.

LISTENING

Immediacy

- During a conversation, it is not uncommon for a person to want to bring up past events.
- The goal is to help one deal with the immediate crisis as opposed to past traumas.
- Asking how one is coping “right now” can maintain connection to the current crisis.

LISTENING

Tips for Enhanced Listening

- Listen for key themes that will help formulate effective intervention strategies.
- Give adequate time for one to completely express thoughts and feelings.
- Schedule important discussions with adequate time to effectively listen.
- Ask questions – without interrupting.
- Make eye-contact with the sender.
- Fight distractions – close curtains, doors, and windows.
- Concentrate on substance, not style.

LISTENING

Saint Francis of Assisi is quoted as telling his friars: **“Spread the good news. Used words if necessary.”**

Similarly, Chaplains should spread compassion, using words only when necessary. Remember, people will often ask a rhetorical question, not expecting an answer.

Reflection Statements - I hear you saying……. It sounds like you feel…… So, you’re feeling……
Clarifying Questions - What do you think about that? Can you give an example to help me understand? How are you feeling now?

LISTENING

LISTENING TEST – AM I A GOOD LISTENER?

HOSPITAL/HOSPICE CHAPLAIN

What are the Duties of a Hospital and Hospice Chaplain?

- Provide pastoral care to patients, family members and hospital staff.
- Offer spiritual support and crisis intervention 24 hours a day.
- Hospitals may require specific education, training, and credentials.
- Hospital and Hospice Chaplains offer seminars on such topics as:
- Dealing with terminal illness
- The spiritual meaning of death
- The grieving processes.

HOSPITAL/HOSPICE CHAPLAIN

Offer spiritual support to patients and their families:

- Visitation
- Listening
- Prayer support
- Funerals
- Bereavement visits

Chaplains are important for patients and families who do not have a minister or are not close to home.

HOSPITAL/HOSPICE CHAPLAIN

Offer spiritual support to stay by:

- Mitigating work related stress.
- Assisting with personal issues that impact work performance
- Providing spiritual counsel
- Helping process grief and secondary trauma
- Worship services.

A potential duty of a Chaplain is to conduct worship services in the hospital chapel for patients and hospital staff.

HOSPITAL/HOSPICE CHAPLAIN

End of Life Questions

- What do you need to say that hasn't been said?
- Whose permission do you need to go?
- Who do you need to forgive?
- Whose forgiveness do you need?

These questions can be useful for helping a dying person – most people wish to "finish their business" before they die. It might be that the family is unable to discuss these questions due to "family baggage" or fear.

HOSPITAL/HOSPICE CHAPLAIN

End of Life Questions

Each time you care for someone you give a piece of yourself away. Make sure it is replenished. It is important for all Chaplains to have a Chaplain for the purpose of self-care. Chaplains need to process the impact from the effects of their work.

SCHOOL CHAPLAIN

What are the Duties of a School Chaplain?

- Supports students in a one-on-one relationship.
- Awareness of current student challenges.
- Available to administration, educators, and support staff.
- Available to parents and guardians.
- Offers hope, but not a mentor or coach.
- Side by Side Ministry with School Psychologist and School Guidance Department. They aide in team building.
- Provide Critical Incident Stress Management Counseling (CISM).
- Provide Debriefings
- Participation in School Assemblies.

SCHOOL CHAPLAIN

Frame of Mind:

- Time for Students
- Genuine Care for Students
- Willingness to Listen to Student's Concerns.
- Readiness to Respond to Emergency Needs and Crisis Interventions.

School Chaplains provide Spiritual and Emotional Support and Care.

NURSING HOME CHAPLAIN

Important Fact: People who live in a nursing home are called residents – not patients. Why do you think it is so?

Duties vary from Facility to Facility

- Event planning
- Crisis management
- Building relationships

Worship Services – Conducting worship services for residents and staff

NURSING HOME CHAPLAIN

Resident Care – Offering a compassionate ear for the residents' complaints or discomfort and may also include counseling and suggestions for specific concerns.

Crisis Management – Help families with issues resulting from nursing home placement and subsequent changes. Placement is an admission that a person has passed the point of full self-care.

NURSING HOME CHAPLAIN

Staff Care – Chaplains also provide spiritual perspective to staff and sometimes act as liaisons between institutions and patients, family, and staff. Residents are often caught between staff and family; families are often caught between resident and staff and staff is often caught between resident and families.

NURSING HOME CHAPLAIN

Event Planning – Chaplains often assist the staff in event planning. These may include visits by:

- Music groups
- Youth ministries
- Therapy animals
- Local pastors and/or churches

Events might include:

- Acknowledging the resident's birthday.
- Maybe taking a birthday cake to residents.
- Asking youth who are taking voice or instrument lessons to play or sing for the residents.

Can you think of other possible events?

EMERGENCY SERVICE PROFILE

We want police officers, fire fighters, paramedics/EMTs to be in charge! The ability to control situations and get people to follow orders is a good thing. If someone is holding a gun to our head, we want the “good guys” to come in and take control. However, a controlling personality might not work at home.

The Truth about Emergency Personnel

- Action oriented.
- Controlling personality (Positive)
- Understanding their call
- High dedication
- Need to be of service.
- Difficulty in saying “NO”
- Rescue personality.
- High tolerance for anxiety
- High tolerance for stress
- Internal motivation

EMERGENCY SERVICE PROFILE

Challenges of Emergency Service Workers

1. Balancing the extremes of on-duty vs off-duty
- Taking the extreme of the US vs THEM
- Protecting relationships with spouses
- Compromising ethics

Many officers handle the stressors of their job in a healthy way. We are considering those who struggle with balancing their training vs. off the job relationships.

2. Lack of Accomplishment
- Their “In Box” is always FULL.
- Feelings of futility of efforts

EMERGENCY SERVICE PROFILE

Challenges of Emergency Service Workers

1. Balancing the extremes of on-duty vs off-duty
- Taking the extreme of the US vs THEM
- Protecting relationships with spouses
- Compromising ethics

Many officers handle the stressors of their job in a healthy way. We are considering those who struggle with balancing their training vs. off the job relationships.

2. Lack of Accomplishment
- Their “In Box” is always FULL.
- Feelings of futility of efforts

LAW ENFORCEMENT CHAPLAIN

Overview
Even the most stoic officer's composure can be rattled when dealing
with:

- A death of an infant
- Discharging a firearm in the line of duty
- Giving a death notification
- Witnessing a disaster

As a team, both the Police Officer and the Police Chaplain can make an important difference in the lives of people touched by tragedy.

LAW ENFORCEMENT CHAPLAIN

Law Enforcement Chaplain

- Chaplains must be aware of difficulties within public bureaucracies and the politics that surround public service.
- Chaplains must be ready to assist officers and the public without getting directly involved in the arena of politics.

Some of the general principles for working with officers:

- Develop a solid trust level with the officers.
- Find ways to build relationships with officers.
- Dedicated time, ride-alongs, meeting needs.

LAW ENFORCEMENT CHAPLAIN

Chaplains also participate in a wide variety of training programs with the officers including:

- Firing range training
- Defensive driving
- Narcotics identification and operations

Chaplains may be asked to teach classes on topics such as dealing with stress, ethics, and other issues.

LAW ENFORCEMENT CHAPLAIN

Duties of a Law Enforcement Chaplain

- Support police officers.
- Counsel the families of police officers and other departmental personnel when asked.
- Visit sick and injured officers and departmental personnel in home and hospital.
- Offer prayers during special occasions such as recruit graduations, award ceremonies, dedications of building, etc.
- Serve as part of the crisis response team.

LAW ENFORCEMENT CHAPLAIN

In general, law enforcement officers are not always the most trusting group and look for individuals (Chaplains) who are consistent, committed, and trustworthy. If you say you are going to help, make sure you show up!

Some law enforcement agencies require Police Chaplains to be sworn officers, while others do not.

LAW ENFORCEMENT CHAPLAIN

In general, law enforcement officers are not always the most trusting group and look for individuals (Chaplains) who are consistent, committed, and trustworthy. If you say you are going to help, make sure you show up!

Some law enforcement agencies require Police Chaplains to be sworn officers, while others do not.

LAW ENFORCEMENT CHAPLAIN

Vigilance vs Hypervigilance – “Vigilance is natural; hypervigilance is destructive”.

