


**Wake Forest<sup>®</sup>**  
 Baptist Health


**FaithHealthNC**

**Crisis Response Training:**  
**Helping Clergy Respond More Compassionately & Effectively to Survivor-Victims of Trauma**

**NC Chaplains' Association – Camp Caraway**  
 Chaplain Glenn Davis  
 Director, First Responder Chaplaincy Program



## Today's objectives

Very brief introduction of the First Responder Chaplaincy Program

**4 Sessions:**

- I. Overview of trauma and critical incident stress
- II. Common survivor-victim reactions; predisposing factors; importance of sensory exposure
- III. Special features of sudden/traumatic death; trauma's impact upon communities, organizations
- IV. Re-victimization and the spiritual dimension in crisis response; helping interventions



**FaithHealthNC**  
A Shared Mission of Healing

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**First Responder Chaplains**



First responder chaplains help people working in fire, EMS and law enforcement agencies deal with a variety of health-related challenges

[Read more HERE!](#)


FaithHealth improves health by getting people to the right door at the right time, ready to be treated, not alone.

[Links](#)

### FR Chaplains are “Chaplains on Wheels”

- **Critical Incident Response**
  - Death notification / delivery of traumatic messages
  - On scene – post trauma support for first responders and bereaved families
- **Ongoing Staff Support (includes growing first responder retiree family)**
  - Crisis intervention
  - Hospital visitation
  - Grief support for staff & family members
  - Referrals / follow-up care
- **Education / Consultation**
  - Crisis Response Training – preventive education for churches, workplaces and other communities to improve crisis intervention skills
  - Wellness / resiliency
- **Community Engagement**
  - Connections with multiple agencies, organizations, faith communities

## I. Overview of Trauma & Critical Incident Stress



**The View from Here**

A first responder chaplain has a front row seat at what a life of poor self-care, neglect and stress can do to a person's physical and mental health and overall quality of life for individuals and their families. The costs are immeasurable.

### Stress shows up in lots of ways. But so do opportunities to be RESILIENT.

- Everyday stress – general anxiety
- Environmental stress
- Stress from dealing with others (psychosocial stress)
- Stress trying to figure out ourselves (intrapersonal stress)
- Stress from stimulants that we ingest
- Delayed stress
- Cumulative stress



### Examples of Critical Incidents

- Murder, suicide, or other violent death of a family member (especially when victim is a child)
- Sudden, violent death of a friend, colleague, school-mate
- Direct sensory exposure to any incident resulting in injury, death, or major property damage
- Separation / divorce
- Any major violation of trust with partner, friend, clergy, etc.
- Termination from one's job

### Examples of Critical Incidents (cont)

- Natural disasters
- Human-induced or technological disasters
- Being diagnosed or loved one being diagnosed w/ a serious or terminal illness (mental or physical)
- Being a victim of a crime
- Any life-threatening or other "boundary" experience
- Being a witness to any horrific event

### Characteristics of Critical Incidents

- Sudden, unexpected; disrupt one's sense of control
- Challenges one's assumptive world
- Make ordinary means of coping inadequate
- Both expand and restrict normal functioning
- Involve the perception of a life-damaging threat
- May include physical and/or emotional loss
- Provide potential for enhanced growth for individuals, families and entire communities

### What is traumatic for one individual may not be for another.

Key factors include individual's perception:

- 1) Perception of the incident itself
- 2) Perception of vulnerability
- 3) Perception of degree of control

### Trauma Can Be Life-Altering.

- We never "get over" traumatic events.
- We must integrate them into our life experience.
- "Meaning-making"
- "Metabolizing the crisis"

### Some Basic Truths about Trauma

- 1) Many experiences can be traumatic.
- 2) New trauma can resurrect old trauma.
- 3) Trauma does not happen in a vacuum. Personal difficulties revolving around the trauma multiply its impact.
- 4) Trauma can negatively impact our fundamental values.
- 5) Reactions can be immediate or delayed and triggered in multiple ways.

