Disaster Training Center: 
Foundations for Churches, Organizations, and Individuals Responding to Disasters

Dr. Naomi Paget, BCC, BCCC, BCISM 
Fellow, National Center for Crisis Management 
Fellow, American Academy of Experts in Traumatic Stress

K-LOVE Crisis Response Care
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OVERVIEW

A 30,000 foot view of disasters and crisis situations

Types of Disasters

• Natural Disasters

• Man-made Disasters
What Happens During A Community Disaster?

• Great numbers of people are involved
• Extensive physical destruction
• Massive numbers of displaced people and animals
• Interruption of transportation
• Interruption of public utilities
• Severe losses – business, industry
• Huge financial losses for individuals
• Political confusion

Post-Disaster Needs

• Recovery Needs:
  – Repair homes and businesses
  – Remove debris
  – Provide food and water
• Long Term Needs:
  – Rebuilding
  – Financial support
  – Jobs

“Victim” Classifications

• Directly impacted person
• Indirectly impacted person
• Hidden impacted person

Victim / Survivor / Impacted / Affected Person
Emerging Issues for People and Groups Involved in Disasters

- Directly impacted persons
- Indirectly impacted persons
- Family and Loved Ones
- First Responders
- Disaster Relief Workers

Four Phases of Emergency Management

DISASTER

Predisaster
Threat/Warning

Preparedness
Emergency Response Plans

Response
Incident Stabilisation

Recovery
Economic Recovery

Mitigation
Public Education

Reconstruction
Property Restoration

Phase 1: Mitigation
- Public Education
- Hazard & Vulnerability Assessments
- Improved Infrastructure

Phase 2: Preparedness
- Emergency Response Plans
- Training & Exercises

Phase 3: Response
- Incident Stabilisation
- Immediate Care

Phase 4: Recovery
- Economic Recovery
- Debris Management

Phases of Disaster or Crisis

- Predisaster
- Precaution
- Threat Warning
- Honeymoon (Community Cohesion)
- Heroic
- Inventory
- Recovery

Possible Long Term reactions:
- PTSD/Grief
- Trigger Events and Anniversary Reactions

Time Line
1 to 3 days
24 hrs. to 6 wks.
2 to 5 years - can vary per victim

Zunin, L.M. & Myers, D., 2000
What are the possibilities?

- Direct Care
  - Spiritual Care (Chaplains, Disaster Spiritual Care)
  - Crisis Intervention Teams
  - Behavioral Health (counseling, nursing, social work)
- Disaster Recovery
  - Sheltering
  - Mass Distribution
  - Debris Removal
  - In-kind Donation Management
  - Other special services (MARC, LAC, FAC, etc.)

What are the national expectations?

- Federal Emergency Management Agency - FEMA
  - Build a culture of preparedness – help people prepare
- National Voluntary Organizations Active in Disasters (National VOAD)
  - Points of Consensus, Guidelines, Resources
- National VOAD Member Organizations
  - Policies, procedures, codes, statements of understanding
- Ecclesiastical Disaster Relief Organizations
  - Background checks, accountability statements, mission
POD 1:

NATIONAL VOLUNTARY ORGANIZATIONS ACTIVE IN DISASTER

POD 2:

NATIONAL VOLUNTARY ORGANIZATIONS ACTIVE IN DISASTER

POD 3:

NATIONAL VOLUNTARY ORGANIZATIONS ACTIVE IN DISASTER

POD 4:
Guidelines for DSC competency

• Personal attributes
  – Sensitivity, respect, spiritual maturity, ethical approach, truthfulness, confidential, inspire confidence and hope

• Knowledge
  – Familiarity with National VOAD POC; working theory of stress, grief, trauma, disaster phases and cycle;
  – Understanding of crisis communication and crisis intervention; know effective coping strategies
  – Personal theological/religious framework for disaster
  – Principles of ethical standards
  – Organizational structure of disaster response

Guidelines for DSC competency

• Skills
  – Expressive communication - speaking
  – Receptive communication – listening
  – Ability to assess and identify common crisis reactions
  – Ability to use a broad range of supportive actions
    • Meet basic needs, advocacy/liaison, active listening, facilitating catharsis (venting), providing social support, work effectively as a team, establish trusting relationships, provide information, theologially reflect and learn from the disaster experience
  – Ability to orient and adapt to disaster scene
    • Acclimate, facilitate, collaborate, adapt
Guidelines for DEC competency

• Attributes, Knowledge and Skills
  – Effective communication, confidentiality, privacy
  – Accurate documentation
  – Effective connection in diversity
  – Good collaboration, leadership and followership
  – Knowledge of principles, techniques, procedures, and resources for providing emotional care
  – Empathetic connection, non-judgmental, emotional stability, patient, good observation skills, flexible, adaptable, tactful

What are the training resources?

• FEMA
  – https://training.fema.gov/is/crslist.aspx
• National VOAD and Member Organizations
  – https://www.nvoad.org/resource-center/member-resources/
• Ecclesiastical Disaster Relief Organizations
• The Salvation Army
  – https://disaster.salvationarmyusa.org/training/
• American Red Cross
  – https://www.redcross.org/take-a-class/disaster-training
•

Training Resources, continued

• Green Cross
  – https://greencross.org/training-ce/
• SAMHSA (Substance Abuse and Mental Health Services Administration
  – https://www.samhsa.gov/practitioner-training
• National Center for Disaster Preparedness
  – https://ncdp.columbia.edu/practice/training-education/online-face-to-face-training/
• Habitat for Humanity
  – https://www.habitat.org/volunteer
Training Resources, continued

• KLOVE Crisis Response Care
  – http://cms.crisisresponse.org/Train/

• Convoy of Hope
  – https://www.convoyofhope.org/get-involved/volunteer/

• Billy Graham Rapid Response

Training Resources, continued

• CERT (Community Emergency Response Team)

• Samaritan’s Purse
  – https://www.samaritanspurse.org/our-ministry/nam/#volunteer-now

• Send Relief (Southern Baptist)

OTHERS?

Each person must ask if this is the right time, right event, right mission, right reason to respond

DISASTER RESPONSE IS NOT FOR EVERYONE
Should I go?

What about the family...

Can I afford it?

Here am I...

What if?

Now or later?

Am I just being lazy?

But...

Did I ask?

Why?

What about?

Where?

Important Note:
Disasters are rarely convenient

Planning gives substance to hopes and wishful thinking...