Dr. David Grand, creator of Brainspotting

Vigilance is a psychological trait that allows an individual to scan their environment for threats in an effort to maintain safety, but hypervigilance takes the positive quality to a negative extreme. Hypervigilance places you in a state of high alert that is stressful, anxiety-provoking, and exhausting to maintain. Hypervigilance is linked to anxiety, trauma, and substance abuse disorders.

LAW ENFORCEMENT CHAPLAIN

Hypervigilance

Your brain is designed to be aware of potential dangers in your surroundings. It's how early humans survived. Sensing the presence of predators or other threats helped them stay safe. But our brains shouldn't be in this excited state of extra-sensitivity all of the time. This is known as hypervigilance. Simply stated, hypervigilance is the elevated state of constantly assessing potential threats around us.

LAW ENFORCEMENT CHAPLAIN

People experiencing hypervigilance may:

- Keep checking their surroundings and find it hard to focus on conversations.
- Be easily startled and jump or scream at things they hear or see suddenly.
- Overreact to things happening around them in a way that may seem hostile.
- Find crowded or noisy environments overwhelming.
- Look closely at people to see if they are holding weapons.
- Overanalyze situations and believe them to be worse than they are.

LAW ENFORCEMENT CHAPLAIN

People experiencing hypervigilance may:

- Overestimate the chances of a bad thing happening to them physically or in their relationships.
- Be overly sensitive to people's tone or expressions, taking them personally.
- Have trouble getting to sleep or staying awake.

Officers must live in hypervigilance while on the job…. their lives depend on it. Most of their life events will be experienced through lenses of scrutiny. Many handle these challenges well. Here we are talking about the challenges of the job and the impact they have on SOME officers, not all, but some.

LAW ENFORCEMENT CHAPLAIN

Hypervigilance- How does this affect law Enforcement Officers?

- Hypervigilance creates a biological rollercoaster.
- Hypervigilance on the job to recovery mode when off-duty.
- The end result of recovery mode is disengagement.

LAW ENFORCEMENT CHAPLAIN

Symptoms of Disengagement

- Desire for social isolation at home – no energy to interact with others.
- Limited conversations or activities not related to police work.
- Reduced interaction with non-police.
- Procrastination in decision making not related to work.
- Infidelity – total disintegration of relationships.
- Noninvolvement with children's needs and activities due to lack of energy.
- The "I USTA" syndrome – loss of interest in what one used to care about.

DISASTER RESPONSE

Factors that affect the severity of a responder's reaction to a disaster:

- The nature of the traumatic event: What type of disaster or incident is it? Were there many deaths or injuries, gruesome sights, or sounds?
- Proximity of the responder to the event: Did it happen in his/her own community? Was he/she also a victim, or did he have family or friends who are victims? Keep in mind you might be responding to a disaster in your own community.

DISASTER RESPONSE

Responder's prior experience with crisis, critical incidents, or disasters.

- Has he/she developed positive coping strategies due to prior experience, or is he/she still affected by past events?
- Responder's current life situation: Problems at home or with the job will be intensified by the stresses of disaster work or a critical incident.
- Behaviors of others at the incident: This includes reactions of media as well as relationships with co-workers, supervisors, and clients.
- Psychological preparedness for the incident: How well was the responder prepared for the incident? Was he/she given enough information to be able to build protective barriers and effective coping strategies?

DISASTER RESPONSE

Understanding the 6 Phases of Disaster Recovery

Pre - Disaster Phase

Marked by fear and uncertainty. The length of this phase depends on the type of disaster and how much notice there is to prepare. This phase may be marked by panic buying of supplies, preparing for the unknown/the worst, fear and uncertainty and not knowing what to expect.

DISASTER RESPONSE

Understanding the 6 Phases of Disaster Recovery

Impact Phase

Characterized by a range of quite intense emotional reactions, again depending on the specifics of the disaster. Emotional reactions can range from shock and panic to denial and disbelief. This is often followed by a focus on self-preservation and protection of family/loved ones. This phase is generally the shortest.

DISASTER RESPONSE

Understanding the 6 Phases of Disaster Recovery

Heroic Phase
Marked by high levels of activity, yet low levels of productivity. Community members often rally to action and sense of altruism is high. This high energy, helping phase often passes quickly to the next phase.

DISASTER RESPONSE

Understanding the 6 Phases of Disaster Recovery

Honeymoon Phase

There is often a collective dramatic shift in emotion. Disaster assistance may be readily available and community bonding occurs. There is optimism that things will return to normal quickly. In many disasters this phase typically last one week to three months after the disaster.

DISASTER RESPONSE

Understanding the 6 Phases of Disaster Recovery

Disillusionment Phase
Optimism turns to discouragement. Ongoing stress takes a toll and negative reactions become more prevalent – substance abuse, exhaustion, mental health concerns. Timeframe is approximately two months to one to two years. This phase is the most dangerous phase. The sense of community and altruism has turned to resentment and anger.

DISASTER RESPONSE

Understanding the 6 Phases of Disaster Recovery

Reconstruction Phase
Overall feelings of recovery. Begin to adjust to new “normal”. Begin to rebuild lives while continuing to mourn losses. This phase can last for years following a disaster.

DISASTER RESPONSE

Team Safety – Do not spend your volunteer trip in a hospital bed!

- You must have First Aid Training.
- Always wear appropriate clothing and safety gear when working in a disaster area.
- Make sure you have had your shots (tetanus and hepatitis)
- Recognize there are physical and emotional dangers in a disaster zone.
- Be aware of the conditions and possible dangers of your surroundings.

DISASTER RESPONSE

Team Safety – Do not spend your volunteer trip in a hospital bed!

- Stay aware! Daily reports and changes to the area are important information for your group.
- Stay properly hydrated.
- Be watchful for snakes and other animals that may be displaced.
- Be careful about approaching houses – call from the street.
- Recognize that the area may be contaminated so food and water are to be considered contaminated as well.

DISASTER RESPONSE

Team Safety – Do not spend your volunteer trip in a hospital bed!

- Wear latex/nitrile gloves to eat.
- Clean and treat minor wounds quickly.
- Avoid sitting on the ground.
- Eat healthy foods.
- Know that stress can manifest immediately or build gradually over time.
- The team should debrief with each other on a daily basis.
- Team members are encouraged to rest and eat even if they do not see the need.

DISASTER RESPONSE

Considerations for Deployment

- First Aid/CPR Training.
- Enough clothes (no laundry services)
- Preparations for weather changes.
- Current directions into the disaster area.
- GPS and cell phones signals may not be available.

DISASTER RESPONSE

Supplies for Deployment

- ID Badge (photo ID)
- Referral Information
- Handouts
- Small Bible
- Water purification tablets
- Note pad/pen.
- Money (small bills)
- Waterproof matches
- Latex/Nitrile Gloves
- Toilet Paper
- Sunscreen

DISASTER RESPONSE

Supplies for Deployment

- Sunglasses
- Insect repellent
- Anti-bacterial wipes
- Personal hygiene
- Good shoes/boots
- Extra water to share.
- Healthy power bars to share.
- First aid kit
- Small pocketknife

DISASTER RESPONSE

Characteristics of a Prepared Disaster Responder

- Peace (“non-anxious” presence)
- Flexibility
- Positive attitude/appropriate sense of humor
- Ability to see the big picture.
- Ability to respond quickly to authority.

Never Self Deploy – Have connections with reputable organizations. Chaplains will need to pursue advance training in the area of Disaster Response prior to deployment

DISASTER RESPONSE

Credentialing/deploying organizations providing disaster spiritual care providers are responsible for:

1. Training and preparation
2. Pre-deployment assessment and screening
3. Appropriate deployment placement
4. Appropriate recognition of role and function
5. On site supervision and peer support
6. Care for the caregiver on scene.
7. Post-deployment care
8. Organizational leadership care

SESSION THREE

• Grief and Loss	60 Minutes
• Grief and Loss Q&A	45 Minutes
• Trauma	45 Minutes
• Break	15 Minutes
• Critical Incident Stress Management	30 Minutes
• SAFER-R Model	30 Minutes
• Post-Traumatic Stress Injury	45 Minutes

GRIEF AND LOSS

The Chaplain and Grief and Loss
Common aspects of grief:
- The amount of grief equals the amount of attachment.
- One has to have loved in order to experience grief.
- The griever is acting normal in an abnormal situation.

