A COMPANION HANDBOOK
TO A SEMINAR ON:

CHURCH AND COMMUNITY
CRISIS RESPONSE TRAINING

Hosted by:

CiRCLe M
Centre for Rural Community Leadership & Ministry
2014

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Introduction

In 2014, the Centre for Rural Community Leadership and Ministry (CiRCLe M) hosted a 'crisis response training' seminar for people from town and country communities in western Canada. The seminar was offered in webinar format (online). This handbook is companion to the audio/video recordings of that seminar. The seminar recordings are available on DVD (3 discs/set).

The purpose of the training is to equip communities to better understand and employ the particular gifts that local churches have to offer in helping their community prepare for and recover from crisis and disaster.

The training is not meant to replace provincial emergency measures and is not certified as such. Rather, its goal is to enhance local emergency plans and expand the range of crises considered with a special focus on how churches can contribute.

The seminar is a collection of presentations given by experts in emergency management, health care, church ministry and community development. It looks at what can happen in a disaster, examining a range of crisis scenarios. The presentations

- outline key phases in emergency planning and response
- explore the need to be aware of mental health issues related to trauma and how to respond
- identify factors that enable community resiliency and restoration, and
- provide a present-day example for how volunteer-preparation in emergency planning might move ahead.

In this handbook we’ve assembled some highlights from each of the presentations and offer some supplementary resource materials for communities to use in their discussions and planning for crisis situations.

Ready or Not!

Disastrous happenings never announce themselves. And although we always hope they will never occur in our communities, the possibilities of such events are numerous:

- **natural disasters** (e.g. fire, flood, drought)
- **economic crises** (e.g. BSE, industry shut-down, bankruptcy)
- **human-instigated violence** (e.g. shootings, explosions, workplace retaliation, multiple accident victims, domestic terrorism)...and many other such happenings.

When they occur first responders need to be immediately prepared to swing into action, regardless of the nature or extent of the event. Volunteers are always anxious to help emergency personnel, but if volunteers have not been previously included in emergency planning, their help may be refused for they may be considered a 'non-essential service'.

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Alternatively, volunteer help may be expected and gratefully received, but hampered or limited in its effectiveness due to lack of preparation and organization. The gifts of the church and other community organizations can be a crucial part of emergency planning, and be put to good use during times of great need.

**Helping those in need – A multi-disciplinary approach**

Not only are crises happening with more frequency, there is an increasing need for emergency plans to address the human dimension - those who are affected. Contributions made by churches and other community organizations to emergency response are seldom recognized in media follow-up to disasters. Yet, such help is vital, because these folks are in the picture for the long run and offer unique services and messages of trust, hope and restoration.

A multidisciplinary approach to working with the afflicted and the responders is essential. Since up to 30% of the population of a rural community may be away from the community at one time, there are unique problems in organizing volunteer responders. Those problems are somewhat alleviated when there is strong interconnection between community groups such as the local emergency measures organization, church and community organizations, medical/health and social services, Red Cross and Mennonite disaster groups, town council, fire fighters and police.

**Using the training materials**

We hope that information in this training resource will help to facilitate and enhance your church and community responses to planning for crisis situations. As a collective, the presentations contain a lot of material. Different pieces will be useful to different communities. We encourage your community to:

- **Build a multi-disciplinary team** to discuss what's important socially, psychologically, economically and health-wise for emergency preparedness and response in your area.
- **Examine the existing emergency plan.** What's already in place in your local plan? Consider what is still needed for crisis preparedness.
- **Review the presentations in the video** with an eye for how your community can enhance its knowledge and support for its own local emergency plan. We suggest that one or two people from your team watch all of the presentations and think carefully about which presentations are most useful in your community.
- **Assemble the whole team to view and discuss the selected presentations.** Decide which local volunteer groups can contribute. What tasks can they do? What connections can they make?
- **Make changes to your local emergency plan** as it works for you.
- **Pursue training** as needed.

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Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has. Margaret Mead
Acknowledgements

CiRCLe M is a non-profit charitable organization, based in western Canada. Our mission is to enable churches of all faiths in smaller centres to partner effectively with other organizations for the purpose of building healthy, resilient communities.

Emergency measures organizations (EMOs), churches, and other local social service groups from prairie communities participated in the 2014 crisis response seminar. They are:

Alberta - Balzac, Big Horn Municipal District, Lethbridge, Mulhurst and Pincher Creek
Manitoba - Rivers
Saskatchewan - Hanley and Lloydminster

We at CiRCLe M would like to express our sincere appreciation to the presenters who took time out of their very busy schedules to share what they know.

We would also like to express deep gratitude to the two granting agencies who share our vision for engaging local people in local emergency preparedness and response. Their generous financial support helped make this project possible:

*Lutheran Triune Educational and Benevolent Society of Calgary*

and

*The Calgary Foundation*

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Presentations

Opening Remarks

Seminar Host
Rev. Dr. Tim Wray
Pastor, St. Peter's Lutheran Church, Millet, Alberta
Centre for Rural Community Leadership and Ministry (CiRCLe M)

Dr. Wray works with CiRCLe M. He also pastors and lives in rural Alberta. In his opening remarks he points out that emergency measures organizations (EMOs) and rural churches are typically not well connected to one another. EMOs may not know about the many things that churches can 'bring to the table' as far as supporting a crisis response and recovery. Furthermore, because churches may not be well connected, they often don't think of themselves as a significant 'collective' asset for times of emergency planning and response.

This seminar is an opportunity to bridge the gaps in community connections so that local EMOs, churches and other non-profit groups can come together to begin discussions about emergency preparedness. The seminar is an exercise in 'awareness' training - not, in emergency training. In other words, it's about raising awareness, making connections, passing on learning, assessing crisis-based vulnerabilities and working to mitigate some of those.

It is hoped that this information, and local discussion about it, will help communities strengthen their emergency plans. CiRCLe M knows that the new connections made in discussing this video can result in better 'grassroots preparedness' for emergencies and in stronger emergency plans that make sense for your people and situation. In the end, the goal is to help your communities find ways to enhance their ability to “bounce back” from crises. It just takes a few people to get the ball rolling; you can make a big difference!
Pincher Creek Alberta
Church and Community Working Together

Presenter
Rev. Joyce Sasse
Retired United Church Minister
Pincher Creek, Alberta

Presentation Highlights
In 2012, Rev. Joyce attended the first set of seminars that CiRCle M offered on church and community crisis response training. She took her notes to the Pincher Creek church ministerial and they wanted to know how they could help during times of local emergency in their community. Soon after, discussions began between the local EMO representative and the ministerial.

This presentation is part 1 of the Pincher Creek story, telling how the church ministerial and EMO came together. It highlights the value of a multi-disciplinary approach to emergency management and the need for emergency responders who can effectively deal with the 'softer' issues in times of trauma.

Part 2 of the story (later in the seminar) tells about the progress that Pincher Creek has made in involving the churches and other non-profits in local emergency preparedness planning.

Questions for Communities

1. Who are the allies in your community - the different individuals and agencies that can come together to work on emergency planning and response (e.g. businesses, social support groups, other volunteer agencies, churches, emergency response groups)?

2. What are some of the key assets/gifts these folks could bring to rebuilding (physically and emotionally) after a crisis?

3. What are the 'next steps' for making fruitful emergency planning connections in your community?

Exercise: Sketch out on newsprint some of these potential connections. Write in names of key people to contact first. Show where there might be obstacles to overcome. How will that happen? Who are the best people among your group to make the initial contacts?
Components of Emergency Management

Presenter
Major Mike Hoeft
The Salvation Army, Saskatchewan Area Commander
Saskatchewan Emergency and Disaster Services Coordinator
Rural Ministry Consultant for The Salvation Army in Canada

Presentation Highlights
Major Mike has extensive experience in emergency management as an officer of the Salvation Army in Saskatchewan. In this presentation he explains how churches can help in many ways before, during, and after an emergency. He highlights that it is important for churches to be involved in all aspects of the community well in advance of a disaster, asking the question "if something should happen, how would we help?"

- There are four pillars of ‘response to disaster’. Churches can participate in all of them:
  - mitigation (take steps to reduce or eliminate long-term impacts and risks associated with potential natural or made-made disasters)
  - preparedness (prepare churches for a potential disaster)
  - response (activate church response to disaster)
  - recovery (repair and restore communities after disaster - back to the 'new normal')

- The Salvation Army is available to be part of any community response plan. And they have mobile canteens that can go out to any disaster site to help with feeding and care.

- The Salvation Army offers training in areas such as:
  - emotional and spiritual care
  - critical incidence stress management
  - food services and safety, and
  - a course entitled "Preparing Your Congregation for Disaster"

- In Saskatchewan, EMO training/information is available through municipalities. In Alberta and Manitoba, EMO training is offered through provincial government departments. The Red Cross also offers training programs.

Questions for Communities

1. What is the worst thing that could happen? What is the next to worst thing?
2. What kinds of emergencies is your community best prepared for? Why those types?
3. Who are the right people in our town to help? If something should happen how would your organization help?
4. What is already in place in your area that would help to mitigate or reduce the impact of a disaster?
5. What response measures are in place for the 'softer' care issues and needs of your citizens, especially over the longer term?
6. What's in place in your town to help your community return to a 'new normal' after a disaster?

Exercise: Pick a type of disaster and brainstorm what that “new normal” might look like. What sorts of long term changes might people have to make as part of that new normal?

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The Flood in High River Alberta 2013

Presenter
Reverend Chris Hewko
Christian Missionary Alliance in Canada
Pastor, High River Alliance Church, High River, Alberta

Presentation Highlights
Pastor Chris and his family lived through the devastating High River flood in the spring of 2013. In this presentation, he tells the story of his experience and lessons learned:

• You can never be fully prepared for a disaster but thinking things through ahead of time is extremely helpful for coping with a tragedy.

• Things to be prepared for in a disaster:
  - to work hard and often alone
  - to be disappointed in others
  - frustration
  - loss of dignity
  - to receive a mix of sympathy and blame
  - for people to tell you ‘your stuff is just stuff’
  - for an emotional roller coaster that you can't control
  - to juggle multiple roles
  - to not know how others can help you
  - for compassion fatigue (deeper impact than burnout)
  - that your people are spread out everywhere and you can't find many of them.
  - that people you normally count on, can't be counted on, while others that you didn't expect do step up to the plate

• Things they wished they had had:
  - complete cell-phone list for entire congregation
  - a pre-planned alternate meeting area
  - storage of personal valuables on the main floor of house (not in basement)
  - knowledge of denominational processes during disaster so that they could 'lean into them' (e.g. financial relief)

• Other things learned:
  - lower your expectations for everything but don't lower your ‘asking’ from others
  - don't expect as much from your staff or team
  - resist the urge to take control but instead allow others to engage. This promotes positive relationships
  - a positive gathering of community shortly after the crisis event is life-giving
  - reprieve given to exhausted clergy by the church head-office is also life-giving
getting over the event takes a very long time because it's a process that transforms lives. It's not something to rush through; rather let it take its course

Questions for Communities

1. Has your community been through a crisis? What was it like? How did you care for others? How were care-givers looked after?

2. If your community has not been through a crisis, what plans are in place to care for others, including care-givers?

Exercise: Have each person in your group phone one person in the community who might be responsible for care-giving after a crisis (e.g., clergy, health care workers, social workers, etc) and ask them what helps them when they have had a lot of people to care for.

What enables them to re-charge, stay positive, keep their energy levels up?

Then come back together as a group and brainstorm ideas about how to make sure that the care-givers in your organizations have strong support for their own well-being.

________________________________________
Caring for Communities in Economic Crisis

Presenter
Rev. Dr. Cameron Harder
Executive Director, Centre for Rural Community Leadership and Ministry (CiRCLe M)
Professor of Systematic Theology, Lutheran Theological Seminary Saskatoon, Saskatchewan

Presentation Highlights
Dr. Harder has extensive experience in pastoral ministry and theological education. His research has taken him to rural areas around the world, looking at the church and rural development. In his introductory remarks, he explains that almost every community goes through a crisis at some time and many do so regularly. No matter the origin of the crisis, health factors, social factors, economic factors, psychological factors and spiritual factors all come in to play, and so caring for communities requires a holistic approach. Often social and spiritual elements of care are neglected in emergency response.

In this presentation Dr. Harder looks at crises that have economic origins. He did an in-depth research project on the "shame" dynamic in farm bankruptcy. The focus in this presentation is on what happens when a family / business faces bankruptcy and how the church can offer support to the family and the community.

In Rural Communities Economic Crises Are All Too Familiar
- Examples of economic crises include BSE (which affects everyone in the cattle industry), work-force reduction / shut-down in a one-industry town, crippling of a major segment of the business community (flood, explosion).
- Boom times can be very stressful – e.g. Fort McMurray infrastructure is overwhelmed.
- Bust times when core institutions that took decades to build are suddenly lost - e.g. schools, churches, businesses.

Understanding Rural People/ Rural Situation
- The spirit of rural Canadians is often damaged by exhaustion, depression, shame, loss of hope (resilience is low and the healing of spirits is needed).
- Obstacles to getting help by individuals includes personal pride, depression, guilt, shame, loss of public respect, and fear that others might take advantage of one’s economic vulnerability.
- Men are particularly likely to avoid getting help. They tend to feel isolated and alone in their financial struggles, ashamed that they aren’t able to look after their families.
- It’s important to understand that we construct our local (and international) economies with some built-in values that tend to benefit some people and shame or disadvantage others. People are often respected according to their ability to meet these economic expectations of their community.

Need for Spiritual Recovery
- Recovery of individuals and communities requires a change in people’s core values
- Recovery comes in part from learning to disconnect one’s own self-worth, and the community’s too, from one’s financial performance and to be able to face the future with hope.
Role of the Church and Other Community Support Groups

- Try to understand and support those immediately affected by the crisis as they face grief, hopelessness, depression, anger, shame, silence and isolation. Gracious, non-judgmental listening is key.
- Pastors often have access to people in their homes (privacy, confidentiality) and can become aware of the spouses' and children's needs.
- Help individuals process grief and recover self-esteem and hope for the future.
- Help community members learn how to reach out in caring and supportive ways. Find opportunities to name and celebrate the blessings (whether they are property, social relationships, access to other resources). Brainstorm creative ways to connect these “assets” to solve difficult problems.
- Appropriate rituals can enhance healing by providing a safe place to recall the suffering in controllable ways, affirm important values, connect persons with supportive community and a caring God. Remember that God does not abandon those facing difficult times.

Questions for Communities

1. What have been the key economic stressors in your community? What has helped the community recover in the past?

2. What is your community doing together to create employment for young adults that will allow them to return and settle in your community after their education?

3. In the case of economic disaster (e.g. drought), are there pensioners and others with income who could hire those negatively affected by the disaster to do 'handyman' services, thereby giving them some income?

4. What rituals (repeated symbolic gestures) have been used in your community in a time of crisis and recovery? Note that many of these will not be religious in nature. Which ones does your community seem to respond best to?

5. How do you say good-bye to a family that has to leave the community for economic reasons?

6. Do you have access to rituals that are appropriate in cross-cultural and interdenominational or inter-faith settings? Ask a couple of the clergy in your community to research this.