## Session II. Common survivor-victim reactions to trauma

These reactions are typically observed in one of five domains:

- physical
- cognitive
- emotional
- behavioral
- spiritual

## PHYSICAL Distress Reactions

Fatigue / exhaustion	Grinding of teeth
Nausea, indigestion	Weakness
Vomiting ("lightening the load")	Dizziness
Muscle spasms / Twitches	Psychogenic sweating
Chest pain	Chills
Hyperventilation	Fainting
Elevated BP	Headaches
Tachycardia or bradycardia	Visual difficulties
Thirst	



## COGNITIVE Distress Reactions

Blaming	Disorientation (with respect to time, place, people)
Confusion	Nightmares - Intrusive images
Poor attention / concentration	"Dumbing down" – confusion
Poor abstract thinking	Sensory distortion
Heightened or lowered alertness	Guilt
Difficulty identifying familiar objects or people	Preoccupation
	Inability to Understand Consequences of Behavior



## EMOTIONAL Distress Reactions

Anxiety	Uncertainty
Guilt	Loss of emotional control
Grief	Depression
Denial	Apprehension
Mood Swings	Feeling overwhelmed
Post-traumatic stress	Anger
Phobias	Irritability
Fear	Agitation

## BEHAVIORAL Distress Reactions

Change in normal activities	Loss or increase of appetite
Change in speech patterns	Alcohol or other drug abuse
Withdrawal / family discord	Inability to rest
Excessive Eating	Nonspecific bodily complaints
Hyper-startle reflex	Impulsiveness - Risk-taking
Emotional outbursts	Pacing
Antisocial acts	Erratic movements
Suspiciousness	Sexual dysfunction
Crying Spells	Compensatory sexuality
1000-yard Stare	Sleep Disturbance
Hyper-vigilance	

## SPIRITUAL Distress Reactions

- Major changes in one's assumptive world
- Perplexing questions about faith & life's meaning
- Questioning or doubting God
- Anger at God or His "representative"
- Devoutness of faith where none previously existed
- Existential confusion; soul-searching
- Difficulty putting the event into context
- Hopelessness
- Withdrawal from faith-based community

## Factors Affecting the Psychological Impact

1. **Magnitude** of the incident
2. **Sensory exposure** - > the number of senses and/or > the duration involved the > the impact
3. Degree of personal **danger**
4. **Personality** & emotional stability - Degree of empathy
5. **Coping mechanisms** developed from past experiences
6. **Individual's role** in the incident (active/passive)
7. **Relationship with other victims**
8. **Concurrent or unresolved losses**- trauma is cumulative
9. Quality of **support systems**
10. **Ostracism** by friends, family, or the general public
11. **Media** interference
12. **Expectations** "Seeing the hole helps you appreciate the donut."

## Risks For Caregivers (and First Responders)

- 1) **Rapid role shifts**; Role assumed one moment can change with one encounter, phone call, text, etc. (the constant "ping pong")
- 2) Helping others requires **proximity to their suffering**; the helper becomes a willing participant in sharing another's pain. (active, empathetic listening)
- 3) **Over-management of our emotions** can leave us numb. Being "on" all the time.
- 4) **Too little processing time** (When does this happen?)

## Caring for Victims of Trauma

- Few things tax the skills of caregivers more.
- Victims' lives have been forever changed.
- Traumatic events often involve multiple victims and communities.
- Accompanying emotions can be very repulsive.
- The fundamental issues for victims are existential in nature.
- Reconciliation involves the survivor's faith.
- Reconciliation is made harder by "second injuries."
- We need to express affirmations of life and acknowledge limitations of life, injustice, and evil.
- Victims have a tremendous capacity to teach us.

## Session III.

### Unique features of sudden / traumatic death

## Sudden Death Survivors

Survivor reactions separate them from life, reality, and often from caring about themselves, their future, or those around them.

Survivors experience:

- 1) Feeling lost and not knowing what to do
- 2) Feeling suspended from life
- 3) An inability to concentrate
- 4) Indifference to immediate needs
- 5) Disbelief that the deceased is really dead
- 6) Feeling that life can never be worth living again
- 7) Difficulty managing other ongoing life needs.