PLANNING FOR RESPONSE TO DISASTERS

What you need to know about specific types of disaster response

• What are the needs for this type of disaster?
• Which agency has jurisdictional authority?
  – Has legal authority to enforce procedures
  – Homeland Security, FBI, DOD, DHHS, Police,
    Fire, Emergency Manager
  – Red Cross, others
• Do you have the resources to respond?
  – People, finances, time, space - ENERGY
• What are the rules for engagement?
How to create a strategic plan for disaster response

- Who will we serve?
  - Impacted people or the responders
- What will we do?
  - Types of services we will provide
- When will we provide the services?
  - Begin with the end in mind – plan an exit strategy
- Where will we provide the services?
  - In your own facility, in the community, at ground zero
- Which people from our group will “go”?
  - Not everyone is available or the “right” person to serve

Who will we serve?

- Impacted people
  - Your own group who are impacted
  - Your community people who are impacted
  - Responders within your community who are serving
  - Responders who come from outside your community
- Who, specifically within the group
  - Children, adults, animals
  - Cultural groups (language, religious, ethnic, etc.)
  - Which agencies, organizations, institutions

When you encounter a person or group who needs support and you cannot provide the support they need, you must refer or seek mutual aid . . .

YOU CANNOT SERVE EVERYONE
What will we do?

• Assess the knowledge, skills, and resources of your group who will provide the services
  – What is their commitment to the response?
  – What is their availability?
  – What are their gifts, talents, interests, calling?
  – What is their prior experience?
  – Are they among the disaster impacted?
• What are the resources of your group?
  – Facility, finances, community influence
  – Ecclesiastical or organizational resources

Typical services provided

• Emotional and Spiritual Care
  – Disaster Spiritual Care (chaplaincy)
  – Critical Incident Stress Management (crisis response teams)
  – Disaster Emotional Care (behavioral/mental health)
• Recovery
  – Debris removal
  – Sheltering
  – Mass distribution
  – In-Kind donation management

How to implement a response to disasters

FEMA's Incident Command System

BE CREATIVE
THINK OUTSIDE THE BOX
BE PRAGMATIC
Convoy of Hope

Possible Church Organizational Chart

Operations in more detail . . .
You cannot do everything for everyone.

Your must protect people from further harm, meet basic survival needs, provide compassion and active listening, promote coping strategies, connect them to social support, and link them to other services as required and necessary.

**Phases of Disaster or Crisis**

- **Pre-disaster**
  - Threat/Warning
- **Emergency**
  - Incident stabilization
- **Recovery**
  - Secondary Trauma
  - Promote Resilience
- **Long term rebuild**
  - Community cohesion
  - New Beginning
- **Reorganization**
  - Possible long term reactions: PTSD/Grief, Trigger Events, and Anniversary Reactions

**Time Line**

- Impact: 1 to 3 days
- Recoil: 24 hrs. to 6 weeks
- Reorganization: 2 to 5 years - can vary per victim

When will we provide the services?

- **Pre-Disaster**
  - Mitigation (reduce risk, minimize emergency)
  - Preparedness (planning, enlisting, training, exercising, organizing)
- **Emergency**
  - Save lives, property, animals
  - Evacuation, sheltering
- **Response**
  - Incident stabilization
  - Mass Care
When will we provide the services?

• Recovery
  – Debris removal and management
    • Individual property
    • Community property
  – Health and social services
    • Medical clinics
    • Emotional and spiritual care, crisis interventions, behavioral health
  – Temporary and long term housing
  – Economic recovery
  – Anniversary remembrance events and rituals

Where will we provide the services?

• Your organizational facility
  – Office, place of business, school
  – Church, synagogue, temple, house of worship
• “Ground Zero”
  – point of the most severe damage or destruction
• Impacted neighborhoods
  – Residences
  – Businesses
• Community Centers
  – MARC, LAC, FAC

Which people from our group will “go?”

• Executive / Pastoral staff
• Members of our organizations
  – Professionals
  – Trained Adult Volunteers
  – Untrained Adult Volunteers
  – Youth Volunteers
• Affiliates of our organizations
Don’t “react” – “respond” after assessing, planning, and preparation

RESPONDING TO DISASTERS

Becoming an emotional & spiritual care provider in disasters

• Disaster Spiritual Care (DSC)
• Critical Incident Stress Management (CISM)
• Disaster Emotional Care (DEC)

Becoming an emotional & spiritual care provider in disasters

• Disaster Spiritual Care (DSC)
  – Local providers are primary
  – Partner with disaster mental health
  – Recognize the right of each person to hold to his or her own existing values and traditions
  – Refrain from forcing unwanted prayer, gifts, literature
  – Refrain from manipulation and exploitation
  – Respect diversity and differences
  – Provide appropriate and respectful spiritual care
Becoming an emotional & spiritual care provider in disasters

• Critical Incident Stress Management (CISM)
  – Stabilize
  – Acknowledge the event and reactions
  – Facilitate understanding by normalizing reactions
  – Provide mechanisms of action to mitigate distress
  – Refer or resource as appropriate
  – Provide 1:1 interventions
  – Provide large group interventions
  – Provide small group interventions
  – No counseling, therapy, or long-term care

Becoming an emotional & spiritual care provider in disasters

• Disaster Emotional Care (DEC)
  – Disaster emotional care promotes resilience
  – Local providers are primary resources
  – Caregivers must receive support services, too
  – Respect diversity and differences
  – Partner with Disaster Spiritual Care
  – Adhere to high standards of professional ethics
  – Provide care throughout the disaster cycle
  – Specialized training is necessary for effective care
  – Is not counseling or psychotherapy

Responding in Recovery Activities

• Debris removal
• Mass distribution
• Sheltering
• In-Kind donation management
• Other possibilities
  – Water purification
  – Childcare
  – Mass feeding
  – Clean-up
• Supporting existing & incoming recovery activities
Helping Survivors Rebuild

- Presence through the continuum
- Connecting
- Safety & control
- Practical assistance with basic needs
- Balancing “doing for” vs. “doing with”
- Support network
- Self-esteem & resiliency
- Education & information
- Life outside grief & loss
- Rituals & memorials beyond the funeral
- Follow-up & follow through

SUPPORTING A RESPONSE TO DISASTERS

Resources for the Team

- ID badges – FEMA approved
- “Uniforms”
- Training & supervision
- Daily stress mitigation
  - Information
  - “Debriefings”
- Recognition & celebration
FEMA approved ID badges

Field Support for the Team
• Transportation
• Housing
• Meals
• Communication
• Administrative support
• Self-Care
• Leadership
• Emotional & Spiritual Psychological First Aid

Accurate record keeping is preparation for the next disaster
FINANCE & ADMINISTRATION
Financial donation management

- Income
  - Event specific
  - "Disaster Relief"
  - General church or organizational ministry
  - Individual specific – “scholarships”
- Distribution
  - Debit cards
  - Credit cards
  - Cash
- “Left Over” donations/funds

Enlisting and credentialing volunteers

- Recruiting volunteers
  - From your local organizational membership
  - From your broader organizational membership
  - From the general community
- Vetting volunteers
  - Personhood
  - Knowledge
  - Skills
- Background checks

Other considerations for volunteers

- Disabilities
- Functional access needs
- Age
- Gender
- Language, ethnicity, and other cultural resources
- Previous experience and training
- Recent losses or critical events
- Community network, contacts, and resources
Maintaining Records

- Full contact information for each volunteer
  - Dates of service
  - Specific type of response
- Ministry/service contacts
  - Location of response
  - Type of ministry/service provided
  - "Job" status – completion?

