

Journal Entry #1: Professional Disaster Responses

Key Themes

Individuals who experience a significant disaster are at an increased risk of developing post-traumatic stress disorder (PTSD) (Skaine, 2015). Disasters are uncontrollable and unpredictable, and can be natural, person made, or technological and threaten an individual's survival and natural coping ability (Stebnicki, 2016). Psychological First Aid (PFA) is a beneficial treatment approach that provides survivor specific interventions in helping to overcome a disaster (Jacobs, 2016; The National Child Traumatic Stress Network [NCTSN], n.d.). Emergency service providers (ESPs) may need unique interventions due to their perceptions of responsibility in the aftermath of a disaster (Kolski et al., 2014).

Assessing an individual's response to a disaster is critical, as each person has a unique experience and response to an event (Jacobs, 2016; NCTSN, n.d.). Determining the appropriate interventions dependent on an individual's needs will provide the best outcome for the individual (NCTSN, n.d.). Within PFA interventions, there is not a debriefing of the incident, but instead a focus on safety and connection to resources. Psychological debriefing and crisis counseling often include a discussion of the traumatic experience as well as psychoeducation on responses. The difference between these two interventions includes length of time and diagnostic impressions; for instance, individuals with PTSD should likely not be involved in psychological debriefing but would benefit from crisis counseling (North, 2014).

Short term goals include safety and stabilization, as well as connection to community resources and social support (Jacobs, 2016; NCTSN, n.d.). Different age levels may need different interventions and techniques, but providers should rely on individual report of needs instead of making assumptions (NCTSN, n.d.; North, 2014). Long term goals include a return to

pre-disaster level of functioning and appropriate levels of emotional and behavioral responses (Kolski et al., 2014).

Personal Impact

Throughout my coursework on trauma, there has been an increase in my understanding of the impacts and presentation of trauma. There is a difference between normalizing an individual's reaction and generalizing it to a larger population, and a mental health counselor must use a person-centered approach to managing crisis or disaster, as everyone has a unique experience of a traumatic event (Stebnicki, 2014). Addressing cultural considerations is also important (NCTSN, n.d.; Stebnicki, 2014), and I personally need to be better about assessing cultural factors in the assessment period of treatment.

Resiliency factors are important to identify in the aftermath of a disaster and can help individuals find their own internal strength to overcome challenges. One note mentioned in the PFA training in regard to working with older adults was identifying ways they have overcome challenges at other times during their life (NCTSN, n.d.). This type of intervention could be helpful with other age groups if they have been impacted by disasters before, or even circumstances such as discrimination.

As a responder to disaster, it is important for individuals to be aware of their own needs, mental health, and self-care to prevent secondary victimization or trauma. This can be particularly important if the responder also lives in the area that a disaster has occurred (NCTSN, n.d.). As a helper, it is my natural inclination to assist others even if it places additional stress on my own functioning; however, this is often unhealthy and could lead to additional personal challenges such as secondary traumatization or being ineffective in a disaster relief program.

One current consideration that I'd personally like to evaluate is the COVID-19 pandemic and disaster response in different areas. There have been a variety of societal impacts due to the pandemic, including isolation from support systems, financial instability, medical fears, increase in mental health needs, and others. This has been a chronic pandemic that has impacted a variety of societal structures, people groups, and governmental systems all while other disasters were still occurring. Due to its far-reaching impacts, I'd be curious to know how disaster response teams have managed the ongoing problems created by this pandemic.

Christian Worldview

When consider biblical conceptions of disaster, there are mixed beliefs on whether disaster is God's anger and wrath or part of a larger purpose that is outside of human comprehension. Genesis 9:15 states, "I will remember my covenant between me and you and all living creatures of every kind. Never again will the waters become a flood to destroy all life" (New International Version [NIV]). Even before the gift of Jesus' sacrifice for our sins, God has promised to not flood the earth and destroy all life.