Each individual expresses grief differently:
- Some may express verbally with little or no prompting.
- Others may not feel like talking at all.
- There may also be those who want to talk but don’t know what to say.

GRIEF AND LOSS

Chaplains must remain sensitive to situational cues that their approach needs to be altered or if their presence is not welcomed.

Chaplains must exercise caution to avoid crossing the line from the crisis responder's role to the mental profession's role.

The Chaplain should avoid the habit of using Christian jargon, but instead, use appropriate language to meet the needs of the individual.

GRIEF AND LOSS

Grief

- The grieving process is God's way of helping people heal. Those who actively grieve heal much faster than those who repress their feelings.
- 1 Thessalonians 4:13 says "Brothers, we do not want you to be ignorant about those who fall asleep or to grieve **like** the rest of men who have no hope".
- Chaplains can easily get caught up in the emotions of those who are grieving – leading to feelings of powerlessness, frustration, and inadequacy.
- Have you worked through your grief?

GRIEF AND LOSS

Grief

- No one is exempt from grief and the feelings of despair that follow.
- Grief originates from the awareness of loss, knowing that the incident has changed life forever.
- During the Grief Cycle, decision-making abilities are affected and can differ at the various stages.

GRIEF AND LOSS

Worden's 4 Tasks of Mourning

- Accept the reality of the loss.
- Process the pain of grief.
- Adjust to a world without the deceased.
- Find a way to remember the deceased while moving forward in life.

GRIEF AND LOSS

Grief

- The griever yearns and, in some cases, looks for the deceased.
- Grievers may blame themselves, the deceased, those who should have prevented the death, or those who may have caused the death. This could include God, doctors, relatives, etc.
- These feelings can become misplaced.
- Sometimes family members or friends feel guilty.
- Grievers often express these feelings verbally, at times blaming God.
- At this point, the griever is struggling to find meaning for what has happened in an effort to regain some measure of control.

GRIEF AND LOSS

Grief

- The most painful and difficult stage of grief is the initial realization that the loved one is not coming back.
- At this time, the griever feels a tremendous sense of loss, and as a result, it can be difficult to function in regular routines.
- The griever lacks the energy to perform even the seemingly simple tasks.

GRIEF AND LOSS

Grief

- Eventually the griever relocates the deceased and is no longer consumed with despair and is left with sadness.
- Grievers begin to display renewed interest in self, other people, and activities.
- Grievers may display some growth through the process of the grief cycle.

GRIEF AND LOSS

The Five Stages of Grief

The Kubler-Ross model, commonly referred to as Five Stages of Grief was first introduced by Elisabeth Kubler-Ross in her 1969 book, Death and Dying. The five stages of grief were never meant for the bereaved. The model was meant to be descriptive but has become prescriptive.

In short, it has become the “industry standard” so it is important for the Chaplain to have an understanding of this model in regard to the grieving process.

GRIEF AND LOSS

1 – Shock and Denial

- Necessary to survive the loss.
- Allows us to pace our feelings.
- Is a defense mechanism to avoid overload.

Common Reactions

- Avoidance
- Procrastination
- Forgetful
- Easily distracted.
- Thinking or saying, “I am fine”.

GRIEF AND LOSS

- Shock
- Numbness
- Confusion
- Withdrawal

2 – Anger

- A temporary anchor
- Connection to the loss
- Something to hold onto

GRIEF AND LOSS

Common Reactions

- Impatience
- Rage
- Feeling out of control
- Resentment
- Irritability
- Increased alcohol or drug use
- Aggressiveness or passive-aggressive behavior

GRIEF AND LOSS

3 – Bargaining

- A form of false hope
- Questioning and feelings of guilt
- Strategies to find meaning for what has just happened in an effort to regain some measure of control

GRIEF AND LOSS

Common Reactions

- Perfectionism
- Judgement toward self or others
- Thinking or saying, “If only” or “I should have.”
- Predicting the future and assuming the worst.
- Guilt
- Shame
- Blame
- Fear and anxiety.

GRIEF AND LOSS

4 – Depression

- Reality sets in
- Life will never be ‘Normal’ again.
- Thoughts that no one could possibly understand the pain.

Common Reactions

- Changes in sleep and appetite
- Crying
- Reduced energy.
- Sadness
- Despair
- Overwhelmed
- Hopeless

GRIEF AND LOSS

5 – Acceptance

- Comes to terms with the loss.
- No longer consumed with feelings of grief.
- Learns to readjust to life.

Common Reactions

- Able to be vulnerable and tolerate emotions.
- Accepting of life as it is in the moment.
- Adapting and coping
- Self-compassion
- Courageous
- Content in the moment

GRIEF AND LOSS Q & A

Why is grieving necessary?

- Just as it takes time for a broken bone to heal, it also takes time for a broken heart to heal.
- That which is not transformed is transmitted.
- Pain deferred is pain intensified.

How long does it take?

There is no specific time for recovery (approximately 2 years on average)

GRIEF AND LOSS Q & A

Some variables affecting the grief process are:

- The closeness of the relationship.
- Previous experience in processing grief or crisis.
- Expectations of life and/or of God (loss of a loved one shatters our assumptive world).
- Complications such as family dynamics, finances, etc.
- Availability of support.

GRIEF AND LOSS Q & A

How might grievers alleviate pain?

As a Chaplain, be aware that grievers sometimes choose inappropriate methods to alleviate pain. These might include:

- Substance abuse
- Replacement relationships
- Out of character behavior

GRIEF AND LOSS Q & A

Grief

As a reminder, people do not only grieve over the death of a loved one but also grieve from:

- Divorce
- Giving up a child
- Finding out about being adopted
- Abortion
- Miscarriage
- Rape

GRIEF AND LOSS Q & A

Grief

- Amputation
- Loss of youth
- Relocation
- Retirement
- Loss of pet
- Loss of health

GRIEF AND LOSS Q & A

How can I help? Practical applications:

- Show up!
- Send a card once a week.
- Consider sending flowers or a note 2-3 months after the loss.
- Pick up extra groceries and drop them off.
- Take individual servings of food that can be frozen.

TRAUMA

What is Trauma?

SAMHSA describes individual trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. SAMHSA stands for Substance Abuse Mental Health Services Administration. It is an agency within the U.S. Department of health and Human Services. In general, trauma can be defined as a psychological or emotional response to an event or an experience that is deeply distressing or disturbing.

TRAUMA

Components of Trauma

- It was unexpected.
- The person was unprepared.
- There was nothing the person could do to stop it from happening.

The Three "E's" of Trauma

1. Event (s)
2. Experience of event (s)
3. Effect

TRAUMA

Events

- Event(s) and circumstances may include the actual or extreme threat of physical or psychological harm (i.e., natural disasters, violence, etc.) or severe, life-threatening neglect.
- For a child, that imperils healthy development.
- These event(s) and circumstances may occur as a single occurrence or repeatedly over time.

TRAUMA

Experience

- The individual's experience of these events or circumstances helps to determine whether it is a traumatic event.
- What traumatizes one person may not traumatize another person – perception is important.
- Traumatic events by their nature set up a power differential where one entity has power over another.
- How the individual labels, assigns meaning to, and is disrupted physically and psychologically by an event will contribute to whether or not it is experienced as traumatic.

TRAUMA

Effects

- The long-lasting adverse effects of the event are a critical component of trauma.
- These adverse effects may occur immediately or may have a delayed onset.
- In some situations, the individual may not recognize the connection between the traumatic event(s) and the effects.

TRAUMA

Examples of adverse effects

- Inability to cope with the normal stresses and strains of daily living.
- Inability to manage cognitive processes, such as memory, attention, thinking; to regulate behavior; or to control the expression of emotion.

