

DISASTER SPIRITUAL AND EMOTIONAL CARE TIP SHEETS

<p>Topic:</p>	<p>Helping Volunteers Talk about Stress</p>
<p>Aim:</p>	<p>The ability to talk about stress is basic to getting and providing support. This tip sheet highlights some of the topics of conversation and ways to start a conversation about them.</p>
<p>General Information:</p>	<p>In a disaster situation, leaders likely will have volunteers that face highly stressful situations. Leaders can help volunteers limit the impact of stress in their lives by processing the experiences they have undergone. The following are some areas of potential concern that team leaders may consider talking with their volunteers about:</p> <ul style="list-style-type: none"> • Alcohol and substance abuse • Anger problems • Burnout • Cross-cultural issues • Domestic violence • Education problems • Experiences during disaster relief/recovery • Feelings of depression or anxiety • Financial problems • Grief management • Health problems (headaches, heart palpitations, not taking care of oneself, etc.) • Legal problems • Limits and liabilities • Medical conditions • Mental health problems • Relationship issues • Risky behavior (fighting, speeding, etc.) • Sleep problems/nightmares • Talk of suicide
<p>Sample Questions for Starting Dialogue:</p>	<p>It takes practice to use questions so they are more of a conversation than an interview. An interview can feel too formal and actually lead a person to talk less as they expect you to ask all the questions. In order to be less formal, change the suggested questions so they are more consistent with your own style and relationship with the person you are speaking with.</p> <p>As you ask questions, listen for signs of concern, such as the person talking about any especially stressful experience. When you hear this, then gently prompt the person to tell you more. Focus on helping them to tell their story rather than interviewing:</p> <ul style="list-style-type: none"> • What has happened since you've been in the field? • How have you been spending your time? • What is a typical day like? • What kind of work are you doing? • What are you doing to take care of yourself? How is that going?

<p>Action Steps for Clergy & Chaplains:</p>	<p>You have a role in setting expectations for the church or team. Therefore, you can establish expectations about sharing stress and being open about the experience of helping. In a culture where people may be slow to “unburden” themselves, you may have to clearly and repeatedly explain the importance of openness.</p> <ul style="list-style-type: none"> • Make it clear to your team and volunteers that talking about stress is essential, not optional, if they are going to thrive in this work • Make sure that your church and team provide an environment that is safe for talking openly by demonstrating respect, concern, and support. • Volunteers can mistakenly believe that if they show signs of distress that something is wrong with them, or they are weak, or they are less capable than others. Getting people to be open with one another about signs of stress is the most effective way to dispel these fears. • Although most people will cope with their service to others in crisis, some people can become overwhelmed. Pastors and leaders must be prepared to counsel the struggling few that they may need to find other ways to serve.
<p>When Talking Is Enough</p>	<p>Talking about a distressing experience is more than simple reporting. When people talk about an experience they are organizing and understanding the experience. They are also watching to see if what they share can be understood and if others have had a similar experience. This is called “normalizing”, and it helps people to feel that their experience is manageable, and thus they feel more in control of what happened to them. In some cases people may need to do this several times until they begin to feel less distress.</p>
<p>When Talking Is NOT Enough</p>	<p>In some cases the distress a person is experiencing is more complicated and their reaction to the distress is not easily managed. In these cases a person may be referred to a mental health professional who can recognize these complications and provide assistance.</p>
<p>Other Resources:</p>	<ul style="list-style-type: none"> • Harding, S. (2007). <i>Spiritual care and mental health for disaster response and recovery</i>. New York: New York Disaster Interfaith Services. • National Child Traumatic Stress Network. (2006). <i>Psychological first-aid: Field operations guide for community religious professionals</i>. Los Angeles, CA: Author. • National Voluntary Organizations Active in Disasters. (2009). <i>Disaster spiritual care: Points of Consensus</i>. Arlington, VA: Author. • National Voluntary Organizations Active in Disasters. <i>Light our way: A guide for spiritual care in times of disasters</i>. Arlington, VA: Author. • Roberts, S., & Ashley, W. (2008). <i>Disaster spiritual care: Practical clergy responses to community, regional, and national tragedy</i>. Woodstock, VT: Skylight Paths Publishing.

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