The Lord is kind and loving and has understanding beyond human comprehension of why certain events occur. Suffering may be caused or allowed by God but could be the result of Satan or other people. The book of Job highlights suffering within the context of someone that was considered blameless and upright, who still experienced multiple disasters and traumatic events. Suffering can be considered a connection to God and help us to understand our weakness and ways we have become independent from God. Explaining God's behaviors within the context of human experience undermines the fact that God is almighty and beyond anything that is imaginable.

In times of crisis and trauma, finding comfort in God's mercy can be more beneficial than viewing the vent as God's wrath. Psalm 23:4 states, "even though I walk through the darkest valley I will fear no evil, for you are with me; your rod and your staff, they comfort me" (NIV). God is with us always, even during the most difficult times of our life. We must use our faith to connect with Him and find comfort in the words He has provided us through the Bible.

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Journal Entry #2: Disaster Susceptibility

Key Ideas

Traumatic events can create significant reactions in multiple systems, including emotional, behavioral, cognitive, and physical reactions (Jacobs, 2016). When assessing individuals in the aftermath of a traumatic event, it is important to assess for each of these reactions and determine what symptoms were present before the disaster occurred (Jacobs, 2016). Identifying specific stressors related to an event can be particularly helpful, including the time of day, season, intensity of destruction, and general media coverage of the event (Jacobs, 2016).

According to Dr. Foy (2016), spirituality has a multi-dimensional impact on trauma due to its influence on coping behaviors and worldview influence. There is often a conflict between the belief that bad things shouldn't happen to good people, and people often wrestle with whether to continue in their faith or abandon their belief system. Positive coping behaviors can be incredibly important in the aftermath of a disaster, and response teams can help individuals and families to identify healthy coping strategies (The National Child Traumatic Stress Network [NCTSN], n.d.).

There are multiple types of violence, but two examples include workplace and gun violence. According to Skaine (2015), workplace violence can include abusive behavior including harassment, intimidation, destruction of property, and threats in both oral and written form. Workplace violence can include gun violence, as there are members of the workforce that bring weapons to current or ex-employers to cause harm to members of the company. Gun violence is an increasing problem in the United States, and includes homicide, suicide, and mass shootings (Skaine, 2015).

Personal Impact

As mentioned by Dr. Foy (2016), counselors are at high risk for burnout, compassion fatigue, and secondary traumatization when working with survivors of trauma. I have noticed this occurring in my practice in the past when I had difficulty achieving balance between work and home and setting appropriate boundaries with my work hours. Also mentioned in the presentation are healthy self-care habits including connecting with friends, taking time off, reducing perfectionism, and managing stress and sleep (Foy, 2016). I am currently in counseling to address some of these challenges in my own life.

Although I have not personally responded or experienced a disaster, I do feel the Psychological First Aid (PFA) course has been helpful in preparing me for future response. Providing crisis support is something I have done in the past, but not within a disaster context. The steps provided in the PFA module helped me to prioritize specific tasks and how to address specific needs of a survivor. I know that I can at times get ahead of myself and want to think about long-term care, and my empathy can deeply connect me with the individuals I am supporting. I must prioritize healthy boundaries, self-care, and find support to reduce compassion fatigue (NCTSN, n.d.), particularly if I am personally affected by the disaster (NCTSN, n.d.; Stebnicki, 2016).

As an employee of a larger company, I think it is my responsibility to be aware of my coworkers and bring any concerns to the attention of the owner if I am worried about burnout or violent outbursts. According to Skein (2015), the FBI suggests companies develop an action plan to monitor and prepare for potential outbursts. Active listening using the BESTT EARS model identified in Jacobs (2016) can help improve connections at work and potentially assist in becoming more aware of someone's potential for violence. Although I do tend to monitor my

voice pattern and tone, I occasionally will find myself matching the intensity of the person I am working with. Maintaining a soothing tone of voice is something I need to be more aware of in the workplace (Jacobs, 2016).