TRAUMA

Trauma Symptoms

- Sleep disturbance.
- Withdrawal
- Detachment
- Flashbacks
- Nightmares
- Fear
- Hypervigilance
- Feelings of intense
- Helplessness

TRAUMA

Trauma can result in

- Changes to the brain
- Compromised immune system.
- Increased physical and mental stress.
- Decreased trust.
- Attachment difficulties
- Relationship difficulties
- Rigid or chaotic behavior

TRAUMA

Central to the experience of trauma is:

- Helplessness
- Isolation
- The loss of power and control

“If you take an event and connect it to an emotion, it burns in your memory, and you can remember it forever.” Mark Gungor (The Tale of Two Brains)

https://youtu.be/29JPnJSmDs0

TRAUMA

Trauma Interventions

- Recognition of trauma
- Trauma informed care
- Nonjudgmental attitude
- Compassion
- Creating a trusting relationship
- Resources

TRAUMA

Recovering from Trauma

- The guiding principles of trauma recovery are the restoration of safety and empowerment.
- In general, recovery is the ability to live in the present without being overwhelmed by the thoughts and feelings of the past.
- 30% of all persons with borderline personality disorder have a history of child abuse.
- 50% of all persons with eating disorders have a past history of abuse.
- 80% of all persons with dissociative identity disorder have a history of child abuse.

TRAUMA

Trauma – Informed Care – Purpose

- To avoid possible re-traumatizing those, we serve.
- To facilitate a safe environment for people to be seen, heard, and believed.

Six Guiding Principles to Trauma – Informed Care

- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment
- Cultural, Historical and Gender Issues.

TRAUMA

1. Safety

- Ensuring physical and emotional safety
- Meeting people where they are.
- Respect of the person’s culture in order to ensure safety.
- Awareness triggers
- Establish and maintain predictable routines to increase the sense of safety.
- Maintain a calm environment to decrease hyperarousal.
- Support and promote positive and stable relationships.

TRAUMA

2. Trustworthiness

- Maximizing trust through transparency, task clarity, consistency, and interpersonal boundaries.
- Provide clear information about when, where and by whom services will be provided.
- Be on time.
- Do what you say you will do, and if you can’t do it, take responsibility.

TRAUMA

Trauma breaks trust. A major component of gaining trust from a traumatized person is consistency. Do not promise something you cannot deliver.

It is imperative that you keep your word and if for whatever reason you are unable to do what you said you should do…..own it immediately! Say, I messed up, that was about me and not about you.

TRAUMA

3. Choice

- Maximizing the experience of choice and control for those we serve.
- When and where will we meet?
- How does the person prefer to communicate?
- How does the person prefer to be addressed?
- Help is only help when it is wanted.

Be mindful that not everyone wants our help.

TRAUMA

4. Collaboration

- Sharing of power
- Ask about goals or priorities – what is important to the person.
- Shared expectations for the helping/support relationship
- During emotional times ask, “How can I support you right now?”

5. Empowerment

- Focus on empowerment.
- Build upon strengths and promote resilience.

TRAUMA

6. Cultural, Historical and Gender Issues

- The Chaplain moves beyond cultural stereotypes and biases.

Incorporates policies, protocols and processes that are responsive to the racial, ethnic, and cultural needs of individuals served; and recognizes and addresses historical trauma. Can you think of a group that suffers from historical trauma?

TRAUMA

Universal Trauma Precautions

- Assume that all people and connected persons with whom you are working are coping with the effects of trauma and modify your approach/behavior/speech accordingly.
- Recognize how your actions/words/behavior potentially act as a trauma trigger.
- Recognize that you may also have experienced trauma, and you may be triggered by the responses and behaviors of others.

TRAUMA

The word “triggering” is no longer being used. The current consensus is that word has the ability to activate those who have been threatened by a gun. Current verbiage is “activating” or “reactivating”.

CRITICAL INCIDENT STRESS MANAGEMENT

- At the heart of any field of study or practice resides a basic vocabulary.
- The following definitions will set the stage for the material we will cover.

Critical Incidents
Challenging events….
Have the potential to create significant human distress and can overwhelm one’s usual coping mechanisms.

CRITICAL INCIDENT STRESS MANAGEMENT

Psychological Crisis

An acute RESPONSE to a trauma, disaster, or other critical incident wherein:

1. Psychological homeostasis (balance) is disrupted.
2. One's usual coping mechanisms have failed.
3. There is evidence of significant distress, psychological impairment, or dysfunction.

CRITICAL INCIDENT STRESS MANAGEMENT

The Need for Crisis Intervention

- Suicide rates have been seen to increase: 62% in the first year after an earthquake, 31% in the first two years after a hurricane, almost 14% up to four years after a flood.

Critical Incident Stress management (CISM) is an adaptive, short term psychological helping process that focuses solely on an immediate and identifiable problem. It can include pre-incident preparedness to acute crisis management to post crisis follow up.

CRITICAL INCIDENT STRESS MANAGEMENT

CISM and Purpose

CISM is designed to enable people to return to their daily routine more quickly and with less likelihood of experiencing post-traumatic stress injury (PTSI)

- The brain files daily events into memory during REM sleep.
- During traumatic events the mind protects itself by limiting further input, not actively registering all of the information.
- CISM interventions are designed to fill in those information gaps through structural group conversations so that the mind can file the event into memory instead of continuing to hold onto it as a current event.

CRITICAL INCIDENT STRESS MANAGEMENT

CISM and Purpose

CISM is designed to enable people to return to their daily routine more quickly and with less likelihood of experiencing post-traumatic stress injury (PTSI)

- Targets the response not the EVENT.
- Chaplains can be useful in assessing the need for crisis intervention and disaster mental health interventions.
- Emotional First Aid.
- Not Therapy.

CRITICAL INCIDENT STRESS MANAGEMENT

Who Can Benefit from Ongoing Interventions?

- Fire Fighters
- Emergency Medical Personnel
- Law Enforcement Personnel
- Public Safety Dispatchers
- Disaster Workers
- Ministry of Defence, Department of Defence, Defence Force

Consider who sees trauma on most if not every day? They could use the tools of CISM to deal with their stress and to help mitigate the potential of developing PTSD.

CRITICAL INCIDENT STRESS MANAGEMENT

Multi - Component Strategy

- Assessment
- Strategic Planning
- Pre-Crisis Preparation
- Crisis management Brief (Civilians, School, business, Small and large Groups).
- Organizational Consultation

CRITICAL INCIDENT STRESS MANAGEMENT

Multi - Component Strategy

- Rest, Information and Transition Services
- Individual CISM
- Pastoral Crisis Intervention
- Defusing
- Debriefing (CISD)
- Family CISM
- Referral

CRITICAL INCIDENT STRESS MANAGEMENT

Definitions

1. Crisis Management Briefing

• An informational group crisis intervention technique for heterogeneous (mixed) groups or large groups, possibly up to 300 people in some circumstances.

• CMBs provide information, rumor control, and increase cohesion, lower tension, and anxiety in the group.

CRITICAL INCIDENT STRESS MANAGEMENT

Definitions

2. Defusing

• A short (20-45 minutes) interactive group process conducted usually within an 8–12-hour timeframe after homogeneous group has been exposed to a traumatic event.

• A group defusing provides stabilization, an opportunity to vent, reduction of acute distress, information screening, group cohesion and facilitates resilience.

CRITICAL INCIDENT STRESS MANAGEMENT

Definitions

3. Debriefing

- An interactive group process.
- A debriefing is a seven-phase structured group discussion of a traumatic event.
- A CISM Team facilitates a debriefing, but the conversation is peer driven and can often last three hours.
- A debriefing can take place from 24 to 72 hours post event) ideally up to 3 to 4 weeks post event.

CRITICAL INCIDENT STRESS MANAGEMENT

A debriefing is very structured. Depending on the circumstance, you may want to separate the participants. An example would be in a plane near collision. All passengers would be in one room, all the flight crew would be in a different room for debriefing. This would protect the groups from blaming each other during the debriefing.

Resources

- ICISF.ORG
- IFOC.ORG
- CTCNETWORK.US

CRITICAL INCIDENT STRESS MANAGEMENT

Overview of CISD Model

Critical Incident Stress Debriefing is an exhaustive study. The purpose of this section is ONLY to familiarize you with the basic concept of CISD, before attempting to participate in a debriefing, further training by an approved ICISF trainer is needed. This is not intended to be an exhaustive training in the area of debriefing.

CRITICAL INCIDENT STRESS MANAGEMENT

The Debriefing Process

- A debriefing is a discussion or group meeting with the focus on one or more people who have been involved in a critical or traumatic incident.
- The meeting is peer driven and is facilitated by trained crisis intervention specialists which consist of mental health professionals and chaplains.

