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# CHAPLAINCY DEVELOPMENT CONFERENCE 2009

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SOUTHERN BAPTIST CONVENTION

# A Biblical Response To

# POST TRAUMATIC STRESS DISORDER (PTSD)

**"PTSD is the second most commonly diagnosed psychiatric disorder. One cannot overestimate the degree to which trauma warps character. The most corrosive impact of horrific emotional trauma is to be found in the spiritual fabric of persons. The condition of PTSD is spiritual at its deepest level."**

(Bessel van der Kolk)

**This material is dedicated to those who:**

- **Struggle with the toxic effects of trauma,**
- **Walk courageously through the valley,**
- **Support family & loved ones through the journey,**
- **Provide professional care for the traumatized.**

This material is adapted from resources provided by the following agencies:

- The National Center for Posttraumatic Stress Disorder (NCPTSD), U.S. Department of Veterans Affairs
- The Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services

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Scripture references are from the New International Version of the Bible unless otherwise designated.

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## SESSION I

### PRELIMINARY CONSIDERATIONS – The Chaplain & Trauma

"…For the earth is filled with violence…" (Genesis 6:13)

**Biblical story including trauma - Job loses his family, possessions & health:**

Job 1
**Job's First Test**
13 One day when Job's sons and daughters were feasting and drinking wine at the oldest brother's house, 14 a messenger came to Job and said, "The oxen were plowing and the donkeys were grazing nearby, 15 and the Sabeans attacked and carried them off. They put the servants to the sword, and I am the only one who has escaped to tell you!"
16 While he was still speaking, another messenger came and said, "The fire of God fell from the sky and burned up the sheep and the servants, and I am the only one who has escaped to tell you!"
17 While he was still speaking, another messenger came and said, "The Chaldeans formed three raiding parties and swept down on your camels and carried them off. They put the servants to the sword, and I am the only one who has escaped to tell you!"
18 While he was still speaking, yet another messenger came and said, "Your sons and daughters were feasting and drinking wine at the oldest brother's house, 19 when suddenly a mighty wind swept in from the desert and struck the four corners of the house. It collapsed on them and they are dead, and I am the only one who has escaped to tell you!"
20 At this, Job got up and tore his robe and shaved his head. Then he fell to the ground in worship 21 and said:
"Naked I came from my mother's womb,
and naked I will depart.
The LORD gave and the LORD has taken away;
may the name of the LORD be praised."
22 In all this, Job did not sin by charging God with wrongdoing.

Job 2
**Job's Second Test**
1 On another day the angels came to present themselves before the LORD, and Satan also came with them to present himself before him. 2 And the LORD said to Satan, "Where have you come from?"
Satan answered the LORD, "From roaming through the earth and going back and forth in it."
3 Then the LORD said to Satan, "Have you considered my servant Job? There is no one on earth like him; he is blameless and upright, a man who fears God and shuns evil. And

he still maintains his integrity, though you incited me against him to ruin him without any reason."
4 "Skin for skin!" Satan replied. "A man will give all he has for his own life. 5 But stretch out your hand and strike his flesh and bones, and he will surely curse you to your face."
6 The LORD said to Satan, "Very well, then, he is in your hands; but you must spare his life."
7 So Satan went out from the presence of the LORD and afflicted Job with painful sores from the soles of his feet to the top of his head. 8 Then Job took a piece of broken pottery and scraped himself with it as he sat among the ashes.
9 His wife said to him, "Are you still holding on to your integrity? Curse God and die!"
10 He replied, "You are talking like a foolish woman. Shall we accept good from God, and not trouble?"
In all this, Job did not sin in what he said. (Job 1:13-22 & 2:1-10)

**Conference Goals:**

1) Care for you
2) Help you care for others

**Limitations with Post Traumatic Stress Disorder/Stress Reactions**

All chaplains are not trained, or varying degrees of training
You are a professional, a minister, and a shepherd to your flock
Make an honest assessment of your skills
Refer to specialists for specialized care
Refer to a specialist for in-depth care

**What is our niche in a multidisciplinary approach to PTSD?**

There are many practitioners (physicians, psychologists, social workers, pastoral counselors, therapists, etc.),
In most cases, there is only one chaplain (minister, pastor, spiritual advisor).

**Video:** U. S. Surgeon General's Speech on PTSD (15 min), Vice Admiral Richard H. Carmona

**Discussion/Q&A**

**Psalm expressing the affects of trauma - Psalm 6:1-7**

1O LORD, do not rebuke me in your anger or discipline me in your wrath.
2 Be merciful to me, LORD, for I am faint; O LORD, heal me, for my bones are in agony.
3 My soul is in anguish. How long, O LORD, how long?
4 Turn, O LORD, and deliver me; save me because of your unfailing love.
5 No one remembers you when he is dead. Who praises you from the grave?

6 I am worn out from groaning; all night long I flood my bed with weeping
and drench my couch with tears.
7 My eyes grow weak with sorrow; they fail because of all my foes.

**Session I Breakout group exercise instructions:**

Share with one another:

- Introductions, family, ministry place
- What do you want/need from this conference?
- Review & prepare Spiritual Autobiography Worksheet (See next page) for Session III Breakout group exercise.

**SESSION I BREAKOUT GROUP EXERCISE**

**SPIRITUAL AUTOBIOGRAPHY WORKSHEET**

**High**
**(+)**

| **1950** | **1960** | **1970** | **1980** | **1990** | **2000** | **2010** |
|---|---|---|---|---|---|---|

**Low**
**(-)**

**Instructions:**
**1)** Place letters on the timeline to correspond with the time(s) in your life that events like these occurred. Use an arrow next to the letter to indicate whether these were positive or negative life events. Now draw a line connecting these events.

**2)** Using dashes (or a different color pen) draw a line that shows the highs and lows of your spiritual experience over time.

♥ = Relationship events / family events (marriage / birth /divorce/ death)

**H =** Overall health, hospitalizations, substance use

**W** = Work/ financial events (new job, promotion, job loss)

**M** = Military events (induction, combat, discharge)

**E** = Educational events (high school, trade school or college)

**R** = Religious events (baptisms / bar mitzvah)

**P** = Personal accomplishments or disappointments

**O** = Other

⬆ = Positive events

⬇ = Negative events

## SESSION II

## WHAT IS POST TRAUMATIC STRESS DISORDER (PTSD)?

"To study psychological trauma is to come face to face both with human vulnerability in the natural world and with the capacity for evil in human nature."

Judith Lewis Herman, *Trauma and Recovery*

**Biblical story including trauma – The rape and murder of a Levite's concubine**

Judges 19:22-30, 20:35

22 While they were enjoying themselves, some of the wicked men of the city surrounded the house. Pounding on the door, they shouted to the old man who owned the house, "Bring out the man who came to your house so we can have sex with him."
23 The owner of the house went outside and said to them, "No, my friends, don't be so vile. Since this man is my guest, don't do this disgraceful thing. 24 Look, here is my virgin daughter, and his concubine. I will bring them out to you now, and you can use them and do to them whatever you wish. But to this man, don't do such a disgraceful thing."
25 But the men would not listen to him. So the man took his concubine and sent her outside to them, and they raped her and abused her throughout the night, and at dawn they let her go. 26 At daybreak the woman went back to the house where her master was staying, fell down at the door and lay there until daylight.
27 When her master got up in the morning and opened the door of the house and stepped out to continue on his way, there lay his concubine, fallen in the doorway of the house, with her hands on the threshold. 28 He said to her, "Get up; let's go." But there was no answer. Then the man put her on his donkey and set out for home.
29 When he reached home, he took a knife and cut up his concubine, limb by limb, into twelve parts and sent them into all the areas of Israel. 30 Everyone who saw it said, "Such a thing has never been seen or done, not since the day the Israelites came up out of Egypt. Think about it! Consider it! Tell us what to do!"

**Judges 20:35**
35 The LORD defeated Benjamin before Israel, and on that day the Israelites struck down 25,100 Benjamites, all armed with swords.

**Video:** "Hope for Recovery" (10 min)

**History of Trauma**

Terms: - Railway Spine Disorder, 1800
- Nostalgia (Civil War)

- Compensation Neurosis, 1879
- Hysteria
- Shell Shock/Combat Fatigue/War Neurosis, 1940's
- Stress Disorder, Nervous Shock
- Rape Trauma/Post-Abuse/Battered Wife Syndromes
- Post Traumatic Stress Disorder

**Diagnostic Statistical Manual of Psychiatry (DSM) Development**

- DSM I (1950) and DSM II (1968)
- DSM III (1980) - First lists PTSD as a diagnosis
- DSM III-R (1987) - Expanded
- DSM IV (1994) - Nature of stressors, functioning.
  - Acute Stress Disorder (ASD) introduced.

**DSM-IV Diagnostic Criteria**

A. The person has been exposed to a traumatic event in which both of the following were present:

(1) The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.

(2) The person's response involved fear, helplessness, or horror.

B. The traumatic event is persistently re-experienced in one (or more) of the following ways:

(1) Recurrent and intrusive distressing recollections of the event, including images, thoughts, and perceptions (while awake).

(2) Recurrent distressing dreams of the event (nightmares).

(3) Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated).

(4) Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

(5) Physiological reactivity at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:

(1) Efforts to avoid thoughts, feelings, or conversations associated with the trauma.

(2) Efforts to avoid activities, places, or people that arouse recollections of the trauma.

(3) Inability to recall an important aspect of the trauma.

(4) Markedly diminished interest or participation in significant activities.

(5) Feeling of detachment or estrangement from others.
(6) Restricted range of affect (e.g., unable to have loving feelings).
(7) Sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or normal life span).

D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:
(1) Difficulty falling or staying asleep
(2) Irritability or outbursts of anger
(3) Difficulty concentrating
(4) Hypervigilance (preoccupied with safety, a big one)
(5) Exaggerated startle response

E. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than one month.

F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Specify if: Acute: If duration of symptoms is less than three months.
Chronic: If duration of symptoms is three months or more.