Christian Worldview

The biopsychosocial model of functioning in counseling specifically addresses the medical, physical, and mental health conditions following a traumatic event (Stebnicki, 2016). Adding a spiritual component to disaster response is an important concept to ensure an individual's needs are being met in a holistic way. Recognizing the unique needs of an individual must be met with genuine humility towards the individual's experience and unique response to a disaster (NCTSN, n.d.; Stebnicki, 2016).

Assessing an individual's spiritual beliefs in the aftermath of a disaster is an important component of social connection and support. Individuals with spiritual beliefs may question their faith, or why their higher power allowed an event to occur (Jacobs, 2016; NCTSN, n.d.). After the Indian Ocean tsunami in 2004, some religious leaders reported that the tsunami occurred due to the sins of the nation (Jacobs, 2016), which is an incredibly overwhelming burden. Religious coping can have both positive and negative effects after a traumatic event, depending on the individual's perception of God, human suffering, and sin.

Positive religious coping can improve resiliency in the aftermath of trauma, including prayer and connecting with other members of the faith community. Negative religious coping, such as blaming God or viewing God as punitive often increase negative physical and mental impacts in the aftermath of trauma (Foy, 2016). Connecting individuals with supportive faith communities can be an important component to disaster response to increase social support and reduce isolation following a disaster (NCTSN, n.d.).

Job was considered blameless and upright but was permitted to experience significant suffering with God's awareness and permission. Job is tested by Satan in many ways including the loss of his family, poor health, and the loss of his livelihood. Although many Christians have heard the story of Job, it can be easily dismissed or forgotten in times of suffering. Reading and reflecting on the story of Job may provide a reminder of how even devout Christians can be subject to traumatic experiences. Deuteronomy 3:16 may provide more hope for individuals in a traumatic experience; "be strong and courageous. Do not be afraid or terrified because of them, for the LORD your God goes with you; he will never leave you nor forsake you" (New International Version).

References

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Journal Entry #3: Disaster Interventions

Key Ideas

Suicide is the second cause of death for ages of 25-34 years, and the third cause of death for the ages of 15-24 years; it ranks as the 10th leading cause of death across the full population (Skaine, 2015). There are multiple impacts of suicide, and it is not fully understood due to the variety of reasons someone may choose to take their own life. Monitoring and treating mental health disorders must include monitoring suicidal ideation and reporting safety concerns to the appropriate supports (Skaine, 2015). The BASICS model of suicide assessment and prevention can be used to assess behavioral, affective, somatic, interpersonal, cognitive, and spiritual functioning as it relates to suicidal ideation (Stebnicki, 2016).

Behavioral health management of mass violence is similar to the management of natural disasters, but there can be different personal impacts. Monitoring first responders must be a top priority, as they are often directly impacted by the event due to proximity to their personal life (Coady et al., 2015; Cole, 2013). The disturbance of safety following a mass violence event could be considered one of the most impactful changes following the event, as individuals may feel less settled and safe in circumstances in which they were previous comfortable. The invasion of privacy should be considered when responding to disasters, and responders should be mindful of media coverage and curious onlookers (Cole, 2013).

Although responders may not be willing to consider their own stress reactions to an event, mental health professionals should educate responders on possible cognitive, emotional, behavioral, and physical impacts of a disaster. Responders may find a surge of strength and stability while responding to an event, with the negative impacts occurring after the initial stress of responding has ended. Improving team cohesion and communication can help foster better relationships and trust between first responders (Coady et al., 2015).

Personal Impact

Reading Kolski et al. (2014) was particularly helpful for me this week, as I recently completed an intake for family counseling with a 17-year-old and his parents. About a week ago, the son attempted suicide and the parents had to intervene to assist him in receiving medical care. Although their son did not die, the parents are particularly distraught and are unsure how to move forward and make sense of his attempt. My plan is to connect his parents with their own counselor to help process the emotional impacts of this event and how they can make meaning from their experience.