CRITICAL INCIDENT STRESS MANAGEMENT

1. Introduction Phase

- Offer brief introduction of team.
- Make sure that there is no one in the room that should not be there.
- Explain what CISD is.
- Explain purpose and goals.
- Stress that it is not a critique or investigation.
- Stress confidentiality.
- Explain no one is required to speak.
- Participants relate their own experiences.
- Each person will speak for themselves.
- Do not give breaks.
- Leave rank at the door.
- Do not take notes or make recordings.
- Debriefing team will remain after the session.

CRITICAL INCIDENT STRESS MANAGEMENT

2. Fact Phase

- Introduce yourself.
- What was your role or exposure to the event?
- What happened from your viewpoint?

3. Thought Phase

- What were your first or most important thoughts?
- Make an effort to NEVER ask “How did you feel?”

CRITICAL INCIDENT STRESS MANAGEMENT

4. Reaction Phase – What was the worst part of the event from your perspective?

- In the reaction portion of the debriefing the Chaplain and/or the Facilitator begins the process of bringing emotions to the surface.
- By this point in the debriefing, various emotions may have been observed: shouting, anger, tears, swearing, acting out or other responses. This should not alarm the Chaplain.
- This is the **Emotional Apex** of the debriefing “if only I”, is often expressed at this point in the debriefing process.

CRITICAL INCIDENT STRESS MANAGEMENT

• The facilitator should direct the questions, “If you could change one thing about the incident, with the exception of bringing a person’s life back, what would that one thing be?’

Remember that behavioral changes are not always character changes.

CRITICAL INCIDENT STRESS MANAGEMENT

5. Symptom Phase

- What were you experiencing at the scene?
- What were your symptoms after the event?
- Are there any leftover symptoms?
- Example of symptoms: vomiting, nightmares, racing thoughts, racing heart.

Two important things happen at this point in the debriefing:

- Those being debriefed will learn that others have experienced similar symptoms. This demonstrates that their symptoms are not uncommon.
- The debriefing team will be able to focus on the symptoms that are troubling them.

CRITICAL INCIDENT STRESS MANAGEMENT

6. Teaching Phase

- Normal reaction to an abnormal event.
- Need for exercise, food, hydration, rest, and self-care.
- Talk to trusted friends.
- Re-establish routines.
- What to expect
- Relate teaching points to what was discussed in the debriefing.

and the effects of the ‘adrenal rushes’ that may have been experienced.

CRITICAL INCIDENT STRESS MANAGEMENT

- Address concerns.
- Many of those involved in trauma do not want anyone to know that they are experiencing symptoms due to fear that they will lose their job, respect of peers, or position in the agency they serve.
- Teaching them why their bodies and minds are reacting in such a manner, which is the key to freeing them from many of the symptoms. What they experience is a “Normal reaction to an Abnormal situation.”

CRITICAL INCIDENT STRESS MANAGEMENT

- Offer suggestions to reduce stress and protect REM sleep:

1. Walking or other form of exercise
2. Plenty of rest
3. Healthy diet

During the teaching portion of the debriefing, the facilitator will relate information to the victim regarding the "*Fight, Flight* or *Freeze*" responses and the effects of the 'adrenal rushes' that may have been experienced.

CRITICAL INCIDENT STRESS MANAGEMENT

- Offer suggestions to reduce stress and protect REM sleep:

1. Walking or other form of exercise
2. Plenty of rest
3. Healthy diet

During the teaching portion of the debriefing, the facilitator will relate information to the victim regarding the "*Fight, Flight* or *Freeze*" responses and the effects of the *'adrenal rushes'* that may have been experienced.

CRITICAL INCIDENT STRESS MANAGEMENT

7. Re-Entry Phase

- Summarize/Tie-up loose ends.
- Help establish plan of action.
- Final statements from team.
- This is the final step in the debriefing process.
- It is very important not to hurry the re-entry portion of the debriefing process.
- The debriefing may be quite long and there will be the temptation to finish quickly.

CRITICAL INCIDENT STRESS MANAGEMENT

The re-entry should not be completed until a key question has been asked:
“Can you think of even one good thing which has resulted from this incident?”

In many cases, the first response will be “NO”.

SAFER – R MODEL

Stabilization

- Introduction
- Mitigate stressors.
- Meet immediate needs.

Acknowledgement

- Acknowledge the event.
- Acknowledge reactions to the event.

SAFER – R MODEL

Facilitate Understanding

- Listening to their story – without judgement and without competition.
- Normalize
- Validate

SAFER – R MODEL

Encourage Adaptive Coping

- Identify positive past coping **strategies** and people who were hopeful.
- Explain typical symptoms to expect.
- Suggest some things to try for effective coping.

Recovery or Referral

- Communicate a sense of an expectation for recovery.
- Refer to continued care if needed.

SAFER – R MODEL

The Steps Reviewed

- Introduce yourself.
- Identify and meet basic needs, stabilize.
- Listen to the “story” (events, reactions)
- Reflect content and emotion.
- Paraphrase/summarize content.
- Normalize and validate.
- Identify person’s personal resources – encourage and facilitate connection to existing relationships and resources.
- Explain “Typical Symptoms” and Suggest “Things to Try”
- Refer to continued care when needed (when in doubt, REFER).

SAFER – R MODEL

SAFER – R Model Practice
Remember to use.

- Listening Techniques
- Paraphrase
- Listen to the "story" (events, reactions)
- Summary
- Typical Symptoms
- Things to Try

POST – TRAUMATIC STRESS INJURY

PTSD vs PTSI

PTSD is a medical condition with a defined set of diagnostic criteria described in the diagnostic and statistical manual of mental disorders Fifth Edition (**DSM-5**).

In the last few years, an argument has been made that changing the name of the condition to Post Traumatic Stress Injury (PTSI) may remove some barriers to seeking help for the affected individuals. Those in favor of the change argue that the word ‘disorder’ is stigmatizing – no one wants a ‘disorder’, let alone seek treatment for one.

POST – TRAUMATIC STRESS INJURY

A secondary argument has been that the word ‘injury’ provides a better description in the context of trauma causing a physical injury to brain physiology.

For the purpose of this training, we will use the term Post Traumatic Stress Injury out of respect for those who suffer from this condition.

POST – TRAUMATIC STRESS INJURY

Post traumatic stress symptoms can emerge immediately following a traumatic event:

- Mastery can be restored and, in some cases, requires further interventions.
- But there are some exceptions…

If the symptoms continue past 30 days, the person can develop PTSI.

PTSI Symptoms are generally grouped into 4 types:

1. Intrusive memories
2. Avoidance
3. Negative changes in thinking and mood.
4. Changes in physical and emotional reactions

Symptoms can vary over time and from person to person.

POST – TRAUMATIC STRESS INJURY

Intrusive Memories – Symptoms may include:

- Recurrent, unwanted distressing memories of the traumatic event.
- Reliving the traumatic event as if it were happening again (Flashback).
- Upsetting dreams or nightmares about the traumatic event.
- Severe emotional distress or physical reactions to something that reminds you of the traumatic event.

POST – TRAUMATIC STRESS INJURY

Avoidance – Symptoms may include:

- Trying to avoid thinking or talking about the traumatic event.
- Avoiding places, activities, or people that remind one of the traumatic event (s).

POST – TRAUMATIC STRESS INJURY

Negative Changes in Thinking and Mood – Symptoms may include:

- Negative thoughts about oneself, others, or the world.
- Hopelessness about the future.
- Memory problems including not remembering important aspects of the traumatic event.
- Difficulty maintaining close relationships.
- Feeling detached from family and friends.
- Lack of interest in activities that were once enjoyable.
- Difficulty experiencing positive emotions.
- Feeling emotionally numb.

POST – TRAUMATIC STRESS INJURY

Changes in Physical and Emotional Reactions – Symptoms may include:

- Being easily startled or frightened.
- Always being on guard for danger.
- Self-destructive behavior, such as drinking too much or driving too fast.
- Trouble sleeping
- Trouble concentrating
- Irritability, angry outbursts, or aggressive behavior.
- Overwhelming guilt or shame.

POST – TRAUMATIC STRESS INJURY

Recognition and Referral

The primary treatment for PTSI is psychotherapy and can include medication. Treat can help a person regain a sense of control over their life

by:

- Teaching skills to address symptoms.
- Improving cognitive skills regarding self, others, and the world.
- Learning ways to cope should any symptoms arise in the future.
- Treating other issues often related to traumatic experiences, such as depression, anxiety, or misuse of alcohol or drugs.