Wisdom is knowing that you can't know everything...

FINAL WORDS FROM YEARS OF DISASTER EXPERIENCE

Begin with Strategic Planning

- Identify immediate needs
- Identify the target for your disaster ministry
- Identify the resources you can provide to the disaster ministry
- Identify the ministry interventions you are prepared to provide
- Identify who will lead and manage the ministry
- Identify regional and national resources
- Identify the training and education you will provide to prepare your volunteers
Employ Strategic Implementation

- Identify the timetable for your disaster ministry participation
- Identify the “exit plan” conditions, date, and method
- Create the implementation process
- Identify the managers of and during the implementation process
- Vet and thank your volunteers who participate in the implementation of the disaster ministry

Apply Strategic Evaluation

- Evaluate the effectiveness of the disaster ministry
- Evaluate the providers of the ministry and the vetting process
- Evaluate the results of the disaster ministry
  - Emotional & Spiritual Care
  - Recovery
- Evaluate the implementation process
- Evaluate the scope of ministry provided
- Evaluate the resources used
- Evaluate the collaboration with other agencies

Resources

- National Voluntary Organizations Active in Disasters. *Disaster Spiritual Care Points of Consensus*, 2018.
- National Voluntary Organizations Active in Disasters. *Disaster Emotional Care Points of Consensus*, 2015.
- National Voluntary Organizations Active in Disasters. *Disaster Spiritual Care: Guidelines*, 2014.
- National Voluntary Organizations Active in Disasters. *Disaster Emotional Care: Guidelines*, 2019 in final approval phases.
Resources

- Convoy of Hope. 7 Steps of Local Disaster Engagement: Community Assessment – Community Engagement, 2019.
In 2006 the National Voluntary Organizations Active in Disaster’s Emotional and Spiritual Care Committee published *Light Our Way* to inform, encourage and affirm those who respond to disasters and to encourage standards insuring those affected by disaster receive appropriate and respectful spiritual care services. As a natural next step following the publication of *Light Our Way* and in the spirit of the NVOAD “Four C’s” (cooperation, communication, coordination and collaboration), the Emotional and Spiritual Care Committee then began working to define more specific standards for disaster spiritual care providers. The following ten “points of consensus” set a foundation for that continuing work.

1. **Basic concepts of disaster spiritual care**¹
   Spirituality is an essential part of humanity. Disaster significantly disrupts people’s spiritual lives. Nurturing people’s spiritual needs contributes to holistic healing. Every person can benefit from spiritual care in time of disaster.

2. **Types of disaster spiritual care**²
   Spiritual care in disaster includes many kinds of caring gestures. Spiritual care providers are from diverse backgrounds. Adherence to common standards and principles in spiritual care ensures that this service is delivered and received appropriately.

3. **Local community resources**
   As an integral part of the pre-disaster community, local spiritual care providers and communities of faith are primary resources for post-disaster spiritual care. Because local communities of faith are uniquely equipped to provide healing care, any spiritual care services entering from outside of the community support but do not substitute for local efforts. The principles of the National VOAD - cooperation, coordination, communication and collaboration - are essential to the delivery of disaster spiritual care.

4. **Disaster emotional care and its relationship to disaster spiritual care**³
   Spiritual care providers partner with mental health professionals in caring for communities in disaster. Spiritual and emotional care share some similarities but are distinct healing modalities. Spiritual care providers can be an important asset in referring individuals to receive care for their mental health and vice versa.

5. **Disaster spiritual care in response and recovery**⁴
   Spiritual care has an important role in all phases of a disaster, including short-term response through long-term recovery. Assessing and providing for the spiritual needs of individuals, families, and communities can kindle important capacities of hope and resilience. Specific strategies for spiritual care during the various phases can bolster these strengths.

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¹ See *Light Our Way* pp. 52-54. ² Ibid. ³ Ibid. ⁴ Ibid.
6. **Disaster emotional and spiritual care for the care giver**  
Providing spiritual care in disaster can be an overwhelming experience. The burdens of caring for others in this context can lead to compassion fatigue. Understanding important strategies for self-care is essential for spiritual care providers. Disaster response agencies have a responsibility to model healthy work and life habits to care for their own staff in time of disaster. Post-care processes for spiritual and emotional care providers are essential.

7. **Planning, preparedness, training and mitigation as spiritual care components**
Faith community leaders have an important role in planning and mitigation efforts. By preparing their congregations and themselves for disaster they contribute toward building resilient communities. Training for the role of disaster spiritual care provider is essential before disaster strikes.

8. **Disaster spiritual care in diversity**
Respect is foundational to disaster spiritual care. Spiritual care providers demonstrate respect for diverse cultural and religious values by recognizing the right of each faith group and individual to hold to their existing values and traditions. Spiritual care providers:
- refrain from manipulation, disrespect or exploitation of those impacted by disaster and trauma.
- respect the freedom from unwanted gifts of religious literature or symbols, evangelistic and sermonizing speech, and/or forced acceptance of specific moral values and traditions.
- respect diversity and differences, including but not limited to culture, gender, age, sexual orientation, spiritual/religious practices and disability.

9. **Disaster, trauma and vulnerability**
People impacted by disaster and trauma are vulnerable. There is an imbalance of power between disaster responders and those receiving care. To avoid exploiting that imbalance, spiritual care providers refrain from using their position, influence, knowledge or professional affiliation for unfair advantage or for personal, organizational or agency gain.

Disaster response will not be used to further a particular political or religious perspective or cause – response will be carried out according to the need of individuals, families and communities. The promise, delivery, or distribution of assistance will not be tied to the embracing or acceptance of a particular political or religious creed.