As I increase my understanding of disaster response systems, I was surprised to see how much material was available on the Substance Use and Mental Health Services Administration (SAMHSA) website, as described in Coady et al., (2015). It is comforting to know that I have resources available at my disposal to prepare for disasters if I am ever called to work on a disaster response team. I think that my natural counseling style would be effective in a disaster response setting, because I focus specifically on where the client is and don't rush them forward in treatment. I often use reflective listening, summarizing, and empathic connection to build rapport, and often find that this type of interaction helps a person come to their own conclusions and strengthen their autonomy (Coady et al., 2015; Stebnicki, 2016; Jacobs, 2015).

The Population Exposure Model presented in Coady et al. (2015) provided me a visual representation with how to categorize survivors and their potential needs in the aftermath of a natural disaster or incident of mass violence. I often rely on visual representations of a concept to increase my understanding, and I can use this model while working a disaster to help conceptualize needs and impacts.

Christian Worldview

As mentioned in the material this week, it is often difficult for individuals to make meaning of an event, particularly as it connects to their worldview. People who are religious and believe in a higher power may question the reason a natural event or incident of mass violence was allowed to occur. Validating individual's concerns, questions, and emotional expression is important in the healing process, and they can be connected with spiritual supports and resources during the referral process (Coady et al., 2015; Cole, 2013; Jacobs, 2016).

Human understanding cannot compare to the omniscient and omnipotent power of God and His orchestration of events. Isaiah 55:8-9 states, "for my thoughts are not your thoughts, neither are your ways my ways, declares the Lord. For as the heavens are higher than the earth, so are my ways higher than your ways and my thoughts than your thoughts" (New International Version). Though we question God's reasoning for an event, we will not understand its true purpose until we become perfect beings in heaven.

Using cognitive behavioral techniques (CBT) such as mindfulness and thought capturing can be combined with spiritual practices such as prayer and reflection on Bible verses. When individuals are having difficulty seeing God's purpose in an event, they can reflect on ways they have personally seen His work in their lives. Though these interventions may be helpful, it is incredibly important to be mindful of the individual's spiritual journey and questioning following a disaster. Pushing someone to discuss too much before they are ready will often push them further from healing (Coady et al., 2015; Jacobs, 2015).

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Journal Entry #4: Cultural Backgrounds

Key Ideas

It is important for individuals who have experienced domestic violence to see themselves as a survivor instead of a victim to promote resiliency (Kolski et al., 2014). Allowing time for an individual to process their experience, emotional response, and cognitive messages learned from domestic violence is important in the healing process. Developing a safety plan and a support system is an essential part of treatment, particularly if the individual chooses to remain in the relationship (Kolski et al., 2014; Skaine, 2015). The Violence Against Women Act of 2000 protects women who are citizens, authorized immigrants, and undocumented immigrants (Skaine, 2015).

There are numerous types of child abuse, including abandonment, neglect, physical, emotional, verbal, and sexual. The highest percentage of neglect occurs under three years old and can be exacerbated by emotional disturbance disability, behavioral problems, or another complex medical problem (Skaine, 2015). There are caregiver risks to monitor, including substance use, domestic violence, depression, significant work stressors, financial pressure, or their own medical problems (Skaine, 2015). Child abuse can have long-lasting impacts, including difficulty forming healthy relationships, job instability, mental health disorders, and a generally chaotic lifestyle (Skaine, 2015).

Moving towards increased cultural awareness must include regular exposure to cultural needs and preferences, particularly as it relates to response and survival following a disaster (Jacobs, 2016; McGee et al., 2011). Increasing awareness includes the interaction between client values, clinical expertise, and evidenced-based research; this is fostered by direct interactions between the clinician and the culture (McGee et al., 2011). As mentioned by Jacobs (2016),

“culture affects what is seen as traumatic, how one interprets the meaning of the traumatic event, prescribes the way that one must heal, and how it looks to become ‘whole’ again” (p. 180).

