The Role of Pastoral Crisis Intervention in Disasters, Terrorism, Violence, and Other Community Crises

George S. Everly, Jr., Ph.D.

ABSTRACT: The term “pastoral crisis intervention” has been defined by Everly (2000) as the functional integration of faith-based resources with traditional crisis intervention assessment and intervention technologies. Pastoral crisis intervention has been differentiated from ministry and the provision of chaplaincy services. This paper provides a public health model for integrating pastoral crisis intervention services within the larger domain of community disaster response, crisis intervention, and emergency mental health [International Journal of Emergency Mental Health, 2000, 2(3), 139-142].

KEY WORDS: Pastoral crisis intervention; crisis; disaster; terrorism; violence; pastoral counseling

Violence, terrorism, disasters, and even certain types of natural loss can send shock waves through a community so as to jeopardize the psychological foundations of that community. It is well known that a common goal of terrorist activities is to threaten the sense of psychological cohesion within a community, but community group cohesion may be threatened by accidents, violence, and natural disasters as well.

It has been commonly observed that in times of crisis and disaster, many individuals seek out religious or spiritual leaders. Individuals in times of crisis will sometimes gather at houses of worship, or locations of religious or spiritual significance. This paper examines one potential formalized role for pastoral crisis intervention in community crisis and disaster response.

Pastoral Crisis Intervention Defined

Given the apparent natural affinity that many individuals show for faith-based support, guidance, and/or reassurance, it is interesting, indeed, to note historically the conspicuous omission of faith-based resources as part of a “formalized” community-wide crisis intervention and disaster response. Such services have traditionally been supplied within the context of chaplaincy services to well-circumscribed groups, but have usually lacked breadth in large-scale community crises. Pastoral counseling services have certainly been used in the wake of community crises and disasters, but these are, by definition, “counseling services” and not “crisis intervention.” As noted by Everly (1999a, 1999b, 2000; Everly & Mitchell, 1999) crisis intervention is very different compared to counseling and psychotherapy. As described by Everly (1999b), crisis intervention may be considered a form of psychological “first-aid.” The goals of crisis intervention are to: 1) stabilize signs and symptoms of distress and dysfunction, 2) mitigate signs and symptoms of distress and dysfunction, 3) facilitate a return to adaptive functioning, or 4) seek continued care, typically a higher level of care.

Everly (2000) has offered the term “pastoral crisis intervention” as the functional integration of any and all religious, spiritual, and pastoral resources with the assessment and intervention technologies typically thought of as crisis intervention. Thus, pastoral crisis intervention may be seen as a “value added” form of crisis intervention. Table 1 enumerates the active ingredients in crisis intervention including pastoral crisis intervention.

1. NOTE: In the present context, the term community shall be used to refer to any group of individuals who share, or are aggregated around, political, geographic, ethnic, cultural, racial, and/or religious boundaries.
Table 1: Active Mechanisms of Crisis Intervention (from Everly, 2000)

Traditional Mechanisms:

- Early Intervention
- Cathartic Ventilation
- Social Support
- Problem-Solving
- Cognitive Reinterpretation

Potential Mechanisms Unique to Pastoral Crisis Intervention:

- Scriptural Education, Insight, Reinterpretation
- Individual and Conjoint Prayer
- Belief in Intercessory Prayer
- Unifying and Explanatory Worldviews
- Ventilative Confession
- Faith-Based Social Support Systems
- Rituals and Sacraments
- Belief in Divine Intervention/Forgiveness
- Belief in a Life after Death
- Unique Ethos of the Pastoral Crisis Interventionist
- Uniquely Confidential/Privileged Communications

Note: Depending upon the faith, more or less of these mechanisms may be active.

The reader will note the considerable degree of “value added” by the addition of the potential mechanisms of pastoral crisis intervention. It is important, however, that the pastoral crisis interventionist view the effectiveness of the pastoral mechanisms as resting upon a foundation of effective communication skills, differential recognition of patterns of acute stress, as well as the consideration of the more traditional active ingredients of crisis intervention as enumerated in Table 1. Table 2 enumerates the indications for a more pastoral approach to crisis intervention.

Thus far, pastoral crisis intervention appears to represent considerable added utility when used at the appropriate time and place, with the appropriate individual(s). Pastoral crisis intervention obviously requires significant insight and skill to affect in such a manner as to achieve a positive outcome. It is not without its pitfalls. Table 3 enumerates potential problems associated with the application of pastoral crisis intervention.

Table 2: Indications for the Utilization of the Pastoral Crisis Intervention Mechanisms

1. Receptive Expectations, i.e., the expectation/desire on the part of the person(s) in crisis for prayer, scriptural guidance, provision of sacraments, rituals, etc.