Resources and allies are imperative!

SESSION FOUR

• Depression	45 Minutes
• Substance Abuse	30 Minutes
• Suicide	45 Minutes
• Break	15 Minutes
• Death Notification	30 Minutes
• Human Trafficking	15 Minutes
• Domestic Violence	30 Minutes
• Continuing Education	05 Minutes
• Resources & Allies	05 Minutes

DEPRESSION

DEPRESSION

Definition
A major depressive disorder often referred to as clinical depression, which is a common and serious mood disorder. It causes severe symptoms that affect how one feels, thinks, and handles daily activities, such as sleeping, eating. Or working. To be diagnosed with depression, the symptoms must
be present for at least 2 weeks.

DEPRESSION

Types of Depression

- Persistent depressive disorder (also called dysthymia)
- Postpartum depression
- Psychotic depression
- Seasonal affective disorder
- Bipolar

Signs and Symptoms

Experiencing some of the following signs and symptoms most of the day, nearly every day, for at least 2 weeks, may mean one is suffering from depression.

DEPRESSION

Signs

- Dismay
- Persistent sadness
- Empty mood
- Anxious
- Hopelessness

Symptoms

- Feelings of hopelessness, or pessimism.
- Irritability
- Feelings of guilt, worthlessness, or helplessness.
- Loss of interest or pleasure in hobbies and activities.
- Decreased energy or fatigue.

DEPRESSION

- Feeling restless or having trouble sitting still.
- Difficulty concentrating, remembering, or making decisions.
- Difficulty sleeping, early-morning awakening, or oversleeping.
- Appetite and/or weight changes.
- Thoughts of death or suicide, or suicide attempts.
- Aches or pains, headaches, cramps, or digestive problems without a clear physical cause and/or that do not ease even with treatment.
- Digestive problems without a clear physical cause and / or that do not ease even with treatment.

DEPRESSION

Signs and Symptoms

- Not everyone who is depressed experiences every symptom.
- Some people experience only a few symptoms while others may experience many.
- Several persistent symptoms in addition to low mood are required for a diagnosis of major depression.

DEPRESSION

Risk Factors

Depression is one of the most mental disorders in the US. Current research suggests that depression is caused by a combination of factors:

- Genetic
- Biological
- Environmental
- Psychological

DEPRESSION

Risk Factors

- Depression can happen at any age, but often begins in adulthood.
- Depression is now recognized as occurring in children and adolescents, sometimes it presents with more prominent irritability and lower moods.
- Many chronic mood and anxiety disorders in adults begin as high levels of anxiety in children.
- Depression, especially in midlife or older adults, can co-occur with other serious medical illnesses, such as diabetes, cancer, heart disease, and Parkinson's disease.
- These conditions are often worse when depression is present.
- Sometimes medication prescribed for these physical illnesses may cause side effects that contribute to depression.

DEPRESSION

Risk Factors – Risk Factors Include:

- Personal or family history of depression.
- Major life changes, trauma, or stress.
- Certain physical illnesses and medications.

Depression Interventions

Depression, even the most severe cases, can be treated. The earlier treatment
begins, the more effective it is.

- Medications
- Psychotherapies
- Other types of therapies

DEPRESSION

Chaplain Support

- Encourage activities and exercise.
- Assist with setting realistic goals.
- Help foster social relationships.
- Promote conversation with trusted friends.
- Encourage to avoid isolating.
- Convey that recovery takes time (small steps).
- Dissuade making important decisions until symptoms lessen.

DEPRESSION

God Understands How We Feel – Psalm 88: 1-5

God Desires To Help Us – Psalm 34:18

SUBSTANCE ABUSE

Substance abuse can manifest in many ways. As a Chaplain it will be your responsibility to be aware of the following:

- Know what the “drug of choice” is in your community.
- Know how to address the needs of those individuals.
- Have a reliable “Resource and Allies” list to assist those in need.
- Seek specialty training in your community.

SUBSTANCE ABUSE

What is drug addiction?

Addiction is defined as a chronic, relapsing disorder characterized by compulsive drug seeking, continued use despite harmful consequences, and long-lasting changes in the brain. It is considered both a complex brain disorder and a mental illness.

Addiction is the most severe form of a full spectrum of substance use disorders, and is a medical illness caused by repeated misuse of a substance or substances.

SUBSTANCE ABUSE

How do drugs work in the brain to produce pleasure

Nearly all addictive drugs directly or indirectly target the brain's reward system by flooding the circuit with dopamine. Dopamine is a neurotransmitter present in regions of the brain that regulate movement, emotion, cognition, motivation, and reinforcement of rewarding behaviors. When activated at normal levels, this system rewards our natural behaviors.

Overstimulating the system with drugs, however, produces effects which strongly reinforce the behavior of drug use, teaching the person to repeat it.

SUBSTANCE ABUSE

10 Most Commonly Abused Drugs

1. Alcohol
2. Marijuana
3. Pain relievers (other than heroin)
4. Hallucinogens
5. Depressants (tranquilizers and sedatives)
6. Cocaine
7. Prescription Stimulants
8. Inhalants
9. Methamphetamine
10. Heroin

SUBSTANCE ABUSE

Substance Abuse and Addiction – Friends and Family

- Witnessing someone you care about with an addiction issue takes a heavy toll on your own mental and emotional well-being.
- Addiction can not only take over the life of the addict, but it can take over your life as well.
- Can cause trauma in the lives of loved ones.
- Legal issues
- Fighting with family, spouse, children over the addict and their behaviors.
- Guilt
- Worn down and worn out.
- Financial issues
- Shame

SUBSTANCE ABUSE

Substance Abuse and Addiction – Friends and Family

- Witnessing someone you care about with an addiction issue takes a heavy toll on your own mental and emotional well-being.
- Addiction can not only take over the life of the addict, but it can take over your life as well.
- Can cause trauma in the lives of loved ones.
- Legal issues
- Fighting with family, spouse, children over the addict and their behaviors.
- Guilt
- Worn down and worn out.
- Financial issues
- Shame

SUBSTANCE ABUSE

How to help…. Dos and Don’ts

- Do educate yourself.
- Do take care of yourself first.
- Do listen without judgement.
- Do set boundaries.
- Do have compassion.

Don’ts

- Don’t let fear stop you from talking to the addict.
- Don’t argue.
- Don’t expect one conversation to resolve the problem.
- Don’t have a spur of the moment intervention.
- Don’t enable.

SUBSTANCE ABUSE

The Why of Substance Abuse

- Some use to change the way they feel.
- Some use because they are bored.
- Some use because of depression.
- Some use due to metal health issues.
- Some use because of chronic pain.
- Some use to alleviate stress.

SUBSTANCE ABUSE

Resources in your Community

- 12 Step Programs
- Al-anon/Alateen
- Celebrate Recovery
- SAMHSA
- Narcan Training
- ?

Narcan Nasal Spray is used for the treatment of a known or suspected opioid overdose. You may want to get training in the administration of it.

SUICIDE

Introduction

- Suicide is a major health concern.
- Has consistently been the 10th leading cause of death in the United States.
- Suicide is complicated and tragic and is often preventable.

Key Statistics

In 2003, the American Association of Suicidology brought together a group of suicidologists to examine existing research and develop an evidence-based set of near-term signs or signals of immediate suicide intent and risk.

These suicidologists came up with an acronym to help professionals and the public better anticipate and address heightened suicide risks.

SUICIDE

Is Path Warm?

I – Ideation
S – Substance Abuse
P – Purposelessness
A – Anxiety
T–Trapped
H – Hopelessness
W – Withdrawn
A – Anger
R – Recklessness
M – Mood Change

SUICIDE

(IS)
I: Ideation
• Talking about death, dying, suicide.
• Threatening to harm or kill themselves.
• Looking for ways to kill themselves – looking for firearms, available
pills.
• These things are taken out of the ordinary.

SUICIDE

S: Substance Abuse

- Any increase in substance (drug or alcohol use).

(PATH)

P: Purposelessness

- No reason for living or PURPOSE in life.

A: Anxiety

- Agitation, unable to sleep or sleeping too much.

T: Trapped

- Feeling there is no way out.

SUICIDE

H: Hopelessness
(WARM)
W: Withdrawal
- Withdrawing from family, friends, and society.

A: Anger
- Rage, uncontrolled ANGER, seeking revenge.