Specify if: With delayed onset: If onset of symptoms is at least six months after the stressor.

**Symptoms may include:**

Anger, Anxiety/Hyper-arousal, Chronic Pain, Compulsion, Confusion, Crisis, Delusions, Denial, Dependence, Depression, Disordered Eating, Flashbacks, Grief, Guilt, Isolation, Loneliness, Low Self-esteem, Obsessions, Paranoia/Hypervigilance, Passive Aggressive Behavior, Phobia, Sexual Trauma, Sleep Disorders, Substance Abuse, Suicidal Thoughts or Ideations, Secondary Traumatic Stress Disorder.

**Prevalence**

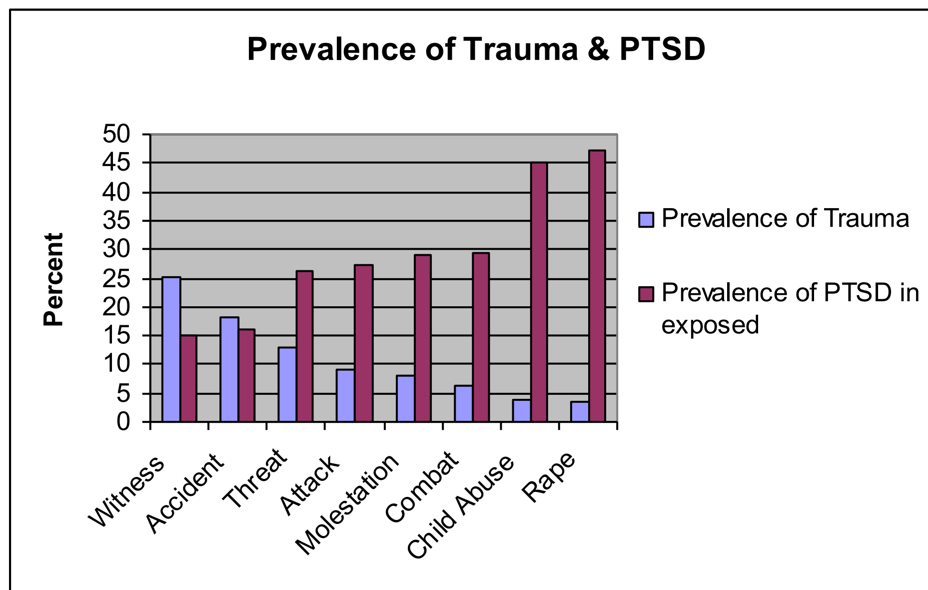
From the National Comorbidity Survey (NCS) (1995) and repeated in 2005. These studies used large national probability samples of 5,000 adults, and serves as the benchmark for prevalence of all mental disorders in the U.S.

- Lifetime PTSD prevalence in America = 6.8%
    - 9.7% women
    - 3.6 % men
- Current PTSD prevalence = 3.6%
    - 5.2% women
    - 1.8% men

<u>Prevalence of Trauma and PTSD</u> (Kessler et al., 1999)

In America:

- More than 60% experience a traumatic event in their life.
- More than 25% experience multiple traumatic events.




Compare:

- Witnessing trauma (most prevalent) to rape (least prevalent).
- Prevalence of trauma is inversely related to the prevalence of PTSD

Notice that one who is raped is more likely to develop PTSD than one who witnesses a traumatic event. Thus, all traumatic events are not equally toxic in leading to PTSD.

**Combat is unique**

Combat exposure in the National Comorbidity Survey
- Lifetime prevalence of PTSD = 39% among combat veterans
- Male combat vs. all other male trauma
  - Higher lifetime PTSD prevalence
  - Greater likelihood of delayed onset
  - Greater likelihood of unresolved symptoms

Thus, combat trauma tends to be somewhat more toxic.

**Burden of PTSD**

Individuals with PTSD have:

- Elevated risk of mood, other anxiety, and substance abuse disorders
- Elevated risk of suicide attempts
- Greater functional impairment

- Reduced quality of life
- PTSD had the greatest impact of all anxiety disorders on economic burden to society (Greenberg et al., 1999)

PTSD and Functioning (NCS)

PTSD is associated with:

- 40% elevated odds of academic failure
- 30% elevated odds of teenage parenthood
- 60% elevated odds of marital problems
- 150% elevated odds of current unemployment

Reactivation and Exacerbation

Triggers include:

- Exposure to reminders
- New traumatic events
- Medical illness
- Bereavement
- Retirement (a big one)
- Other stressors

**Risk Factors (Friedman, NCPTSD)**

The risk of developing PTSD varies with a number of factors:

1) Pretraumatic factors: (less important than later factors)
- Female gender
- Early age of onset and longer lasting childhood trauma
- Genetic factors
- Lack of functional social support
- Prior psychiatric problems
- Concurrent stressful life events

2) Peritraumatic factors:
- Severity of exposure to the traumatic event; i.e., the greater magnitude and intensity of trauma = greater risk of PTSD
- Greater perceived threat of danger, suffering, and fear increases risk
- Unpredictibility and uncontrollability of traumatic event = increased fear and helplessness, thus it also increases risk

3) Posttraumatic factors (most important of three factors)
- Lack of social support following the event
- Continued exposure to further stressors, including injuries, threat to life, and poverty

**Acute Stress Disorder:** DSM IV (1994)

A. (Same as for PTSD) The person has been exposed to a traumatic event in which both of the following were present:

(1) The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
(2) The person's response involved fear, helplessness, or horror.

B. Have three (or more) dissociative symptoms.
C. Have one (or more) re-experiencing symptoms.
D. Have one (or more) anxiety/arousal symptoms.
E. Onset of the disturbance (symptoms in Criteria B, C, and D) is two days to four weeks.
F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

**(See Appendices for further resources)**

1. PTSD – Frequently Asked Questions
2. National Center for PTSD Fact Sheet: Common Reactions after Trauma

**Discussion/Q&A**

**Psalm expressing the affects of trauma - Psalm 13:1-6**

1 How long, O LORD? Will you forget me forever? How long will you hide your face from me?
2 How long must I wrestle with my thoughts and every day have sorrow in my heart? How long will my enemy triumph over me?
3 Look on me and answer, O LORD my God. Give light to my eyes, or I will sleep in death;
4 my enemy will say, "I have overcome him," and my foes will rejoice when I fall.
5 But I trust in your unfailing love; my heart rejoices in your salvation.
6 I will sing to the LORD, for he has been good to me.

**Session II Breakout group exercise instructions:**

Share your stories with one another:

- When/where have you observed or experienced the symptoms of PTSD? (Respect confidentiality)
- Close with prayer for one another.

## SESSION III

### PTSD AND THE FAMILY

"PTSD is a disorder of warriors, not men and women who were weak or cowardly…PTSD is a disorder of a good warrior."

–Anonymous, from a disabled Marine

**Psalm expressing the affects of trauma**

David also was a PTSD Sufferer. How could one think otherwise when you read passages like this, which David wrote?

*Psalm 31:9-13*

*"Be gracious to me O Lord, for I am in distress; my eye is wasted away from grief, my soul and my body also. For my life is spent with sorrow, and my years with sighing; my strength has failed because of my iniquity, and my body has wasted away. Because of all my adversaries, I have become a reproach, especially to my neighbors, and an object of dread to my acquaintances; those who see me in the street flee from me. I am forgotten as a dead man, out of mind, I am like a broken vessel. For I have heard the slander of many, terror is on every side; while they took counsel together against me, they schemed to take away my life."*

David wrote over seventy-five desolate, anguish-filled passages like this in Psalms.

(From The Combat Trauma Healing Manual by Chris Adsit)

PTSD can cause tremendous disruption in a family. Studies have shown where a family member has PTSD; the family faces more anxiety, unhappiness, marital problems and behavioral problems among children, as compared to families where PTSD is not present. PTSD symptoms can cause a person to act in ways which may be hard for family members to understand. Their behavior may appear to be erratic, strange and upsetting to family and friends. The entire family is greatly affected when any family member experiences psychological trauma and suffers from PTSD. Some traumas are directly experienced by only one family member, but other family members may experience shock, fear, anger and pain in their own unique ways, because they care about and have a connection to the survivor.

Even though it may have been some time since an event took place, which could cause PTSD, there is no time frame for PTSD to become evident in a person. It could take

some time to mourn the event. Symptoms of PTSD can come on immediately, and go away after a few months or they can also take a while to set in and last for many years.

We have already discussed the symptoms and causes of PTSD and it is important to keep these in mind, as we deal with the family. We must recognize that PTSD can be a result of any traumatic event. The military has a very high number of people suffering from PTSD. Also victims of earthquakes, automobile accidents, weather related events, public service responses (police, fire, ems), rape victims, terrorist attacks and many others. Often family members know something is wrong but do not recognize that PTSD might be the cause of concern within the family.

Sometimes we might mistakenly identify PTSD but it is important to note that PTSS (Posttraumatic Stress Symptoms) is different. Just because a person has symptoms, does not mean that the person has PTSD. PTSD should be diagnosed by a professional mental health or medical clinician. Self-diagnoses are very dangerous and can lead to a more complicated situation.

**REALIZATIONS OF THE FAMILY**

Living with an individual who has PTSD does not automatically cause PTSD, but it can produce "vicarious" or "secondary" traumatization. Whether family members live together or apart, are in contact often or rarely, and feel close or distant emotionally from one another, PTSD affects each member of the family in several ways.

It is certainly not unusual for family members to react to the fact that their loved one has gone through a trauma. Certainly, it is upsetting when someone you care about goes through a terrible ordeal. Trauma symptoms can make a family member hard to get along with or cause him or her to withdraw from the rest of the family. PTSD is often not openly discussed. The family may experience the loved one as being "moody," depressed, or may be an abuser of drugs.

The family sometimes focuses on trying to control the PTSD sufferer's behavior rather than seeing the behavior in view of the total event. It can be very difficult for everyone when these changes occur. Families react differently when a loved one is traumatized. The following are a few common reactions in families who have had to deal with PTSD. A family may experience many of these or only a few.

