

Working Miracles in People's Lives

Toolkit DVD Available from the
Citizen Soldier Support Program

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Working Miracles in People's Lives

**Connecting the Faith Community and
Behavioral Health Professionals
to Help Service Members and their Families**

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Engaging a Network for Caring

- **Educate Clergy**
- **Empower Clergy to Action**
- **Engage Clergy as members of a healing team**

Polling Questions 1 & 2

- **PQ 1:** How much does your clergy (or one you know) seem to understand the challenges Veterans face after war?

Understands a great deal 5

Understands some 4

Does not Understand 3

Is oblivious 2

- **PQ 2:** Would you refer a Veteran to your Clergy member? Yes / No

Why Educate Clergy?

Spiritual & Religious Issues Matter to Many

- In times of trauma and distress, people often turn to God and their clergy for understanding.
- Psychological trauma challenges the injured to re-think and re-imagine their sense of order and continuity.
- Questions of meaning and purpose arise after crisis.
- Religious faith is a primary (positive) coping strategy for many suffering from psychological trauma.
- One half to three-quarters of PTSD sufferers indicate that their faith helps them cope.

Why Educate Clergy?

Injured Seek Clergy Counsel

- 4 of 10 Americans reported having requested counsel from a member of the clergy (40%)
- For those who attend religious services once a week number rose to 53%
- When study asked about seeking help in “crisis” individuals reported they were five times more likely to seek the aid of a clergyperson than of all other mental health professionals (psychiatrists, psychologists, social workers, and marriage and family therapists) combined.

Why Educate Clergy?

Injured Seek Clergy Counsel

- One-fourth (25%) of individuals who seek help for a mental health problem do so from clergy.
- This is significantly higher than the percentage of those seeking help from:
 - psychiatrists (16.7%) or
 - primary care doctors (16.7%)

Why Educate Clergy?

Clergy Report Providing Mental Health Interventions

- Yale Study of 214 Catholic, Protestant and Jewish Clergy found:
 - 85 % of clergy indicated they had counseled dangerous or suicidal persons
 - “most” clergy did some crisis intervention counseling
 - Conclusion of this study: “Parish-based clergy, especially the black clergy, function as a major mental health resource to communities with limited access to professional mental health services.”

(Mollica et al., 1986)

Why Educate Clergy?

Seminaries and Divinity Schools Have other Priorities

- Few courses offered or required in Seminary or Divinity School that will support.
- Not all religious denominations encourage pastors take a semester of Clinical Pastoral Education (CPE) (see www.acpe.edu)
- And there are Negative reasons people seek Clergy help. Magical thinking, avoiding truth of diagnosis, etc.

Pastoral Offices

Education

Worship

Theological Reflection

Evangelism

Pastoral Care

Empowering Clergy

- By helping them understand the natural, predictable emotional, physiological, psychological and spiritual responses to trauma.
- By helping them engage parishioners appropriately.
- By helping them understand the power of Stigma in communities and their role in de-stigmatizing mental illness.

Four Causes of Stress Injury

INTENSE OR PROLONGED STRESS

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graph TD; A[INTENSE OR PROLONGED STRESS] --> B(Life threat); A --> C(Wear & tear); A --> D(Loss); A --> E(Inner conflict);
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**Life
threat**