Personal Impact

As a survivor of domestic violence, my healing came in a variety of ways; through love and support from my family, a survivor support group, and through eye movement and desensitization reprocessing (EMDR). Even after 10 years I still have difficulty with self-blame when things go wrong in my marriage and have had to work closely with my husband to overcome communication difficulties. As mentioned in Kolski et al. (2014), learning assertiveness techniques has been essential for my confidence, but a very hard part of my healing journey.

As a mandated reporter, I have made numerous calls to social services regarding child abuse and neglect. I make a point to discuss mandated reporting with my families when I first begin services and have often communicated to my families that I will be making a report unless I am concerned about the welfare of a child. Children’s perceptions of events are often distorted due to their cognitive functioning (Jacobs, 2016), and it has been important for me to ask clarifying questions when talking with a child about their experiences.

I have taken quite a few cultural competency courses during my career, and one of the most important concepts has been the importance of asking the individual about their own cultural meanings instead of making assumptions. Cultural empathy, as discussed in Stebnicki (2016), can strengthen the therapeutic relationship by developing an understanding of the client’s experience and clearly communicating questions related to their cultural experience. Adapting cultural awareness into my counseling office has included discussion related to religious practices, appropriate use of silence, and approaching culture with curiosity. This helps to create

more meaningful outcomes within the therapeutic setting with all my clients, even those who do not appear very differently from me (Stebnicki, 2016).

Christian Worldview

When I think about cultural awareness and competence within the Bible, I immediately think of Jesus' ministry. He integrated Himself with people who were different; sinners, tax collectors, people with diseases, and people who were dishonest. One specific story of the Samaritan woman at the well directly shows Jesus' willingness to integrate with those who were disliked or different; Jesus intentionally took the short route through Samaria even though most people in Judea would walk around the country. Jesus knew that He would encounter the Samaritan woman at the well and provided yet another interaction of kindness to someone others had scorned.

Peter discussed compassion in his first letter, and called followers of Christ to "be like-minded, be sympathetic, love one another, be compassionate and humble" (1 Peter 3:8, English Standard Version [ESV]). Approaching someone with compassion and humility can be critically important when building rapport, particularly following a disaster. Moving from sympathy to empathy is important within the therapeutic relationship to get a better understanding of why someone may be experiencing challenges.

Galatians 3:28 states, "there is neither Jew nor Greek, there is neither slave nor free, there is no male and female, for you are all one in Christ Jesus" (ESV). So often mankind is divided by what is different or by what is perceived as bad or wrong. When working with individuals of different cultures, it is important to maintain an open and inquisitive mind to be effective with a group of people. As mentioned by McGee et al. (2011), there are over 40,000 ways that the Big Eight— race/ethnicity, culture, age, disability, religion, gender, sexual orientation, and

socioeconomic status – can combine, so it is impossible to fully know someone’s culture with only a few interactions.

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Journal Entry #5: Faith-Based Worldview

Key Ideas

Developing a disaster plan can help churches know how to respond and the most helpful way in their immediate community (Aten & Boan, 2016). Disaster treatment must include safety, monitoring mental health and physical complaints, as well as re-affirming meaning of the future. Short-term and long-term disaster response differs in treatment techniques, as safety and stability are initial primary goals. Future goals can include allowing the individual to process the event and challenge negative thoughts and self-talk. Establishing a plan for the future can help individuals feel prepared, but it is important to help the individual remain focused on the present (Kolski et al., 2014).

The International Cultic Studies Association (ICSA) provides support to counselors who are working to gain an understanding and perspective of cultic behaviors and training on how to help individuals who have been harmed by participation in this type of group. There are over 4,000 cultic groups with an average length of participation of 6.7 years. To be recognized as a cult, there must be a defined leader who claims perfection or unity with the divine and claims to be exempt from behavioral restrictions. In treatment, survivors should address losses, process guilt and fear about the future, and make sense of the manipulation and control they experienced (Skaine, 2015).

