Collaborative Partnerships Between Mental Health and Spiritual Care Providers

Institute for Disaster Mental Health
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Why collaborate?

- November 2001 ARC study: 59% likely to seek help from a spiritual counselor, compared to 45% MDs, 40% mental health professionals

- Emergency Services, Law Enforcement, Military

- Referrals

- Other reasons...
Why collaborate?

To best meet the needs of the people we serve
(recent) History of Spiritual Care in Disasters

• TWA Flight 800; faith groups overwhelm families of those lost; leading to the 1996 Aviation Act
• Spiritual Care introduced for airline disasters
• NTSB charged with “Spiritual” Component in ADFAA of 1996
• NTSB asks American Red Cross to facilitate Spiritual Care component
• Local to New York Metro, Disaster Chaplaincy Services
• Partnerships, *not* “Red Cross Chaplains”
What do Disaster Chaplains do?

- Provide
  - Spiritual First Aid
  - Psychological First Aid
  - Ministry of Presence
- Listen, companion
- Facilitate rituals
- Link to faith communities
- Hand out water
## Disaster Chaplains different than Congregation/Institutional clergy

<table>
<thead>
<tr>
<th><strong>Congregation-based Clergy</strong></th>
<th><strong>Disaster Chaplain</strong></th>
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<tbody>
<tr>
<td>• Generally oriented toward pastoral counseling, long term relationships.</td>
<td>• Trained in interventions and the use of open-ended questions.</td>
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<td>• Sought out for guidance and opinion.</td>
<td>• Allow the victim to lead.</td>
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<td>• Pray within the context of their tradition.</td>
<td>• Trained to offer prayer to people of all faith groups.</td>
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<td>• Trained to lead authoritatively and to share their religious beliefs.</td>
<td>• Primary focus is to listen with no attempt to impose personal religious belief.</td>
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<td>• Expected to help “fix” the problems their people are experiencing.</td>
<td>• No attempt to “fix” someone. Rather, to walk with them down their own road.</td>
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Mental Health Concerns

- Will chaplains refer to mental health?
- Will chaplains proselytize?
- Will chaplains raise their own faith?
- What is the background, training, and experience of these chaplains?
- Others...
How does Disaster Chaplaincy differ from Disaster Mental Health?
### Where Roles Overlap

<table>
<thead>
<tr>
<th></th>
<th>Chaplains</th>
<th>Mental Health</th>
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<tbody>
<tr>
<td>Compassionate Presence</td>
<td>X</td>
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<tr>
<td>Psychological First Aid</td>
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<tr>
<td>Spiritual First Aid</td>
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<td>Advocacy</td>
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<td>Crisis Intervention</td>
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<td>Full Mental Health Assessment/Referrals</td>
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<tr>
<td>Full Spiritual Care Assessment/Referrals</td>
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<tr>
<td>Faith-Based Requests</td>
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<td>Bereavement Support</td>
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<td>Death Notification Support</td>
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<td>Support to Volunteers and Staff</td>
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(Adapted from Taylor/Ryan, *Roles in Respite Centers: Peers, Chaplains, Mental Health*)
Why should physicians communicate with patients about spiritual issues?

- Many people are religious and want clinicians to be aware of their religion and spirituality
- Religious and spiritual beliefs are used to cope with distress
- People may be separated from their communities and need alternative means to address spiritual needs
- Religious and spiritual belief may influence mental and physical health decisions and outcomes
- Religion is related to support and care received in the community (Koenig, 2007)
Mental Health Caregiver: What to do?

- Take a spiritual history
- Refer appropriately
- Provide support for person’s beliefs

(Koenig, 2007)
Basic Spiritual Assessment
Spiritual History

• Are there religious or spiritual beliefs that provide comfort or beliefs that cause stress (anger at God, fear of the afterlife, etc.)?

• Does the person have religious beliefs that might influence medical decisions or conflict with medical care?

• Is the person a member of a religious community and is that community supportive?

• Does the person have any unmet spiritual needs?
How to Recognize Spiritual Needs

• Desiring to experience rituals and receive resources from a faith tradition
• Feeling far from previously held beliefs
• Reconsidering core tenets of one’s faith
• Questioning justice and meaning
• Asking questions about hope and transcendent power while experiencing despair and hopelessness
• Feeling guilt or shame

NVOAD 2006
Common Spiritual Questions

• Why did God let this happen?
• Does this mean there really is evil in the world?
• I am (she/he is) a good person, why did God do this to me (them)?
• Why not me?
• Is God is punishing me?
• Why didn’t God answer my prayer?
What NOT to do

• Don’t make people feel guilty for not having spiritual or religious beliefs or prescribe spiritual or religious beliefs

• Spiritual-related work by mental health personnel is centered around the affected person’s beliefs, not the caregiver’s

• If you are not trained to address spiritual needs, do not provide advice or recommendations but refer to trained clergy

(Koenig, 2007)
Should mental health caregivers pray with affected persons?
Maybe

• If the caregiver is comfortable and willing

If the answer is yes:

• Let them lead the prayer

• Ask them what they would like to pray for or if there is a particular prayer they would like

• Keep the opening and closing general
Countertransference Pitfalls
A Partial List

• False sense of competence
• Ignorance of religious and spiritual issues
• Disbelief
• Disdain for religion and spirituality (elitist rationalism)
• Excessive identification as a spiritual provider
• Wish to save affected persons
• Identification with affected person around spiritual and existential crisis (co-victimhood)
Best Practices
Best Practices

• Multi-faith, multi-cultural, multi-lingual spiritual care team
• Pre-incident relationships
• Mechanisms for working together
• Self care
Disaster Chaplaincy Services’ Chaplains

• Experience
  – Over 60,000 hours of volunteer service to people in need

• Endorsed by judicatories or faith groups

• Must pass a screening interview

• Initial training plus continuing education and mandatory refresher course every 3 years

• National criminal background checks

• Code of Ethics
  – Non-proselytizing
  – Refer to mental health
Faith Traditions Represented in DCS

American Baptist
Assembly of God
United Methodist Church
Presbyterian Church, USA
Episcopal
Lutheran Church-Missouri Synod
Roman Catholic
Church of God
Pentecostal
United Church of Christ
Orthodox-Carpatho-Russian
Seventh Day Adventist
Congregationalist
Evangelical Free Church of America
African Methodist Episcopal
Syrian Orthodox
Evangelical--Non-Denominational
Evangelical Lutheran Church in America
Orthodox--OCA

Muslim
Jewish Orthodox
Jewish Conservative
Jewish Reform
Chassidic

Zen Buddhist

Unitarian Universalist Association
Interfaith
Yoruba
Lukumi
<table>
<thead>
<tr>
<th>Languages Spoken by DCS Chaplains</th>
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<tbody>
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<td>Acholi</td>
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<tr>
<td>English</td>
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<td>French</td>
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<td>Sarawak</td>
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<td>Tagalog</td>
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<td>Yiddish</td>
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Mechanisms of Working Together

• Tabletops, drills, exercises with other agencies
• NIMS/ICS
• Deployment protocols
• Coordination of services
• Communication
• Trust
Self-Care

- Clergy, faith leaders and mental health are LOUSY at self-care
- 75% of Spiritual Care providers in Oklahoma City left the region within 3 years. 33% of those left the ministry
- We need buddies in this
Thank You

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