Events that
provoke terror,
horror, or
helplessness

**Wear &
tear**

Accumulation of
stress from all
sources over time

Loss

Death or injury of
others who are
loved and with
whom one
identifies

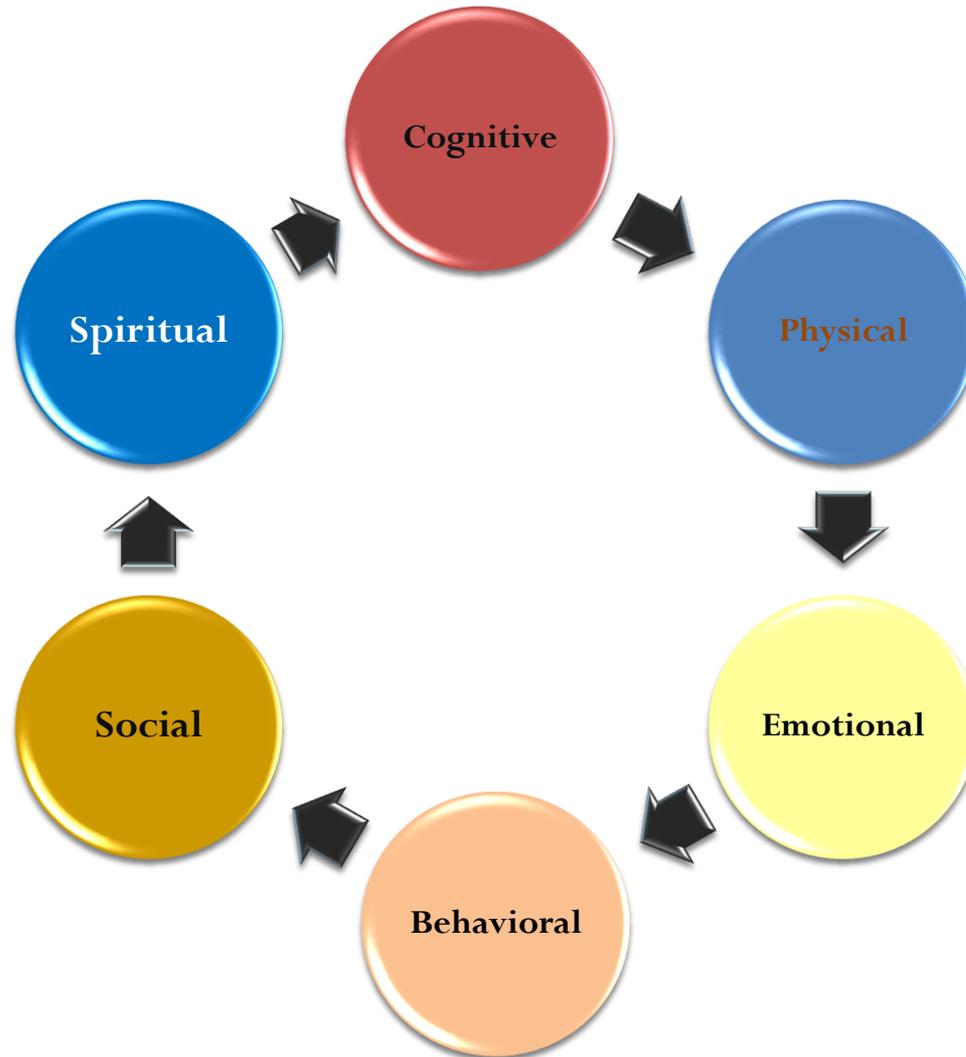
**Inner
conflict**

Events that
contradict deeply
held moral
values and
beliefs

Reactions A Pastor Might See

1. Marital Disagreements
2. Problems with Children
3. Financial Problems
4. Homelessness
5. Problems with the Law
6. Substance Abuse
7. Dropping out of Organized Religion

Reactions to Traumatic Events



Spiritual Reactions to Trauma

1. Confusion about God
2. Questions of Theodicy
3. Grief/loss of relationship with God and others
4. Loss of community – desire for independence / fears
5. Altered sense of meaning in/of life
6. Loss of previously sustained (& sustaining) beliefs
7. Confusion about core ethical beliefs and morality
8. Feeling dirty and unworthy
9. Feeling permanently damaged
10. Feeling angry at self – blaming self
11. Feelings of guilt
12. Stronger religious convictions