R: Recklessness
- Acting recklessly or engaging in risky activities.

M: Mood Change
- Dramatic MOOD changes

SUICIDE

Signs

- Talking about great guilt or shame.
- Talking about feeling trapped or feeling that there are no solutions.
- Feeling unbearable pain (emotional or physical).
- Talking about being a burden to others.
- Using alcohol or drugs more often.
- Acting anxious or agitated.
- Withdrawn from family and friends.
- Changing eating and/or sleeping habits.
- Showing rage or talking about seeking revenge.
- Taking great risks that could lead to death, such as reckless driving.
- Talking or thinking about death often.
- Displaying extreme mood swings, suddenly changing from very sad to very calm or happy.
- Saying goodbye to friends and family.
- Putting affairs in order, making a will.

SUICIDE

Risk Factors

- Suicide does not discriminate.
- People of all genders, ages, and ethnicities can be at risk.
- Suicidal behavior is complex and there is no single cause.
- Many different factors contribute to someone making a suicide attempt.
- Most people at risk tend to share certain characteristics.

SUICIDE

The main risk factors for suicide are:

- Family history of suicide.
- Family history of child abuse.
- Previous suicide attempt (s).
- History of mental disorders, particularly clinical depression.
- History of alcohol and substance abuse.
- Feelings of hopelessness.
- Impulsive or aggressive tendencies.
- Cultural and religious beliefs (belief that suicide is a noble resolution to a personal dilemma).
- Local epidemic of suicide.
- Isolation, a feeling of being cut off from other people.

SUICIDE

More Risk Factors

- Barriers to accessing mental health treatment.
- Loss (relational, social, work, or financial).
- Physical illness.
- Easy access to lethal methods.
- Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or to suicidal thoughts.
- Many people have some of these risk factors but do not attempt suicide.
- It is important to note that suicide is not a normal response to stress.
- Suicidal thoughts or actions are a sign of extreme distress, not a harmless bid for attention and should not be ignored.

We do not take any potential threat of suicide lightly. We report everything.

SUICIDE

Action Steps

Action steps for helping someone in emotional pain/at risk of committing suicide:

1. **ASK**: “are you thinking about killing yourself?” It is not an easy question, but studies show that asking at-risk individuals if they are suicidal does not increase suicides or suicidal thoughts.
2. **KEEP THEM SAFE**: Reducing a suicidal person’s access to highly lethal items or places is an important part of suicide prevention. While this is not always easy, asking if the at-risk person has a plan and removing or disabling the lethal means can make a difference.

SUICIDE

3. **BE THERE**: Listen carefully and learn what the individual is thinking and feeling. Findings suggest acknowledging and talking about suicide may, in fact, reduce rather than increase suicidal thoughts.
4. **HELP THEM CONNECT**: Suicide and Crisis Lifeline. You can also help make a connection with a trusted individual like a family member, friend, chaplain, clergy. Or mental health professional.
5. **STAY CONNECTED**: Staying in touch after a crisis or after being discharged from care can make a difference. Studies have shown the number of suicide deaths goes down when someone follows up with an at-risk person.
When dealing with the family, your theological beliefs are not relevant. Therefore, the theology that their loved one is in hell has no place in the conversation.

DEATH NOTIFICATION

Basic Death Notification Procedure

- Death notifications are best made in person.
- The Chaplain who delivers the news becomes a stabilizing force in that person's life at that moment and exhibits the ministry of presence and compassion during a very stressful time.
- Death is a natural occurrence of life.

DEATH NOTIFICATION

Collect Information

- Collect all necessary information from your sending agency.
- Record information accurately.

Always Go in Twos

- It is very important to have two people present.
- Ideally, it would be an Officer and a Chaplain.
- There is a possibility that the survivor may react violently.
- They may scream, shout, swear, shove, throw things, hit you, or try to harm themselves.

DEATH NOTIFICATION

Make Notification As Soon As Possible

Speed is of the utmost importance so that people are not notified by other
means.

- Media
- Family members
- Friends

To be notified by these means has the potential to devastate the survivor.

DEATH NOTIFICATION

Death Notification Process

1. Identify yourself and present identification.
2. Ask to go inside.
3. Gather everyone in the house together before you proceed.
4. Facilitate seating arrangements.
5. Inform the next of kin, using the words **dead** and **died**. You can't soften the truth.
6. Offer comfort with as much compassion as possible.
7. Answer questions when possible.
8. If you do not know the answer to a question, do not be afraid to say so.
9. Direct them to the appropriate resources.

DEATH NOTIFICATION

Remember that behavioral changes are not always character changes!

Final Advice

- Offer to contact friends or family members who will come to support the survivor.
- When possible, remain with them until the support arrives.
- When it is time to leave, use this statement, “Before I go, can you think of any other questions I might answer for you”?

DEATH NOTIFICATION

Avoid Using Disempowering Statements

- “You don’t need to know that.”
- “What you don’t know won’t hurt you.”
- “I can’t tell you that.”

For any unknown information, use the statement, “That is still under investigation.”

DEATH NOTIFICATION

Things You Should Never Say

- Time heals all wounds.
- I know how you feel.
- You must go on with your life.
- You're young, you'll remarry.
- He didn't know what hit him.
- It is better to have loved and lost than never to have loved at all.
- You can always find someone worse off than yourself.
- At least you have other children.

DEATH NOTIFICATION

Do It Right The First Time

- Death notifications **must be done** in a professional, caring, and understanding manner.
- When properly delivered, the Chaplain can be a major support at a potentially devastating time in life.

HUMAN TRAFFICKING

Human Trafficking

Human trafficking is a crime that involves exploiting a person for labor, services, or commercial sex.

The trafficking victim's protection act of 2000 and its subsequent reauthorizations define human trafficking as:

- Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age.
- The recruitment, harboring, transportation, provision or obtaining of a person for labor or services, through the use of force, fraud or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery.

HUMAN TRAFFICKING

Sex Trafficking

- Sex traffickers use violence, threats, lies, debt bondage, and other forms of coercion to compel adults and children to engage in commercial sex acts against their will.
- Under U.S. federal law, any minor under the age of 18 years inducted into commercial sex is a victim of sex trafficking – regardless of whether or not the trafficker used force, fraud, or coercion.
- The situations that sex trafficking victims face vary dramatically.
- Many victims become romantically involved with someone who then forces or manipulates them into prostitution.
- Others are lured in with false promises of a job, such as modeling or dancing.
- Some are forced to sell sex by their parents or other family members.
- They may be involved in a trafficking situation for a few days or weeks or may remain in the same trafficking situation for years.

HUMAN TRAFFICKING

Labor Trafficking

Labor traffickers – including recruiters, contractors, employees, and others – use violence, threats, lies, debt bondage, or other forms of coercion to force people to work against their will in many different industries.

In the United States, common types of labor trafficking include:

- People forced to work in homes as domestic servants.
- Farm workers coerced through violence to harvest crops.
- Factory workers held in inhumane conditions.
- Door to door sales crews.
- Restaurant workers.
- Construction workers.

HUMAN TRAFFICKING

Who is at risk?

- Citizens
- Foreign Nationals
- Women
- Men
- Children
- LGBTQ Individuals

HUMAN TRAFFICKING

Vulnerable Populations

- Those with questionable immigration status.
- Isolated People
- Impoverished People
- Those who lack strong labor protections.

Human Trafficking: Recognizing the Signs

Common work and living conditions:

- Not free to leave or come as he/she wishes.
- Under 18 and providing commercial sex acts.
- In the commercial sex industry and has a pimp/manager.

HUMAN TRAFFICKING

- Unpaid, paid very little, or paid only through tips.
- Works excessively long and /or unusual hours.
- Not allowed breaks or suffers under unusual restrictions at work.
- Owes a large debt and is unable to pay it off.
- Recruited through false promises concerning the nature and conditions of his/her work.
- High security measures exist in the work and/or living conditions.
- Poor mental health or abnormal behavior.
- Fearful, anxious, depressed, submissive, tense, or nervous/paranoid.
- Exhibits unusually fearful or anxious behavior after mentioning law enforcement.
- Avoids eye contact.

HUMAN TRAFFICKING

Poor Physical Health

- Lacks health care
- Appears malnourished.
- Shows signs of physical and/or sexual abuse, physical restraint, confinement, or torture.