Spirituality is “interwoven within the individual’s physical body and emotional psyche” (Stebnicki, 2016, p. 130) and helps to make meaning of life and existence (Stebnicki, 2016). Caring for one’s spiritual needs is an important part of protecting against secondary victimization as a counseling provider. Counselors must be mindful of client’s moral injuries, including

difficulty connecting with others, mistrust, existential crises, negative view of self, and psychological impacts such as depression or shame (Foy, 2016; Stebnicki, 2016).

Personal Impact

Connecting with my faith has been important in managing my own levels of burnout, as I feel rejuvenated when I am connected with a spiritual community. There have been times in my own experiences when I have felt distant from God and have felt less connected to a faith community. The distance is often created by my perception of shame and guilt for my behavior and how it is has disrupted my relationship with God. Seeking forgiveness and restoration of that relationship has been essential in my healing.

Spirituality has been an important component of my work as a counselor, to both protect my mental health but also provide stability and meaning to experiences. Although not all of my clients want to involve faith into their treatment, I rely on God's promptings and guidance during session to help know where to take the session. Helping individuals to see the spiritual nature of themselves, even if it is independent of a formal religion, has helped provide meaning to some experiences (Stebnicki, 2016).

Since the COVID-19 outbreak, I have watched my church provide support in numerous ways financially, as well as providing locations for supplies as well as testing and vaccine centers. The church has hosted blood drives and developed a mask-making group early in the pandemic when supplies were hard to find. As the hands and feet of Christ, the church should be one of the most interactive and first responders prepared to respond to a disaster. Despite all of this, the church does not have a formal disaster plan; I have provided the Aten and Boan (2016) resource to a member of the church team as a recommendation for the development of a plan.

Christian Worldview

Spirituality can be an important coping resource for trauma survivors and can be an essential component of self-care, as it can provide psychological support knowing there is a deity watching over or providing guidance (Foy, 2016). Connecting survivors of a disaster to support ministries within and outside of the church can help an individual feel supported and less isolated after an event (Aten & Boan, 2016).

Foy (2016) identifies perfectionism as a damaging to self-care, because it does not allow for room to make small mistakes or to prioritize personal needs. Recognizing core beliefs related to perfectionism can be an appropriate first step in targeting these thoughts and comparing them to what the Bible says about perfectionism can help deconstruct these beliefs. Ecclesiastes 7:20 states, “surely there is not a righteous man on earth who does good and never sins” (English Standard Version).

The church must be prepared to provide support in times of disaster, and should develop a disaster handbook outlining communication, volunteer support, and ways to distribute supplies (Aten & Boan, 2016). Matthew 25:31-46 gives directives on how believers should interact with those in need; “truly I say to you, as you did it to one of the least of these my brothers, you did it to me” (Matthew 25:40, English Standard Version). Understanding the 14 types of vulnerability helps churches to prepare more adequately for resource provision in the face of disaster and help church members find ways to be connected to support following an event (Aten & Boan, 2016).

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Journal Entry #6: Community Resilience

Key Ideas

Resiliency can be defined as the ability to bounce back after adversity, and to successfully adapt despite challenging circumstances (Stebnicki, 2016). Developmental tasks can be used to help recognize resiliency in adversity and cultural norms must be accounted for when determining level of resiliency. Protective factors can include secure attachment, social support, problem solving skills, faith, socioeconomic resources, and community stability. Adaptive systems include religious institutions, school and health care systems, as well as laws that protect young adults and children (Masten, 2016).