Typical Crisis Cycle

Traumatic Stressors

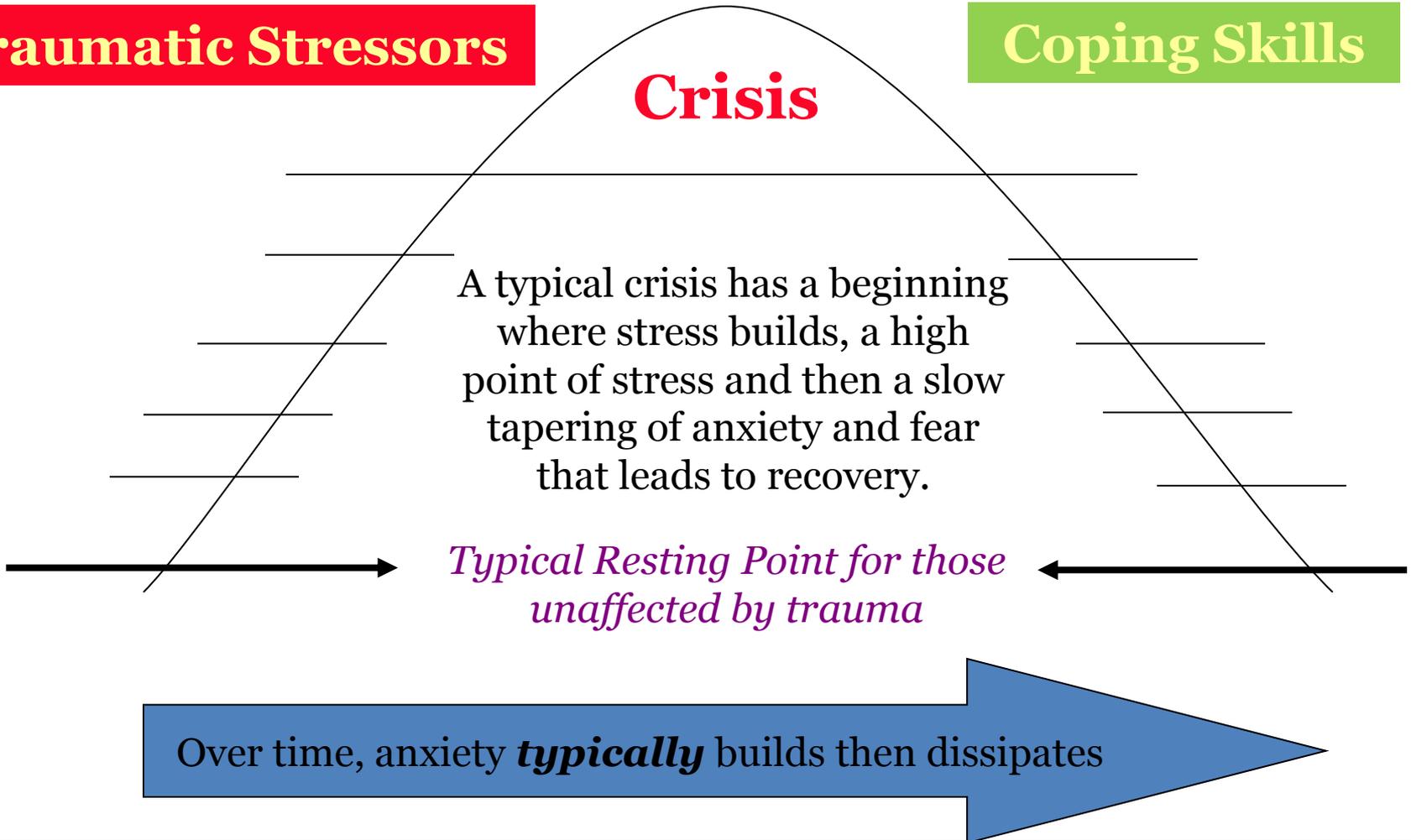
Coping Skills

Crisis

A typical crisis has a beginning where stress builds, a high point of stress and then a slow tapering of anxiety and fear that leads to recovery.

Typical Resting Point for those unaffected by trauma

Over time, anxiety **typically** builds then dissipates



Crisis Cycle After Trauma

Traumatic Stressors

Coping Skills

Crisis

Typical Resting Point for those affected by trauma is much closer to Crisis Mode at ALL Times

Individuals who have been affected by trauma are often at a constant high state of readiness.

Pastoral Care: assisting individuals achieve balance.

Positive Coping skills can relieve traumatic stress symptoms.

Polling Questions 3, 4, 5 & 6

- **PQ 3:** Have you ever worked with a Veteran or client who seemed to have had a Spiritual reaction to a life event? Yes / No
- **PQ 4:** If yes . . . What was the issue?
- **PQ 5:** And . . . What did you do about it?
- **PQ 6:** If no . . . Can you imagine what you might feel if someone asked for spiritual support?