7. In what ways might crisis planning in your community be a way to connect with local First Nation communities and/or new immigrant groups?
Psychological Effects of Trauma

Presenter
Dr. Catherine (Cathy) Carter-Snell
Associate Professor, School of Nursing & Midwifery, Mount Royal University, Calgary, Alberta

Presentation Highlights
Dr. Carter-Snell's academic research examines the effects of trauma and violence including post-traumatic stresses.

This is part 1 of two presentations where Dr. Carter-Snell discusses trauma arising from crisis situations. In part 1 she helps her listeners gain understanding about how trauma affects people and what to watch for.

In part 2 she gives insight into how care-givers can promote resilience and apply 'psychological first aid'.

Understanding Trauma
- Trauma occurs when an event or series of events overwhelms someone's resources over a period of time.
- Normal responses to crises situations and acute stress responses can be expected, but when the acute response lasts more than 24 hours significant problems may appear (PTSD, anxiety, depression).
- There may be evidence of physical and behavioural changes.
- Men, women and children respond to trauma in different ways.
- Subsequent stressors may make the situation or responses more acute.
- For individuals already feeling guilt or shame or avoiding coping, secondary victimization is possible. (e.g. repeated de-briefings or asking about an event when not ready to disclose, comments like “aren’t you lucky to survive” …).
- When trying to offer support, instead of treating symptoms (e.g. alcohol abuse), care-givers need to look for underlying trauma.
- Showing physical or emotional support and helping persons experience “unconditional grace” can be a healing step. Attendants must give undivided attention, acknowledge the person’s strengths and allow silences.

Questions for Communities
1. Without breaking confidences tell about how you have seen trauma affect other’s lives afterward. How long did it last? Which of Dr. Carter-Snell’s descriptors applied to your experience?

2. If your community has had a trauma as a whole, what signs of post-traumatic stress did the community show?

Appendix 1: Presenter’s Notes

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Response to Man-Made Disaster
Yellowknife Giant Mine Explosion/Mass Murder

Presenters
Majors Alan and Karen Hoeft
The Salvation Army
Members, Territorial Crisis Response Team for The Salvation Army Canada & Bermuda Territory
Certified Trainers in The Salvation Army's Emergency and Disaster Response Curriculum

Presentation Highlights
Majors Al and Karen Hoeft were living in Yellowknife when the Giant Mine disaster happened. They played an integral role in responding to the trauma and aftermath of the crisis. In this presentation they tell about their experience and lessons learned:

In 1992 there was a strike/lockout at the Giant Mine in Yellowknife, Northwest Territories. A bomb was detonated underground that killed nine men. Majors Al and Karen tell the story from the perspective of their work in the church.

- All “people groups” were affected (e.g. victims’ spouses, children; suspect’s family; emergency team responders; friends of victims / suspects; school counselors; health workers; child-care workers …).
- The crisis and its effects dragged out over many years. Thirteen months passed before the preliminary trial for homicide was held. Ten years later there was a civil trial before widows could receive compensation. In June 2014 a parole hearing was held for the accused.
- Over a prolonged period of time the community lived in fear and anger and the “blame game” was heard everywhere. Politicians and community leaders could not function in their usual capacity because of the complexity of issues. The “Yellowknife Community Support Group” was formed and took leadership in addressing the media and in finding ways to support people on “all sides” in the chaos.
- The local Ministerial Association assumed a major leadership role within that Community Support Group, particularly during the early stages.
- The constant media presence meant that for two years, and with each subsequent legal happening, “the whole world saw our neighbours acting out their anger”. “For the Yellowknifers there was no easy cure for the poison of the strike and the mass murder. All its victims could do was fume and curse, vent and weep. Marriages broke up. People left town. Some had breakdowns. A few people closest to the strike attempted suicide.” (The Third Suspect by David staples and Greg Owens).
- A community memorial service was organized (the service was the largest event ever held in Yellowknife):
  - Organizers were mindful of the grief of individual families and of the community.
  - The focus was on moving from PAIN to HOPE – they affirmed God is here in the midst of this difficult time.
  - Helpful input for planning came from other communities who had experienced huge disasters.
They tried to create an atmosphere of ‘ceremony’ (RCMP in red-serge) rather than ‘security’, Community Support Group members formed a “buffer” to give support and security to families to help them feel secure in a public setting.

“Role of the Church” and “Lessons Learned by Ministerial”

- The churches’ membership consisted of people from “all sides”, so careful consideration was given as to how to be the church within this context.
- They had to take care to choose a path that “didn’t take sides”, and tried to live a “ministry of presence”. They understood that they were involved in this situation “for the long haul”. They tried to help members model peace, hope, trust, restoration as they participated in life of the community.
- They recognized that they were invited into people’s lives at a very deep and personal level very quickly.
- Ministerial personnel had to learn to deal with “compassion fatigue”, and clergy had to let congregational members know about ways that congregants could help clergy and their families. The strength of the ministerial was their recognition that they needed each other … when one had a bad day, others carried on.
- The positive behaviour model they tried to follow has become a valued legacy which church folks remember as they reflect on this difficult time.

Questions for Communities

1. What resources does your community have for reconciling people who take sides after a major crime? Who are the key “mediators”?

2. How is security maintained in your community? What works best? Where are the gaps?

3. Brainstorm: What resources (message, rituals, perspectives, skills) might the churches and clergy of your area bring to a crime crisis that might have long-lasting effects? What connections do they have to the police and courts? How can they work together with other groups to build the community’s ability to make (or re-make) it a safe place to live?

Supporting People after Trauma and Disasters

Presenter
Dr. Catherine (Cathy) Carter-Snell
Mount Royal University, PhD SANE-A,
Associate Professor, School of Nursing & Midwifery, Mount Royal University, Calgary, Alberta

Presentation Highlights
Dr. Carter-Snell's academic research examines the effect of trauma and violence and ways to mitigate its impacts.

This is the second of Dr. Carter-Snell's presentations. In part 1 she helps her listeners gain understanding about trauma and its impacts. In part 2 she gives insight into how caregivers can promote resilience and apply “psychological first aid” when dealing with those in rural communities who have faced crisis situations.

Promote Resilience and Apply Psychological First Aid
- Non-professional and field workers can promote resilience and help individuals develop their ability to withstand crisis.
- Key principle of “psychological first aid” is to “do no harm”!
- Three key steps: Look (safety, situation), listen (be present, identify needs), and link (support people, professionals).
- Restore sense of safety, calm, help find connectors, encourage self-sufficiency and look for messages of hope.
- Respect feelings of safety, dignity and rights (confidentiality and privacy), adapt assistance to local culture.
- Don’t get in the way of other emergency responders.
- Promote positive coping (rest, support people, nutrition, exercise, activities). Avoid negative coping (sedating, drugs, alcohol, overwork, isolation, oversleeping).
- Avoid judging, imposing your own beliefs or rejecting an individual’s spiritual interpretation of the crisis.

Questions for Communities
1. How does your community provide emotional/psychological/spiritual first aid?

Exercise: Ask the organizations represented in your group to find out what resources their organizations have for building skills in responding to post-traumatic stress. Come back and share with each other.

2. If your community has been through a serious disaster, what are some of the post-traumatic effects you have observed on the community as a whole (not just individuals)? Example: was there a loss of hope for the community’s future, a loss of energy and hope for the success of new undertakings, a retreat from public gatherings, etc? If so, what has helped the community to recover?
Community Resiliency: Learning from Rural Communities

Presenter
Dr. Judith Kulig
Professor, Faculty of Health Sciences, University of Lethbridge, Alberta

Presentation Highlights
Dr. Kulig's research looks at rural health issues and how community resilience can be achieved. This presentation grew out of Judith's follow-up studies done in various rural locations after crises had occurred (some natural, some economic). Two perspectives underlie her presentation:

1) We are no longer talking about the “storm of the decade”, but about the “storm of the year.” The frequency of severe weather events seems to be ever increasing.
2) Rural does matter – stronger rural communities mean a stronger Canadian society as a whole.

Community Resiliency
- Community resiliency is defined as “the ability of a community to deal with adversity and move forward, and in so doing reach a higher level of functioning.”
- It is about a process that recognizes change, acknowledges strengths, makes improvements, and helps community members see how they can make a difference.
- A crisis-event becomes a part of the story of the community; it is important to acknowledge what happened and integrate it into the community’s public history.

Lessons Learned About Community Resiliency
- Communications are essential – with all individuals/groups within the community (e.g. major concern when electricity is lost).
- Leadership is both from the top and from within. Local knowledge should be used. Don’t depend too heavily on outside groups which may be well-meaning but not well-informed (and often have short-term commitments).
- A well-designed relief program is essential (evacuation and recovery).
- Community resources can be allocated beforehand: equipment and other resources can be tallied, kept updated, and stored in safe, easy-to-access places for use in emergencies.
- It is essential to keep emergency plans updated. Otherwise the plans themselves can create confusion.
- The time to build community connections is before, not during, a crisis. Resiliency is built when things are going well, not when they collapse.
- Expect a grieving period.
A Suggested Recovery Model

This model includes a
• pre-disaster phase,
• impact and heroic response phase,
• disillusionment phase, and
• community recovery initiatives

Questions for Communities

1. What elements of community resilience mentioned by Judith are strongest in your community? Which need to be strengthened? Which of the latter should be worked on first?

2. What policies are in place within your church that supports the building and maintaining of community resilience?

3. What processes are used by community groups to debrief after a disaster in your community? How can these processes be improved or enhanced?

4. Exercise: Interview a couple of people who are good community “historians.” Ask them what they saw that was most helpful in the community’s recovery.

5. How would you deal with an emergency if a good portion of the population is away on holidays, or working far from home? Can redundancy be built into the plan so that a key person’s absence doesn’t jeopardize it?
Church and Community Roles in Crisis Intervention
Recruiting Volunteers - The Pincher Creek Approach
(Pincher Creek Story - Part 2)

Presenter
Rev. Joyce Sasse
Retired United Church Minister, Pincher Creek, Alberta

Presentation Highlights
This presentation is part 2 of the Pincher Creek story, telling about the progress that Pincher Creek has made in involving local churches and other non-profits in local emergency preparedness planning.

Part 1 tells how the church ministerial and the local emergency measures organization (EMO) first came together.

Pincher Creek’s Background
Between 1995 and 2005 Pincher Creek faced a 'decade of disaster' which included forest and prairies fires, drought, a flood of the century, murders, suicides, and B.S.E. (which devastated the livestock industry).

The region had a well-organized, well equipped EMO. The EMO Director recognized the importance of using volunteer resources to help with the people involved in these crises. Over time the EMO Director tried to find a process for recruiting volunteers and preparing them for disasters they hoped wouldn’t happen.

Building a Comprehensive Community Response
(With help from the Ministerial Association and Community Service Organizations)

- Rev. Joyce tells the story of the way that The Ministerial Association and community organizations responded (informally) in the past, and the way their membership with the EMO is now considered to be an “essential service” in times of emergency. A representative of the Pincher Creek Ministerial now sits on the EMO Board as the Director of Social Services and is responsible for recruiting and training volunteers to do such things as staff a reception centre, know food preparation guidelines and procedures, and care for the disabled.

- Within the Ministerial, the membership still needs to acquaint itself with what chaplaincy services might be required.

- Everyone involved recognizes this is an on-going process which has just begun, but the community believes that multiple organizations are committed to community care, and that each has organizational structure, facilities, membership and resources to offer, which allows for the flexibility needed for this kind of availability.
In the past the Ministerial found that, while working on an ad hoc basis, the need to respond as they did gave them great incentive to work together (both through the crises and well into the future).

Words of Hope

“Through being together working together, praying together and supporting each other, Pincher Creek is better able to face tough times.”

Questions for Communities

1. Does your community Ministerial meet with the Town Council or the Fire Department? Could they do so to discuss topics of 'care' in planning for emergency situations?

2. How does your community come together to talk about helping one another? Tell about a time when this has happened.

3. What kind of “talking” and planning processes work best for your community? Have you looked at conversation processes such as “world café”. (see http://www.theworldcafe.com/overview.html).

To be accepted, any such processes should be adapted to local customs and patterns, though sometimes a process that is “outside the box” can help people think in new ways.
A Listing of Resource Materials

Note: This section contains a mix of books, articles, videos, websites, contacts, songs and prayers. Where possible, the full documents have been inserted into our Appendices. Otherwise, on-line links are provided.

RESOURCE MATERIALS (Listed by Category)

| R-1. Caring for Communities in Crisis |
| R-2. Community Resiliency |
| R-3. Components of Emergency Management |
| R-4. Emergency Contacts |
| R-5. Songs and Prayers |

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R- 1. Caring for Communities in Crisis


Before looking at the role of the church in community crises and natural disasters, Dr. Harder looks at the question, "Where is God in all of this?"

See Appendix 1 for document


Presentation notes from Dr. Harder's presentation, delivered during Church and Community Crisis Response Training Seminar, May 15, 2014.

See Appendix 1 for presentation notes


This resource is a way of enabling farm families to understand stress, its impact, and learn skills to help balance stress when farming in difficult times. It is a tool-book that includes a stress inventory checklist as well as many other useful items. It helps identify signs of stress and coping strategies.

See Appendix 1 for document or link to this report online:

http://www.ruralsupport.ca/admin/FileUpload/files/publications/Toolbook_Manitoba%20for%20webpage.pdf?PHPSESSID=d6b6b106528c8e703ff173aa1aa84d79

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The Diagnostic and Statistical Manual of Mental Disorders provides standard criteria and common language for the classification of mental disorders. It is published by the American Psychiatric Association. In 2013, the American Psychiatric Association revised the PTSD diagnostic criteria in the fifth edition of its DSM-5. The diagnostic criteria are specified on this webpage.

See Appendix 1 for document or link to the following website:
http://www.ptsd.va.gov/professional/PTSD-overview/dsm5_criteria_ptsd.asp

Lac-Mégantic Train Derailment Disaster - One Year Later. CTV. (2014). CTV Video: One-year anniversary of Lac-Mégantic disaster marked with church service.

The Lac-Mégantic derailment occurred in the town of Lac-Mégantic, Quebec on July 6, 2013. An unattended freight train carrying crude oil ran away and derailed, resulting in a fire and explosion of multiple tank cars. Many died and more than 30 buildings in the town's centre, roughly half of the downtown area, were destroyed. Newspaper reports described a 1 km blast radius; the disaster was rated as the fourth deadliest rail accident in Canadian history. One year later, the people of Lac-Mégantic gathered to remember and look to the future. This collection of short videos(four) show how the community effectively used ritual to help 'process' the disaster.

Link to the following website for videos: http://www.ctvnews.ca/ctv-news-channel/one-year-anniversary-of-lac-megantic-disaster-marked-with-church-service-1.1900992

Novenas.

A novena is a formalized vocal prayer extended over a specific amount of time. In the Roman Catholic tradition, nine days of public or private prayer may be offered for some special occasion or intention. Its origin goes back to the 9 days that the disciples and Mary spent together in prayer between Ascension and Pentecost Sunday.