Recognizing the difference in risk and resiliency factors between age groups is essential when working in the aftermath of disasters. For example, infants are more dependent on adult care figures but may be more resilient due to limited cognitive abilities. Teens can often communicate emotions and needs when asking for help but will be more uncertain of the future. Research suggests separation from a caregiver often has a greater impact on a child than the actual disaster (Masten, 2016). Resiliency can be fostered by targeting the treatment of belief systems, challenging negative thinking, and encouraging responsibility of self (Stebnicki, 2016).

Posttraumatic Stress Disorder (PTSD) occurs after an exposure to actual or threatened serious injury or death with an intense emotional response. Narration of the traumatic event can be an appropriate treatment method, and connection with medication management may help alleviate symptoms. In-vivo exposure, eye movement desensitization and reprocessing (EMDR), and cognitive behavioral therapy (CBT) all have appropriate techniques for the treatment of trauma. Suicidal ideation should be closely monitored in treatment due to the impact of emotional symptoms and hopelessness for the future (Kolski et al., 2014).

Personal Impact

My personal counseling techniques prioritize strength-based approaches, to prioritize ways an individual approaches future tasks by basing it off what has been learned in past experiences. This focus on resiliency helps individuals to find their own strength to move forward and can empower them to make more positive changes in the future (Masten, 2016). Connecting individuals to their natural support system can be helpful in fostering resiliency so there are less feelings of being isolated and alone (Stebnicki, 2016).

I completed the Resiliency quiz discussed in Stebnicki (2016) from the Al Siebert Resiliency Center and scored 74: better than most. My mental health has made it difficult at times to focus on the positives of situations, but I do think that I have adaptative qualities that help me move forward from stressful situations. I have found meaning in my experiences, and it has helped me to learn more about myself and advocate more for my needs. I think that my resiliency has allowed me to connect deeper with my role as a counselor and strengthened my empathy skills when working with hurting people.

I have watched my church partner with a church in Puerto Rico to provide support in the aftermath of Hurricane Maria, which created massive devastation across the country. The church of Mar Azul wanted to be the hands and feet of Jesus during a time of uncertainty and restlessness and has provided food and water as well as clothing and household needs to individuals in Puerto Rico. This church has actively responded to their country's needs following a significant disaster and continues to work on restabilizing the larger community in the name of Jesus.

Christian Worldview

The church should provide disaster response within the community using the guidelines outlined in Aten & Boan (2016) and should be prepared for immediate response of congregation on church property. Individuals should be reminded of the truths found in the Bible, such as the consistency and power of God even in times of difficulty. 2 Corinthians 4:8-9 states, “We are afflicted in every way, but not crushed; perplexed, but not driven to despair; persecuted, but not forsaken; struck down, but not destroyed” (English Standard Version [ESV]). A balance must be achieved in helping individuals reflect on the truth of God’s will while also providing them space to feel hurt and angry (Aten & Boan, 2016).

The concept of soul loss was addressed in Stebnicki (2016) and relates to both man-made and natural disasters. As Christians, we cannot lose our soul once we have accepted Jesus; however, there can be a significant feeling of loss when believers try to reconcile the truths about God with the disasters of the world. The Lord’s purpose is greater than our own understanding and He is everlasting beyond all ends of the earth. “He does not faint or grow weary; his understanding is unsearchable” (Isaiah 40:28b, ESV).

Being emotionally and physically present during a challenging time can be one of the most powerful supports following a disaster. Praying can help a helper be more mindful of their thoughts and emotions and reorient body language to a more settled presentation. Active listening techniques combined with honesty and compassion, and not making assumption on belief systems are essential to provide true comfort in the face of a disaster (Aten & Boan, 2016). Caregivers must be properly prepared for burnout and secondary trauma, and churches must provide opportunities for volunteers to rest and rejuvenate during times of stress.