***Anger:** Anger exhibits itself in many ways. It is a very common problem in the family, as well as the survivor, to feel angry about the trauma and its effect on their lives. They may become angry at whomever they believe is responsible for the traumatic event. This often includes being angry with God, which complicates the situations, especially for a Christian, because it can develop guilt. They may also feel anger toward the trauma survivor and want him or her to "forget about it" and get on with life. Anger may "raise its head" in many situations. Trauma survivors with PTSD often struggle with

intense anger or rage and can have difficulty coping with an impulse to lash out verbally or physically – especially if their trauma involved physical abuse or assault, war, domestic or community violence, or being humiliated, shamed and betrayed by people they needed to trust. Family member can feel frightened and betrayed by the survivor, especially if there is a lack of understanding regarding the event. Unresolved anger toward the event, the person and God, will interfere with the success of recovery.

***Sleep Problems:** Sleep can become a problem for family members, especially when it is a problem for the trauma survivor. When the trauma survivor stays up late to avoid going to sleep, can't get to sleep, tosses and turns in his or her sleep, or has nightmares, it is difficult for the family members to sleep well. Often family members are unable to sleep well because they are depressed and worried about the survivor. The family may find their sleep is disrupted by the trauma survivor's sleep problems (reluctance to sleep at night, restlessness while sleeping, nightmares or episodes of violent sleepwalking.) Family members also find themselves having terrifying nightmares, afraid to go to sleep or difficulty getting a full restful night's sleep, as if they are reliving the survivors' trauma in their own feelings and sleep.

***Addictive Behaviors:** The misuse and abuse of alcohol and other drugs (prescription and non-prescription) is an increasing problem among the survivors and families who feel they might be able to avoid trauma-related feelings. In addition, the beginning use or increasing use of tobacco and caffeine may have an effect on the individual. A child or spouse may spend time drinking with friends to avoid going home and facing an angry parent or spouse. Sometimes spouses abuse drugs to keep their loved ones "company" when they are drinking or using other drugs to avoid trauma-related feelings. Survivors experiencing PTSD may seek relief and escape through other addictive behaviors such as gambling, workaholic, overeating or refusing to eat (bulimia and anorexia) and pornography. Often, many of these behaviors go un-discovered until it is too late. Closet addiction is very common. Hiding the practice of any negative addictive behavior delays or destroys the recovery of the victims. Addictions offer false hope to the survivor by seeming to help for a short time but then making PTSD's symptoms of fear, anxiety, tension, anger and emotional numbness worse. Addictive behaviors expose family members to emotional, financial, and domestic violence problems.

***Sympathy:** One of the first reactions many family members have is sympathy for their loved one. People feel very sorry that someone they care about has had to suffer through a terrifying experience. It is important for the person, who has experienced the trauma, to know that his or her family members are supportive of him or her, especially just after the traumatic event occurs. There is a difference between sympathy and empathy. (*Empathy* is the ability to identify with and understand somebody else's feelings or difficulties. *Sympathy* is the feeling or expression of pity or sorry for the pain or distress of somebody else.) Sympathy can also have a negative effect. When family members' sympathy leads them to "baby" a trauma survivor and have low expectations

of him or her, it may send a message that the family doesn't believe the trauma survivor is strong enough to overcome the ordeal. It can also lead the survivor to feel the family has a lack of confidence in his / her ability to recover and go back to work. It is very important the family not enable the survivor.

***Guilt and Shame:** Family members can feel guilt or shame after a traumatic event. If the family member feels responsible for the trauma, he/she may feel guilt. A family member may feel guilt and shame if he or she feels responsible for the trauma survivor's happiness or general well being, but sees no improvement no matter how hard he/ she tried to help. The family member may become embarrassed or stressed when in public with the survivor.

***Fear and Worry:** Knowing that something terrible can happen all of a sudden, can make people very fearful. This is especially true when a family member feels unsafe and often reminds others about possible dangers. Trauma survivors may feel "on edge" and become preoccupied when trying to stay safe and over react with their protection, such as buying multiple fire arms, over use of security fences, watch dogs, security lights, landscaping, etc. Fear and worry can be very de-habilitating both to the survivor and the family. A spouse might worry that her traumatized husband, who might become angry and violent at the least degree of argument, will be injured in a fight or get in trouble with the police. A child may worry about parents fighting or drinking because of a traumatic event. The possible inability of the trauma survivor to keep a regular job or maintain constant positive relationships can be a continuous worry to the family.

***Avoidance:** Trauma survivors are often afraid to address what happened to them and avoid talking about it. Also, family members may avoid inquiring about the event. *Internalizing* can be very harmful and often increases the effects of the trauma. Avoiding talking about an event and avoiding people who might be associated with a traumatic event, are coping mechanisms for some people, but may not be the best. Discussion about such events as rape, stealing, getting fired, getting arrested or other events, which might be associated with shame, are often avoided.

Family members may feel hurt, frustrated, alienated or discouraged, if the survivor loses interest in family or intimate activities and is easily angered or emotionally isolated and detached. He / she may feel as if the trauma never stops happening and they can find themselves avoiding activities or people and becoming isolated from each other and from friends outside the family. They often feel that no one will understand what they are going through.

Families may find that it is difficult to have a cooperative discussion with the survivor about important plans and decisions for the future. It could be that the survivor feels there is no future.

**CAREGIVER'S BURDEN**

PTSD can be view as a chronic illness, and the person with PTSD may require constant care from a loved one, such as a wife, husband or parent. Partners of people with PTSD may be faced with a number of stressors that go along with caring for and living with someone with a chronic illness. These stressors include financial strain, managing the person's symptoms, dealing with crises, loss of friends and loss of intimacy. Often, caregivers may be the only people who can take care of such stressors.

Researchers looked at over 50 spouses of veterans with PTSD and found that the severity of veterans' PTSD symptoms was connected to the amount of the caregiver's burden and distress. In other words, as a spouse's PTSD symptoms got worse, so did the caregiver's amount of burden and stress. It has also been found that violent behavior in the relationship, such as physical abuse, was connected to the burden of the caregiver.

The caregiver may feel guilty if s/he take time for her/himself, or feel stressed out as a result of caring for someone. It is important that the caregiver takes time for her/himself and not become a total victim. The caregiver must learn to not take criticism personally and to set firm boundaries about domestic violence.

Family members may become over involved with their children's lives due to feeling lonely and in need of some positive emotional feedback or feeling that the partner can't be counted on as a reliable and responsible parent. For the survivor, this discounting of the partner as a co-parent often is due to hyper vigilance and guilt. The survivor's partner may feel she or he must be the sole caregiver to their children, if the survivor is uninvolved with their children or becomes overly critical, angry or even abusive.

The survivor may go into "survival mode" or on "automatic pilot." Suddenly and without explanation, he/she might shut down emotionally and become withdrawn.

**CHILDREN'S BURDEN**

The stress from individuals who suffer from PTSD may have strong effects on their children. Children often become victims of their parent's illness. The age of the child and their understanding the characteristic of PTSD makes a difference on the impact it has. The child may face some of the following:

Acting out their feelings

Grades drop in school

Feeling unacceptable by their peers

Sometimes make friends with the “wrong” groups

Experiment with alcohol and other drugs (including tobacco)

Loss of interest in Church and other positive activities

Change in friends

Becomes very secretive and withdrawn

**OTHER EFFECTS ON THE FAMILY**

One or more family member often feels responsible for making everything better

Feel overwhelmed by pressures of having assumed total responsibility in the home situation

Feel afraid to say anything, fearful of emotional eruptions

Lose sight of his or her own needs because of the demanding needs of the person suffering from PTSD

Self-esteem becomes lowered because of the feeling of being “de-valued”

Feel pull down by negative views and feel caught in the middle between their children

Feeling over-whelmed with taking on “more than his/her share” of the family responsibility

Become angered by the event

Loss of patience with the sufferer

Dealing with depression and the threat of possible suicide

Possibility of divorce occurring

It is important that family members know their loved one’s behavior does not necessarily indicated his / her true feelings.

**THE FAMILY IS ONE OF THE MOST IMPORTANT FACTORS IN HELPING THE PTSD SUFFERER RECOVER.**

**IT IS VERY IMPORTANT NOT GIVE UP ON THE VICTIM!**

***OFTEN THEY HAVE GIVEN UP ON THEMSELVES*.**

**ALWAYS RE-ASSURE THAT "GOD LOVES THEM NO MATTER WHAT!!**

**Discussion/Q&A**

**Scripture illustrating the affects of trauma – Jacob traumatized by Joseph's apparent death**

Genesis 37: 2-35

2 This is the account of Jacob. Joseph, a young man of seventeen, was tending the flocks with his brothers, the sons of Bilhah and the sons of Zilpah, his father's wives, and he brought their father a bad report about them. 3 Now Israel loved Joseph more than any of his other sons, because he had been born to him in his old age; and he made a richly ornamented robe for him. 4 When his brothers saw that their father loved him more than any of them, they hated him and could not speak a kind word to him. 5 Joseph had a dream, and when he told it to his brothers, they hated him all the more. 6 He said to them, "Listen to this dream I had: 7 We were binding sheaves of grain out in the field when suddenly my sheaf rose and stood upright, while your sheaves gathered around mine and bowed down to it." 8 His brothers said to him, "Do you intend to reign over us? Will you actually rule us?" And they hated him all the more because of his dream and what he had said. 9 Then he had another dream, and he told it to his brothers. "Listen," he said, "I had another dream, and this time the sun and moon and eleven stars were bowing down to me." 10 When he told his father as well as his brothers, his father rebuked him and said, "What is this dream you had? Will your mother and I and your brothers actually come and bow down to the ground before you?" 11 His brothers were jealous of him, but his father kept the matter in mind.