Link to the following website for more: http://www.fisheaters.com/novenas.html#sacredheart


Presentation notes from Dr. Carter-Snell's first presentation delivered during CiRCLe M Church and Community Crisis Response Training Seminar, May 15, 2014.

See Appendix 1 for presentation notes


This guide covers psychological first aid which involves humane, supportive and practical help to fellow human beings suffering serious crisis events. It is written for people in a position to help others who have experienced an extremely distressing event. It gives a framework for supporting people in ways that respect their dignity, culture and abilities. Endorsed by many international agencies, the guide reflects the emerging science and international consensus on how to support people in the immediate aftermath of extremely stressful events.

Link to this report online: http://whqlibdoc.who.int/publications/2011/9789241548205_eng.pdf?ua=1


An overview of post traumatic stress disorder, for researchers, providers and helpers.

See Appendix 1 for document or link to this report online:

http://www.ptsd.va.gov/professional/PTSD-overview/ptsd-overview.asp

Stephen Ministry: Compassion in Action.

Stephen Ministry is a lay ministry that helps those facing life's difficulties receive love and support through one-to-one confidential caring relationships. Stephen Ministers are members of a congregation who have been specially trained to support people in need. The ministry is named after the biblical Stephen who was the first to offer Christ's love to those in need.

Link to the following website: https://www.stephenministries.org/


Presentation notes from Dr. Carter-Snell's second presentation delivered during Church and Community Crisis Response Training Seminar, May 15, 2014.

See Appendix 1 for presentation notes


This report responds to the increasing regularity and severity of natural disasters. Australian Governments recognised that a national, coordinated and cooperative effort was required to enhance Australia’s capacity to withstand and recover from emergencies and disasters. “A disaster-resilient community is one that works together to understand and manage the risks that it confronts. Disaster resilience is the collective responsibility of all sectors of society, including all levels of government, business, the non-government sector and individuals. If all these sectors work together with a united focus and a shared sense of responsibility to improve disaster resilience, they will be far more effective than the individual efforts of any one sector.”

BeyondBlue.
BeyondBlue is Australia’s national initiative to raise awareness of anxiety and depression, providing resources for recovery, management and resilience. They take a public health approach, which focuses on improving the health of the whole population, across the whole lifespan. BeyondBlue tailors approaches when working with specific population groups, and they work in a range of settings – including educational settings, workplaces, health services and online – in order to be accessible to as many people as possible.

Link to the following website: http://www.beyondblue.org.au/

Building Resilient Neighbourhoods.
The Building Resilience Neighbourhoods project is a collaboration between the Community Social Planning Council and Transition Victoria (British Columbia). Resilience is defined as strengthening a community’s ability to respond and adapt to big changes and deep challenges. The Resilient Neighbourhoods project helps to build the capacity of communities and organizations to become healthier and more sustainable. It does this by working to increase the capacity of citizens to find new paths for taking collective action on shared priorities.

Website: http://resilientneighbourhoods.ca/ (includes a list of assessing resilience)

Link to this report online: Strengthening Neighbourhood Resilience: Opportunities for Communities and Local Government

This book offers rationale as well as practical tools for using appreciative inquiry and asset mapping in building on church and community strengths. It’s not a book about emergency management, but it provides helpful insight and tools into how communities can help themselves to be strong and resilient.

This book may be purchased from on-line book stores.

Mennonite Disaster Services.
The Mennonite Disaster Service (MDS) is a volunteer network through which various groups within the Anabaptist tradition assist people affected by disasters in North America. The primary focus of the service is cleanup, repair, and the rebuilding of homes. The work of the group supplements the disaster relief provided by the Red Cross. The Mennonite Disaster Service also works closely with the Mennonite Central Committee.

Website: http://www.mds.mennonite.net

This book is based on conversations and interviews with many ministers and chaplains who have worked in deeply traumatic circumstances. As a factual account of those who have walked the path, and been the fingers of God during trauma, it explores the practical, psychological and theological issues of such encounters and seeks to pass on lessons to ministry agents. Disasters not only impact the victims, but also those on the front lines of help. The author discusses insights into the impact of disaster on clergy and points to the biblical hope that can be offered to hurting people and those who try to help them. This book is not only for those involved in trauma ministry, but also for church leaders who are searching for ways to be more effective in providing training and support for those who are on the front line. (Publisher’s notes)


Resilience.org.
Resilience.org is both an information clearinghouse and a network of action-oriented groups. Their focus is on building community resilience in a world of multiple emerging challenges: the decline of cheap energy, the depletion of critical resources like water, complex environmental crises like climate change and biodiversity loss, and the social and economic issues which are linked to these.

Website: http://www.resilience.org
Resiliency Initiatives.
Resiliency Initiative is based in Calgary AB. Through consultation, presenting, research and assessment methods, they engage with individuals and or organizations to develop a strengths-based culture of practice where capacity is identified and nurtured towards positive change.

Website: http://www.resil.ca/

The Town of Slave Lake, Alberta was struck by a forest fire in spring 2011; flooding followed. This report documents the fire event and offers recommendations for community preparedness and mitigation. The document is based upon the interviews and community fieldwork completed in the Slave Lake region in the first year after the wildfires. The purpose is to share the lessons learned related to the recovery of the community and its citizens.

Link to this report online:
https://www.uleth.ca/dspace/bitstream/handle/10133/3270/Final%20copy%20Slave%20Lake%20Lessons%20learned.pdf?sequence=1

The United Nations Office for Disaster Risk Reductions.
A program called Making Cities Resilient: 'My City was launched in May 2010. It addresses local issues of governance and urban risk, advocating for widespread commitment by local governments to build resilience to disasters and increased support by national governments for the purpose of strengthening local capacities. The program is about building an ever-widening network of alliances for disaster risk reduction. Each campaign partner promotes urban disaster resilience in their areas of influence. Partners draw on each other's expertise.

Website: http://www.unisdr.org/campaign/resilientcities/

R- 3. Components of Emergency Management (Resources)

Bridges of Love
This Alberta-based ministry integrates churches into the emergency management structure. It assists local emergency/health Governmental agencies in providing care for communities experiencing disaster through the Faith Emergency Preparedness Initiative (FEPI).

Website: http://www.bridgesoflove.net

Link to report online: http://www.bridgesoflove.net/FEPIOperationsManual.pdf

Faith Emergency Preparedness Initiative (FEPI): Contact List and Resource Assessment Form
Link to form online: http://www.bridgesoflove.net/ChurchResource.pdf
Canadian Red Cross. Emergency Planning for First Nations, Métis and Inuit Communities.

Canadian Red Cross. Emergency Planning for Home and Family.
Website: http://www.redcross.ca/what-we-do/emergencies-and-disasters-in-canada/for-home-and-family

This pamphlet outlines three simple steps for families to prepare for an emergency: know the risks, make a plan, and get a kit. They suggest that citizens should be prepared to take care of themselves and their family for at least 72 hours following a disaster.
Web-link to this pamphlet: http://www.redcross.ca/crc/documents/3-1-1-Prepare-Pamphlet.pdf


Canadian Red Cross. How the Red Cross Works with the Volunteer Sector.

Link to document online: http://digital.faithtoday.ca/faithtoday/20130910#pg22

This book is based on conversations and interviews with many ministers and chaplains who have worked in deeply traumatic circumstances. As a factual account of those who have walked the path, and been the fingers of God during trauma, it explores the practical, psychological and theological issues of such encounters and seeks to pass on lessons to ministry agents who would do well to learn from them. Disasters not only impact the victims, but also those on the front lines of help. The author discusses insights into the impact of disaster on clergy and points to the biblical hope that can be offered to hurting people and those who try to help them. This book is not only for those involved in trauma ministry, but also for church leaders who are searching for ways to be more effective in providing training and support for those who are on the front line. (Publisher's notes


Ready, Set, Go! Faith Community Emergency Preparedness Toolkit
This toolkit is a collection of resources that assists faith communities in preparing for an emergency, including writing an All-Hazards Emergency Plan.
Website: City of Bloomington Minnesota: http://bloomingtonmn.gov/cityhall/dept/commserv/pubheal/emerprep/toolkit.htm
R- 4. Emergency Contacts

Alberta

Alberta Emergency Management Agency (AEMA)
The Alberta Emergency Management Agency leads the coordination, collaboration and co-operation of all organizations involved in the prevention, preparedness and response to disasters and emergencies.
Phone: 780-422-9000; Fax: 780-644-1044
Provincial Operations Centre: 24 Hours: 1-866-618-2362; Fax: 780-644-7962, Toll-free in Alberta:310-0000; E-mail: aema@gov.ab.ca

Bridges of Love (BOL)
This Alberta-based ministry integrates churches into the emergency management structure. It assists local emergency/health Governmental agencies in providing care for communities experiencing disaster through the Faith Emergency Preparedness Initiative (FEPI).
BOL Website: http://www.bridgesoflove.net
Marg Pollen, BOL Founder. mailto:margpollen@bridgesoflove.net (403) 263-5683.
Jack Ashby, BOL President. jack@cemainfo.com; Calgary Evangelical Ministerial Association (CEMA)web site www.cemainfo.com

Canadian Red Cross (AB)
http://www.redcross.ca/where-we-work/in-canada/alberta

Calgary Emergency Management Agency (CEMA)
Tom Sampson, Deputy Chief, Tom.Sampson@calgary.ca

Pincher Creek Emergency Management Agency
Starting in 2012, Pincher Creek’s EMA and Church Ministerial came together and formed the Pincher Creek Emergency Social Services.

Dave Goff dave@dgoff.com
Dave is community pastor, Legion padre and Director of Pincher Creek Emergency Social Services. His task is to coordinate a team of local volunteers that is effective in caring for people during a time of emergency.

Pat Neuman pat@pincherfire.com
Pat is the Deputy Fire Chief for Pincher Creek Emergency Services (fire, rescue, ambulance) and Deputy Director of the Pincher Creek Emergency Management Agency. His operating territory is Pincher Creek, Alberta and the surrounding municipal districts.

The Salvation Army (AB)
Emergency Training. Nyree Bond. Nyree_Bond@can.salvationarmy.org.
Manitoba:

Canadian Red Cross (MB)
http://www.redcross.ca/where-we-work/in-canada/manitoba

Manitoba Emergency Measures Organization.
Website: http://www.gov.mb.ca/emo/

The province is divided into five regions with managers in each region
http://www.gov.mb.ca/emo/general/regional.html

Western Region
Chris Popowich
Cell: (204) 867-0336; Email: Chris.Popowich@gov.mb.ca

Central Region
Glenn Negrich
Cell: (204) 799-4152; Email: Glenn.Negrich@gov.mb.ca

Eastern Region
Nicki Albus
Cell: (204) 782-1279; Email: Nicki.Albus@gov.mb.ca

Interlake Region
Shelley Napier
Cell: (204) 782-2769; Email: Shelley.Napier@gov.mb.ca

Northern Region
Mark Francis
Cell: (204) 620-5515; Email: Mark.Francis@gov.mb.ca

The Salvation Army (MB)
Emergency Training. Debbie Clarke. Debbie.Clare@can.salvationarmy.org

Saskatchewan:

Canadian Red Cross (SK)
http://www.redcross.ca/where-we-work/in-canada/saskatchewan

The Salvation Army (SK)
Emergency Training. Mike Hoeft. Mike.Hoef@can.salvationarmy.org

Saskatchewan Protection and Emergency Services
Protection and Emergency Services is responsible for coordinating overall provincial emergency planning, training and response operations for the safety of Saskatchewan residents, and for the protection of property and the environment before, during and after an emergency or a disaster.
Website: http://gr.gov.sk.ca/Protection-and-Emergency-Services; Telephone: (306) 787-9563.

Community emergency plans are typically developed at the municipal level in Saskatchewan. For a directory of municipalities and their contact information, visit:
Saskatchewan Emergency Planners Association (SEPA)
SEPA's mission is to assist emergency planners and other stakeholders establish an emergency planning program that is attainable for communities and agencies throughout Saskatchewan. SEPA provides a forum and opportunities for all emergency planners and other stakeholders to build capacity and collaborate.
Website: http://www.sepa.ca/ Email: sepa@sasktel.net;
Address: S.E.P.A., Box 893, Melville SK S0A 2P0.

Canadian and International:


Canadian Red Cross. How the Red Cross Works with the Volunteer Sector.

Samaritan's Purse Disaster Relief
Samaritan's Purse Canada is a nondenominational evangelical Christian organization that provides spiritual and physical aid to hurting people around the world. They partner with their supporters in Canada and with local organizations (usually churches) abroad to provide compassionate and cost-effective assistance to anyone who needs it, regardless of religion, race, gender or socio-economic standing.

Samaritan's Purse Canada: Website: http://www.samaritanspurse.ca/disaster-relief
Brent Davis. Email: info@samaritan.ca; Phone: 403.250.6565 / 1-800-663-6500

Mennonite Disaster Relief
Mennonite Disaster Service is a volunteer network of Anabaptist churches that responds in Christian love to those affected by disasters in Canada and the United States. While the main focus is on clean up, repair and rebuilding homes, this service touches lives and nurtures hope, faith and wholeness.

Website: http://www.mds.mennonite.net

Uniting Church in Australia: Disaster Relief and Recovery Working Group
Website: http://unitingchurchwa.org.au/disaster-relief-recovery-working-group/

The Rev. Dr Stephen Robinson, National Disaster Recovery Officer
Piccadilly Court, Level 10, 222 Pitt Street, Sydney, PO Box A2266, SYDNEY SOUTH, NSW 2210
Phone: +61 (02) 8267 4231, Fax: +61 (02) 8267 4222, Mobile: 0412 820 848
website: http://assembly.uca.org.au/; E-mail: emergencyministry@lpuc.org.au

Rev Gordon Scantlebury, Synod Disaster Coordinator; email gordon_s2@bigpond.com
R- 5. Songs and Prayers

Songs

Slippin' Through My Hands. Rob and John Lowrey.
The Lowrey brothers wrote this song to capture pain that their family felt. It expresses the pain of losing the farm through bankruptcy. Dr. Harder plays this song in his seminar presentation on 'Caring for Communities in Economic Crisis'.

See Appendix 2 for lyrics

Prayers

A Prayer of Lament: We are People of the Land, Rev. Jerry Buhler, Pincher Creek AB
This prayer was written by one of Pincher Creek's Ministerial Association members. It was written as the town was planning the 'Connie Calder event'. Connie offered her time and talent to help the community recover from a series of crises. A Prayer of Lament: when life is hard, it is important to give voice to our feelings of helplessness, followed by our belief that we can catch glimpses of hope.

See Appendix 3 for words
Presenters' Biographies

Dr. Catherine (Cathy) Carter-Snell  
RN  
Associate Professor, Mount Royal University, Calgary, Alberta  
Email: ccartersnell@mtroyal.ca  
Phone: (403) 440-6679

Cathy is the Nurse Education Scholar and Associate Professor for the School of Nursing and Midwifery at Mount Royal University in Calgary. She is also a certified nurse examiner for victims of sexual assault and domestic violence.