## Complicating Factors for the Bereaved

- Suddenness of death
- Mode of death considered incomprehensible
- Ambiguity and uncertainty about the death, with questioning of its actual occurrence
- Absence or isolation from the occurrences surrounding the death
- Sense of having participated in the event that caused the death

## Sudden Death

- No anticipatory grief; no time to say goodbye
- Often violent in nature
- Life-saving technology can add ambiguity
- Heightened sense of unreality
- Exacerbation of guilt (esp. with death of a child)
- Increased need to assign blame
- Prolonged sense of helplessness
- Rage (vengeful thoughts & acts)
- Intense agitation --- fight or flight
- Faith / Philosophy of Life Challenges:
  - Religious issues, absent before the trauma, may come up now.
  - Over 50% have visual, auditory, olfactory experiences involving loved one.

## Sudden Death

- Profound sense of unfinished business
- Obsessive need to understand
- Grief more fixated / "frozen"
- Perceived differently by public; stigmatizing
- Longer-lasting physical repercussions for survivors
- Survivors often relive horror; trigger events
- Invulnerability, control & trust are shattered
- Involvement of CJS (lawsuits & recriminations)
- Survivor emotions are less socially acceptable
- Risk factor for poor outcome with bereavement

## SHOCK....DENIAL....NUMBNESS

- Creates Insulation From Reality
- Perception And Listening Skills Diminished
- Focus On Concrete Thoughts....Not Abstract
- Resistance To Outside Stimuli
- Unusual Behaviors Are Common
- Shock Symptoms Return w/ "Trigger Events"

## GUILT

"If Only I Would Have..."

- Survival Guilt
- Relief Guilt
- Joy Guilt
- Neurotic Or False Guilt
- Long-Standing, Guilt-Ridden Personalities
- Fixation = Depression, Physical Symptoms

Guilt allows us to consider how a different action might have created or contributed to a different outcome.

## Behavioral vs. Character Blame

"I should have been able to \_\_\_\_\_."

Serves a protective function; encouraging some behavioral changes

Allows perceptions of world as safe and just to continue

"I'm a bad person."

Self-destructive

Self-hate

Attacks one's sense of competence

Encourages a victim rather than survivor mentality

## EXPLOSIVE EMOTIONS

- Most distressing to others
- May be directed anywhere (targeted or random)
- Normal reactions to an abnormal event
- Desire to restore things to the "way they were"
- Most often involve hate, anger, resentment
- Capacity to express anger has survival value
- Underlying feelings of helplessness and hurt
- If internalized, can cause physical symptoms, guilt, depression, self-abuse

### Death Notification: Creating a Lifelong Memory

- How the notification is made has an immense impact on how the bereaved remember their loss.
- Survivors who report being treated compassionately experience less complicated grief.
- Most important aspects - attitude, clarity of information & privacy.
- Survivors resent delays & sugar-coating.
- Touch must be appropriate.
- Notifiers should feel their way into the process (pacing).
- Be careful not to volunteer too much detail; you risk creating a bad memory.

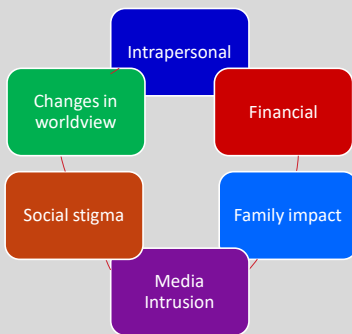
### Homicide

Grieving process is compounded by the following:

- 1) Suddenness
- 2) Intentionality
- 3) Preventability of the death and its consequences
- 4) Overpowering
- 5) Unassimilable

"It's just like a stroke." – a survivor

### Losses Experienced by Homicide Survivors



### Community Response Post-Trauma

- 1) Communities are groups of people...not places.
- 2) Diverse groups of victims are impacted.
- 3) Trauma sets off a panorama of emotions.
- 4) Universal reaction is to avoid/deny.
- 5) Survivors try to resume daily routines but lack coping skills.
- 6) Resistance to getting help is often triggered by pressure to return to normal
- 7) Trauma doesn't happen in a vacuum.
- 8) Trauma often affects one's fundamental values.
- 9) Caregiver task is to identify and assess emotional wounds.
- 10) Trauma leaves behind unacknowledged victims.