10. **Ethics and Standards of Care**
NVOAD members affirm the importance of cooperative standards of care and agreed ethics. Adherence to common standards and principles in spiritual care ensures that this service is delivered and received appropriately. Minimally, any guidelines developed for spiritual care in times of disaster should clearly articulate the above consensus points in addition to the following:
- Standards for personal and professional integrity
- Accountability structures regarding the behavior of individuals and groups
- Concern for honoring confidentiality*
- Description of professional boundaries that guarantee safety of clients* including standards regarding interaction with children, youth and vulnerable adults
- Policies regarding criminal background checks for service providers
- Mechanisms for ensuring that caregivers function at levels appropriate to their training and educational backgrounds*
- Strong adherence to standards rejecting violence against particular groups
- Policies when encountering persons needing referral to other agencies or services
- Guidelines regarding financial remuneration for services provided

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5 Ibid. 6 Ibid. 7 Church World Service “Standard of Care for Disaster Spiritual Care Ministries” 8 Church World Service “Common Standards and Principles for Disaster Response” 9 See Light Our Way p. 16
National VOAD members agree to adhere to the following:

1. Cleanup and long term recovery assistance will be provided with dignity and in a respectful, non-judgmental, and nondiscriminatory manner.

2. Safety standards, including standards for handling of known hazardous materials, will be in place for field staff and volunteers prior to the start of work.

3. Support and engage with the communication and coordination systems in use in each community and promote a central and inclusive system for intakes, referrals, tracking and reporting of cleanup assistance.

4. Work will be done only upon written consent of the client. A clear scope of work will be agreed upon and signed before work begins.

5. Clients and residents will be encouraged and permitted to salvage any items before and during cleanup work.

6. Assist clients to repair and rebuild who have gone through a case management process consistent with the National VOAD Disaster Case Management Points of Consensus.¹

7. Repairs and rebuilds will be done, at a minimum, in accordance with the International Residential Code and local codes, with local codes prevailing if there is a discrepancy between the two. We agree to aspire to the highest workmanship feasible.²

Members will encourage Long Term Recovery Groups to repair and rebuild above and beyond the International Residential Code and local codes. As a part of a larger commitment to our donors and the communities where we work we will adhere to the following guidelines:

- Repair and rebuild with materials and practices that are energy efficient.³
- Mitigation practices will be used whenever possible to minimize the risk of future events.⁴

8. Repairs and rebuilds for disabled clients will be done in a way that gives the client needed access to the home. ADA standards, while not required under residential building code, should be considered and used whenever feasible.⁵

9. Skilled construction person(s) will be available to supervise all volunteer work, and offer guidance throughout the long term recovery process.

10. Local character of the client’s community and cultural norms will be respected as they pertain to the repairing and rebuilding of the client’s home. This may depend upon the resources available to the LTRG.

¹ For the National VOAD Disaster Case Management Points of Consensus see http://www.nvoad.org/
² For more information see http://www.iccsafe.org/
⁴ For more information see FEMA’s Mitigation Best Practices (http://www.fema.gov/plan/prevent/bestpractices/index.shtm) and the Federal Alliance for Safe Home http://www.flash.org/
⁵ For more information see http://www.ada.gov/
Mass Care services in a disaster are intended to minimize the immediate, disaster-caused suffering and address the urgent needs of people through the provision of food, shelter, supplies and other support services. These provisions are intended as supplemental to individual preparedness.

Mass Care providers will:

1. Be transparent and collaborate with non-governmental organizations, government agencies and the private sector to provide Mass Care services.

2. Determine the scope, scale, type and duration of Mass Care services based on the impact of the disaster, community demographics, culture, economy and geography of the affected region and respond accordingly.

3. Provide care with dignity and respect, in a non-judgmental, confidential and non-discriminatory manner.

4. Provide services in a manner that ensures the safety, security and well-being of all, particularly children, youth and older adults.

5. Strive to offer reasonable accommodations for people with disabilities and functional needs.

6. Provide a safe place for individuals and families. Respect for the cultural and religious differences of residents will be maintained. Consideration will be given for the care of household pets.

7. Distribute food in a responsive, transparent and equitable manner. Every effort will be made to ensure meals meet the cultural, ethnic, religious and dietary needs of the affected individuals.

8. Distribute relief supplies in an equitable and coordinated manner while placing priority on items related to basic survival, health and sanitation.
In May 2005, the Emotional and Spiritual Care Committee of the National Voluntary Organizations Active in Disaster (National VOAD) approved points of consensus regarding provision of early psychological intervention for persons affected by disaster. The following statements about Early Psychological Intervention were included: Early Psychological Intervention is valued, has multiple components, requires specialized training to deliver, and represents one point of a continuum of emotional care. This Points of Consensus document was subsequently incorporated into guidelines for disaster emotional care by National VOAD member organizations.

In 2013, the National VOAD’s Emotional and Spiritual Care Committee appointed a new subcommittee to write an updated list of agreed upon principles to guide both National VOAD organizations and community care providers to prepare for, respond to, and promote recovery from disaster. In the spirit of the National VOAD “Four C’s” (cooperation, communication, coordination and collaboration), this document expands and replaces the 2005 Early Psychological Intervention Points of Consensus, complements the Disaster Spiritual Care Points of Consensus approved in 2009, and reflects current knowledge and ethical principles for disaster emotional care provision.

The following ten points of consensus are minimal standards, ethical, or operational principles specific to Disaster Emotional Care. To continue as a member of National VOAD, organizations are required to agree to abide by approved Points of Consensus. This document was presented by the Disaster Emotional Care subcommittee to the National VOAD Emotional and Spiritual Care Committee in May 2014. Guidelines to outline the implementation of the principles contained in this document are under development.

1. **Basic concepts of disaster emotional care**
   a) Disaster emotional care is a valuable component of comprehensive disaster preparedness, response, and recovery.
   b) Disaster emotional care promotes resilience, helps mitigate long and short-term psychological consequences of disaster, and facilitates recovery.
   c) Disaster emotional care includes a range of supportive actions grounded in concepts of resilience and behavioral health.
   d) Disaster emotional care activities are informed by relevant research and established best practices.
   e) Disaster emotional care is not psychotherapy, nor a substitute for psychotherapy. However, it is often the first step that could lead to professional counseling and psychotherapy.
   f) Disasters significantly affect everyone and their communities, including individuals, family and social networks, rescue workers, health care providers, faith communities and spiritual care providers, impacted businesses, and vulnerable populations.
   g) People impacted by disaster will experience a range of emotional responses, of varying intensity and duration.
   h) People’s emotional responses to disaster are influenced by a variety of factors, including degree of exposure, individual resilience, and recovery environment.
   i) Specialized training is necessary for effective disaster emotional care.
2. Types of disaster emotional care

Emotional care is provided across the disaster continuum from preparedness to response and recovery. Emotional care takes many forms, and emotional care providers are from diverse professional backgrounds.

