

# **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

## Congregation-based Clergy

- Generally oriented toward pastoral counseling, long term relationships.
- Sought out for guidance and opinion.
- Pray within the context of their tradition.
- Trained to lead authoritatively and to share their religious beliefs.
- Expected to help “fix” the problems their people are experiencing.

## Disaster Chaplain

- Trained in interventions and the use of open-ended questions.
- Allow the victim to lead.
- Trained to offer prayer to people of all faith groups.
- Primary focus is to listen with no attempt to impose personal religious belief.
- No attempt to “fix” someone. Rather, to walk with them down their own road.

# 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

|  | Chaplains | Mental Health |
|--|-----------|---------------|
| Compassionate Presence                   | X         | X             |
| Psychological First Aid                  | X         | X             |
| Spiritual First Aid                      | X         |               |
| Advocacy                                 | X         | X             |
| Crisis Intervention                      | X         | X             |
| Full Mental Health Assessment/Referrals  |           | X             |
| Full Spiritual Care Assessment/Referrals | X         |               |
| Faith-Based Requests                     | X         |               |
| Bereavement Support                      | X         | X             |
| Death Notification Support               | X         | X             |
| Support to Volunteers and Staff          | X         | X             |

(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 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

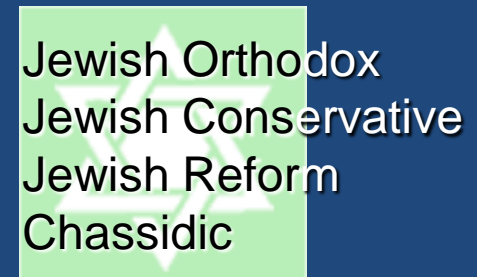
- Multi-faith, multi-cultural, multi-lingual spiritual care team
- Pre-incident relationships
- Mechanisms for working together
- Self care

# 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

Unitarian Universalist Association  
Interfaith  
Yoruba  
Lukumi

# Languages Spoken by DCS Chaplains

|                        |                |           |
|------------------------|----------------|-----------|
| Acholi                 | Arabic         | Bengali   |
| English                | French         | Ga        |
| French                 | Ga             | Ga        |
| German                 | Haitian Kreyol | Hebrew    |
| Hindi                  | Italian        | Kenyah    |
| Kinyarwanda            | Kiswahili      | Korean    |
| Leugo                  | Luganda        | Malasyian |
| Norwegian              | Portugese      | Sarawak   |
| Spanish                | Swahili        | Tagalog   |
| Telugu                 | Twi            | Yiddish   |
| Yoruba                 |                |           |
| American Sign Language |                |           |

# 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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