**Joseph Sold by His Brothers**

12 Now his brothers had gone to graze their father's flocks near Shechem, 13 and Israel said to Joseph, "As you know, your brothers are grazing the flocks near Shechem. Come, I am going to send you to them." "Very well," he replied. 14 So he said to him, "Go and see if all is well with your brothers and with the flocks, and bring word back to me." Then he sent him off from the Valley of Hebron. When Joseph arrived at Shechem, 15 a man found him wandering around in the fields and asked him, "What are you looking for?" 16 He replied, "I'm looking for my brothers. Can you tell me where they are grazing their flocks?" 17 "They have moved on from here," the man answered. "I heard them say, 'Let's go to Dothan.' " So Joseph went after his brothers and found them near Dothan. 18 But they saw him in the distance, and before he reached them, they plotted

to kill him. 19 "Here comes that dreamer!" they said to each other. 20 "Come now, let's kill him and throw him into one of these cisterns and say that a ferocious animal devoured him. Then we'll see what comes of his dreams." 21 When Reuben heard this, he tried to rescue him from their hands. "Let's not take his life," he said. 22 "Don't shed any blood. Throw him into this cistern here in the desert, but don't lay a hand on him." Reuben said this to rescue him from them and take him back to his father. 23 So when Joseph came to his brothers, they stripped him of his robe—the richly ornamented robe he was wearing- 24 and they took him and threw him into the cistern. Now the cistern was empty; there was no water in it. 25 As they sat down to eat their meal, they looked up and saw a caravan of Ishmaelites coming from Gilead. Their camels were loaded with spices, balm and myrrh, and they were on their way to take them down to Egypt. 26 Judah said to his brothers, "What will we gain if we kill our brother and cover up his blood? 27 Come, let's sell him to the Ishmaelites and not lay our hands on him; after all, he is our brother, our own flesh and blood." His brothers agreed. 28 So when the Midianite merchants came by, his brothers pulled Joseph up out of the cistern and sold him for twenty shekels of silver to the Ishmaelites, who took him to Egypt. 29 When Reuben returned to the cistern and saw that Joseph was not there, he tore his clothes. 30 He went back to his brothers and said, "The boy isn't there! Where can I turn now?" 31 Then they got Joseph's robe, slaughtered a goat and dipped the robe in the blood. 32 They took the ornamented robe back to their father and said, "We found this. Examine it to see whether it is your son's robe." 33 He recognized it and said, "It is my son's robe! Some ferocious animal has devoured him. Joseph has surely been torn to pieces." 34 Then Jacob tore his clothes, put on sackcloth and mourned for his son many days. 35 All his sons and daughters came to comfort him, but he refused to be comforted. "No," he said, "in mourning will I go down to the grave to my son." So his father wept for him.

**Session III Breakout group exercise instructions:**

- Share stories in your small group of how you have seen family members (your own, or others in your ministry) affected by trauma. (Respect confidentiality) Close in prayer for one another.

## <u>SESSION IV</u>

## PSYCHOLOGICAL FIRST AID (PFA)

“Traumatic events shatter the sense of connection between individual and community, creating a crisis of faith”

Judith Lewis Herman, *Trauma and Recovery*

**Biblical story including trauma – Paul the Apostle’s terror and traumatic events**

2 Corinthians 1:8-9

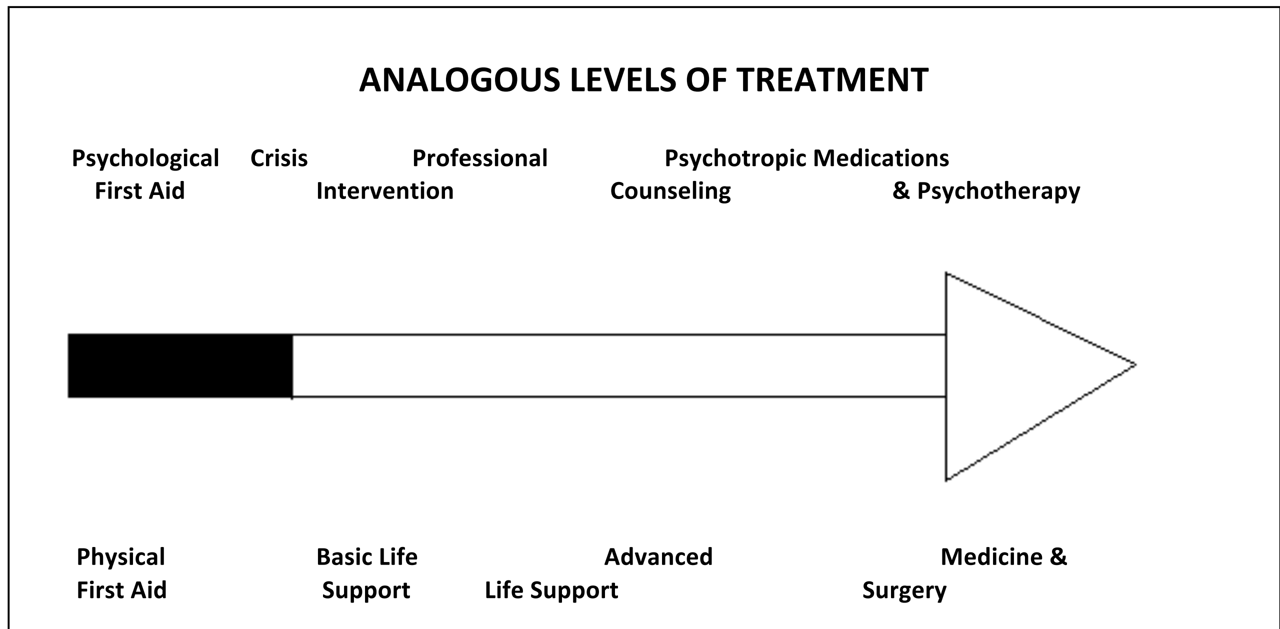
8 We do not want you to be uninformed, brothers, about the hardships we suffered in the province of Asia. We were under great pressure, far beyond our ability to endure, so that we despaired even of life. 9 Indeed, in our hearts we felt the sentence of death. But this happened that we might not rely on ourselves but on God, who raises the dead.

2 Corinthians 11:23-27

23 Are they servants of Christ? (I am out of my mind to talk like this.) I am more. I have worked much harder, been in prison more frequently, been flogged more severely, and been exposed to death again and again. 24 Five times I received from the Jews the forty lashes minus one. 25 Three times I was beaten with rods, once I was stoned, three times I was shipwrecked, I spent a night and a day in the open sea, 26I have been constantly on the move. I have been in danger from rivers, in danger from bandits, in danger from my own countrymen, in danger from Gentiles; in danger in the city, in danger in the country, in danger at sea; and in danger from false brothers. 27I have labored and toiled and have often gone without sleep; I have known hunger and thirst and have often gone without food; I have been cold and naked.

Psychological First Aid (PFA) may be defined as:

A compassionate and supportive presence designed to mitigate acute stress & assess the need for continued mental health care. (Everly, 2005)  It is not a treatment for PTSD.




Psychological First Aid is to Psychotherapy as physical first aid is to surgery.

**Psychological First Aid, an overview,** (Watson, 2005, NCPTSD)

Common reactions to trauma or disasters

- Emotional (shock, grief, anger, fear, distraught)
- Mental (confusion, indecision, worry, trouble concentrating)
- Physical (fatigue, tension, insomnia, aches and pains)
- Interpersonal (withdrawal, feeling irritable, not feeling close to loved ones)
- Reactions may last days, weeks, months, or years

Stress reactions following trauma or disasters

- Intrusive feelings or re-experiencing the event (nightmares, flashbacks)
- A sense of extreme numbing or feelings of being empty (shattered safety)
- Extreme attempts to avoid memories of the event (incl. alcohol, drugs)
- Hyper-arousal ("amped up," rage, panic, irritability, agitation, violence)
    - Some cases:
- Severe depression and anxiety
- Dissociation (amnesia, fragmentation, lose track of time and place)

Importance of continued functioning

- Individuals who continue to function at work or home, even with symptoms, are at lower risk of long-term problems than those who have trouble functioning.

- One to three weeks following a traumatic event, the severity of reactions and their degree of interference with functioning are predictive of longer-term problems.

Psychological First Aid (goals are very pragmatic)

- Protection from danger
- Establish a safe recovery environment
- Caring for basic needs
- Reducing the stressfulness of the new environment
- Supporting people's natural resilience
- Reducing reactions to the trauma
- Activating resources and social support
- Giving information about positive coping & dealing with stressors and reactions
- Helping people refer individuals to other resources

Factors related to trauma recovery

- Sense of safety
- Personal efficacy
- Coping ability
- Reduction of secondary stressors
- A sense of hope
- Keeping calm
- Connectedness with social supports
- Reduction of negative social support (People telling you, "You've got to get over it and get on with things.")
- Negative interpretation of your own reactions

Focus of recovery efforts

- Foster a survivor's ability to "get back into the game" by:
- Continue task-oriented activity
- Regulate emotion (not shut down, nor be overwhelmed)
- Sustain a positive sense of self-value
- Maintain and enjoy interpersonal contact with others

Core principles of Psychological First Aid

- Contact and engagement (establishing a human connection in a non-intrusive, compassionate manner)
- Safety (immediate & ongoing) & comfort (physical & emotional)
- Stabilization, if needed (calming, orienting, guiding)
- Information gathering (identify immediate needs, next of kin)
- Practical assistance (prioritize & meet immediate needs)
- Connection with social supports (family, friends, relief workers)
- Information on coping (handouts, stress management, etc.)
- Linkage with collaborative services (Red Cross, relief agencies, church)

**(See Appendices for further resources)**

1. Psychological First Aid for First Responders: Tips for Emergency and Disaster Response Workers (SAMHSA)
2. Psychological First Aid: How You Can Support Well-Being in Disaster Victims (CSTS)

**Discussion/Q&A**

**Psalm expressing the affects of trauma - David's guilt, fear, & poor health**

Psalm 38:1-12

1 O LORD, do not rebuke me in your anger or discipline me in your wrath.
2 For your arrows have pierced me, and your hand has come down upon me.
3 Because of your wrath there is no health in my body; my bones have no soundness because of my sin.
4 My guilt has overwhelmed me like a burden too heavy to bear.
5 My wounds fester and are loathsome because of my sinful folly.
6 I am bowed down and brought very low; all day long I go about mourning.
7 My back is filled with searing pain; there is no health in my body.
8 I am feeble and utterly crushed; I groan in anguish of heart.
9 All my longings lie open before you, O Lord; my sighing is not hidden from you.
10 My heart pounds, my strength fails me; even the light has gone from my eyes.
11 My friends and companions avoid me because of my wounds; my neighbors stay far away.
12 Those who seek my life set their traps, those who would harm me talk of my ruin; all day long they plot deception.