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Journal Entry #7: Post-Disaster Intervention

Key Ideas

Learning and adapting in the aftermath of trauma is essential, to improve programs and response systems. After 9/11, family support centers were developed near memorial sites to provide spaces to pray, meditate, receive counseling, or connect with others impacted by the attacks. Early intervention principles include hope, safety, self and community efficacy, calming, and connectedness (Marans et al., 2016). Kolski et al. (2014) identifies multiple objectives to establish safety and unity in the aftermath of a traumatic event.

In the aftermath of 9/11, guidelines were developed to incorporate training for mental health providers in responding to disasters to improve cooperation between community, personal, and national supports (Marans et al., 2016). Church support groups should be developed from disaster teams, elders, and volunteer support built from the congregation, and should have a readiness plan before something occurs to help reduce role confusion in disaster response (Aten & Boan, 2016).

School disaster trainings were developed in the aftermath of 9/11 to help better understand how children are impacted by disaster (Marans et al., 2016). All levels of schooling are impacted by trauma in similar ways, but the resiliency and coping mechanisms are different for each age group, and the responses by the school system should be prepared for these differences (Kolski et al., 2014).

Churches can also provide disaster support by developing a preparedness and response plan for various disaster scenarios and can connect with community members to build relationships and develop support systems (Aten & Boan, 2016). Increasing knowledge about

the roles of various professionals will help promote recovery following a disaster (Marans et al., 2016).

Personal Impact

Understanding both psychological first aid (PFA) and Skills for Psychological Recovery (SPR) helps develop a more complete system for managing trauma following a disaster. I have provided crisis services for individuals, but not in the aftermath of a community disaster, although I would like to list myself in the VA Board of Counseling as being willing to respond to community disasters. Since working through this course, I feel as though I am better prepared for how to respond to a disaster situation, although I know that it will take practice to be fully comfortable.

I was at college in Virginia during the shooting at Virginia Tech, and I have experienced lockdowns due to active shooters in the vicinity. In 2018, I was at home in when a tornado formed less than a mile down the road and miraculously passed our home. I had a newborn with medical issues at the start of the COVID-19 pandemic. Ensuring my own family is prepared and safe in a disaster will help me support others as a responder. Since taking this course, I have spoken with my husband on multiple occasions on how we would respond to various disasters if they occurred.

After speaking with a member of the church committee, I have found that our church does not have a formal disaster plan, although it is in the plan in the coming months. Following the events of the past two years, I stressed the importance of developing a disaster plan due to the church's large size and potential for impact in the community. The tools provided in Aten & Boan (2016) can be incredibly helpful in building a church disaster plan, and I have suggested this resource to my church to review their disaster preparedness.

Christian Worldview

Finding ways to best support children and adolescents was consistently identified in the readings. Anniversaries and milestones can be particularly challenging when a loved one is no longer present to celebrate events, and it is important to prepare the surviving family members for future challenges. Proverbs 22:6 states, “train up a child in the way he should go; even when he is old he will not depart from it” (English Standard Version [ESV]). Providing the resources to promote resiliency in the aftermath of a disaster or other traumatic event will help an individual more appropriately respond to an event in the future.

Finding time to rest is essential when responding to a disaster and is something that is clearly mentioned in scripture. With a general search on *Open Bible*, there are 100 verses specifically discussing rest and the importance of peace and being still (Smith, n.d.). “So then, there remains a Sabbath rest for the people of God, for whoever has entered God's rest has also rested from his works as God did from his” (Hebrews 4:9-10, ESV). Aten & Boan (2016) provide specific details in their text encouraging churches to develop rest systems in their disaster plans and reviewed the signs of stress and burnout.

Galatians 6:2a calls believers to “bear one another’s burdens” (ESV), and this is particularly applicable in disaster ministry. Across all types of disasters, a community must ultimately come together to foster wellness and posttraumatic growth. Matthew 18:20 reminds believers that the Lord is among believers who are together and should remind first responders that they are working alongside God when they are responding to disasters. Multiple verses call for church members to work together for those that are hurting or need assistance, for by serving them we are serving Christ.

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