Dr. Carter-Snell's research and clinical practice is focused on preventing violence or the consequences of violence, particularly related to sexual assault and domestic violence. These interests include posttraumatic stress disorder, resilience to mental health effects of trauma, and injuries. She combines these interests with many years as a registered nurse in Emergency and Intensive Care units and as an educator in forensic studies.

Rev. Dr. Cameron Harder  
Executive Director CiRCLe M  
Professor, Lutheran Theological Seminary Saskatoon, Saskatchewan  
Email: crharder@gmail.com  
Phone: (306) 966-7867

Cam is founder and Executive Director of the Centre for Rural Community Leadership and Ministry (CiRCLe M), a charitable ecumenical non-profit that supports rural ministry and rural communities. He is also Professor of Systematic Theology at the Lutheran Theological Seminary in Saskatoon, SK.

He spent five years in urban ministry, twelve years as a town and country pastor, and an additional seventeen plus in research with rural people. His doctoral research was on the church’s role in addressing the “shame” dynamic in farm bankruptcy.

Cam's work with CiRCLe M includes organizing rural ministry conferences, the training of DMin students in rural ministry and community development, setting up community stress intervention workshops, providing rural ministry resources on-line, offering on-site consultations for rural congregations and church judicatories, and working to enhance relationships with Indigenous and non-indigenous peoples in rural areas.

In regard to rural ministry Cam has recently completed a book for the Alban Institute on the church and community development (Discovering the Other: Asset-Based Approaches for Building Community Together). He has also written chapters for Green Shoots in a Time of Drought: Alternate Futures for the Church in Canada; Eco-Lutheranism: Lutheran Perspectives on Ecology; Writing Off the Rural West; and Doing Ethics in a Pluralistic World, along with numerous articles for church and agricultural papers, including the “Moral Economy” column in the Western Producer.
Reverend Chris Hewko
Christian Missionary Alliance in Canada
Pastor, High River Alliance Church, High River, Alberta

Email: chrish@highriverchurch.com
Phone: (403) 652-4170

Chris is Lead Pastor of High River Alliance Church in High River, Alberta. He has also been a Youth Pastor in both Cranbrook, British Columbia, and Youth and Associate Pastor in Morinville, Alberta.

Pastor Chris and his family (his wife Shellie and two school aged kids) lived through the devastating High River flood in the spring of 2013. They were displaced from their home for 17 weeks, nine of which were spent in the Saddlebrook Temporary Housing Facility. A year later, they continued the process of rebuilding their home and community. Chris shares from his personal experience in the flood and the lessons he and his church leadership team learned through the crisis.

Majors Alan and Karen Hoeft
Members, Territorial Crisis Response Team for The Salvation Army Canada & Bermuda Territory
Certified Trainers in The Salvation Army’s Emergency and Disaster Response Curriculum

Emails:
Al_Hoeft@can.salvationarmy.org
Karen_Hoeft@can.salvationarmy.org

Phone: (778) 416-5675

Al and Karen have been Salvation Army officers since 1987, responsible for dealing with various issues related to poverty, community development and disaster relief. During their officership they have responded to a wide variety of emergencies and natural and human-instigated disasters, including floods, fires, community evacuations, and mass casualty responses. They have had key roles in helping establish partnerships between Salvation Army congregations and their communities.

The Hoefts have served in High River AB, Yellowknife NWT, Winnipeg MB, and currently, in Prince George BC, where they are responsible for overseeing all Salvation Army ministries in northern British Columbia. During these times, they have served in pastoral ministry, divisional leadership, and leadership of large social ministry centres. They have developed a keen interest in issues related to urban poverty and homelessness, community development and community response to emergencies and disasters.

Since 1999, Al has been a member of the Territorial Crisis Response Team for The Salvation Army Canada and Bermuda Territory. Both Al and Karen are certified trainers in The Salvation Army’s Emergency and Disaster Response Curriculum.
Major Mike Hoeft, The Salvation Army
Saskatchewan Area Commander
Saskatchewan Emergency and Disaster Services Coordinator
Rural Ministry Consultant for The Salvation Army in Canada

Email: Mike.Hoeft@can.salvationarmy.org
Phone: (306) 921-4706

Mike is a “stubble-jumper” by birth; born and raised in Regina. He has served 16 years as an Officer of The Salvation Army in Saskatchewan; nine years in Prince Albert, seven years in Melfort, and as of summer 2014 in Saskatoon.

Mike currently serves as the Area Commander for The Salvation Army in Saskatchewan and is responsible for 14 congregations, four women’s shelters, two men’s shelters and one Long Term Care facility operated by The Salvation Army. In addition to his role as the Area Commander he is also the Emergency and Disaster Services Coordinator for The Salvation Army in Saskatchewan and the Rural Ministry Consultant for The Salvation Army in Canada.

Mike has been involved in numerous committees and groups including Kidsport, RCMP Chaplain, Jumpstart, Habitat for Humanity and the Rotary Club.

Dr. Judith Kulig
Professor, University of Lethbridge, Alberta

Email: kulig@uleth.ca
Phone: (403) 382-7119

Judith is a professor in the Faculty of Health Sciences, University of Lethbridge, Alberta. As a nurse by training she has focused her education preparation on community health and multicultural issues. Judith conducted a research program on rural health issue and has focused a great proportion of her scholarly work on understanding resilience in rural communities including communities that have experienced wildfires. Her work on resilience is well published and has been accessed and used by governments and agencies who are establishing policy or programs that integrate this concept.

Judith is the co-editor for the North American section of the Rural and Remote Health Online Journal and is senior co-editor of Health in Rural Canada, the only comprehensive book of its kind in Canada.
Joyce is a retired United Church clergy, currently living in Pincher Creek. In over more than 50 years of doing pastoral ministry in rural communities, she has faced more crises and disasters than she cares to remember.

"There have been the successive years of drought and grasshoppers interspersed with high winds, airborne chemical-laden soil and fast-moving fires. There was BSE that was so destructive to the cattle industry. And winter blizzards in Southern Saskatchewan: some that lasted a week, some for months, all kept people isolated and on edge. Overland flooding on the prairies, heavy snow-melt combined with pouring rain and wind wiped out roads and caused havoc to property and lives. There have been many nights when neighbours wondered if their community would be hit by a tornado. Tragedy happens too often with accidental deaths: of a car-load of youth, of a key community leader, of a death in a jail-cell of suicides and murders. "Joyce will never forget the typhoon that hit when she was in Korea.

"Disasters never announce themselves," she says, "but when they happen we need to be ready to respond." Through events like this church and community crisis response training, Joyce appreciates joining with those who are intent on helping each other prepare for the eventual.

Tim has served as a Lutheran pastor in Millet, AB since 2008. In 2014 he completed his Doctorate in rural community leadership and ministry through Lutheran Theological Seminary in Saskatoon.

Prior to becoming a pastor Tim was raised on a farm and studied agricultural science at the University of Alberta. His passions for the Christian faith, agriculture and rural community come together in his work with CiRCLe M.

Tim is the father of three children and lives with his wife Joanne just outside of Millet.
Appendices

Appendix 1: Caring for Communities in Crisis
Appendix 2: Songs
Appendix 3: Prayers

Appendix 1 - Caring for Communities in Crisis

Appendix 1- 1. Acts of God:
Some Reflections on Churches' Role After Disaster

Rev. Dr. Cam Harder
2011

We've seen plenty of natural disasters in just the last couple of months. Seven hundred roads closed because of historic flooding in southern Manitoba. The devastating Slave Lake fire. A massive earthquake and Tsunami in Japan. New Zealand hit by a killer earthquake and tornado. The town of Tuscaloosa Alabama flattened by an F5 tornado. Tens of thousands killed, injured and un-homed in these disasters, millions affected in some way or other.

Are these awful occurrences Acts of God?

There is a 2001 movie starring Billy Connolly called “The Man who Sued God.” In it a fellow whose only real possession—his fishing boat—is destroyed by lightning. He discovers that insurance won’t cover it, since it’s an act of God—so the guy sues several religious groups, figuring if it was really God’s fault, God’s front men should pay. Very interesting movie.

What intrigues me is the way that our society has bought into the term “Acts of God.” The term has come to describe all those things for which we can’t be responsible. Insurers claim then that we can’t be insured for such things—although I always thought insurance was exactly for such things—so communities could share the cost of pitching in to help each other when exactly that sort of unexpected and unpreventable event happens.

But insurers, wanting to protect their bottom line I’m sure, have resorted to theological arguments to avoid paying out. It’s an “Act of God” they say—implying “It’s the will of God” or even “It’s God’s punishment.” Who are we then to stand in God’s way, to abrogate the judgment of God by paying money to God’s victims?

So one of the first things we need to consider before we look at the role of the Church in community crises and natural disasters is to ask “Where is God in all of this?”

I used to ask that question when I was interviewing bankrupt farmers for my doctoral research. Often people who had been ‘farmers of the year’ one year were wiped out the next by an
uninsured disaster—a fire from a lightning strike, a flood, a drought, disease that wiped out a crop or a herd.

When I asked them, “Where was God in this for you?” almost inevitably they responded, “Why is God doing this to us? What have we done wrong?” They said they felt ashamed, and abandoned by God.

So let’s begin with the one who also felt abandoned by God—Jesus.

But I want to take a look not at his cry of abandonment from the cross—“My God, why have you forsaken me?!” but an earlier near-death experience which is more clearly what we might consider an “act of God” or a natural disaster.

Jesus is out on the lake of Galilee with his friends in a boat when a storm comes up. You likely know the story. There are 3 versions—one in Matt 8, another in Mark 4, a third in Luke 8. These stories have interesting differences, but there are a few commonalities. In each case:

- It’s a bad storm, the waters are raging, the boat is being swamped. This is a serious situation.
- When the storm hits, Jesus is asleep in the front of the boat. But … the storm doesn’t wake him. Presumably he would have gone on sleeping peacefully, possibly with the fishes, right through the storm. It’s his friends that wake him up.
- But when he is awakened, Jesus scolds his friends for doing so, for having so little faith.
- Jesus calms the storm.

I think this story gives us a useful theological perspective that churches can bring to communities going through natural disasters.

1) Storms happen. There is no indication in this story that the storm was viewed by Jesus as any sort of punishment, or in fact any expression of God’s activity whatsoever. Not to say God wasn’t there, but the story simply says there was a storm. Storms happen on the Sea of Galilee.

This is something that we who are religious sometimes forget in our self-centred anthropocentrism. We have no trouble understanding that we humans, part of the created order, have some freedom. After all, we are made in God’s image. So we have a bit of the Divine creativity. We can come up with stuff on our own and sometimes not all of it turns out to be good. We break boundaries, kill brothers and sisters, covet, steal and lie in pursuit of what we think is good, at least for ourselves.

Why do we assume that the rest of creation doesn’t share this same creative character? The ancient theologians spoke of all creation having its source in the Father, its shape or image from the Son, its life from the Spirit. If so then galaxies, planets, weather systems have some creative freedom too, not just humans. In fact, the Japanese nuclear disaster has reminded us of this down at the quantum level. Radioactive material, like plutonium, decays into stable isotopes. It has a half-life, meaning that in a certain period of time, half of the material will decay to its stable isotope. But plutonium atom A waits for 150 years before decaying. Plutonium Atom B waits for 10,000 years. Atom C decays today. And Atom D stubbornly refuses to decay at all. All plutonium atoms. Clearly there is a kind of ordered “average” behaviour. But individually the atoms seem to have some freedom in deciding when to decay. Scientists have no way to predict when or if a particular atom will decay. There is some freedom here.
So natural disasters can be thought of as an expression of the freedom that all created things there. Non-human creation comes up with stuff just like humans do, and not all of it turns out to be good.

So then where is God? Is God just a watchmaker who wound up the world in the Big Bang and left it to look after itself? Well here’s the second thing we discover in the calming of the storm:

2) God is involved in natural disasters. Here’s Jesus—the second person of the Trinity—in the storm—but not, initially at least, interfering with it. Not making the storm happen in a coercive kind of way, but—and this is important—not absent either. God’s there—and when God is anywhere—anything is possible.

In the boat Jesus makes it clear that God doesn’t stand apart and watch these disasters. God can and does interact with the freedom of natural things in the same way that God interacts with us—who are part of that nature. In this case God acts through Jesus to calm the storm. God isn’t impotent to help. God isn’t far off. God is deeply engaged with this universe, but that ‘engaged’ is characterized by freedom on both sides. A limited freedom on creation’s side of course. Full freedom on God’s side. God is there and free to act, to interact, or refrain from acting.

3) It implies then that if God is involved, it is worth praying. “Lord save us, we’re going to drown!” the disciples cry in Matthew. “We’re being flooded, the tsunami is coming, our fields are under water, our house is on fire!” we might cry.

The disciples’ prayer in Mark is even stronger: “Teacher don’t you care if we drown?!” In the presence of disaster what’s the point in being polite? It’s not a time to be a Canadian. God’s got big shoulders. So churches bring to God the full force of their community’s feelings: “God have you forgotten about us?!” God are you so unjust as to kill the innocent in Sodom and Gomorrah along with the guilty?” “My God, why have you forsaken me!!”

Churches do their communities a favour when they help them lament like that. Strong feelings of fear, betrayal, despair need to be laid on the shoulders of the One who can best take them—rather than acting out those feelings in unhealthy ways on each other. I find that when farm communities lament together, the worst affected are not isolated, shamed. They suffer together. And, in the context of the church, and not just the coffee shop, their laments become an expression of faith.

Maybe that’s why Luke and Matthew tone down Jesus’ rebuke to his disciples. In Mark Jesus says “Have you no faith?” But in Luke Jesus asks “Where is your faith?” and in Matthew Jesus says “O you of little faith” Their faith may have been small, but at least they had enough faith to bring their problems to Jesus. Laments are just that—the beginning of faith.

4) But—and here is the larger faith to which Jesus calls them—there is something more. When the mountains quake, and the waters “roar and foam” as Ps 46 says, we have a mighty fortress that protects us. That fortress is God and God’s love for us. It is not a casual or uncomplicated love. But it is powerful and deep. And that love is not just directed at us individually, as a kind of personal fire or flood insurance. It is a love that is first of all given to communities. If you read the promises of the Bible carefully, you will see that they are most often given to communities—to Israel, to Judah, to Zion, Jerusalem, to the church, to the people at Corinth, and Philippi and so on.
Carl Dudley who has studied the development of small churches and communities for decades once told me that the single most important factor in the turnaround of broken churches and communities is hope, to know that things can be better. Otherwise why bother cleaning up? Why bother rebuilding? Hope makes it possible to try again.

For a community to really hope they have to know not only that God is there, but that God has the power to act, and really loves them. And that’s our witness. As Christians we believe in a God who cares about communities because God exists in community. Our God is Three-in-One. The Trinity. Our Creator’s communal shape is stamped, as a fractal on all levels of our universe. Galaxies commune in superclusters with gas plumes millions of light-years long connecting and feeding them like blood-filled arteries. At the other end of the scale quarks cluster in their up, down and strange configurations to form protons and neutrons in the community of atomic nuclei. Mitochondria and organelles form little communities in our cells. And trillions of those cells make up our bodies and the life-forms on earth.