**Session IV Breakout group exercise instructions:**

- Share Spiritual Autobiography Worksheet (see page 9) with each other in your small group.
- Close in prayer for one another.

## SESSION V

### PTSD and SELF-CARE

**Blessed be the Lord, because He has heard the voice of my supplication. The Lord is my strength and my shield; my heart trusts in Him, and I am helped; Therefore my heart exults, and with my song I shall thank Him. The Lord is their strength, and He is a saving defense to His anointed. Psalm 28:6-8**

Depression and anxiety are two major elements of PTSD. Let's look a little at these, as it pertains to the survivor and the care-giver.
Everyone occasionally feels blue or "down in the dumps." When this is compounded with periods of great anxiety, it can cause pain for both the person with the disorder and those who serve as the care givers.

Depression cannot be "wished" away. Trying to put on "a happy face" or being told to "snap" out of it are both unfair and hurtful statements. Often people make such statements because they are uncomfortable, realizing that the survivor is hurting and there seems to be no "quick fix".

Anxiety is a normal and adaptive system in the body that tells us when we are in danger. This means that dealing with your anxiety NEVER involves eliminating it, but rather managing it.

Anxiety can become a problem when our body tells us that there is danger, *WHEN THERE IS NO REAL DANGER!*

### *FINDING A NEW BEGINNING*

1. Consult a physician for a complete diagnosis. (beware of one who over medicates)
2. Consult a qualified counselor / therapist. (EMDR)
3. Maintain a strong support system of persons who understand and allow you to be who you are.
4. Develop a positive attitude toward self:

   I am vulnerable, but not helpless;

   I can focus on my ability (skills and capability to respond);

   I have strengths to see me through, and vulnerabilities that can be managed;

   I am important enough to fully involve myself in dealing with the problem;

   I have the ability to influence the outcome of my problems, either positively or negatively;

   I can learn and grow from the trauma I experienced.

5. Avoid negative thinking”: It’s not fair….I am a bad person – refrain from negative self talk
6. Avoid the “what ifs.”
7. Avoid expecting healing to take place on any specific time line but do not get in a “rut” and allow the healing to stop.
8. Be aware of physical and emotional signs which might trigger depression
9. Identify stressors
10. Become educated about PTSD and realize it effects thousands (support groups, publications, etc.) You are not alone.
11. Make an attempt to set goals clearly and be sure they are realistic and attainable
12. Develop, maintain and strengthen a Christ centered spiritual life.

## ***MOVING FORWARD***

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PHYSICAL SELF-CARE

- Eat regularly (breakfast, lunch dinner)
- Eat healthily
- Exercise
- Get regular medical care for prevention
- Get regular medical care when needed
- Take time off when sick
- Get massages
- Swim, walk, run, play sports, or other physical activity which is fun
- Get enough sleep
- Spend intimate time with your partner
- Get enough sleep
- Wear clothes you like (be appropriate)
- Take vacations
- Take day trips or mini-vacations
- Make time away from the telephone and computer

PSYCHOLOGICAL SELF-CARE

- Make time for self-reflection
- Have your own personal psychotherapy
- Write in a journal
- Read literature that is unrelated to work but enjoyable
- Do something at which you are not expert or in charge
- Decrease stress in your life
- Notice your inner experiences – listen to your thoughts, judgments, beliefs, attitudes, and feelings

- Let other know different aspects of you
- Engage your intelligence in a new area, (go to an art museum, history exhibit, sports event, auction, theater performance
- Practice receiving from others (often care-givers have a difficult time with this)
- Be curious
- Say no to extra responsibilities sometimes –don't over-load

EMOTIONAL SELF-CARE

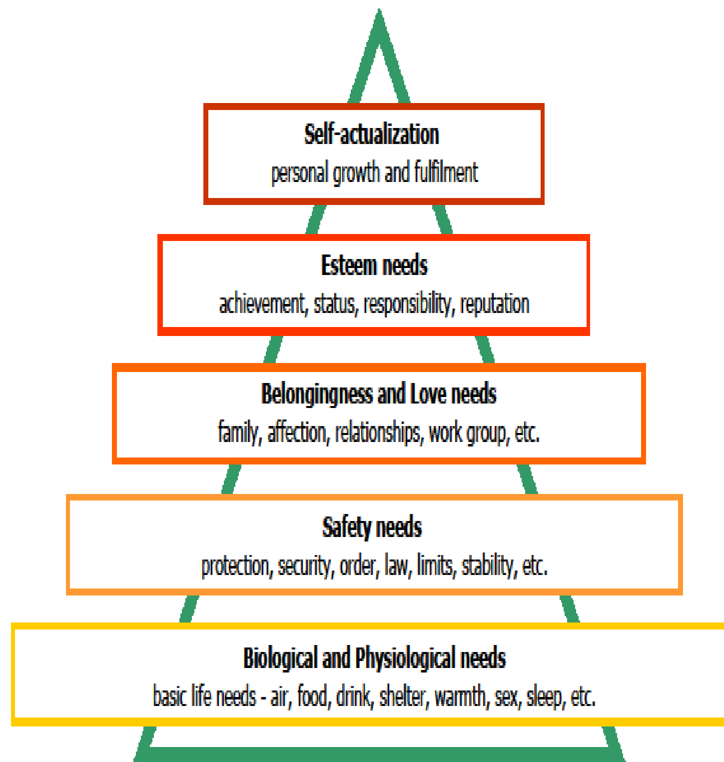
- Spend time with others whose company you enjoy
- Stay in contact with important people in your life
- Give yourself affirmations, praise yourself – positive self-talk
- Find ways to increase your sense of self-esteem (Become a volunteer n your Church and community)
- Reread favorite books, re-view favorite movies
- Identify comforting activities, objects, people, relationships, places, and seek them out
- Allow yourself to cry
- Find things to make you laugh
- Express your outrage in social action, letters, donations, marches, protests
- Play with children (let the child come out in you)

SPIRITUAL SELF-CARE

- Make time for reflection
- Spend time with nature
- Find a spiritual connection or community
- Be open to inspiration
- Cherish your optimism and hope
- Be aware of nonmaterial aspects of life
- Try at time not to be in charge or the expert
- Be open to not knowing
- Identify what is meaningful to you and notice its place in your life
- Meditate
- Pray
- Sing
- Have experiences of awe
- Contribute to causes in which you believe
- Read inspirational literature (talks, music, etc)
- Become a part of a Church family
- Participate in worship

- Spend private time with God
- Regular Bible study

(Information from the National Center for Posttraumatic Stress Disorder {adapted} – Department of Veterans Affairs)




"The trauma of depression is devastating. Friends tell you to look up and see the sun and the trees. They don't know that for you there is no sun, there are no trees. The

depressed person is, like Dante's Prince of Darkness, encased in ice, in hell. When the reaction to the blows of life is depression, it is difficult to melt the ice and go on with life. But it can be done, and once you are in the light again, life takes on a beauty you couldn't have imagined before."

Antoinete Bosco
"*The Pummeled Heart: Finding Peace through Pain"*

**May the God of grace, who called us to His eternal glory by Christ Jesus, after you have suffered a while, perfect, establish, strengthen and settle you.**
**1 Peter 5:10 (NKJV)**

Note to Chaplains:

Because Chaplains and other ministers are viewed as the helper or "fixer", they often mask their own depression or deny their own emotions. (I'm fine??) It often becomes extremely difficult for the Chaplain to disengage, after helping others through traumatic events. Not disengaging often causes a variety of emotional reactions, which can be exhibited in many different ways, including masked or unrecognized depression. The person who serves as Chaplain, Pastor, friend or family member MUST realize that a few simple tactics cannot heal the person. Be very careful how "spirituality" is used, as it can develop guilt and push the person deeper. Understand PTSD. It can lead to very serious results, if not treated professionally. Many people have good intentions to help but it is important that a person have proper education, training and experience. Never be afraid to refer.

**Discussion/Q&A**

**Psalm expressing the affects of trauma – David laments his hardships**

Psalm 22:1-25

1 My God, my God, why have you forsaken me? Why are you so far from saving me, so far from the words of my groaning?
2 O my God, I cry out by day, but you do not answer, by night, and am not silent.
3 Yet you are enthroned as the Holy One; you are the praise of Israel.
4 In you our fathers put their trust; they trusted and you delivered them.
5 They cried to you and were saved; in you they trusted and were not disappointed.
6 But I am a worm and not a man, scorned by men and despised by the people.
7 All who see me mock me; they hurl insults, shaking their heads:
8 "He trusts in the LORD; let the LORD rescue him. Let him deliver him, since he delights in him."
9 Yet you brought me out of the womb; you made me trust in you even at my mother's breast.
10 From birth I was cast upon you; from my mother's womb you have been my God.
11 Do not be far from me, for trouble is near and there is no one to help.