Accepted types of disaster emotional care include, but are not limited to:
- Preparedness activities
- Assessment and triage activities
- Psychosocial support activities
- Early psychological intervention activities
- Recovery activities

3. Capacity building, readiness and planning components of disaster emotional care

Capacity building involves identifying and recruiting appropriate disaster emotional care providers. In order to deliver effective disaster emotional care, it is essential that providers engage in training and exercises, and become affiliated with a disaster relief organization. Disaster emotional care providers have an important role in planning and mitigation efforts and contribute toward building resilient communities.

4. Local community resources

Local providers of emotional care are an integral part of their communities pre-disaster and therefore are primary resources for also providing post-disaster emotional care services. Because local providers of emotional care are uniquely equipped to serve their communities, any emotional care services from outside the community support but do not substitute for local efforts. In this context, the principles of the VOAD movement – cooperation, communication, coordination, and collaboration – are essential to the delivery of emotional care.

5. Disaster emotional care and resilience

Resilience is defined as the strengths of an individual or community to respond well to adversities. Resilience can be both inborn and developed, and most people are inherently resilient. Research suggests that most people impacted by a disaster will return to pre-disaster levels of functioning and some people will grow as a result of the experience. Disaster emotional care providers should encourage survivors to recognize and strengthen their resilience as a part of disaster emotional care intervention.

6. Disaster emotional care in recovery

In order for communities to fully recover and integrate the disaster into their history, emotional care is essential as part of a program of services. Disaster emotional care providers work with state and local recovery committees to offer services related to the disaster, encourage programs aimed at strengthening community resilience, and facilitate counseling and supportive services for persons in need. Pre-existing community programs are the primary emotional care providers whose capacity to serve the community will be acknowledged, supported, and strengthened.

7. Disaster emotional care for the caregiver

Providing emotional care in disaster can be an overwhelming experience. The burdens of caring for others in this context can lead to compassion fatigue. Understanding important strategies for self-care is essential for emotional care providers. Disaster response agencies have a responsibility to care for their own staff during all phases of disaster deployment and to model healthy work and life habits. Post-deployment support processes for emotional care providers are also essential.

8. Disaster emotional care and its relationship to disaster spiritual care

Mental health professionals partner with spiritual care providers in caring for individuals and communities in disaster. Spiritual and emotional care are important components of comprehensive disaster care; these share some similarities but are distinct healing modalities. Spiritual care providers are important partners in referring individuals to receive care for their mental health and vice versa.

1 See Light Our Way pp. 52-54
9. **Disaster emotional care and diversity**
   As a foundation of disaster emotional care, providers respect diversity among colleagues in emotional and spiritual care and within communities served, including but not limited to race, ethnicity, culture, gender, age, sexual orientation, spiritual/religious practices, socioeconomic status, and disability. Disaster emotional care providers strive for cultural awareness and sensitivity, and adapt care strategies to address cultural differences in the individuals and communities they serve.

10. **Ethics and Standards of Care**
    National VOAD members affirm the importance of professional standards of care and the obligation to follow legal and ethical guidelines. Adherence to common standards and principles promotes the delivery of effective and appropriate disaster emotional care.

    Disaster emotional care services should incorporate the principles of:
    - Personal and professional integrity
    - Accountability and responsibility
    - Recognition of the boundaries of one’s competence
    - Respect for people’s rights and dignity, including privacy and self-determination
    - Promotion of safety and protection of people affected by disaster
“Impact and Heroic” Stage – Large Regional and National Disasters

**What do I do now? Congregational and Community Work**

If you’re reading this, you’ve probably in one of two situations: 1) you’ve just been through a major disaster and are hoping to find some quick tips on what to do now, or 2) you know that major disasters will happen and you want to be prepared. I hope you’re in the second group. In either case, this chapter will give you strategic methodology for responding to large regional and national disasters as a congregation or as a community. You will find strategic ideas in planning, implementation, evaluation, and education as you provide disaster spiritual care.

No one expected the kind of destruction that Hurricane Katrina would bring to our city. No one expected the kind of weakness our churches would experience after the flood. No one expected the overwhelming sense of inadequacy we would feel as a community of believers. We should have had an emergency plan and a way to get some ministry done. We weren’t ready and we made a lot of mistakes. Now we know that planning and education are essential. Now we know that we need to train laity to be leaders in crisis situations. Now we know that we must learn from our mistakes and we must teach others to be prepared.  

*Pastor E.S., New Orleans, 2005*

The history of major disasters is as ancient as war, pestilence, and catastrophe. These incidents of disaster include natural disasters and human-caused disasters that may be intentional or accidental. Each major disaster creates a myriad of complicating factors—loss of lives, destruction of property, feelings that range from anger to relief, and the certainty that life will never be the same again.

In recent history, thirty-three people died in the Virginia Tech campus shooting on April 16, 2007; and almost exactly twelve years prior, one hundred sixty-eight lives were lost when terrorists bombed the Alfred P. Murrah Federal Building in Oklahoma City. In the 1990’s over 800 families were evacuated and relocated as a result of toxic chemical dumping at *Love Canal* near Niagara Falls, NY. World War II resulted in
52,199,262 deaths; and on September 11, 2001, almost three thousand people perished as a result of coordinated attacks by terrorists. Human-caused major disasters create great losses and a wide array of feelings among victims, survivors, and on-lookers.

According to Deborah DeWolfe, “In human-caused disasters such as bombings and other acts of terrorism, technological accidents, or airline crashes, survivors grapple with deliberate human violence and human error as causal agents. The perception that the event was preventable, the sense of betrayal by a fellow human(s), the externally focused blame and anger, and the years of prolonged litigation are associated with an extended and often volatile recovery period.” The issue of culpability causes a deep feeling of anger that often results in blame, resentment, unforgiveness, and hostility. The human heart interprets meaning in much different ways after human-caused disasters than after natural disasters. There are deep spiritual implications as victims and survivors grapple with values clarification and beliefs that have suddenly become ambiguous. Theological issues become evident as people struggle with grief, sin, revenge, justice, or God’s sovereignty. The wail of lamentations and mourning are heard throughout the land.