### Organizational Response to Trauma (cont)

#### When Need to Grieve is Validated...

- Individuals feel affirmed and valued.
- Loyalty and morale increase.
- Workplace is perceived as healthier.
- Less displacement of emotions on public, family, patients, etc.
- Organization is better prepared for future crises.

### Organizational Response to Trauma (cont)

When Need to Grieve is NOT Validated...

- Importance of individual is minimized.
- Productivity, image and profit are perceived to be more valued over people.
- "Guerilla grief" – grief, other emotions go underground; can result in hostility, resentment, distrust, sabotage.

### Organizational Response to Trauma (cont)

- Members are at risk for poor recovery in future crises.
- Trust is diminished while anxiety is increased.
- Individuals exhibit less empathy and care for others.

Note: Never assume that a “service-oriented or care-giving” organization always takes care of its own.

Key question: What care (if any) did this organization provide for staff with any previous critical incident?

### Trust and Anxiety

#### Key questions:

- 1) Do we trust one another? Where is there evidence of trust?
- 2) Is the trust valued and nurtured?
- 3) Locate anxiety? How is it manifested?
- 4) Is anxiety acknowledged and validated?
- 5) How can we increase level of trust while minimizing anxiety?

Fear nullifies learning and trusting.

A mind prepared for battle is not a mind prepared for learning (or worshipping).

### Trust and Anxiety Run in Opposite Directions

Trust formation has to do with being able to predict behavior.

We can even trust someone who is constantly negative. We can trust that some individuals will hurt us if given a chance.

Trust



Anxiety



### IV. Revictimization & the Spiritual Dimension in Crisis Response

Two fundamental considerations when trying to help:

- Recognize the need to restore power and control.
- The helper must prevent self and others from making the crisis worse by inflicting more wounds on those already hurting and vulnerable.

### Potential Sources of Revictimization

- Family
- Friends / colleagues at work
- Media
- Law enforcement
- The notifier(s)
- Hospital staff
- Insurance companies
- Funeral homes
- Clergy and faith communities

### Role of Faith in Crisis

- Source of strength
- Source of comfort
- Supportive community
- Source of meaning and purpose
- Provides an answer to eternal questions



## Theology During a Crisis

- “Why did God allow...?”
- There is no good answer.
- Intellectual responses rarely help raw emotions.
- Best reply: “Yes, this is hard to understand...” or “Things will never be the same but they can get better.”
- Usually “why” means “I feel terrible, I can’t make sense of this.”
- Sometimes people need permission to hurt because their personal theology may not allow it.
- How can you encourage this?

## Importance of Faith in Coping with Crisis

- When a person's faith provides answers to problems, then it is perceived as an **asset** to cope with the crisis.
- Sometimes it is the **key** sustaining resource.
- When a person's faith does **not** provide adequate answers, then it becomes **part of the crisis**.
- Sometimes it becomes **THE crisis**.

## Crisis of Faith: Symptoms

- 1) Feeling abandoned by God
- 2) Finding it hard to pray
- 3) No spirit of thankfulness
- 4) Hopelessness; joylessness
- 5) Seeing no value in Scripture
- 6) Social alienation - the bereaved may no longer feel at home in the world.
- 7) Resentment that life is business as usual for others
- 8) Sense of unfairness
- 9) Life seems futile
- 10) Symptoms are very pronounced in cases of violent crime; seen as moral assault; evil

## What People in Crisis Need

### SAFETY & SECURITY

- Basic physical safety needs and nurturing
- Regression and dependency among all ages
- Intense need to reunite with loved ones

### VENTILATION & VALIDATION

- Encourages survivors to describe their perception of incident
- Validation of reactions facilitates empowerment
- Individual gains control through telling and retelling
- Helps minimize probability of complicated grief and PTSD

### PREDICTION & PREPARATION

- Prediction of trigger events and revictimization
- Preparation for reactions of self and others
- Planning/developing coping strategies for future