Empowering Clergy

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- **By helping them engage parishioners appropriately.**
- By helping them understand the power of Stigma in communities and their role in de-stigmatizing mental illness.

Herman's Stages of Recovery

Stage 1 Safety

Stage 2 Remembrance and Mourning

Stage 3 Reconnection

(Judith Herman, 1992)

Pastor as a Safe Haven

- LISTEN. Then offer a calm, safe and non-judgmental, non-anxious presence.
- Provide clear, reliable boundaries of communion and respect.
- Be present with veterans and families during the storms of reintegration.
- Provide a compassionate space wide enough to encompass the awfulness of war trauma.

How to Listen

- Avoid advising or offering platitudes.
- Listen without interruption or comment.
- Hear content and emotion with respect.
- Convey warmth and acceptance of the person, their journey and their struggles.
- Avoid asking questions.
- Notice what is in a caring and genuine way.

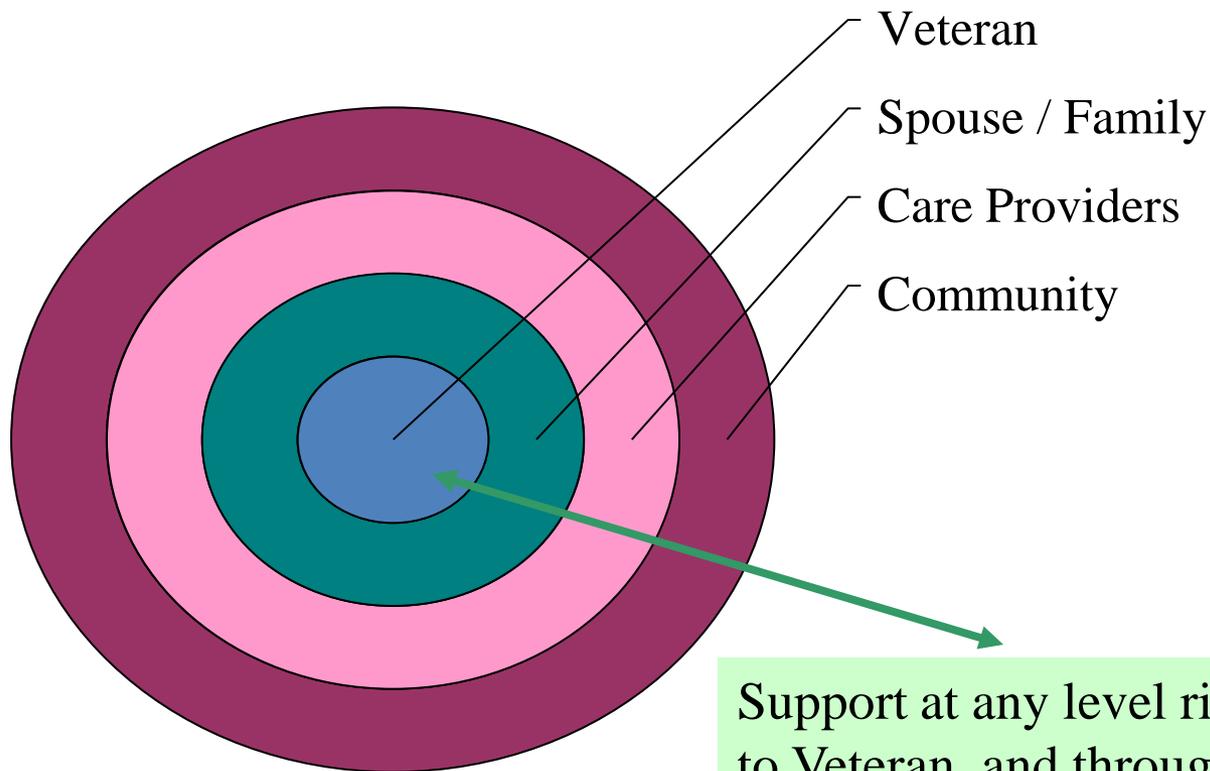
Remembrance and Mourning

- Mourning and Grieving are key to trauma healing. Obstacles to mourning include:
 - Fear of being overwhelmed
 - Person becoming a memorial
 - Refusal to believe
 - Threats to the known “order”
 - Inability to face what happened
 - Inability to carry out usual rituals

Reconnecting

- Reconnecting with self and others
 - Building a sense of interconnectedness and interrelatedness of all.
 - Being willing to risk contact with the “other”.
 - Exploring the possibility of forgiveness.
 - Searching for justice that restores and heals.
 - Being open to eventual reconciliation.