Natural disasters include floods, hurricanes, earthquakes, and tornadoes. They may also include the lesser considered avalanches, wild fires, and ice storms. The Southeast Asia tsunami of 2004 was the worst tsunami to ever impact the world. There were 8,212 fatalities; there are still 2,817 people missing; and the there were over 6,000 people displaced. According to the National Interagency Fire Center, “The 2006 wildland fire season set new records in both the number of reported fires as well as acres burned. A total of 96,385 fires and 9,873,429 acres burned were reported. This season [2006] was 125 percent above the 10-year average.” The third most deadly hurricane in
recorded history—Katrina—was also over three times more expensive than the next most expensive (Hurricane Andrew in 1992). Never before had an entire major American city been evacuated as a result of a disaster; never before had we seen the resulting massive governmental issues, including transportation, shelter, food, medical assistance, financial aid, jurisdiction, and permanent housing. In some cases, natural disasters may even act in concert with disasters caused by human error such as icy roads and inexperienced driving that causes a multicar, multifatality pileup. Like human-caused disasters, natural disasters cause loss of lives, destruction of property, psychological trauma, and spiritual distress. These major disasters can overwhelm congregations, communities, states, and even nations.

**Strategic Planning: Disaster will happen—get ready**

Life is full of “should-a, would-a, could-a.” When disaster strikes and chaos ensues, most congregations wish they had been better prepared. They wish they had planned for the possibility of a major disaster; but somehow the daily “crises” of congregational life usurped time, energy, and resources from strategic planning for major disasters. After the disaster hits, knowing the basics of planning will at least provide a framework for filling the gaps.

J. T. Mitchell cites, “In the International Critical Incident Stress Foundation (ICISF) model, strategic planning for group crisis intervention includes five key points: categorizing the threat or theme of the critical incident, classifying the target population to assist or support, selecting the types of interventions that will be utilized, determining the implementation timing, and selecting the right team to provide the intervention.”
Using this model as a guide, congregational strategic planning for disasters could also include variations of those same five points.

Congregations must first identify the immediate needs. Are there lives to be rescued? Do people need basic survival resources—medical attention, water, food, temperature appropriate clothing, shelter? These needs must be met in the initial aftermath of a disaster and congregations are usually in the best physical location to provide assistance since congregations are usually located in neighborhoods where people live. The first hours or days following the impact of the disaster will be devoted to rescue and meeting survival needs. All congregations should have some resources and supplies in place for these immediate needs. What can your congregation do?

Next, congregations must determine who their target group is. Who will be the recipients of spiritual care? Will it be the congregation, the neighborhood (the immediate area surrounding the congregational facility), the rescue and relief workers who have responded to the disaster, people with special medical needs, people who have been displaced, relief agencies that need staging areas (a place from which to conduct the business of providing relief), or another identified group? Most congregations cannot minister to everyone. Making the decision of target group prior to disasters will enable the congregation to provide focus to their planning and will help eliminate the problem of making a hasty emotional decision to help everyone when there are inadequate resources and skills. If congregations in the community made specific assignments prior to disasters, each could offer some specialized assistance without being overwhelmed. Pre-planning with a community clergy association could assist in this process.
Each congregation must determine what resources they have to provide spiritual care after a major disaster. Perhaps the resources are physical—space for sheltering, a kitchen for mass feeding, a large parking area for emergency relief vehicles, an education building for a temporary emergency day care facility. Or perhaps the resources are human—a staff of mental health professionals, a staff of licensed children’s workers, volunteers willing to do emergency tasks that don’t require extensive previous training (handing out water, sorting clothing, answering phones, and the like), people with construction skills and experience, people who speak foreign languages, trained crisis or disaster chaplains. People resources could include volunteers, listeners, encouragers, planners, counselors, or financial supporters. Or perhaps the resources are a diminutive combination of these. Providing ministry to a particular target group will necessitate knowing what resources are available for that ministry. Congregations will be frustrated when they identify a target group then realize they do not have the resources to provide appropriate spiritual care.

If your congregation will be providing direct care to congregants, victims, and relief workers, it will also be necessary to identify what ministry interventions you are able to provide. In other words, now that you know what resources you have, you must decide what you will do. Most congregations cannot do everything for everyone. It will be helpful to decide who you will be helping and what, specifically, will you be doing. For example, will you provide the evening meal for one hundred disaster relief workers? Will you provide emergency day care for fifty children, infant through five years old, from 9 a.m. to 5 p.m., Monday through Friday? Will you provide disaster mental health services to children and teenagers for the next six months? Will you provide shelter (with

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or without meals) for one hundred people for the next three months? While it may be unrealistic to rigidly hold to these plans, without planning, it will be difficult to make good decisions in the middle of overwhelming chaos and crisis needs. “Members of your congregation need to share in the ministry of disaster recovery. Share the work with your congregation. Know your limitations,” states Prepared to Care, a booklet on disaster spiritual care.8

When congregations are also impacted (they usually are also “victims” in major disasters), there are often some vacancies in congregational leadership. Good planning will include some specific identification of who will lead and manage the disaster spiritual care interventions that are being provided. These leaders and managers are not necessarily congregational staff (staff persons usually have a myriad of other responsibilities during the aftermath of disasters) but are congregants who are appointed to lead and manage the disaster spiritual care operations. Depending on the target group and the interventions you have decided to provide, these leaders may be predetermined (for example, the day care director may supervise the emergency day care or the kitchen director may supervise the mass feeding operations). Planning the leadership and management structure prior to a disaster will help prevent leadership vacuums and conflicts in crisis decision-making.

Appointing leaders and managers will be pointless if there are no followers or workers. Congregations must enlist volunteers who will be providing the interventions. Obviously, if pre-disaster strategic planning is occurring, there will be time for enlistment, orientations, training, and skill building. If leadership is recruiting volunteers post disaster, this will be a little more complicated. There is large possibility that many of
the congregants will also be victims of the disaster. While this could make them
unavailable to provide interventions, this might also make some more “available” to
serve as volunteers. If they are being sheltered, they could also help in shelter
management. If they have no gas or power, they may assist in mass feeding while eating
meals with other victims. Someone must be tasked to actively recruit volunteer helpers.

When congregations and communities are overwhelmed after major disasters, it
may become necessary to identify regional and national resources. If you have already
done this, good; you have completed some essential strategic planning. *The Work of the
Chaplain* advises, “To minister effectively in community crisis and disaster relief,
chaplains [congregations] must familiarize themselves with the dynamics of relief
organizations and their partnerships with other agencies. Many of these relationships are
formalized through statements of understanding, but an equal number are informal
agreements to ‘work together for the good of the community.’” Congregations must
know which organizations and agencies provide assistance and what the parameters for
assistance are. Congregants and victims often call the congregational office for
information about housing, government assistance, free medical care, missing persons,
and other emergency concerns. Good disaster spiritual care includes providing accurate
information during emergencies. Use the information in the Resources section at the end
of this chapter to make contact with your local, regional, and national resources online.
Know what services they provide and whom to contact if necessary.