## Possible Orientations For Helping

- 1) **Sympathetic Orientation** - Reactive Response
- 2) **Abandonment Orientation** - Avoidance Response
- 3) **Identification Orientation** - Imprudent Response
- 4) **Empathetic Orientation** - Proactive Response

## What Not to Say

(an incomplete list)

- ♦ I know how you feel; I understand.
- ♦ He's better off; He's in a better place & happier now.
- ♦ She led a good, full life.
- ♦ At least you're alive or you are lucky to be alive, etc.
- ♦ God never gives us more than we can stand.
- ♦ It's God's will.
- ♦ God needed an angel.
- ♦ He / she has...gone to sleep, passed, expired, left us, etc.

## What Not to Say

- ♦ Don't cry, everything is going to be ok.
- ♦ You're so strong; you're such an inspiration!
- ♦ Just think of the others you will be able to help!
- ♦ You'll get over it; Just don't think about it.
- ♦ You shouldn't feel that way; You should be over it by now.
- ♦ You must get on with your life.
- ♦ Time heals all wounds.
- ♦ You need to: go on vacation, \_\_\_\_\_, etc.
- ♦ You just need to meet someone!

## What To Say To Survivor-Victims Following Death or Major Trauma

- I'm sorry it happened.
- I cannot know (or understand) what you're feeling but I care.
- This must be awful for you.
- Will you let me help you? (Remember all victims are not incapacitated and can make informed choices; empowerment)
- You are safe now. (If this is true)
- How are you doing *now*? (Not *how* are you?)
- It's ok to cry. (Timing is important; saying this prematurely can shutdown emotions.)

## What to Say (Cont.)

- It's normal to be angry.
- You must have loved \_\_\_\_\_ so much. (Mention the loved one's name)
- Tell me about \_\_\_\_\_. (This can be an opportunity to share history and invite trust; encourages story-telling.)
- He/she meant so much to me. (If you knew the deceased and have been personally impacted by the death)
- It wasn't your fault. (If you know this to be true)
- Your reactions are normal; the event is abnormal. (Note: Many survivors have no point of reference.)

## What to Say (Cont.)

- You are not going crazy. (Many survivors fear the loss of control.)
- It's ok to not have to talk (be an advocate if others try to *make* survivors talk.)
- It will never be the same, but you can get better. (an affirmative response to survivor's anxiety about future.)
- I'm willing to be with you through this. (Intense fears of abandonment & exploitation are common with many survivors.)
- I'm praying for you. (Infuses hope and raises awareness of other spiritual resources.)
- "Let's stay in contact." (When your physical presence is no longer needed, when other support has arrived.)

## Post-traumatic Growth (PTG) Some redemptive outcomes

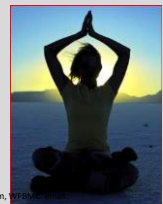
- 1) A "community of sufferers" - a shared history is called into being that facilitates healing.
- 2) Victims (and helpers) discover positive attributes about themselves, their community, or about life itself.
- 3) A newfound sense of identity, and solidarity can come from a collective response to crisis.
- 4) Increased sense of resiliency can lead to more effective coping with future crises.

## Wellness: Its Importance Across the Lifespan

"Wellness is a positive approach to life incorporating physical, mental, social, emotional, and spiritual aspects with the potential to improve quality of life and result in increased health, happiness, and productivity."



To be "Well" is to be  
"Fit for Duty"



Chaplain Glenn G. Davis, First Responder Chaplaincy Program, WFBMC  
ggdavis@wakehealth.edu cell: 336.403.2019

**Looking ahead: How would you assess your level of crisis preparedness? What would have been helpful when \_\_\_\_\_ happened?**

1. What is your agency's current capacity to deal with a highly stressful event? Are protocols in place?
2. Is there a clear understanding of when and how to access help?
3. As preventive education, what should be done to help colleagues better understand traumatic grief in order to practice better self-care?
4. What would be some training opportunities for this proactive approach with respect to wellness and resiliency?
5. What are the potential barriers to providing this training and how could you work around these?

**Which staff in your agency might be most susceptible NOW to a crisis event due to pre-existing stressors and therefore at high risk?**