12 Many bulls surround me; strong bulls of Bashan encircle me.
13 Roaring lions tearing their prey open their mouths wide against me.
14 I am poured out like water, and all my bones are out of joint. My heart has turned to wax; it has melted away within me.
15 My strength is dried up like a potsherd, and my tongue sticks to the roof of my mouth; you lay me in the dust of death.
16 Dogs have surrounded me; a band of evil men has encircled me, they have pierced my hands and my feet.
17 I can count all my bones; people stare and gloat over me.
18 They divide my garments among them and cast lots for my clothing.
19 But you, O LORD, be not far off; O my Strength, come quickly to help me.
20 Deliver my life from the sword, my precious life from the power of the dogs.
21 Rescue me from the mouth of the lions; save me from the horns of the wild oxen.
22 I will declare your name to my brothers; in the congregation I will praise you.
23 You who fear the LORD, praise him! All you descendants of Jacob, honor him! Revere him, all you descendants of Israel!
24 For he has not despised or disdained the suffering of the afflicted one; he has not hidden his face from him but has listened to his cry for help.
25 From you comes the theme of my praise in the great assembly; before those who fear you will I fulfill my vows.

**Session V Breakout group exercise instructions:**

Share with one another:

- How do you practice self-care in your ministry to trauma victims?
- What are your support systems?

Close with prayer for one another.

## SESSION VI

## TREATMENT AND
## A BIBLICAL RESPONSE TO PTSD

"The essence of psychological trauma is the loss of faith that there is order and continuity in life. Trauma occurs when one loses the sense of having a safe place to retreat within or outside oneself to deal with frightening emotions or experiences. This results in a state of helplessness, a feeling that one's actions have no bearing on the outcome on one's life. Since human life seems to be incompatible with sense of meaninglessness and lack of control, people will attempt to avoid this experience at just any price… Much of human endeavor, in religion, art, and science, is centrally concerned with exactly these grand questions of meaning and control over one's destiny."

Bessel A. Van der Kolk, *Psychological Trauma*

**Biblical story including trauma – Incest/rape of Tamar by her brother, Amnon**

2 Samuel 13:6-29, 32-33

6 So Amnon lay down and pretended to be ill. When the king came to see him, Amnon said to him, "I would like my sister Tamar to come and make some special bread in my sight, so I may eat from her hand."
7 David sent word to Tamar at the palace: "Go to the house of your brother Amnon and prepare some food for him." 8 So Tamar went to the house of her brother Amnon, who was lying down. She took some dough, kneaded it, made the bread in his sight and baked it. 9 Then she took the pan and served him the bread, but he refused to eat. "Send everyone out of here," Amnon said. So everyone left him. 10 Then Amnon said to Tamar, "Bring the food here into my bedroom so I may eat from your hand." And Tamar took the bread she had prepared and brought it to her brother Amnon in his bedroom. 11 But when she took it to him to eat, he grabbed her and said, "Come to bed with me, my sister."

12 "Don't, my brother!" she said to him. "Don't force me. Such a thing should not be done in Israel! Don't do this wicked thing. 13 What about me? Where could I get rid of my disgrace? And what about you? You would be like one of the wicked fools in Israel. Please speak to the king; he will not keep me from being married to you." 14 But he refused to listen to her, and since he was stronger than she, he raped her.
15 Then Amnon hated her with intense hatred. In fact, he hated her more than he had loved her. Amnon said to her, "Get up and get out!"
16 "No!" she said to him. "Sending me away would be a greater wrong than what you have already done to me."
But he refused to listen to her. 17 He called his personal servant and said, "Get this woman out of here and bolt the door after her." 18 So his servant put her out and bolted the door after her. She was wearing a richly ornamented robe, for this was the kind of garment the virgin daughters of the king wore. 19 Tamar put ashes on her head and tore the ornamented robe she was wearing. She put her hand on her head and went away, weeping aloud as she went.
20 Her brother Absalom said to her, "Has that Amnon, your brother, been with you? Be quiet now, my sister; he is your brother. Don't take this thing to heart." And Tamar lived in her brother Absalom's house, a desolate woman.
21 When King David heard all this, he was furious. 22 Absalom never said a word to Amnon, either good or bad; he hated Amnon because he had disgraced his sister Tamar.

**Absalom Kills Amnon**

23 Two years later, when Absalom's sheepshearers were at Baal Hazor near the border of Ephraim, he invited all the king's sons to come there. 24 Absalom went to the king and said, "Your servant has had shearers come. Will the king and his officials please join me?"
25 "No, my son," the king replied. "All of us should not go; we would only be a burden to you." Although Absalom urged him, he still refused to go, but gave him his blessing.
26 Then Absalom said, "If not, please let my brother Amnon come with us."
The king asked him, "Why should he go with you?" 27 But Absalom urged him, so he sent with him Amnon and the rest of the king's sons.
28 Absalom ordered his men, "Listen! When Amnon is in high spirits from drinking wine and I say to you, 'Strike Amnon down,' then kill him. Don't be afraid. Have not I given you this order? Be strong and brave." 29 So Absalom's men did to Amnon what Absalom had ordered. Then all the king's sons got up, mounted their mules and fled.

2 Samuel 13:32-33

32 But Jonadab son of Shimeah, David's brother, said, "My lord should not think that they killed all the princes; only Amnon is dead. This has been Absalom's expressed intention ever since the day Amnon raped his sister Tamar. 33 My lord the king should not be concerned about the report that all the king's sons are dead. Only Amnon is dead."

**Current treatment options for PTSD**

1. Psychosocial approaches
    - Exposure Therapy
    - Cognitive Behavior Therapy
    - Cognitive Processing Therapy
    - Eye Movement Desensitization Reprocessing (EMDR)
2. Pharmacological approaches (Psychotropic drugs)

**A Biblical response to PTSD issues**

Chaplains have varying degrees of training and experience in psychosocial treatment options. To the degree that you have proper and adequate training and experience with these approaches, use them as a professional at your discretion where you find them indicated.

"The mark of a professional is knowing when to refer." (Anonymous)

- Acknowledge the tendency as pastors to want to shepherd all in all things, especially when traumatized people seek our help.
- Remember as chaplains, we are members of a larger team of professionals.
- When the expertise, time, or resources are not available, refer to other professionals.

However, chaplains have the unique role in helping traumatized victims that few, if any, other modern professionals draw upon:

1. The supernatural resources available through our faith in Jesus Christ
2. The faith traditions of those to whom we minister

So, what are the best practices we as chaplains can provide in pastoral care to traumatized people?

Chaplain ministry requires the skill to bring the right kind of ministry at the right time to a given person in a given situation. Be the "salt of the earth" where it will do the most good for God and the person in need.

As with our physical bodies, too much or too little salt can harm us. We must find the right amount of "salt" for a given situation where we can share the hope of Christ without offending the traumatized. (*The Saline Solution*, By Walt Larimore, MD & Bill Peel, ThM)

**Recommended best practices** (Adapted from Professional Development Training Course, 2008).

The new normal

- An absence of community, structure, order, predictability
- Disoriented, disconnected, uncomfortable with familiar environments
- Loss of basic sense of safety and understanding of meaning of life
- Different perspectives: Everything is the same, but everything is different
- Struggle to regroup & integrate the traumatic event(s) into life

Dealing with spiritual/religious issues - meaning & purpose, relationships with God, others and self (Oliver, John, VA, Durham, NC)

1. Confusion about God
    a. Acceptance of humanity, nature, confession of anger
    b. Affirm confusion; fertile ground for personal growth
2. Altered sense of meaning in/of life
    c. Orientation, disorientation, new orientation - Jacob wrestling with the angel (Genesis 32: 22-30, Hosea 12:4)
    d. Affirm that often one's old faith is inadequate for new experience
    e. Seek new or deeper meanings and purposes
3. Grief and loss issues
    f. Shepherding, listening, comforting, guiding, supporting
    g. Rituals: prayer, Bible verses
4. Questions of Theodicy
    h. Us with God, rather than God <u>for</u> us
5. Feelings of ineffectiveness, shame, despair, hopelessness
    i. Confession, forgiving self, grace, faith, love
6. Feeling permanently damaged
    j. Soteriology, humanity, doctrine of sin etc.
7. Loss of previously sustained beliefs
    k. Faith development, PTS growth potential, prayer, community
8. Feelings of guilt
    l. Forgiveness, humanity, limitations
9. Confusion about core ethical beliefs
    m. Confession, community

Ultimate goals (Drescher & Foy):

- Recovery of a sense of hope
- Recovery of a more realistic, balanced view of the world as a place of both danger and safety, evil and good
- Facilitate one's re-connection to the roots of their childhood faith, or

- Discover new avenues of religious expression in order to provide ongoing meaning and comfort
- Identify spiritual practices which ultimately provide:
    - Release from guilt
    - Comfort for pain and loss
    - Support for the struggles of healing which lie ahead.

**Program ideas**

- Memorial services
- Prayer/reflection time & place, enhanced with reverent slide show & music
- Weekly small groups - Q&A, key issues (connection, perception, integration, theodicy, values, meaning, forgiveness, spiritual practices, community), experiential spiritual group exercises (meditation, guided imagery, silent prayer, etc.), selected readings, religious ritual
- Individual counseling sessions
    - To assess for referral
    - To assess for new spiritual needs
    - Conventional pastoral counseling (listen, mirror, pray for/with, scriptures, educate, affirmations, blessings)
- A bulletin board designed to foster spiritual community

**Relevant Scriptures**

Isaiah 44:22 "I have swept away your offenses like a cloud, your sins like the morning mist. Return to me, for I have redeemed you."

Isaiah 43:25 "I, even I, am he who blots out your transgressions, for my own sake, and remembers your sin no more."

Ezekiel 37:1-14 Valley of the dry bones

Micah 7:19 "You will again have compassion on us; you will tread our sins underfoot and hurl all our iniquities into the depths of the sea.