God loves these communities—big and little, human and non-human. We see it after the flood in Gen 9. Seven times God makes a covenant of love—with the earth, with living creatures, and also with the humans.

So, when the storms come, and they will continue to do so, churches lead their communities to pray, to act, to lament, and ultimately to trust and hope in the God who loves them and, even if they die, raises the dead—individually and communally.

How do churches lead their communities after disaster? Churches of course are only one of the community partners who help in crisis. But churches have several unique things to offer:

*Hope,* as I’ve said, is the first gift they bring. Studies by the Disaster Research Centre at the University of Delaware showed that, after 9/11, people who classified themselves as non-believers sought counselling from a member of the clergy over a psychologist by a ratio of five to one. Of course this may have a lot to do with the fact that clergy counselling is free as opposed to very pricey for psychologists, but nonetheless, for people who are economically as well as emotionally shocked, that is a gift too. But I think there’s more—the church tells the story of, and is connected to, a God who loves our people and who is bigger than the earthquake, the tornado, the flood that is destroying it.

We offer that gift in liturgy. Over the centuries congregations have taken their laments out of the church buildings into public space. They’ve helped communities to cry out and weep together. They have led in prayer, reminded people that they have not been forgotten and that death is not the end. They have blessed them with the hands of Divine compassion.

And churches *act* as the hands of Divine compassion too. The Prairie Messenger from October 14, 2009 reported that “After Hurricane Katrina hit New Orleans in August 2005 shelter provided by the government and the Red Cross, which works under government authority, was a failure. In the weeks to follow, the US Federal Emergency Management Agency (FEMA) was severely criticized for its inadequate response to the disaster.” Faith-based organizations, on the other hand, responded immediately, with more than half the congregations in New Orleans actively providing care for their neighbours. The article says that the Red Cross provided shelter for 3,000 to 7,000 people, while local congregations housed close to 12,000 — and that’s even without a plan in place. Faith-based organizations went into action faster because they had far less red tape to cut through.
Congregations can’t do everything. They generally can’t repair sewers or provide garbage removal or clean water on a wide scale. But they do have spaces, such as halls and washrooms. Their people are on the scene immediately. They know who the most vulnerable are. They’re there before any outside relief arrives.

In fact churches offer some critical infrastructure that is in place and ready to go when a crisis happens:

1) networks of friendship and support, often with phone-out prayer and help lines.
2) lists of people shut-in to their homes who may be vulnerable
3) people trained in care-giving, hospital visitation
4) people trained in how to organize and run committees and programs
5) a building with washroom facilities, kitchen facilities and large gathering areas.
6) people experienced in fund-raising
7) people experienced in public speaking
8) people experienced in working with children and youth.
9) knowledge of the health and living conditions of many people in the community.
10) congregations also have connections—with other congregations, with their denomination, with networks such as the Salvation Army, the Mennonite Central Committee, the Anglican Relief and Development Fund, Canadian Lutheran World Relief, and so on.

In all these ways, in lament, in prayer, in hope and compassionate help, the church itself is an act of God.

Appendix 1- 2. Caring for Communities in Economic Crisis
Presentation Notes:
CiRCLe M Church and Community Crisis Webinar 2014
Rev. Dr. Cam Harder

Almost every community goes through a crisis at some point in its history. Some go through them regularly. The origin of the crisis might be economic—the boom and bust of mine or mill or fishery openings and closures, of commodity prices and world markets. It could be social—the crisis that comes when a community member is murdered or raped. It might be weather-related—floods, fire, drought, landslide. It could be health-related—an epidemic or disease outbreak among animals or humans. No matter what the origin, however, most crises show all of these elements in some way. Caring for these communities requires a holistic approach. Often it is the social/spiritual elements of care that are neglected.

Renta Nishihara of Rikkyo University in Tokyo experienced the Japanese Tsunami. He shared with me and some colleagues the testimony of Seiko Mukai, a young Anglican Japanese
woman, who volunteered in the ravaged areas. She cared for survivors using “Ashiyu,” the traditional Japanese custom of soaking feet in hot water.

These are her words:

“I have come to Shichigahama as a volunteer. About 500 homes in this area were washed away by the tsunami and 1,200 people are still living in shelters. My work involves caring for stress by giving a foot bath to those affected by the tsunami who cannot take an ordinary bath and lending a listening ear. Listening to their stories is very important. I don’t ask questions or talk about myself. I huddle close together in silence with people who don’t want to talk and remain quiet while holding the hands and caressing the skin of residents who can’t stop crying. I spend ten to fifteen minutes with each tsunami victim. Washing the feet of the exhausted residents and listening to their stories reminds me of Jesus bathing the feet of his disciples in the Gospel of John. I feel like I have come to understand something of the deep love of Jesus, who bathed the feet of his disciples in the expression of ‘the full extent of his love.’”

Rituals like these are one of the gifts that faith groups can bring to communities in crisis. People often say in hindsight that those crises were powerful spiritual experiences, evoking endurance, courage, sacrificial love and sometimes a crisis of faith.

Town and Country communities tend to experience deep, recurrent economic stressors because they often depend on a fairly narrow economic base that can be deeply affected by a change in a single industry. They experience “boom” and “bust” cycles. Judith Kulig will talk about how these communities build the resilience to handle such shocks. I want to examine some of the social dynamics that may occur and what churches may have to contribute to recovery.

“Booms” can be a significant stress to a community. Fort McMurray went through enormous struggle as oil sands companies ramped up production and thousands of workers descended on the town. Waskada MB had dozens of rigs and crews suddenly show up on its doorstep as the Bakken field opened up. Saskatchewan towns have seen a huge influx of workers for oil, potash and uranium projects. The culture and infrastructure of such smaller centres can be overwhelmed as rig crews draw on health, housing, recreational and other key services. Taxes and housing prices rise rapidly. Young families who’ve grown up there can’t afford to live in their own towns anymore.

The “bust” times are even more stressful. It was devastating to agriculture when the floods hit south-western MB and southern SK and when BSE collapsed the Canadian export market for cattle. The fire and flood that hit Slave Lake AB destroyed a variety of businesses, many oil and gas related, and left lots of families homeless.

In 2008 Ontario towns lost a lot of their manufacturing plants when the automakers declared bankruptcy. In New Brunswick up to 40% of the jobs in some communities have been lost over the last 5 years as lumber mills and mines closed. In the west mountain pine beetles have devastated the industry. On the east coast cod trawling has devastated maritime fishing communities.

Though rural population in Canada overall is stable, it’s been a game of musical chairs with one town growing while another loses its population and loses the core institutions that took decades to build. It can be traumatic to watch the closing of schools, churches, grain elevators, hospitals, recreational facilities, hotels, agribusinesses, stores, post offices, coffee shops and more.
The sense of loss, economically and emotionally, from these events can be overwhelming individually. But it can also leave whole communities depressed, often in shock, with little energy for re-building, and with a sense of shame that their town is no longer a desirable place to live. Worst of all they may feel a loss of hope—a feeling that their future is spiralling into a black hole. Without hope and energy new businesses aren’t started and the hopelessness becomes a self-fulfilling prophecy.

Who is it that helps a community find their self-esteem and their hope for the future again. Faith traditions have some resources to offer. They claim that there is someone bigger than the forces that have assaulted their community:

A SPIRITUAL CRISIS

In this sense recovery from economic crisis requires a strong spiritual/emotional component.

First recovery is spiritual because the spirit of the community and individuals in it has been damaged. There is a need for healing of people’s spirits.

Secondly, recovery is spiritual because there is a moral/ethical side to all economic events. The way we set up our local economies says a lot about what we value most, about which things are chief goals and which are the means for getting there, and about who we value most in the community.

Thirdly recovery requires a change in people’s core beliefs—about themselves, about the future. It means a recovery of grounded hope.

I can’t thoroughly address all of these, but I want to take a look at the first one particularly, and briefly the other two as time permits. I’ll be using farm bankruptcy as a case study but many of the dynamics will apply to other economic crises as well.

Over about 10 years I did interviews with many people going through bankruptcy in their farm or ranch operations. I’d like you to listen to a song that captures a lot of the soul-crushing feelings people expressed to me. The sound may not come through well on the phone, so I’ve put the words up on the screen. As you listen to the song I want you to identify feelings that you hear.

Here are some of the feelings I heard:

1) GRIEF
Lowrey --“It broke her heart today ... I held her while she cried.”- Michael-- “connected to land like living body” . Brenda “roots of land in us”
Something is being ripped out.
Connie: “It’s like a real death. It’s every bit as stressful as a spouse dying.”

2) HOPELESSNESS
Lowrey--“Leaving all our hopes and dreams like autumn leaves scattered by the wind.”

loss of personal future:
“love farming, nothing else can satisfy. What else can I do?”

“farm is my pension. Now equity and NISA accounts drained to pay off debts.” Poverty in old age?
“I can’t plan for the future right now. The call centre I’m at now is twelve dollars an hour. I’m not contributing anything to my pension. I’m just trying to play catch-up for past bills and trying to prepare for the winter.”

**Loss of family’s future:**
Lowrey: Your granddaddy always trusted me to take care of this land... A way of life slipping through my hands.
Wayne: “My kids won’t have any opportunity to be on the land. We’re the ones that broke the chain, passing the farm from generation to generation.” The family’s heritage has been lost.

**Loss of community’s future:**
- kids don’t have friends their age, recreational and medical facilities, off-farm jobs.
- kids don’t have capital to get into farming. Those that do invest in something with better returns.
- Manitoba youth video: “If we don’t get something good to do here—if we can’t make a decent living—if we’ve got no place to go and no one to turn to, then our only choice is to go to the city or keep running into the bush [that is, escape into drinking]. Either way a lot of us are never going to come back.”

3) **DEPRESSION**
Lowrey: “The world seems so at peace, it whispers to me ‘sleep.’ But then I feel your small hand move in mine, And I know I can’t let go.” He wants to die.

American studies–100% of insolvent farmers showed significant signs of depression. Suicides disguised—pays off debts, leaves children with farm.

*Diane*: told how a deadening sense of hopelessness had settled into her life: “I’ve gone from being terrified to ‘I don’t care anymore.’”

*Nora* spoke of the difficulty of simply getting up in the morning to face another day of anxiety and loss. “You’re just drained emotionally, physically and mentally.”

*Doreen*: “I felt like the lowest thing on earth. We had completely blocked the sale out of our minds. We didn’t do anything to get ready for that sale.”

Miramichi: “I think a lot of people are really struggling. I think a lot of them are very depressed. I see a lot of my friends have turned to drinking, which is not great .I mean, you need that money for groceries. Why drink it?”

The depression can be so paralysing that the preparations necessary to fight for a good settlement or to prepare for an auction and a move simply cannot happen. There can be a sense of helpless defeat: “There’s a sentiment of ‘well, what can you do.’ I hate to call it defeatism, but it’s as if people are relying on some paternalism that somebody will look after them.”

4) **ANGER**
Lowrey sings, “they gave our life away in pieces sold off cheap by a stranger’s hand.” There is some deep anger beneath those words.

One said “I was tight as a rattlesnake ready to strike!”

Sense of betrayal—neighbours seen as “cannibalizing” failing farm.
Family violence, threats against creditors increase. Half of men and 1/3 of women become more physically aggressive.

“We let a multinational corporation come here and destroy a community. They are bad people!”
12/22/07 Klinkenberg, M. Daily Gleaner. Fredericton, N.B.

5) SHAME
Lowrey: “helplessly stood by. Your daddy never felt less like a man.” “I’m so ashamed—it’s slippin’ through my hands.” He’s a man. He should be able to look after the family, carry on the heritage. But he can’t.

Those in bankruptcy, foreclosure or debt review proceedings and those who lost their jobs, especially men, told me they felt “disgraced,” “ashamed,” that they had “let my family and myself down,” and “betrayed my folks and my neighbours.”

This is the most destructive element in farm crisis because shame spreads. Family members, co-workers, congregations, even whole communities tend to share the shame of their members. So they may develop a common set of shame-defences—denial, aggression, the cone of silence. It should be noted that guilt and shame are not the same thing. Guilt is attached to what we’ve done. Sometimes it is appropriate to feel guilt—if the person has harmed his family or been really irresponsible in some way. Shame on the other hand is attached to who we are—to the value of our self. If we feel that self is no longer publically presentable, we want to hide, or disappear.

6) SILENCE/ISOLATION
Lowrey: “When that cold wind moans I feel so all alone.”

Ron: brother who lived close by lost farm, committed suicide. “We didn’t know any of this until they had signed everything over to the bank. . . . It really hurts us that he went through this and felt that he couldn’t come and talk to us.” However Ron went through a bankruptcy too—and he didn’t tell anyone.

Dorothy: “to talk about her farm’s finances would feel like stripping naked. Randy: “bad manners, unthinkable to ask about a person’s financial situation.”

Self-Imposed Isolation
Adam: “You pull into yourself. You don’t want to talk to people. You don’t want to talk to your landlord. You don’t want to see your banker.”

If the community finds out about their financial situation, some business owners fear that all the creditors will want their debts repaid at once, or will take them to court, or will damage their reputation so that no one will want to do business with him or her anymore.

Others simply cannot hold up their heads in the community. They withdraw from leadership positions, quit favourite sports, avoid neighbours in the town stores, drop out of church.

Community-Imposed Isolation
Perry: “People look at you from a distance; they ignore you; they don’t ask how you’re doing anymore.”

Marvin: “It’s like you’ve got leprosy now.”
News reporter—farmer’s children shunned, family ostracized.

**Effect:** very painful. Mary Van Hook: “Silence was invariably interpreted as judgment or lack of interest.” Even though they wanted to hide, to be allowed to hide, to not be noticed or cared for increased the shame. It wasn’t so much physical/financial help that was needed as a caring, listening, respectful presence.

THE COMMUNITY CAN SOMETIMES SEEM—OR BE—WITHDRAWN FROM PEOPLE GOING THROUGH A FINANCIAL CRISIS BECAUSE...

- People don’t know what they can do to help. They can’t pay the other’s bills...
- Folks aren’t comfortable with their own financial fears—superstitious worry that the problem may be contagious.
- They don’t want to embarrass the other, make them feel like a “charity case”.
- There are no approved rituals for financial problems (like casserole for funerals).

THOSE WHO ARE SUFFERING HAVE OTHER CHALLENGES IN GETTING HELP. SOME ARE PSYCHOLOGICAL:

- Depression—loss of energy.
- Pride—I can fix my own problems.
- Guilt – my unpaid debts hurt others- avoid people generally.
- Fear that others will discover my problems-> shame, loss of public respect.
- Fear that others will take financial advantage.

SOME ARE PRACTICAL:

- Hard to find counsellors that can deal with the variety of issues involved (family dynamics, debt, farming operations, personal psychology, etc).
- Cost (the family is already having financial trouble).
- Long distance to travel. Time is squeezed.

IT IS DIFFICULT FOR RURAL PEOPLE TO ASK FOR COUNSELING IN FINANCIAL CRISES. THEY MAY THINK

- “I can look after myself and my family.”
- “I made my bed—I’ll lie in it.”
- “Strong people don’t display their weaknesses.”
- “my problem is money, not feelings. What can a counsellor do?”
- “I don’t want the neighbours to find out.”