2. Receptive State of Mind, i.e., while not specifically “expecting” such interventions, the person(s) in crisis is “open,” or psychologically receptive, to pastoral intervention. It is important that argumentation, or debate, be avoided in the acute crisis state. Such actions tend to make the interventionist part of the problem not part of the “solution.”

3. Pastoral crisis intervention can, obviously, be employed with not only primary victims of crisis, but with family members, emergency response personnel, observers, etc., but the same guidelines listed above would be applicable.

The preceding section has attempted to review and expand the definition of pastoral crisis intervention as originally proposed by Everly (2000). As defined, pastoral crisis intervention represents a potentially powerful addition to traditional community crisis intervention services. The preceding section has also offered recommendations for the use of pastoral crisis intervention as well as potential concerns associated with its implementation. The next section offers a pastoral crisis intervention within an overarching public health perspective.

A Public Health Model of Pastoral Crisis Intervention

One goal of this paper is to encourage the integration of pastoral crisis intervention as a formalized resource within a larger community crisis intervention/emergency mental health model. Figure 1 offers one model of how such an integration may be functionally structured. As noted in Figure 1, effective use of pastoral crisis intervention as a general community resource is predicated upon integration with traditional community mental health resources.

Subsequent to a community traumatic event, some individuals will seek support directly from ministers, pastors, chaplains, even pastoral counselors, and other spiritual leaders. Many of these individuals will be in need of, and prosper from, acute pastoral crisis intervention services as described above (1), or pastoral counseling services (2).
Table 3: Potential Problems in the Application of Pastoral Crisis Intervention

1. Failure to “listen” to the secular needs of the person in crisis.
2. Lack of a structured intervention plan, or approach, to the person in crisis.
3. Arguing or debating spiritual/theological issues with the person in acute crisis.
4. Attempting to explain spiritually/theologically “why” a trauma occurred.
5. Preaching or praying with the “unreceptive” individual.
6. Attempting to “convert” the unreceptive individual.
7. Difficulty in the differentiation of clinical signs/symptoms, for example:
   a. Major depression vs. grief reaction
   b. Brief psychotic reaction vs. intrusive ideation
   c. Brief psychotic reaction vs. dissociation
   d. Dissociation vs. intrusive ideation
   e. State dependent learning sequela vs. personality disorder
   f. Acute transitory cognitive impairment vs. severe incapacitation
   g. Failure to detect suicidal or homicidal cues
   h. Lack of familiarity with guidelines for psychological triage (especially, predictors of posttraumatic stress disorder) and referral
   i. Major depression vs. acute dysphoria
   j. Failure to refer for mental health services, when indicated.

Some, however, will be in greater need of traditional mental health assessment and therapeutic intervention. In cases such as these, it is imperative that the pastoral crisis interventionist be trained in psychological triage and referral to other, more appropriate community resources (3).

Subsequent to a traumatic event, there will be other individuals who will seek out, or be referred to, traditional crisis and therapeutic mental health services (4). Most will benefit from access to those services. However, there will be some who will experience a “crisis of faith” and may derive greater benefit from a cross referral from the community mental health agency to a pastoral crisis intervention facility (5) (keeping in mind that pastoral crisis intervention is different from pastoral counseling).

Crisis intervention, whether it be from the traditional perspective or the pastoral, will be enhanced when a community outreach component is provided. Visibility, in the eyes of the community, may be the greatest predictor of service utilization.

Summary

Pastoral crisis intervention is not merely crisis intervention services performed by those possessing a spiritual or religious orientation. Pastoral crisis intervention is not pastoral counseling. As crisis intervention is to psychotherapy, pastoral crisis intervention is to pastoral counseling. As described in Table 1, pastoral crisis intervention is the functional integration of pastoral activities with traditional crisis intervention/ emergency mental health services. It represents a rich resource in times of human distress and as such should be part of every community mental health/crisis intervention program.
Figure 1: A Community Public Health Model of Pastoral Crisis Intervention

Traumatic Event

| (1) Pastoral Crisis Intervention |
| (4) Community Mental Health Resources |
| (3) Pastoral Counseling |

1. Community outreach
2. Telephone “hotline”
3. Acute psychological triage
4. Individual pastoral crisis intervention
5. Group pastoral crisis intervention
6. Referral

(2) End of Need for Services

1. Community outreach
2. Telephone “hotline”
3. Secular individual crisis intervention
4. Secular group crisis intervention
5. Counseling and psychotherapy
6. Psychiatric services
7. Referral

(4) End of Need for Services

References