Good strategic planning includes training and education to prepare participants for
their role in disaster spiritual care. If you are reading this pre-disaster, you have many
possibilities to consider. The National Volunteer Organizations Active in Disaster
(NVOAD) is comprised of many faith-based organizations that have various training programs to prepare congregations and individuals to respond in the event of major disasters. Furthermore, many of these faith-based organizations have online resources to help prepare disaster volunteers for various roles in response. If you are in the middle of a major disaster, one possible contact might be the American Red Cross Spiritual Response Team. The Task Force liaison could provide some resources for people who could assist with emergency field training. One of the most urgent training components will be preparing clergy and laity to provide appropriate disaster spiritual care in the context of religious and cultural diversity. Spiritual care must be perceived as helpful, caring, and sensitive to the diversity of the population being served. Disaster spiritual care should never be perceived as an opportunity to proselytize, preach, or convert victims as a requirement for care. Learning to demonstrate respect for differences, sensitivity to unfamiliar needs, and awareness of common trauma responses will be essential learning components for all spiritual care providers.

According to *Church Preparedness for Disaster*, a congregation “…must plan how it will respond to disasters, large and small, in the community. The plan needs to be well-thought-out and discussed by the church [congregation] leaders. The people in the congregation need to discuss the plan and determine how they, as individuals, can become part of this ministry. The unprepared church will miss valuable opportunities to minister if not prepared.”

**Strategic Implementation: How Will We Provide Disaster Spiritual Care?**

Have you started your preplanning? If not, you are now doing strategic implementation of the fly. An old adage says, “Timing is everything.” While timing
might not be everything to everyone, timing is still essential for effective spiritual care. Knowing the optimal time for beginning, executing, and ending disaster spiritual care will create a sense of urgency among the volunteers to begin and a sense of accomplishment when completed.

Know when your congregation will begin each type of intervention. During which phase of disaster will you provide your interventions? By necessity, some interventions will take place directly after impact—rescue, providing survival needs of medical attention, water, food, shelter, providing spiritual comfort. Some interventions will take place during the early impact phase—sheltering, mass feeding, clothing distribution, helping to locate family members, or holding prayer services and vigils. Some interventions will be used after most of the rescue workers have left—rebuilding, finding jobs, small group interventions, memorial services, or pastoral counseling. Other interventions may continue for years. Two years after the destruction of Hurricane Katrina in New Orleans, organizations such as Operation Noah Rebuild, sponsored by the Southern Baptist Convention, North American Mission Board, were still working and had gutted 600 homes, built 37 and were working on over 160 more, with almost 1,500 families on their waiting list for help.¹¹

Know when your congregation will continue interventions and know when your congregation will transition to pre-disaster ministry. Establishing the timetable for disaster spiritual care will be helpful for both the providers and the recipients.

After weeks of serving three meals a day to victims of Hurricanes Katrina and Rita, mass-feeding kitchens in Sabine Pass began to close the kitchen. A woman who had lost her home and was still living in a tent, ranted and raved, “How can you abandon us like this? You’ll be killing us without food and water. How can you just pack-up and leave?”
There’s less guilt involved in terminating the intervention if it has been planned and announced in advance. Furthermore, victims can begin making the physical and emotional transitions without being shocked when relief workers suddenly pack-up and leave. Congregations need to make the public aware of the timetable—when they will begin ministry services and when they will end those services. There’s an appropriate time to begin and an appropriate time to end. There’s never an appropriate time to pull the rug out from under hurting people. There will come a day when the congregation will say, “We’ve done our part. We need to get back to our normal routines.”

Congregations must clearly understand their implementation processes.

Preplanning is a bonus, but if you are reading this in the middle of a disaster, make some of these decisions immediately. Select one person to lead the team process—someone to initiate the process after some of the decisions in the strategic planning stage are completed. This person might also be the one who monitors the process and facilitates course changes during the process, establishing specific points at which the process is evaluated. The process leader establishes the chain-of-command and makes it clearly understood by the entire congregational participants. There must clearly be one leader, but leadership means listening to wise counsel, being willing to make changes, and staying calm during chaos. The process will continue until all the evaluations and post event education is completed. It will be helpful for future leaders if someone is assigned to keep an accurate record of timetables, processes, and personnel.

Another essential part of the process is thanking the participants during and after the event. This could take the form of verbal acknowledgement during the event, recognition of group performance, or information through newsletters, bulletins, or
during the worship service. After the event, leadership must individually acknowledge volunteers with written thanks. This could be accomplished by group leaders, team leaders, or staff. Keeping accurate records of volunteers and their contact information will be essential to this portion of the implementation phase. A helpful time of closure might include a thank you banquet or certificates of appreciation. Written thanks and certificates are often treasured for years after the event. Sometimes, community acknowledgement may be accomplished through news articles or radio interviews. Whatever the form, an appropriate thank you is essential. A sincere thank you is good manners and strategic planning for future events.

**Strategic Evaluation: We’ll Probably Make Mistakes, but We Can Improve**

After the event has come to a close or is in the final process of closing, it will be important to begin the strategic evaluations. You will have been doing smaller evaluations throughout the process as you considered course changes. After the event is over, you may feel so exhausted that evaluations are left for “later.” Typically, “later” will never come and strategic evaluations will be relegated to an insignificant optional detail as other responsibilities and crises take precedence. Make it a priority to complete the evaluations. One less painful way to complete the evaluations is to have each part of the team complete some part of the evaluations then meet as a team to review the conclusions. Follow this with a celebratory meal and service. It will be a hallelujah day for everyone!

Effectiveness in future events will increase as strategic evaluations are completed and shared. Some of the areas to be evaluated might include the following: providers of disaster spiritual care (for example, congregational and community volunteers or service
providers), results of disaster spiritual care (How many were sheltered? How many spiritual care contacts were made? How many religious rites and rituals were provided? How effective was the use of the church property?), implementation process (How was our timing? Did we have the right leadership? What could we have done differently? Did we recognize our volunteers?), scope of ministry provided, resources used (Did we duplicate ministry or pool resources with other agencies?), and collaboration with regional and national resources (How could we prevent future turf wars? What other training do our leaders need to be a part of? What did we learn by working with the Red Cross or the NVOAD organizations?).

*Pre-event* strategic planning includes a specific process for completing evaluations *after* the event. Many national relief organizations evaluate their participation in disasters and follow-up with a document that states lessons learned or best practices, in order to refine and improve their disaster services for the future.

**Strategic Education: We want to teach others to provide disaster spiritual care**

If knowledge is power, specialized training in disaster spiritual care issues could empower congregations to be more effective in future disaster events. One of the primary issues in the aftermath of major crisis is trauma and the distress that follows. Training volunteers and congregations about basic disaster trauma helps prepare them for the trauma issues they will encounter in victims and volunteers, reducing their personal anxiety while increasing their ability to provide appropriate disaster spiritual care.