THE CHURCH’S RESPONSE

Here are some of the things the church can do when unemployment, bankruptcy or other economic crisis hits a community.

COUNSELLING

Faith leaders are allowed to take the initiative in approaching people who they suspect are having difficulty. They may notice someone is avoiding eye contact, looking down. Or that a family is longer showing up at public events—in church or the curling rink.

In many traditions faith leaders have direct access to homes where they can visit and gently explore people’s struggles. Gently is critical. People caught in shame must not be forced to expose themselves more quickly than they are able to, even in a confidential setting. Otherwise their shame will be intensified.
But there is some safety in a home visit. Heads might turn in a rural community if they saw the person in psychologist’s office but usually nobody thinks twice if the pastor or priest’s car is in the driveway.

After Katrina, researchers found that people accessed clergy for counselling at a far higher rate than professional counsellors, in part because they are free, and also because of this access factor.

In pastoral counselling it is important to be respectful, caring, not shocked by their stories. If there is guilt from harm the person has done, rites of reconciliation and forgiveness can be helpful. Where there is shame, a faith leader can tell the person that they are acceptable to the leader and to God no matter how they feel, what they’ve done, or what’s been done to them. According to most religious traditions our value is given to us by the Creator. It’s a gift that we cannot improve on, or damage, no matter what we do.

Another benefit to home visits is that one can interact with children, who are often the most vulnerable in these situations.

Parents themselves are the most important folks here but others can help too:

One wise drama teacher in Melitta, MB did a wonderfully therapeutic video-voice/drama project with the teens in her class to draw them out on their feelings about farm bankruptcy in her area. Slowly the students began to admit that they were ashamed that their family couldn’t afford new clothes, that their parents were fighting, that they had a reputation as losers in the community.

CARING SUPPORT
According to a recent study of 300,000 people at Brigham Young University social support is essential to human health. The study found that those with poor social support had a higher risk of premature death than that which came from smoking or obesity.

1) Friends
For the adults, caring friends are the first line of support.

2) Support Groups
The unemployed have said that it was a transformative experience to be in a small group where they had a chance to hear how others were dealing with the crisis. When everyone is in the same boat, it’s a lot safer to speak. None are rejected because all share the pain. It’s a place where they can find and practice their “voice.”

I discovered however that it in some communities it is sometimes wisest to connect people who don’t know each other initially. A pastor who was aware of a farmer in difficulty could phone other ministers 50 KMs or so away and find out whether they had parishioners in difficulty as well and then work to link them up. Obviously confidentiality is important in such groups—as is honesty and a willingness to listen.

3) Congregational Care-givers
After going through her own experience of farm crisis Pat said that what she wanted from the church was “just to know that you’re there, that you care, that you’ll lend an ear to listen—that you don’t judge us—that we’re a part of the church just like you. We need all of you. Don’t run away.”
Congregation members can learn how to care through training programs such as “Stephen Ministries.” The good programs are those that help people learn how to listen in a non-shaming, non-threatening way. There are no solutions for some trauma—a rape victim, a family grieving a death, a lost job, etc. The damage has been done. What they need is a firm, caring, respectful presence. Of course, depending on the situation, the care often needs to be practical as well. Bartering can be helpful. The church can organize “flea markets” in which there is no money exchanged but people trade goods. I’ve seen churches serve as a clearing house for “neighbour-helping-neighbour.” Someone may offer to babysit for a mom who is job-hunting. That mom in turn might be able to do some phoning for the church. One person may offer carpentry skills or cooking skills. And so on. They put what they can into the bank and draw out what they need.

OTHER RESOURCES

RITUALS

*Liturgies of Lament and Blessing*

Rituals are powerful ways to help people process grief and worry. It can be as simple as writing anxieties on slips of paper, going out to the burn barrel, offering them to God and burning each one with a prayer of release. Or they may be more public. They may be sacramental. They may be rituals of protest, rituals of blessing.

Rituals of *lament* are particularly important. Those who are losing their livelihood may feel they are losing some part of themselves. When that loss is publicly lamented, the shame is diminished. Their right to grieve is affirmed, the importance of that which they lost is affirmed, and *they* are affirmed as valuable to the community in spite of that loss.

Laments belong in our Sunday morning worship. They are not common in our hymnal but they ought to be. There are lots of them in *Israel’s* hymnal, in the Psalms. The psalmist cries for example “Hear my prayer, O Lord... do not hide thy face from me in the day of my distress... My heart is smitten like grass... and withered... All the day my enemies taunt me, those who deride me use my name for a curse. For I eat ashes like bread and mingle tears with my drink.” (Ps. 102). Laments may not fit our conception of the upbeat, power-of-positive-thinking contemporary worship service. But they must be voiced before the good news can be *good* news and not just nice news, before any celebration has meaning.

A lament is not a song of intercession (third person)—asking God to help *others* in difficulty. Nor is it an expression of trust in times of difficulty—like “What a Friend we have in Jesus.” Singing a lament means singing the blues—pouring out before God, in first person language our own woes. Like the Psalmists we list the sorrows, explore the particularities of our suffering. It is an intimate expression, peculiar to one’s own community. And it can only be written when the writer understands that suffering well. I’ll bet there are poets in your congregation who could listen to the suffering around them and put good words of lament to an old hymn tune.

*Other Liturgies*

During the recession of the early nineties I participated in rituals of lament for the unemployed. Men and women who had been laid off—declared worthless by their employers—found new strength as their congregations mourned with them the loss of their jobs. The service made it very clear that they were worth a great deal to God and the congregation.
Prayer of Relinquishment
One of our students at seminary (Marlys Moen) wrote an excellent ritual of lament for leaving a farm. It involves bringing close friends and congregational members out to the farm and moving from place to place—from kitchen to bedroom to barn and field. In each location the family gathers up the memories, good and bad, of the life that happened there. An appropriate scripture is read, a prayer offered and a verse is sung. Rituals like that help to restore dignity to people who most often leave the community with a great sense of hopelessness and shame.

Drought Liturgy
My brother, who is a pastor, created a public liturgy for the drought in Alberta a few years back. It gave people the community a way to complain together, to pray together, to find hope together.

Prayer litanies can also be effective places in which to create a space for the sufferers in the congregation. De-shaming litanies, in Brueggeman’s words, are those that adopt a “posture of refusal.” They are litanies that refuse to accept that the social structures that make it very difficult to make a living in an industrial economy are automatically good and inevitable. Our economies, social structures, relationships are constructed. And when they are unjust they can be deconstructed. The Psalmists pray not simply for comfort in their struggles, but for justice. (e.g. Ps.69).

When suffering is expressed in these ways it can have a potent effect. When faith groups publicly acknowledge the suffering of their community and address it with dignity and hope, the community becomes more “passionate.” Passion means both “desire” or “love” and “suffering.” Communities that lament together discover a love that is willing to suffer. They bear it together. And they are able to celebrate together as families and whole communities rebuild their lives.
Appendix 1 - 3. Difficult Times: Stress on the Farm

“Things have gotten real bad around here.
My husband and I fight all the time,
he can’t sleep,
he complains about headaches and stomach aches.
The kids are cranky and yesterday
I almost hit my youngest for fighting with her sister.
We’re behind in our payments
and we have a meeting that involves our creditors in two weeks.
I don’t know how we’re going to make it.
Talk about stress,
we’re up to our eyeballs in it.”

Saskatchewan farmer

This resource has been produced by the Agricultural Health and Safety Network after evaluation through questionnaires and focus groups of the Rural Stress Toolbook (2000) by farmers and health professionals.

THE NEED:
Farmers have a strong tradition of being independent.
The tendency is not to openly talk about problems or ask for support until things are absolutely desperate.

A WAY...
This resource is a way of enabling farm families to understand stress, its impact, and learn skills to help balance stress when farming.

THE SITUATION:
Farmers face tremendous pressure as they work to balance farm and off-farm work and struggle to have the farm support itself.

Many factors that influence a farm’s viability are out of a farmer’s control. Often what we cannot control causes us to feel the most stress:

Factors affecting stress on the farm:
• The weather
• Increased input costs
• Large debt loads
• Animal disease outbreaks (BSE and Avian Influenza)
• Erratic markets
• Increased government regulation and complicated paper work
• Long working hours
• Disagreements with other family members in the farm operation
• Uncertain crop yield and forage production
• Machinery breakdowns
• Handling dangerous goods

Stress for farmers continues as rural communities shrink, schools close and fewer services are conveniently available. As members of these communities, farmers work to fill the gaps in attempts to keep their communities functioning. Rural communities in turn are affected by the high stress farm environment.
STRESS:
• Stress is the human response to any change that is perceived as a challenge or threat.
• Changes that cause worry, frustration and upheaval, and seem beyond our control can cause stress.
• Attitudes, perceptions, and meanings that people assign to events determine a large part of their stress levels.

Not all stress is bad:
When we are excited about an event in our lives, we feel anticipation. Anticipation helps us get mentally and physically ready for a task. This energizing stress is called eustress. Eustress helps us work long hours to finish a job. Eustress keeps us going during seeding and harvest.

Distress:
Distress occurs when we suffer from increased amounts of stress for a long period of time. Distress can threaten our physical and mental health.

Experiencing ongoing distress for months or years leaves our bodies all geared up with no place to go. High levels of adrenalin and other stress chemicals, meant to be used for short term response to challenges, are harmful when they continue with no relief. The results can be high blood pressure, heart disease, a weakened immune system and depression.

EFFECTS OF STRESS?
Stress overload changes the way we think. We get tunnel vision and have difficulty exploring options. We grow paranoid, thinking people are criticizing or making fun of us. We have difficulty handling anger because stress reduces our tolerance and resilience.

Keep in mind stress can:
• Occur suddenly with no warning
  ► hail destroys your quarter of lentils
• Build rapidly
  ► one thing after another goes wrong in a day
  ► the cows are out, the ATV has a flat tire, can’t find any fencing staples, cell phone keeps ringing.....
• Snowball
  ► over weeks and months
  ► poor cash flow, high debt, and personal worries escalate

Consequences of "too much stress" for a farm family can widely vary from tension in family relationships
→ to poor operational decisions
→ to death from a farm incident

BALANCE
is the key to effectively dealing with stress and we all need to find our own BALANCE.
SYMPTOMS OF STRESS

Stress can surface in the form of physical, emotional and behavioural changes depending on the person and situation.

Check the symptoms of STRESS you are presently experiencing.

<table>
<thead>
<tr>
<th>Physical:</th>
<th>Emotional</th>
<th>Behavioural</th>
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</thead>
<tbody>
<tr>
<td>( ) Headaches</td>
<td>( ) Increased angry blow ups</td>
<td>( ) Overeating/neglect diet</td>
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<tr>
<td>( ) Stomach problems</td>
<td>( ) Frustration</td>
<td>( ) Increased smoking/alcohol drinking</td>
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<tr>
<td>(constipation or diarrhea)</td>
<td>( ) Impatience</td>
<td>( ) Change in sleeping habits</td>
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<td>( ) Chest pain</td>
<td>( ) Difficulty controlling emotions</td>
<td>( ) Difficulty relaxing: restlessness/lack of concentration</td>
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<tr>
<td>( ) Rapidly beating heart/change in blood pressure</td>
<td>( ) Low self-esteem</td>
<td>( ) Withdrawn from others</td>
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<tr>
<td>( ) Grinding/clenched teeth</td>
<td>( ) Depression</td>
<td>( ) Trouble adapting to changing circumstances</td>
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<tr>
<td>( ) Fatigue</td>
<td>( ) Suicidal thoughts</td>
<td>( ) Forgetfulness</td>
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<tr>
<td>( ) Drop in sexual interest</td>
<td></td>
<td>( ) Procrastination</td>
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</tbody>
</table>

Everyone views stressful situations differently and has different coping skills. No two people respond exactly the same way to a given situation. Understanding ourselves and our reactions to stress, allows us to learn how to handle stress more effectively.

DEALING WITH STRESS

People vary in their ability to handle stress. What may be tolerable to one person may be a challenge to another.

Farmers who are aware of stressors know some are out of their control, and they accept that. These farmers then concentrate on directing their energy towards problem solving and coping with stressors that are within their control. Farmers demonstrate control with actions - controlling tempers, keeping farm records, and practicing safe productive farming skills.

Learning to cope successfully with a particular stressor once makes it easier to cope the next time.

Just as people differ in the way they perceive and react to stress, people differ in how well they manage stress.
HOW DO YOU DEAL WITH STRESS?

**Awareness**
Can you name three recent situations that have caused stress in your life?
Yes  No

Can you list three symptoms (physical, emotional or behavioural) that you suffer when you are under stress?
Yes  No

**Acceptance**
Can you maintain a positive or neutral attitude when dealing with “little things” in life?
Yes  No

Can you talk yourself out of feeling stressed?
Yes  No

**Coping**
Do you know and use relaxation techniques like deep breathing and meditation?
Yes  No

Do you ever use exercise to get rid of stressed feelings?
Yes  No

**Action**
Do you make a list and prioritize tasks to keep yourself from feeling overwhelmed by all there is to do?
Yes  No

When conflict arises can you express your feelings and communicate them to others effectively?
Yes  No

Yes total __________

No total __________

YES  Less than 7: Any effort made to improve your ability to recognize and deal with stress will help promote balance in your life.

YES  7 or more: You are on the right track! Share your ability to balance farm stress through difficult times with friends, family and colleagues. Be aware there can be a big difference between knowing what to do and doing it.