Lack of Control

- Few or no personal possessions.
- No control of his/her own money, no financial records or bank account.
- No control of his/her own identification documents (ID/Passport).
- Not allowed or able to speak for themselves. (a third party may insist on being present or translating).

HUMAN TRAFFICKING

Identification of those being trafficked:

- Presence of an over-controlling boyfriend/girlfriend.
- An inability to look you in the eye.
- Injuries or signs of physical abuse.
- Multiple pregnancies.
- Comes into a lot of cash.
- News clothes/new hair styles.
- Engaged in sexual activities.
- Tattoos (sometimes with the trafficker’s name or brand).

HUMAN TRAFFICKING

Trafficker's Tactics - Progression

- Befriending
- Seduction
- Coercion
- Force

How to Intervene

If you suspect someone is a victim of human trafficking do NOT approach them. Most likely they are being watched. Call the Police.

DOMESTIC VIOLENCE

Domestic violence is a pattern of assault and coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners.

Why Doesn’t Victims Just Leave

- But I love him/her.
- I don’t want to abandon him/her.
- I want the kids to grow up with a father/mother.
- He/she has all the money.
- He/she will kill me or my family.
- I have no place to go.
- I am so ashamed.
- I can help him/her get better.
- It’s my fault – if I just do what he/her wants it will be ok.

DOMESTIC VIOLENCE

It is common for victims to leave and return to their abusers many times. WHY?

- Domestic Violence is not recognized as a crime in many societies.
- Victim doesn't see it as abuse.
- Lack of knowledge/sensitivity by society.
- No job skills.
- Financial problems/no access to family funds.
- Limited or nonexistent housing alternatives.
- Abuser's systematic isolation of victim from family and friends.

DOMESTIC VIOLENCE

It is common for victims to leave and return to their abusers many times. WHY?

- Domestic Violence is not recognized as a crime in many societies.
- Victim doesn't see it as abuse.
- Lack of knowledge/sensitivity by society.
- No job skills.
- Financial problems/no access to family funds.
- Limited or nonexistent housing alternatives.
- Abuser's systematic isolation of victim from family and friends.

DOMESTIC VIOLENCE

The Cycle of Abuse – Power and Control

- Stage One – Tension Building
- Stage Two – Explosion
- Stage Three – The Honeymoon

Many abusers appear to be devoted to their families and have positive characteristics that mask the injuries they inflict.

DOMESTIC VIOLENCE

Abusive Behaviors

- Hitting, grabbing, strangulation, biting, slapping, pushing
- Using or threatening to use a gun, knife, or weapon against partner.
- Hitting with an object such as a pan or belt.
- Threatening to hurt or kill a partner or partner's family.
- Withholding money, food, medicine, or transportation from partner.
- Calling partners names or shaming or humiliating them.
- Forcing partner to have unwanted sex.
- Destroying or breaking partner's possessions.
- Criticizing partner in front of children, friends, or others.
- Threatening to commit suicide if partner doesn't do wat is asked.

DOMESTIC VIOLENCE

Other Points

- Domestic violence occurs in all social groups, without regard to their ethnic, economic, religious, educational, professional, or social backgrounds.
- It often occurs within the privacy of the home, and may be well hidden from the outside observers, including family members who are not living in the household where the abuse occurs.
- Both men and women are victims of domestic violence.

DOMESTIC VIOLENCE

Supporting Victims of Domestic Violence

- Educate them about domestic violence/abuse.
- Let them know they are not alone.
- Remember it is not your agenda but theirs.
- Give them strength identifications.
- Do not tell them what to do.
- Determine with them a safe plan of action long term.
- Determine with them an emergency plan of action.
- Listen to feelings of victim.
- Explore with them their options and consequences.
- Allow them to make their own decisions.
- Never name call or degrade the abuser.

DOMESTIC VIOLENCE

Effects on Children

Emotional

- Taking responsibility for the abuse.
- Constant anxiety (that another beating will occur).
- Guilt for not being able to stop the abuse.
- Guilt for loving the abuser.
- Fear of abandonment.

Physical

- May experience cognitive or language problems.
- Developmental delays.
- Stress-related physical ailments (headaches, ulcers, rashes).

DOMESTIC VIOLENCE

Effects on Children

Behavioral Indicators

- Fearful of adults
- Apprehensive when other children cry.
- Behavioral extremes such as aggressiveness or withdrawal.
- Frightened of parents.
- Afraid to go home.

Note: All professionals MUST REPORT “child abuse” to proper authorities.

DCONTINUING EDUCATION/RESOURCES

- It is the responsibility of the Chaplain to continue to seek educational growth and understanding.
- Some agencies have continuing education requirements.

Resources

Denominations, churches, and groups have a tendency to draw within themselves, often missing the benefit of many excellent resources, such as:

- Mental Health Professionals
- Crisis Management Professionals
- Foster Care Officials
- Health and Welfare Professionals

DCONTINUING EDUCATION/RESOURCES

What types of groups or resources are beneficial to the Chaplain?

- Mental Health
- Shelters
- Crisis Intervention
- Churches
- Substance Abuse Intervention Agencies
- Benevolence Organizations
- Social Clubs
- Local Clubs and Agencies
- Fund Raising Organizations
- Police and Sheriff Departments
- Fire Departments
- Other Chaplaincy Fellowships and other Chaplains
- _____

WELL-BEING

Mental Well-Being

Psychologists, the World Health Organization, life coaches, and social scientists agree that mental well-being boils down to how you think and feel.

Mental Well-Being

This often means assessing the following:

1. Do you realize your potential?
2. How do you cope with the challenges you face?
3. What do you believe is possible for you right now?
4. Do you feel a sense of purpose?

WELL-BEING

Resilience

Resilience speaks to our ability to cope with and adapt to challenging circumstances. The process of successfully coping with adversity.

- Resilience is a foundational psychological tool which empowers the individual to feel capable of handling uncertainty.
- According to psychologists, the degree to which individuals feel in control of their lives will determine how resilient they are and how quickly they will bounce back.

Developing Well-Being and Resilience will mitigate Empathy Fatigue and Compassion Fatigue.

WELL - BEING

Empathy Fatigue:
According to Dr. Naomi Paget, it is emotional and physical fatigue resulting from empathizing with other people's pain, grief, anxiety, anger, and other strong emotions over an extended period of time.

Compassion Fatigue
A term that describes the physical, emotional, spiritual, and psychological impact of helping others. It has more to do with providing care to those who have suffered a traumatic event and therefore has the potential to change our worldview. Helpers can simultaneously experience Compassion Fatigue and Vicarious Trauma.

WELL - BEING

Burnout

- Emotional Fatigue
- Numerous tasks/deadlines
- Extended period of time
- Cumulative
- Unspecified source
- Direct impact to the caregiver

Empathy Fatigue

- Emotional Fatigue
- Numerous distressful encounters
- Extended periods of time
- Cumulative
- Unspecified source
- Direct impact to the caregiver

WELL - BEING

Compassion Fatigue

- Emotional exhaustion
- One acute traumatic event
- One specific moment in time
- Acute
- One specific traumatic event
- Secondary impact to the caregiver – vicarious trauma

WELL - BEING

Just as soldiers prepare for battle, so must we prepare for duty.

Self – Care Activities

- Make a commitment to spend time with God daily.
- Pray/meditate.
- Practice box breathing 2-3 times per day.
- Walk 20-30 minutes per day.
- Make a list of specific people who are good listeners and that will offer emotional support when you need it. Include at least three people that you have permission to call 24/7.
- Make a list of current life stressors and determine an action plan for resolution. If no resolution can be reached, then make a list of things you can do or of things you can control.
- Make a list of your coping skills. How do you cope? Be specific,

Example: I cope by praying, taking walks, swimming.

WELL - BEING

- Make a list of your values. Maybe I am feeling stressed because specific issues are violating my values.
- Be self-aware. Make a list of what you will look for to know when you are stressed.
- **Example**: When stressed I _____ (overeat/ Do not sleep well? What is it for you?).
- Make an effort to go to bed at the same time each night. Drink plenty of water.
- Develop healthy boundaries and put them in writing. Example: For my well-being I will put my phone on silent for one hour per day.
- Make a resolve to ask for help when you need it.
- Explore the 6 Domains of Resilience.
- Take the Professional Quality of Life Scale Assessment – PROQOL Version 5 (2009).