Concentric Circles of Care

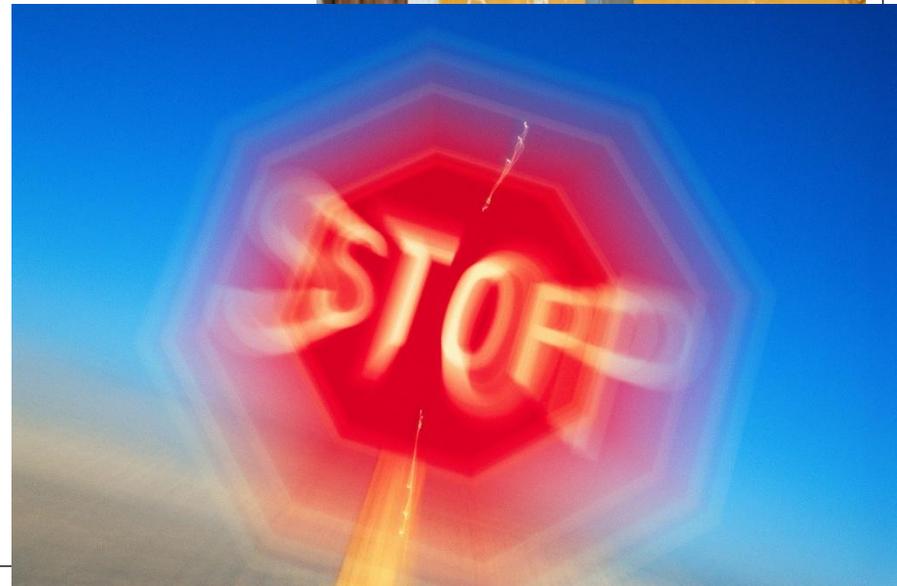
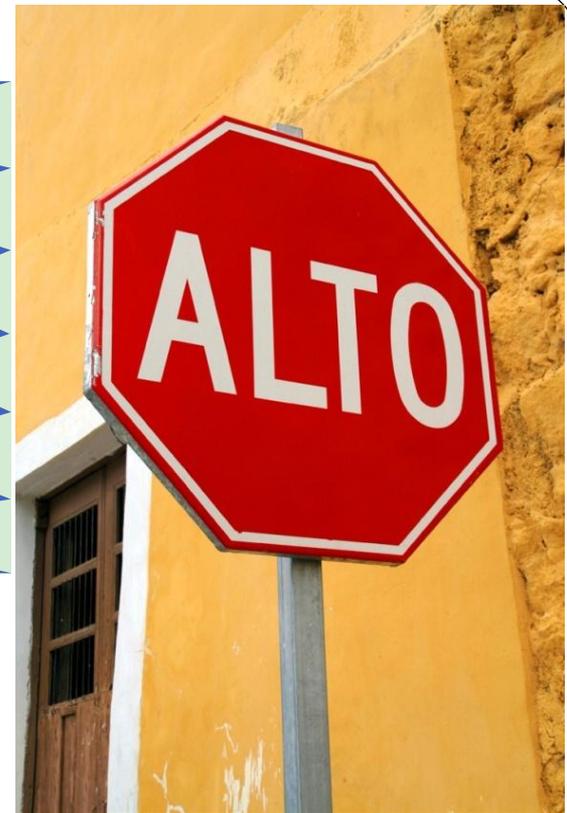
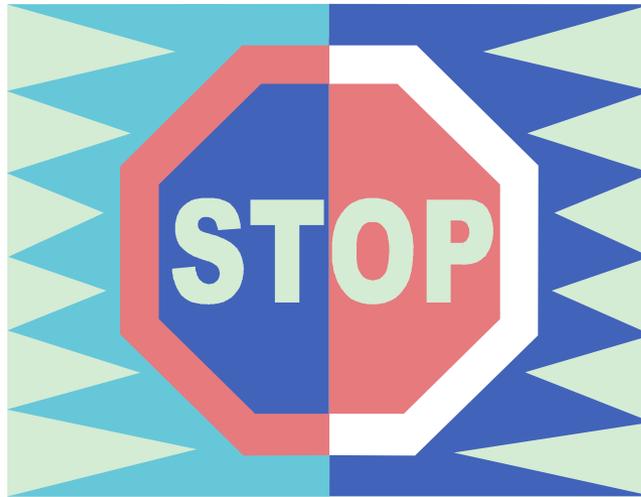
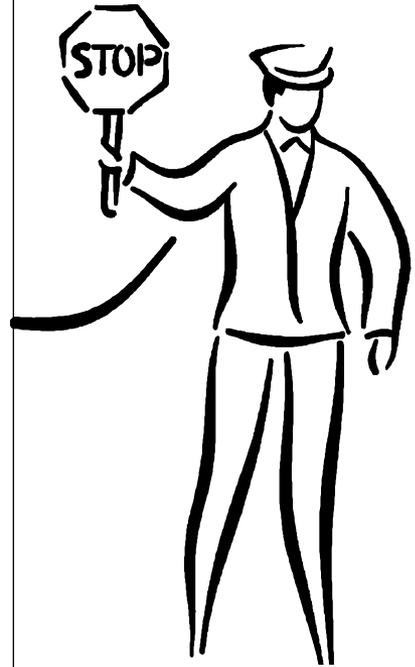