Psalm 22, 23, 30, 77, 121

Romans 8:38-39 "I am convinced that neither death nor life…"

Matthew 7:7-11 "Ask and it will be given unto you…"

Luke 15 Themes of redemption and restoration

Vs. 3-7 the lost sheep restored

Vs. 8-10 the lost coin found

Vs. 11-32 the prodigal son reconciled and restored

**Other Resources from LifeWay Christian Stores online:**

http://www.lifewaystores.com/lwstore/DetailSearch.asp

e. g.,

Trauma and Evil: Healing the Wounded Soul by J. Jeffrey Means & Mary Ann Nelson
http://www.lifewaystores.com/lwstore/product.asp?isbn=0800632702&mscssid=32GM435V8TFJ8J23Q80G0W25G1HL0078

Pastoral Care for Post-Traumatic Stress Disorder: Healing the Shattered Soul by Dalene Fuller Rodgers
http://www.lifewaystores.com/lwstore/product.asp?isbn=0789015420&mscssid=32GM435V8TFJ8J23Q80G0W25G1HL0078

Horrific Traumata: A Pastoral Response to the Post-Traumatic Stress Disorder by N. Duncan Sinclair
http://www.lifewaystores.com/lwstore/product.asp?isbn=1560242930&mscssid=32GM435V8TFJ8J23Q80G0W25G1HL0078

Life After Trauma: A Workbook for Healing by Dena Rosenbloom & Mary Beth Williams
http://www.lifewaystores.com/lwstore/product.asp?isbn=1572302399&mscssid=32GM435V8TFJ8J23Q80G0W25G1HL0078

Flame of Healing: A Daily Journey of Healing from Abuse and Trauma by Freda Emmons
http://www.lifewaystores.com/lwstore/product.asp?isbn=1598867709&mscssid=32GM435V8TFJ8J23Q80G0W25G1HL0078

Counseling Survivors of Traumatic Events: A Handbook for Pastors and Other Helping Professionals by Howe, Weaver, Flannelly & Preston
http://www.lifewaystores.com/lwstore/product.asp?isbn=0687052432&mscssid=32GM435V8TFJ8J23Q80G0W25G1HL0078

**Discussion/Q&A**

**Psalm expressing the affects of trauma – David's plea for peace from the anguish**

(Psalm 55:1-11)

1 Listen to my prayer, O God, do not ignore my plea,
2 hear me and answer me. My thoughts trouble me and I am distraught
3 at the voice of the enemy, at the stares of the wicked; for they bring down suffering upon me and revile me in their anger.
4 My heart is in anguish within me; the terrors of death assail me.
5 Fear and trembling have beset me; horror has overwhelmed me.
6 I said, "Oh, that I had the wings of a dove! I would fly away and be at rest-

7 I would flee far away and stay in the desert;
8 I would hurry to my place of shelter, far from the tempest and storm."
9 Confuse the wicked, O Lord, confound their speech, for I see violence and strife in the city.
10 Day and night they prowl about on its walls; malice and abuse are within it.
11 Destructive forces are at work in the city; threats and lies never leave its streets.

**Session VI Breakout group exercise instructions:**

Discuss and follow the worksheet:

"Examining Potentially Harmful Spiritual Attributions" (See next page)

## Examining Potentially Harmful Spiritual Attributions

Among other struggles, people who experience trauma often have a crisis of faith. They often have difficulty reconciling their faith with traumatic experiences, potentially leading to a loss of faith. Studies have indicated that negative religious coping is associated with poor outcomes in working through the traumatic events and moving on in life. The chaplain can be instrumental in helping the traumatized avoid harmful spiritual attributions.

Examples of negative religious coping (i.e., negative attributions about God) include:

"I can't trust God anymore."
"I can't forgive myself."
"I thought God would answer my prayers."
"I can't believe in God's presence, power, or character anymore."
"The church members look different now. They look at me different, suspicious."
"God has abandoned me."
"God is punishing me."
"I am angry at God."
"My faith isn't big enough to handle this."
Guilt, Shame, Disorientation, Alienation from the "moral" community

How might you encourage trauma victims to talk about these attributions?

Share ways you can help trauma victims to alter these viewpoints.

Share means of group interaction around these issues that can be particularly helpful.

- Hearing other viewpoints on these issues voiced
- Realizing they are not alone
- Helping those seemingly "stuck" in these negative ways of viewing their situation.
- Building a "Band of Brother/Sisters."

NATIONAL CENTER FOR PTSD

FactSheet

# Frequently Asked Questions

## What is PTSD?

Posttraumatic Stress Disorder (PTSD) is an anxiety disorder that can occur after you have been through a traumatic event. A traumatic event is something horrible and scary that you see or that happens to you. During this type of event, you think that your life or others' lives are in danger. You may feel afraid or feel that you have no control over what is happening.

Anyone who has gone through a life-threatening event can develop PTSD. These events can include:

- Combat or military exposure
- Child sexual or physical abuse
- Terrorist attacks
- Sexual or physical assault
- Serious accidents, such as a car wreck.
- Natural disasters, such as a fire, tornado, hurricane, flood, or earthquake.

After the event, you may feel scared, confused, and angry. If these feelings don't go away or they get worse, you may have PTSD. These symptoms may disrupt your life, making it hard to continue with your daily activities.

For a more information, please see our fact sheet What Is Post-Traumatic Stress Disorder. (http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_what_is_ptsd.html)

## What treatments are available for PTSD?

There are many types of treatment for PTSD. You and your doctor will discuss the best treatment for you. You may have to try a number of treatments before you find one that works for you.

A type of counseling called cognitive-behavioral therapy and medicines known as SSRIs appear to be the most effective treatments for PTSD. Treatment can help you feel more in control of your emotions and result in fewer symptoms, but you may still have some bad memories.

For more information, please see our fact sheet on Treatment for PTSD. (http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_treatmentforptsd.html)

## How do I locate specialists or support groups for PTSD?

If you are in an immediate crisis, please go to your nearest Emergency Room or call 911.

Although the Center does not provide any direct clinical care, we provide links and information to help you locate mental health services in your area. See our fact sheets on:

- Finding a Therapist (http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_finding_a_therapist.html)

## I am an American Veteran. Who do I contact for help with PTSD?

You can contact your local VA Hospital or Veterans Center located in your telephone book, or call the VA Health Benefits Service Center toll free at 1-877-222-VETS. In addition to its medical centers, VA also has many CBOCs (Community Based Outpatient Clinics) around each state so you can look for one in your community. You can also use any of the information on treatment for the general public.

For online help, the VA also offers the MyHealtheVet and Seamless Transition websites. Please also see Specialized PTSD Treatment Programs in the U.S. Department of Veterans Affairs.

## As an American Veteran, how do I file a claim for disability due to PTSD?

A formal request ("claim") must be filed by the veteran using forms provided by the VA's Veterans Benefits Administration. After the forms are completely submitted, the veteran must complete interviews concerning her or his "social history" (a review of family, work, and educational experiences before, during, and after military service) and "psychiatric status" (a review of past and current psychological symptoms, and of traumatic experiences during military service). The forms and information about the application process can be obtained from Benefits Officers at any VA Medical Center, Outpatient Clinic, or Regional Office.

The process of applying for a VA disability for PTSD can take several months, and can be both complicated and quite stressful. The Veteran's Service Organizations (VSOs) provide "Service Officers" at no cost to help veterans and family members pursue VA disability claims. Service Officers are familiar with every step in the application and interview process, and can provide both technical guidance and moral support. In

addition, some Service Officers particularly specialize in assisting veterans with PTSD disability claims.

Even if a veteran has not been a member of a specific Veterans Service Organization, the veteran still can request the assistance of a Service Officer working for that organization. In order to get representation by a qualified and helpful Service Officer, you can directly contact the local office of any Veterans Service Organization -- or ask for recommendations from other veterans who have applied for VA disability, or from a PTSD specialist at a VA PTSD clinic or a Vet Center.

## Do you have brochures/handouts/videos available?

Any material on our website is free for you to use, reproduce, and distribute as needed (in the Public Domain). The National Center for PTSD's website contains information created by experts: fact sheets, handouts, award winning educational videos, web based course material (PTSD 101), manuals, guides, and MORE! These materials cover a range of audiences (veterans, families, clinicians, health care providers, researchers) and a range of topics (war, natural disaster, terrorism, assault and abuse).

## Does the National Center for PTSD publish any journals? How do I subscribe?

Yes, the National Center publishes some regular publications, and our staff regularly publishes in major journals. All are available to download from our website. Use our advanced search to locate articles and chapters written by staff at the National Center for PTSD.

The PTSD Research Quarterly contains review articles on specific topics related to PTSD, written by guest experts. Each article contains a selective bibliography with abstracts and a supplementary list of annotated citations.

The Clinician's Trauma Update (CTU-Online) provides summaries of clinically relevant publications. Links to the full article (PDF) or to the abstract are available.

The NCPTSD Clinical Quarterly archives are available (1990-2003). The CQ was published by our Education Division and addressed the needs of practicing PTSD clinicians and program administrators.

To subscribe to these publications see Subscribe to NCPTSD Publications. (http://www.ncptsd.va.gov/ncmain/publications/subscribe.html)

## How do I locate books on PTSD?

You can contact your local library for books or articles on trauma, PTSD, and related subjects. The National Center for PTSD's PILOTS database is another way to locate information. It is an electronic index to the worldwide literature on traumatic stress. You can search for citation information and electronic links to full text articles. The National Center for PTSD's Resource Center houses this information at our Executive Division in VT. Also see our recommended reading lists.

## I am a professional who would like to know what training is available from the National Center for PTSD.

The National Center for PTSD now offers PTSD 101, an online web-based training course on traumatic stress. Many other training videos and materials are also available on our site. Our Education Division offers an on-site clinical training program in the treatment of PTSD. The training program is 35 hours long, and is approved for category 1 continuing medical education credit. We also provide Postdoctoral Fellowship Programs and Internships.

For more information, see Training Opportunities at NCPTSD. (http://www.ncptsd.va.gov/ncmain/about/training_program/index.html)

## As a professional, I need to locate a specific assessment instrument for PTSD. How do I do that?

Assessment instruments created by National Center for PTSD staff, such as: the CAPS, CAPS-CA, and TESI-C, can be requested online through the National Center for PTSD website. For more information on these and other measures, see our Assessment section. (http://www.ncptsd.va.gov/ncmain/assessment/)

## Common Reactions After Trauma

Following a traumatic event, people typically describe feeling things like relief to be alive, followed by stress, fear, and anger. They also often find they are unable to stop thinking about what happened. Having stress reactions is what happens to most people and has nothing to do with personal weakness. Many will also exhibit high levels of arousal. For most, if the following symptoms occur, they will slowly decrease over time.