Learning the basics of stress mitigation and how to develop coping strategies will help caregivers provide essential ministry to victims.

The impairment of human functioning has serious implications for not only the individual, but for every context within which that individual functions.
Therefore, the impact of crisis can easily extend beyond the individual into the family, the work group, and even the community. Thus, psychological crisis can become a public health challenge by virtue of its ability to reach far beyond the individual who initially experiences the crisis. Perhaps the most severe and disabling crisis context is that of psychological trauma. It has been argued that psychological trauma can leave in its wake the most severe and disabling of the adult-onset mental disorders (Everly and Lating, 1995).13

The International Critical Incident Stress Foundation, one of the major training organizations in the field of disaster response, offers several courses that could be helpful in training volunteers in the basics of responding to trauma. Everyone working in disaster spiritual care could benefit from these courses.

Volunteers and congregations also need to acquire basic skills in disaster spiritual care. This may include learning skills related to ministering in cultural and religious diversity, how to effectively listen to people’s stories, how to provide compassionate care when people are grieving, how to communicate care through presence and being even when they are unable to do very much, and how to provide age specific ministry that will be helpful to individuals. Spiritual Care providers in disasters usually function in the chaplain model – they make themselves available to provide ministry to all people. Some people may profess a specific faith tradition, others may profess no faith.

Perhaps the congregational training will be to prepare volunteers in specific disaster ministry disciplines—how to do mass feeding, how to run a shelter, how to assemble printed resources, how to help victims negotiate the governmental systems, how to complete assessments, how to undertake disaster clean-up, and how to deal with the media. All of these disciplines require specific training and the most effective training is completed long before the disaster occurs.
A growing interest among laity is in the area of disaster chaplaincy—providing intentional spiritual care directly to victims. With appropriate training, laity and clergy are able to provide compassionate care that is welcomed and appreciated by many victims. Without coercing victims to convert or radically change their beliefs, well-trained laity and clergy have many opportunities to listen to the sacred stories of victims and other opportunities to share their own faith when asked. Many victims perceive unwanted religious discussions as unethical violations of their vulnerable status, so training is vital in order to provide effective, appreciated care.

Disaster relief chaplains are often volunteers who have collegial relationships with chaplains representing a variety of agencies and organizations. According to the *Southern Baptist Disaster Relief Chaplain Training Manual*, “The growing awareness of spiritual needs in crisis has begun to formalize the response of disaster relief chaplains. National and international disaster relief agencies are beginning to work together to coordinate spiritual care response in disasters of many kinds.”¹⁴ Many of these agencies also have well developed training programs to prepare laity and community clergy to function in the chaplain role during disaster spiritual care.

Crisis and disaster chaplains are highly trained in stress mitigation, trauma response, and victim psychology. Like other chaplain specialties, they are expert listeners and well acquainted with grief therapy and comforting grief. Previous education, training, and experience are the foundations for their ministry in this very specialized setting.¹⁵

Congregations must also be trained in individual disaster preparedness. Each family must have a clear understanding of how to prepare themselves for the possibility of disaster. See chapter 3 for more about individual preparedness. NOVAD, the Federal Emergency Management Agency, the American Red Cross, Lutheran Disaster Response,
the North American Mission Board, and other faith-based organizations all have online resources to guide individuals, congregations, and dioceses in disaster preparedness. When individual family units are prepared, the congregation will have increased ability to provide ministry to others while suffering fewer inconveniences of their own disaster impact.

Pre-event training may be comprehensive and thorough, but on-the-job-training is often a matter of touching on the most basic principles. Even if your congregations is trained and ready, there is always the possibility that some will be affected by the event and unable to fill their roles. Therefore, it is always prudent to have a mini-training format planned. This would be a fast track field-training version of the ideal training. It is training that provides some empowerment for the brave volunteers who step forward when there is a disaster need.

Policies and protocols must be in place to manage and train the spontaneous volunteers who arrive on the scene of disaster to “lend a hand,” “provide disaster relief,” or “just help wherever I can.”

**Final Words**

Most congregations have never experienced a major disaster. Most congregations have not planned to react to a major disaster. Unfortunately, many congregations will be involved in the aftermath of a major disaster at some point. The most effective means of surviving the chaos of a major disaster is to plan ahead - create specific strategies prior to the event. But, if now is the time, begin with *strategic planning*:

- Identify the immediate needs (medical services, water, food, shelter, clothing)
- Identify the target for your disaster spiritual care ministry
- Identify what resources you have to provide disaster spiritual care
• Identify the ministry interventions you are able to provide
• Identify who will lead and manage the interventions
• Identify who will provide the interventions
• Identify regional and national resources
• Identify the training/education that you will provide to prepare participants.

Next, employ strategic implementation

• Identify the timetable for your participation
• Create the implementation process
• Thank your participants.

When the event is over, apply strategic evaluation

• Evaluate the effectiveness of the disaster spiritual care ministry provided
• Evaluate the providers of disaster spiritual care
• Evaluate the results of disaster spiritual care
• Evaluate the implementation process
• Evaluate the scope of ministry provided
• Evaluate the resources used
• Evaluate the collaboration with regional and national resources

Finally, provide strategic education

• Educate volunteers and congregations about basic trauma issues
• Train volunteers in basic skills for disaster spiritual care
• Train volunteers in specific disaster ministry disciplines
• Train volunteers to lead and manage disaster ministry teams
• Train the congregation and dioceses in disaster preparedness.

Congregations must also train and develop volunteers who will become the leaders and managers of disaster ministry teams. These people must have a working knowledge of the incident command system and how other relief agencies operate and interrelate. Leadership style inventories may be helpful in assessing specific roles for individual leaders. Being the rabbi, pastor, priest, imam, chairman or the deacons, or
elder in the presbytery does not automatically qualify a person to be a disaster spiritual care team leader.

Remember that all the strategy in the world cannot account for the unexpected. Disasters are chaos and change is always immanent. Hope for the best and plan for the worst. *Blessed are the flexible, for they shall not be broken.*

No congregation is ever fully prepared. No one anticipated the impact of Hurricane Katrina or the immediacy of Hurricanes Rita and Wilma, or the catastrophe of September 11, 2001. With historical evidence that disasters are on the increase and that the possibility of great impact on local communities is possible, be strategic and don’t be the congregation who cries out, “What do we do now?”

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8 *Prepared to Care: A Booklet for Pastors to Use in the Aftermath of a Natural Disaster* (Chicago: Evangelical Lutheran Church in America, 2004), 8.
12 Personal contact by author (Paget) with hurricane victim.

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