**AWARENESS**
Farming has ongoing situations that cause stress. Common farm stressors are finances, daily hassles, and lack of control over the weather, heavy work overloads, and conflict in relationships. Complete the following inventory to identify your stressors.
<p>| | | | | | | |</p>
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<tbody>
<tr>
<td>1</td>
<td>Sudden and significant increase in debt load</td>
<td>1 2 3 4 5</td>
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<tr>
<td>2</td>
<td>Significant production loss due to disease or pests</td>
<td>1 2 3 4 5</td>
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<tr>
<td>3</td>
<td>Insufficient regular cash flow to meet financial obligations or for daily necessities</td>
<td>1 2 3 4 5</td>
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<td>4</td>
<td>Delay in planting or harvesting due to weather</td>
<td>1 2 3 4 5</td>
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<td>5</td>
<td>Media distortions of farm situation</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>6</td>
<td>Low commodity prices</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
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<tr>
<td>7</td>
<td>Significant changes in type or size of farming operation</td>
<td>1 2 3 4 5</td>
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<tr>
<td>8</td>
<td>Meeting with loan officer for additional loan</td>
<td>1 2 3 4 5</td>
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<tr>
<td>9</td>
<td>Purchase of major machinery, facility or livestock</td>
<td>1 2 3 4 5</td>
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<tr>
<td>10</td>
<td>Not being considered part of the farm business by others</td>
<td>1 2 3 4 5</td>
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<tr>
<td>11</td>
<td>Taking an off-the-farm job to meet expenses</td>
<td>1 2 3 4 5</td>
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<tr>
<td>12</td>
<td>Prolonged bad weather</td>
<td>1 2 3 4 5</td>
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<tr>
<td>13</td>
<td>Problems with weeds or insects</td>
<td>1 2 3 4 5</td>
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<tr>
<td>14</td>
<td>Machinery breakdown at a critical time</td>
<td>1 2 3 4 5</td>
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<tr>
<td>15</td>
<td>Not enough time to spend with spouse</td>
<td>1 2 3 4 5</td>
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<tr>
<td>16</td>
<td>Crop loss due to weather</td>
<td>1 2 3 4 5</td>
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<tr>
<td>17</td>
<td>Illness during planting/harvesting</td>
<td>1 2 3 4 5</td>
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<tr>
<td>18</td>
<td>Deciding when to sell</td>
<td>1 2 3 4 5</td>
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<tr>
<td>19</td>
<td>Rising expenses</td>
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<tr>
<td>20</td>
<td>Government policies and regulations</td>
<td>1 2 3 4 5</td>
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<tr>
<td>21</td>
<td>Concerns about the continued financial viability of the farm</td>
<td>1 2 3 4 5</td>
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<tr>
<td>22</td>
<td>Having a loan request turned down</td>
<td>1 2 3 4 5</td>
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<tr>
<td>23</td>
<td>Farming-related accident</td>
<td>1 2 3 4 5</td>
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<td>24</td>
<td>Government free-trade policies</td>
<td>1 2 3 4 5</td>
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<tr>
<td>25</td>
<td>Government “cheap food” policies</td>
<td>1 2 3 4 5</td>
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<tr>
<td>26</td>
<td>Metric conversion</td>
<td>1 2 3 4 5</td>
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<tr>
<td>27</td>
<td>Breeding or reproductive difficulties with livestock</td>
<td>1 2 3 4 5</td>
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<tr>
<td>28</td>
<td>No farm help or loss of help when needed</td>
<td>1 2 3 4 5</td>
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<tr>
<td>29</td>
<td>Need to learn/adjust to new government regulations and policies</td>
<td>1 2 3 4 5</td>
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<tr>
<td>30</td>
<td>Spouse doesn’t have enough time for child-rearing</td>
<td>1 2 3 4 5</td>
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<tr>
<td>31</td>
<td>Increased workload at peak times</td>
<td>1 2 3 4 5</td>
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<tr>
<td>32</td>
<td>Unplanned interruptions</td>
<td>1 2 3 4 5</td>
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<tr>
<td>33</td>
<td>Use of hazardous chemicals on the farm</td>
<td>1 2 3 4 5</td>
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<tr>
<td>34</td>
<td>Dealing with salespeople</td>
<td>1 2 3 4 5</td>
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<tr>
<td>35</td>
<td>Long work hours</td>
<td>1 2 3 4 5</td>
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<tr>
<td>36</td>
<td>Few vacations away from the farm</td>
<td>1 2 3 4 5</td>
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<tr>
<td>37</td>
<td>Feeling isolated on the farm</td>
<td>1 2 3 4 5</td>
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<tr>
<td>38</td>
<td>Having to travel long distances for services, shopping and health care</td>
<td>1 2 3 4 5</td>
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<tr>
<td>39</td>
<td>Pressure of having too much to do in too little time</td>
<td>1 2 3 4 5</td>
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<tr>
<td>40</td>
<td>Keeping up with new technology and products</td>
<td>1 2 3 4 5</td>
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<tr>
<td>41</td>
<td>Worrying about market conditions</td>
<td>1 2 3 4 5</td>
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<tr>
<td>42</td>
<td>Having to make decisions without all the necessary information</td>
<td>1 2 3 4 5</td>
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<tr>
<td>43</td>
<td>Being expected to work on the farm as well as manage the house</td>
<td>1 2 3 4 5</td>
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<tr>
<td>44</td>
<td>Worrying about owing money</td>
<td>1 2 3 4 5</td>
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<tr>
<td>45</td>
<td>Worrying about keeping the farm in the family</td>
<td>1 2 3 4 5</td>
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<tr>
<td>46</td>
<td>Not seeing enough people</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>47</td>
<td>Not having enough money or time for entertainment and recreation</td>
<td>1 2 3 4 5</td>
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<tr>
<td>48</td>
<td>Death of a parent or member of immediate family</td>
<td>1 2 3 4 5</td>
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<tr>
<td>49</td>
<td>Death of a friend</td>
<td>1 2 3 4 5</td>
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<tr>
<td>50</td>
<td>Problems balancing work and family responsibilities</td>
<td>1 2 3 4 5</td>
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<tr>
<td>51</td>
<td>Problems with relatives in farm operating agreement</td>
<td>1 2 3 4 5</td>
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</tr>
<tr>
<td>52</td>
<td>Divorce or marital separation</td>
<td>1 2 3 4 5</td>
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<tr>
<td>53</td>
<td>Problems with a partnership</td>
<td>1 2 3 4 5</td>
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<tr>
<td>54</td>
<td>Daughter or son leaving home</td>
<td>1 2 3 4 5</td>
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<tr>
<td>55</td>
<td>Trouble with parents or in-laws</td>
<td>1 2 3 4 5</td>
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</tbody>
</table>
56 Conflict with spouse over spending priorities 1 2 3 4 5
57 Major decisions being made without my knowledge or input 1 2 3 4 5
58 Having to wear too many hats, e.g. farmer, spouse, father, son etc. 1 2 3 4 5
59 Surface-rights negotiations 1 2 3 4 5
60 Other recent events which have had an impact on your life 1 2 3 4 5

INVENTORY SCORE

Putting Your SCORE in Perspective:

**If the majority of your scores are 4 or 5:**
- It is important to devote immediate attention to stress management. Give yourself credit for the tough times you have survived. Long term stress depletes your internal resources. It is common to identify with these farm stresses in your operation. Remember there are people who will listen and help brainstorm ways to cope. For help, please refer to the back page of this resource book for local contacts. There is no shame in talking to someone about your concerns and remember to incorporate the five STEPS (see below) to cope with stress on the farm.

**If the majority of your scores are 3:**
- Focus on your stress management strengths. Continue to expand your coping skills. Set goals that allow you take control of what is controllable on your farm. The skills you are using and those you will develop can help you to deal with uncontrollable situations that arise.

**If the majority of your scores are 1 and 2:**
- You have stress coping skills. Share your skills with others. Farming will continue to challenge you, so continue to communicate, prioritize daily tasks and support your family, friends, workers and community in difficult times.

 Keep in mind that the average farmer is experiencing more stress than observed in other occupations so even an "average" level of farm stress maybe too much!

AWARENESS

**What I Can Control.....**

Stress cannot be cured but it can be handled.
A farmer cannot control outside forces that affect the farm and family but a farmer can control how they handle the stress.

Events
- Plan ahead. Don't procrastinate. Replace worn machinery parts and complete maintenance during down times rather than when the equipment is needed in the field.
- Use your time efficiently. Set priorities and work at tasks accordingly. Remember there are only so many things that you can do in a day.
- Prior to stressful seasons, - calving, seeding, harvest - delegate and plan who will take care of the everyday chores.
- Learn to say NO to extra commitments. There is only one you. Take care of yourself so you can fulfill present commitments.
Attitudes
• Concentrate on thinking and using your positive energy to solve a problem instead of worrying yourself sick about it.
• Give yourself and others credit for what has been accomplished instead of focussing on what hasn’t been done.
• Set realistic goals. “My goal this next year is to fence that back quarter south of the house.” Having a major long term goal makes it easier to keep things in perspective. Setting daily priorities becomes more straightforward too.
• Make a plan for your day. When you cannot get everything you want completed in a day, tackle what will give you the biggest return.
• Look at the big picture and count the good things that happen. “It’s a good thing that I noticed that bearing was gone on the combine while still in the yard. Fixing it in the field would have been really difficult.”
• Leave a little time to deal with the unexpected.

Awareness
Put the stressors that you identified in the Farm Stress Inventory (listed below) or any personally identified stressors in the appropriate boxes below.

| Important/Controllable Stressors | i.e., Getting your taxes filed. |
| Unimportant/Controllable Stressors | i.e., Who is going to do chores when I am gone next Tuesday? |
Put the stressors that you identified in the Farm Stress Inventory (listed below) or any personally identified stressors in the appropriate boxes below.

<table>
<thead>
<tr>
<th>Important/Uncontrollable Stressors</th>
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<tbody>
<tr>
<td><em>i.e., The weather.</em></td>
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<table>
<thead>
<tr>
<th>Unimportant/Uncontrollable Stressors</th>
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<tbody>
<tr>
<td><em>i.e., The neighbours crooked new fence line.</em></td>
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</tbody>
</table>
“Grant me the strength to change the things I can change, the courage to accept those things I cannot change and the wisdom to know the difference.”

ACCEPTANCE SKILLS

Acceptance skills can change your attitude toward controllable and uncontrollable stressors.

► Keep things in perspective. Ask yourself:
   • Has this happened before?
   • What did I learn last time this happened?
   • What’s the worst possible outcome?
   • Are my fears realistic?
   • What else can I do?
   • What do I tell a friend in this situation?
   • A year from now, how important will this be?

► Use positive self-talk – let go of the blame and guilt:
   • I did the best that I could at the time.
   • I will succeed.
   • There is no place to go but up.
   • Someday we’ll laugh about this.
   • This is a learning experience.
   • Calm down.
   • Things take time.

► Keep a positive attitude.
   • With a positive attitude it is easier to live and work with others and find solutions.

Someone to talk to is a phone call away →
Look on the back cover to see who is there to help in your area.

► Develop a stress-resistant personality.
   • Set realistic goals and expectations.
   • Build time for leisure activities.
   • Get some exercise.
   • Put problems in perspective and look at them as challenges.
   • Look for possibilities and get creative.
   • Connect with a positive social network that is supportive.
   • Share responsibilities and ask for help.

► Talk to someone you trust to help you clear your head and focus on eliminating or reducing stress and anxiety.
   • Family, friends or a clergy member.
   • Consider seeking out a professional counsellor or confidential phone line program to help if you feel completely alone, overwhelmed or hopeless.
   • There is no shame in asking for help to sort the wheat from the chaff in your life.
“I felt like I was trapped and couldn’t get out. Half of me didn’t want to open up to anyone. I think I was afraid people would judge me and think I wasn’t able to solve my problems. The other half of me desperately needed someone to talk to, to listen, and to help me brainstorm some ways to cope. When I finally opened up, I felt like a weight had been taken off my shoulders.”

COPING SKILLS

Coping skills are ways in which an individual or their family uses personal, financial and community resources to help to handle the strain of stress.

A positive attitude, willingness to explore resources, accepting and offering help, and being flexible in stressful situations are helpful ways to cope so one does not feel isolated and frustrated.

<table>
<thead>
<tr>
<th>Exercise</th>
<th>Hobbies</th>
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<tbody>
<tr>
<td>Curling</td>
<td>Doing a crossword puzzle</td>
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<tr>
<td>Playing old time hockey</td>
<td>Playing a musical instrument</td>
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<tr>
<td>Bowling</td>
<td>Trying something you always wanted to do</td>
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<tr>
<td>Dancing</td>
<td>Reading a book</td>
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<tr>
<td>Riding a bike</td>
<td>Woodworking projects</td>
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<td></td>
<td>Restoring an old car</td>
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<table>
<thead>
<tr>
<th>Diversions</th>
<th>Relaxation</th>
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<tbody>
<tr>
<td>Playing cards with friends</td>
<td>Getting a massage</td>
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<tr>
<td>Fishing</td>
<td>Taking a nap</td>
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<tr>
<td>Checking a local attraction</td>
<td>Enjoying a bath</td>
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<tr>
<td>Having a wiener roast</td>
<td>Listening to music</td>
</tr>
<tr>
<td>Taking a mini holiday</td>
<td>Taking a walk</td>
</tr>
<tr>
<td>Phoning the funniest person you know</td>
<td>Stretching</td>
</tr>
</tbody>
</table>

► Physical fitness fights stress in two ways:
  • A physically fit body is better able to withstand the effects of stress. A balanced lifestyle with regular exercise, healthy meals and adequate sleep gives you energy and endurance to handle whatever comes your way.
  • Exercise has a calming effect. Repetitive exercises can produce a mental state like meditation. Exercise that gets your heart pounding for at least 20 minutes releases chemicals in the brain called “endorphins” that reduce depression and stress.

COPING SKILLS

► Relaxation
Stress tenses your muscles, makes your breathing shallow, raises your blood pressure, makes your heart pound and clouds your judgment. Relaxation skills can reverse those effects to make you feel better, think better and perform better.
To get a good sleep

<table>
<thead>
<tr>
<th>Action</th>
<th>Five steps to keep stress in check</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Get some exercise throughout the day but avoid too much exercise before bedtime.</td>
<td>• Stop to take breaks, relax at least 20 minutes a day.</td>
</tr>
<tr>
<td>• Avoid nicotine, caffeine and alcohol for they really do not help at all.</td>
<td>• Talk about your stress with others.</td>
</tr>
<tr>
<td>• Eat the big meal of your day earlier in the day and have a lighter supper that is higher in carbohydrates and lower in protein.</td>
<td>• Eat three meals a day, while comfortable and seated.</td>
</tr>
<tr>
<td>• Have a bath an hour or so before bed and relax.</td>
<td>• Prepare for stressful events.</td>
</tr>
<tr>
<td>• Make sure the place where you are sleeping is dark and the darker the better.</td>
<td>• Strengthen your relationships with others – HAVE SOME FUN!</td>
</tr>
<tr>
<td>• Sleep with the window slightly open.</td>
<td>Avoid the chemical haze. Booze, tranquilizers, cigarettes, and caffeine do not help deal with stress.</td>
</tr>
</tbody>
</table>

Give your body an exquisite treat. Take a 20 minute nap.

ACTION SKILLS

Farmers, ranchers and their families can use action skills to increase their effectiveness when dealing with important and unimportant controllable stressors. Everyone can choose to do something to make things a little better.

► Communicate.
  • Talk about the tough realities as the start of a cooperative stress-busting effort.
  • Communication takes time and includes talking and listening.
  • Realize men and women indicate their concerns in a different manner. Women discuss their feelings more often than men. Men tend to concentrate on discussing information and facts.
  • Use I statements rather than blaming statements which lead to calmer, more productive discussions.
  • Understand that the quality of one’s statements can be affected by energy level, past discussions and personality.

► Prioritize.
  • Make a list of everything you want to do today. Be realistic.
  • Prioritize tasks and do the important ones when your energy is high and resources are available.
  • Break down tasks into bite-sized chunks.
  • Combine similar trips and tasks.
  • Delegate as much as possible. Can the spouse, kids or partner take over some tasks? Can you barter skills with a neighbour?
  • Reduce paperwork by organizing your paper and creating a filing system that works for you.
  • Avoid time-wasters. When you’re interrupted, let them know you can’t spend time now, and arrange to call or visit them soon.
  • Admit when you have too many priorities.
  • Ask for help.
**ACTION SKILLS**

► Support your family, business partners and community.
  • Plan ahead.
  • Learn to negotiate and address the problem. Create interaction rules and develop agreed-upon methods for handling problems. It is OK to have a difference of opinion but take the time to find a compromise.
  • Show confidence in your family’s, business partner’s and community’s skills and decisions.
  • Provide encouragement and concern for your family, business partners and community. Ask what can be done to help the situation. A simple solution may be the answer.
  • Have realistic expectations of your family, business partners and community.
  • Spend time together to relax, laugh and celebrate. Family strength is important in preventing overwhelming stress and is extremely important in coping with overwhelming stress.