Remember that most trauma survivors (including veterans, children, disaster rescue or relief workers) experience common stress reactions. Understanding what is happening when you or someone you know reacts to a traumatic event will help you be less fearful and better able to handle things. These reactions may last for several days or even a few weeks and may include:

- Feeling hopeless about the future & detached or unconcerned about others
- Having trouble concentrating, indecisiveness
- Jumpy & startle easily at sudden noise
- On guard and constantly alert
- Having disturbing dreams/memories or flashbacks
- Work or school problems

You may also experience more physical reactions such as:

- Stomach upset, trouble eating
- Trouble sleeping & exhaustion
- Pounding heart, rapid breathing, edginess
- Severe headache if thinking of the event, sweating
- Failure to engage in exercise, diet, safe sex, regular health care
- Excess smoking, alcohol, drugs, food
- Worsening of chronic medical problems

Or have more emotional troubles such as:

- Feeling nervous, helpless, fearful, sad
- Feeling shock, numb, unable to experience love or joy
- Avoiding people, places, and things related to the event
- Being irritable or outbursts of anger
- Becoming easily upset or agitated
- Self-blame or negative views of oneself or the world

- Distrust of others, conflict, being over controlling
- Withdrawal, feeling rejected or abandoned
- Loss of intimacy or feeling detached

Use your personal support systems, family and friends, when you are ready to talk. Recovery is an ongoing gradual process. It doesn't happen through suddenly being "cured" and it doesn't mean that you will forget what happened. For most, fear, anxiety, remembering, efforts to avoid reminders, and arousal symptoms, if present, will gradually decrease over time. Most people will recover from trauma naturally. If your emotional reactions are getting in the way of your relationships, work, or other important activities you may want to talk to a counselor or your doctor. Good treatments are available.

## Common problems that can occur

Posttraumatic Stress Disorder (PTSD): PTSD is a condition that can develop after someone has experienced a life-threatening situation. People with PTSD often can't stop thinking about what happened to them. They may try to avoid people and places that remind them of the trauma and may work hard to push thoughts of the event out of their head. Feeling numb is another common reaction. Finally, people find that they have trouble relaxing. They startle easily and are often on guard.

Depression: Depression involves feeling down or sad more days than not, and losing interest in activities that used to be enjoyable or fun. You may feel low in energy and be overly tired. People may feel hopelessness or despair, or feeling that things will never get better. Depression may be especially likely when a person experiences losses such as the death of close friends. This sometimes leads a depressed person to think about hurting or killing him or herself. Because of this, it is important to get help.

Self-blame, guilt and shame: Sometimes in trying to make sense of a traumatic event, people take too much responsibility for bad things that happened, for what they did or did not do, or for surviving when others didn't. Remember, we all tend to be our own worst critics and that guilt, shame and self-blame are usually unjustified.

Suicidal thoughts: Trauma and personal loss, can lead a depressed person to think about hurting or killing themselves. If you think someone you know may be feeling suicidal, you should directly ask them. You will NOT put the idea in their head. If they have a plan to hurt themselves and the means to do it, and cannot make a contract with you to stay safe, try to get them to a counselor or call 911 immediately. National Suicide Prevention Lifeline http://www.suicidepreventionlifeline.org/ 1-800-273-TALK (8255)

Anger or aggressive behavior: Trauma can be connected with anger in many ways. After a trauma people often feel that the situation was unfair or unjust. They can't comprehend why the event has happened and why it has happened to them. These

thoughts can result in intense anger. Although anger is a natural and healthy emotion, intense feelings of anger and aggressive behavior can cause relationship and job problems, and loss of friendships. If people become violent when angry, this can just make the situation worse as people can become injured and there may be legal consequences.

Alcohol/Drug abuse: Drinking or "self-medicating" with drugs is a common way many cope with upsetting events to numb themselves and to try to deal with the difficult thoughts, feelings, and memories related to the trauma. While this may offer a quick solution, it can actually lead to more problems. If someone close begins to lose control of drinking or drug use, it is important to assist them in getting appropriate care.

## Recovery

Immediately following a trauma, almost everyone will find themselves unable to stop thinking about what happened. Many will also exhibit high levels of arousal. For most, fear, anxiety, remembering, efforts to avoid reminders, and arousal symptoms, if present, will gradually decrease over time. Use your personal support systems, family and friends, when you are ready to talk. Recovery is an ongoing gradual process. It doesn't happen through suddenly being "cured" and it doesn't mean that you will forget what happened. But, most people will recover from trauma naturally over time. If your emotional reactions are getting in the way of your relationships, work, or other important activities you may want to talk to a counselor or your doctor. Good treatments are available.

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Psych Central - http://psychcentral.com/lib/category/disorders/ptsd/

The International Society for Traumatic Stress Studies - http://www.istss.org/

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# Biographical Data
## Chaplain Richard E. Sale

Richard Sale is a native of Richmond, VA and a graduate of Mars Hill College, Mars Hill, NC, Baylor University, Waco, TX; and the University of West Georgia, Carrollton, GA. His undergraduate work is in Christian Education and Psychology and his graduate degree is in Counseling. He also attended the Southern Baptist Theological Seminary in Louisville, KY; Springfield College, Springfield, MA and Oglethorpe University in Atlanta, GA. .

He has served as a Pastor and a Minister of Education/Music in Baptist Churches in Texas, Kentucky and Georgia. More recently (2006-7), he served as Interim Minister for his church in Florence, SC. He retired in 2005, after serving on college staffs as Dean of Students; Director of Counseling and Associate Vice President. He also taught Behavioral Sciences (including Crisis Intervention) and Criminal Justice. He is a level two member of the International Critical Incident Stress Foundation and is a Certified Field Traumatologist

Richard began serving in Chaplaincy, as a volunteer hospital Chaplain in 1976. In 1980, he began serving as a Police Chaplain for the Florence City Police Department, in addition to his hospital Chaplaincy. In order to devote more time to law enforcement, he resigned from hospital chaplaincy in 1990 and currently serves the Florence Police Department and the FBI.

In April, 1995 he was deployed to Oklahoma City and in September, 2001 he was sent to New York, after the attack on the World Trade Towers. After Katrina, Richard went to New Orleans and completed additional specialized disaster response training.

Richard is active with the International Conference of Police Chaplains (ICPC), in addition to various civic organizations. He has served on the Board of Directors for the Greater Florence Chamber of Commerce; He currently serves as Chairman of the "Florence County Board of Directors for the Prevention and Abuse of Alcohol and other Drugs." He is a member of the Florence Kiwanis Club. He is an active member of the First Baptist Church, Florence, SC.

Richard has received various honors and awards, including "The Police Bravery Medal", presented by the SC Insurance Adjusters, the national "Outstanding Academic Advisor Award", presented by ACT/NACADA; recognition for service to the Halton (Canada) Regional Police Service; The "Outstanding Volunteer of the Year" presented by the Florence Chamber of Commerce. Most recently, he was elected to serve as Chairman of the National FBI Steering Group. On June 28, 2007 he was honored as the recipient of the "John A. Price Excellency in Chaplaincy Award" presented by the International Conference of Police Chaplains.

Richard feels strongly a "calling" to Chaplaincy. Since retirement from his college career, he now serves as "Consultant for Chaplaincy" for the South Carolina Baptist Convention and is an endorsed Disaster Relief and Law Enforcement Chaplain by the North American Mission Board.

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**Biographical Data**

**Chaplain John Steven Evans**

Born in Houston, Texas in 1954 and raised in Columbia, Mississippi; Odessa, Texas; and New Orleans, Louisiana, Chaplain Steve Evans graduated from East Jefferson High School in 1972.  After three years as a Navy Hospital Corpsman, he completed a Bachelor of Arts degree in Biological Sciences at the University of New Orleans in 1979 and a Master of Divinity degree at New Orleans Baptist Theological Seminary in 1982.  Following seminary graduation, he completed a residency in Clinical Pastoral Education in 1983 at Baptist Hospital, New Orleans, Louisiana.  He received his Doctor of Philosophy degree in Psychology, Specializing in Pastoral Care and Counseling, from United States International University in San Diego, California in 1992.  He held an appointment as Assistant Professor at the F. Edward Hebert School of Medicine, Uniformed Services University of the Health Sciences, November 2000 - June 2002.

Ordained a minister in 1982 by First Baptist Church, Amite, Louisiana, Chaplain Evans was commissioned a Lieutenant Junior Grade in July 1983 in the Chaplain Corps, United States Naval Reserve.  Following three years as Pastor of Macedonia Baptist Church, Calhoun City, Mississippi, he returned to active duty in 1986 and was assigned to Destroyer Squadron Thirty-one in San Diego, California.  Subsequent assignments included duties with Naval, Marine Corps and Joint Forces in North Carolina, Bahrain, Maryland, Afghanistan, and Virginia.  Combat tours included duties in the Persian Gulf during Operations *Desert Shield* and *Desert Storm*, and throughout Afghanistan in *Operation Enduring Freedom.*  Chaplain Evans retired from active duty in August 2008.

Chaplain Evans was stationed in the Washington, DC area on September 11, 2001, where he responded to the terrorist attack on the Pentagon.  In the aftermath he was part of the body recovery team and ministered throughout ground zero to first responders, victims and families.

After his combat tour in Afghanistan, Chaplain Evans regularly conducted Warrior Transition Briefs to returning Marines and Sailors, and provided ministry and support to a variety of service members and their families.

Chaplain Evans met in 1974 and married in 1977 the former Sally Jane Schultz of Buffalo, New York at Portsmouth Naval Hospital where they both served as Hospital Corpsmen.  They have two grown children, Stephanie, married to Stephan Faherty, and Scott currently serving on active duty in the U. S. Air Force.  Steve and Sally make their home in Glenville, Pennsylvania.

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