Support at any level ripples back to Veteran. and throughout the community.

Polling Questions 7

- **PQ 7:** How might you partner with your a community to support them as they care for their Veterans?

STOP



What NOT to do as a Pastor 1

- Ask if they killed anyone or push for details regarding the deployment
- Try to fix problems
- Prematurely assuage feelings of guilt
- Diagnose PTSD, assume PTSD or label PTSD
- Assume the service member is “unsaved” or does not have a faith journey.

What NOT to do as a Pastor 2

- Push to get service member involved in church ministries
- Treat as “heroes” or “show them off”
- Try to be the therapist or to manage patient outside appropriate support systems
- Avoid conversations about moral and spiritual injury
- Make your parishioners define your role.

Empowering Clergy

- By helping them understand the natural, predictable emotional, physiological, psychological and spiritual responses to trauma.
- By helping them engage parishioners appropriately.
- **By helping them understand the power of Stigma in communities and their role in de-stigmatizing mental illness.**

Problem of Stigma

- Rural Veterans **limited healthcare options**, especially for mental health care.
- In smaller communities and the military culture, the **stigma associated with mental health** problems can be quite strong,
- Many **remain in the Guard or Reserves** and anticipate additional combat deployments.
 - a diagnosis, or even a rumor of mental healthcare treatment, can negatively affect their chances of military career promotion.
- Veterans in rural communities may **delay seeking help** until a crisis makes it unavoidable.

Engage Clergy as members of a team

- Partnerships with local clergy
- Members of congregations can influence their clergy
- Referrals
- Friendships
- Highlight positive coping and religious resources

Pastor's Role in Referring

- A Pastor's referral can validate, and de-stigmatize the use of mental health services
- Pastor can bring people in need to those who know how to assist best
- Rules for referral:
 - Refer early and often
 - Provide initial pastoral care at first . . . then
 - Assist with referral calls with and for them.

Pastor's Role in Referring

- Pastors must know their limits
 - Time
 - Professional capacity
 - Role as Pastor / Chaplain creates some limitations
- Professionals of other fields can also be proactive in offering their expertise.
- Educated, credentialed members of faith communities can serve as clinical advisors to the clergy.

In conclusion. . . .

- Clergy can and do take a significant lead in:
 - Offering social support of community
 - Supporting a faith that can facilitate faster and more effective emotional recovery.
- Clergy care can be supportive or judgmental. Informed members of the congregation can help set the stage for proper care.
- One large study by David Larson led him to conclude that:

“clergy are coping, with or without the assistance of mental health professionals, with parishioners who have a broad spectrum of psychiatric disorders”.

Questions?

Thoughts?

Ideas?

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