---

**Laugh, it makes you feel good!**

Laughter is critical to relaxation and wellbeing.

It’s FREE, low calorie, and available without a prescription.

**When you laugh...**

• 17 muscles in your face relax
• blood circulation is improved
• respiration is increased
• muscles in your abdomen are massaged
• the brain’s natural pain killers are stimulated through the release of endorphins

---

**ACTION SKILLS**

► Set “SMART” goals

It’s important to get a picture of what you, ideally, would like to have happen in your life and on your farm in the short and long term. SMART goals can help to achieve personal satisfaction and productivity.

Specific: Set a concrete goal that addresses behaviour and results. *“For the next month, when I feel stressed I will tell my spouse about the problem, using I statements rather than blaming statements so the discussion is calmer and more productive.”*

Measurable: State your goal in a way that you can easily measure progress. *“My goal is to take twenty minutes at the end of each day and relax.”*

Agreed upon: Don’t do it alone, ask others to help and support you. *“Everyone on this farm has agreed to not interrupt my twenty minutes relaxation time.”*

Rewarding: Behaviour change should be as much fun as possible. Reward yourself for achieving a goal as well as passing milestones. *“If I go for a mile walk every day to get some exercise, at the end of the month I will take Sunday afternoon to go fishing.”*

Trackable: Keep track of your progress in a visible way so you do not get discouraged. *“I will keep a notepad in my pocket and a calendar in the house with a list of things to do each day. I can then strike jobs off when they are completed.”*
How to use the goal setting template:

In order to achieve long term goals you need to set three short term goals. Develop actions that will enable you to succeed in reaching the short term goals. Outline a time frame for each goal. This template can be useful in setting goals on your farm.

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<table>
<thead>
<tr>
<th>Short term goal 1</th>
<th>Actions to reach goals</th>
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<tbody>
<tr>
<td>Time frame: _____</td>
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<th>Long term goal</th>
<th>Short term goal 3</th>
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<td>Time frame: _____</td>
<td>Time frame: _____</td>
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Now that you are AWARE

You are aware of your stressors and have identified what you can and cannot control. Direct your energy towards problem solving and coping with stressors that are within your control. Incorporate actions, goal setting, coping skills and where to get help in the following table to organize your thoughts. Use this recipe to assist you as you farm in difficult times.
<table>
<thead>
<tr>
<th>What is on my mind?</th>
<th>What does this affect?</th>
<th>What can I do?</th>
<th>Who can help?</th>
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REFERENCES

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12. Haverstock, L. (1999). Rural Mental Health Support: An Unpublished Report to the Centre of Agricultural Medicine, University of Saskatchewan, Saskatoon, SK.
Every care has been taken to provide accurate information in the Difficult Times: Stress on the Farm booklet but the authors are not liable for any results that arise from the application of this material. Written permission is required to reproduce material. Institute of Agricultural Rural and Environmental Health (I.ARE.H)(formerly the Centre for Agricultural Medicine), University of Saskatchewan, 2006. First edition, 2000.

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Manitoba Farm & Rural Stress Line, 1-866-367-3276—www.ruralstress.ca, (10 am to 9 pm Monday to Friday and Saturdays 12 noon to 5 pm. The Manitoba farm & Rural Stress Line is staffed by professional counsellors, men and women from the farm, who are trained to assist people in crisis, as well as those with personal and family issues, financial situations, and other concerns affecting the farm operation and/or rural living.

WHO CAN HELP
- Domestic Violence Crisis Line 1-877-977-0007
- Farm Debt Mediation Service (federal) 1-866-452-5556
- Gambling Help Line 1-800-463-1554
- Health Links 1-888-315-9257
- Kid’s Help Phone Line 1-800-668-6868
- Klinic 24 Hour Crisis Line 1-888-322-3019
- Law referral Phone—In 1-800-262-8800
- Manitoba Farm Debt Mediation Boar (provincial) 1-800-282-8069
- Manitoba Farm & Rural Stress Line 1-866-367-3276
- Manitoba Suicide Line 1-877-435-7170
- Mobile Crisis Unit 24 Hour Helpline 1-888-379-7699
- Sexual Assault 24 Hour Crisis Line 1-888-292-7565
- Teen Touch 1-800-563-8336
In 2013, the American Psychiatric Association revised the PTSD diagnostic criteria in the fifth edition of its Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (1). The diagnostic criteria are specified below.

Note that DSM-5 introduced a preschool subtype of PTSD for children ages six years and younger. The criteria below are specific to adults, adolescents, and children older than six years.

Diagnostic criteria for PTSD include a history of exposure to a traumatic event that meets specific stipulations and symptoms from each of four symptom clusters: intrusion, avoidance, negative alterations in cognitions and mood, and alterations in arousal and reactivity. The sixth criterion concerns duration of symptoms; the seventh assesses functioning; and, the eighth criterion clarifies symptoms as not attributable to a substance or co-occurring medical condition. Two specifications are noted including delayed expression and a dissociative subtype of PTSD, the latter of which is new to DSM-5. In both specifications, the full diagnostic criteria for PTSD must be met for application to be warranted.

**Criterion A: stressor**
The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, as follows: (one required)

- Direct exposure.
- Witnessing, in person.
- Indirectly, by learning that a close relative or close friend was exposed to trauma. If the event involved actual or threatened death, it must have been violent or accidental.
- Repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties (e.g., first responders, collecting body parts; professionals repeatedly exposed to details of child abuse). This does not include indirect non-professional exposure through electronic media, television, movies, or pictures.

**Criterion B: intrusion symptoms**
The traumatic event is persistently re-experienced in the following way(s): (one required)

- Recurrent, involuntary, and intrusive memories. Note: Children older than six may express this symptom in repetitive play.
- Traumatic nightmares. Note: Children may have frightening dreams without content related to the trauma(s).
• Dissociative reactions (e.g., flashbacks) which may occur on a continuum from brief episodes to complete loss of consciousness. Note: Children may re-enact the event in play.
• Intense or prolonged distress after exposure to traumatic reminders.
• Marked physiologic reactivity after exposure to trauma-related stimuli.

Criterion C: avoidance
Persistent effortful avoidance of distressing trauma-related stimuli after the event: (one required)

• Trauma-related thoughts or feelings.
• Trauma-related external reminders (e.g., people, places, conversations, activities, objects, or situations).

Criterion D: negative alterations in cognitions and mood
Negative alterations in cognitions and mood that began or worsened after the traumatic event: (two required)

• Inability to recall key features of the traumatic event (usually dissociative amnesia; not due to head injury, alcohol, or drugs).
• Persistent (and often distorted) negative beliefs and expectations about oneself or the world (e.g., "I am bad," "The world is completely dangerous").
• Persistent distorted blame of self or others for causing the traumatic event or for resulting consequences.
• Persistent negative trauma-related emotions (e.g., fear, horror, anger, guilt, or shame).
• Markedly diminished interest in (pre-traumatic) significant activities.
• Feeling alienated from others (e.g., detachment or estrangement).
• Constricted affect: persistent inability to experience positive emotions.

Criterion E: alterations in arousal and reactivity
Trauma-related alterations in arousal and reactivity that began or worsened after the traumatic event: (two required)

• Irritable or aggressive behaviour
• Self-destructive or reckless behaviour
• Hyper vigilance
• Exaggerated startle response
- Problems in concentration
- Sleep disturbance

**Criterion F: duration**
**Persistence of symptoms** (in Criteria B, C, D, and E) for more than one month.

**Criterion G: functional significance**
**Significant symptom-related distress or functional impairment** (e.g., social, occupational).

**Criterion H: exclusion**
**Disturbance is not due to medication, substance use, or other illness.**

**Specify if: With dissociative symptoms.**
In addition to meeting criteria for diagnosis, an individual experiences high levels of either of the following in reaction to trauma-related stimuli:

**Depersonalization**: experience of being an outside observer of or detached from oneself (e.g., feeling as if "this is not happening to me" or one were in a dream).

**Derealisation**: experience of unreality, distance, or distortion (e.g., "things are not real").

**Specify if: With delayed expression.**
Full diagnosis is not met until at least six months after the trauma(s), although onset of symptoms may occur immediately.

**References**

*Website Policy:* "The information on this website is presented for educational purposes only. It is not a substitute for informed medical advice or training. Do not use this information to diagnose or treat a mental health problem without consulting a qualified health care provider or mental health care provider. For more information, call the PTSD Information Line at (802) 296-6300 or send email to ncptsd@va.gov." [http://www.ptsd.va.gov/about/about-website/website-policies.asp](http://www.ptsd.va.gov/about/about-website/website-policies.asp)
Appendix 1 - 5. Psychological Effects of Trauma
Presentation Notes: CiRCLe M Church and Community Crisis Response Training 2014

Dr. Catherine (Cathy) Carter-Snell

Goals
• To describe “normal” responses to trauma
• To identify physical and behavioural changes with prolonged trauma (e.g. PTSD, substance abuse, suicide)
• Describe factors associated with secondary victimization

What is Trauma?
• Event or series of events that overwhelm someone’s resources
• May be individually defined

“Normal” Responses:
• Protective (fight or flight)
  • Increased breathing to get more oxygen
  • Increased heart rate to pump oxygen
  • Widened pupils to see
  • Stress hormone (cortisol) for energy
• “Nesting” among women (oxytocin)
• Immobility (freeze) response in some
• Avoidance
  • May help cope (resilience) in short term
  • Can indicate or cause problems if persists
• Dissociative Symptoms
  • Numbing
  • Detachment
  • Decreased emotional responses
  • Decreased awareness of surroundings/daze
  • De-realization – can’t believe it’s happened
  • De-personalization – speaking in 3rd person
  • Dissociative amnesia – forgetting

Timing is Everything!
• Acute response usually time limited (<24 hrs)
• Prolonged or extreme stressor can cause significant problems
  • PTSD
  • Anxiety
  • Depression

• Other Acute Responses
  • Grief
  • Spiritual distress
  • Anger
  • Powerlessness/hopelessness
  • Disbelief
Stress Disorders:

Post Traumatic Stress Disorder (PTSD)

- PTSD common after some types of trauma
- Associated with significantly more
  - Hospital visits
  - Unemployment/school drop outs
  - Cancer
  - Heart disease
  - Autoimmune disorders
  - Substance abuse
  - Suicide
  - Depression
- Rates vary by trauma and gender

- PTSD Criteria (National Center for PTSD, 2014)
  - “Exposed to death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence” and ONE or more of:
    - Direct exposure
    - Witnessing in person
    - Indirect exposure
    - Repeated or extreme exposure to aversive details
- PTSD Symptom Clusters
  - Intrusion
  - Avoidance
  - Negative alterations in thought/mood
  - Altered arousal & reactivity
- Children may regress or become disorganized

- PTSD Considerations
  - Causes significant impairment in function
  - With subsequent stressors
    - Flooded with adrenaline
    - May dissociate
    - See severe forms (complex) if repetitive abuse/ torture
  - Women's symptoms more severe, difficult to treat
  - Traditional treatment of minimal effect
  - Prevention and early intervention important
  - High risk of re-victimization if PTSD after intimate forms of violence (e.g. sexual assault)

- Risks for PTSD
  - Dissociation at time of trauma
  - Guilt (e.g. alcohol/drug use, cultural)
  - Self-blame
  - Negative self-appraisal
  - Mental defeat, mental confusion
  - Persistent avoidance coping
  - Negative spiritual coping
Major Depressive Disorder
In SAD CAGES (Rund)
In = loss of interest in usual activities
S = sleep disturbances
A = activity
D = dysphoria/depressed mood
C = concentration deficits
A = appetite changes
G = guilt excessive to situation/inappropriate
E = energy deficit
S = suicidal ideation

- Major Depressive Disorder Symptoms
  • 5 or more symptoms (must include depressed mood or loss of interest)
  • Single episode or 2 or more major episodes ≥ 2 months apart
  • Symptoms > 2 months & impair social/work
  • Women have 3x greater incidence

Behavioural Signs of Stress:
- Social
  • Isolation from family/friends
  • Less interest in previously enjoyed activities
- Work/School
  • Increased absences/sick time
  • Decreased marks/drop outs
- Spiritual
  • Why did He let this happen/what have I done?
  • Is there really a God?
- Personal/Physical
  • Appetite changes
  • Sleep changes
  • Substance use/abuse
  • Anger/acting out or flat affect

Long Term Consequences:
- Drugs/alcohol abuse
- Unemployment
- High risk behaviour
- Family dysfunction
- Increased family risk of PTSD/depression
- Chronic health risks (cancer, heart disease, autoimmune disorders)

Secondary Victimization:
- Creating further trauma in addition to original trauma
- Refers to additional trauma inflicted by others after sexual assault
  • Long waits in for treatment
  • Incomplete range of services
  • Re-telling story in multiple ways
  • Disbelief
  • Victim blaming
• Often associated with negative responses from health care or legal professionals
• Most harmful responses
  • Use of distraction techniques - e.g. “get over it” or “move on”
  • Blaming the victim
  • Egocentric behaviours – focus on own agenda/needs
  • Taking control of decision making
  • Treating differently (labeling, stigmatizing)
• Factors worsening impact
  • Needs not met (Maslow’s hierarchy)

Key Points
• Normal responses to trauma can become stress disorders
• PTSD difficult to treat and long lasting
• Other complications common (e.g. depression, substance abuse, depression, suicide)
• Prevention of stress disorders crucial
• Support (informal/formal, resources) key
A brief history of the PTSD diagnosis

The risk of exposure to trauma has been a part of the human condition since we evolved as a species. Attacks by saber tooth tigers or twenty-first century terrorists have probably produced similar psychological sequelae in the survivors of such violence. Shakespeare's Henry IV appears to meet many, if not all, of the diagnostic criteria for Posttraumatic Stress Disorder (PTSD), as have other heroes and heroines throughout the world's literature. The history of the development of the PTSD concept is described by Trimble (1).

In 1980, the American Psychiatric Association (APA) added PTSD to the third edition of its Diagnostic and Statistical Manual of Mental Disorders (DSM-III) nosologic classification scheme (2). Although controversial when first introduced, the PTSD diagnosis has filled an important gap in psychiatric theory and practice. From an historical perspective, the significant change ushered in by the PTSD concept was the stipulation that the etiological agent was outside the individual (i.e., a traumatic event) rather than an inherent individual weakness (i.e., a traumatic neurosis). The key to understanding the scientific basis and clinical expression of PTSD is the concept of "trauma."

Importance of traumatic events

In its initial DSM-III formulation, a traumatic event was conceptualized as a catastrophic stressor that was outside the range of usual human experience. The framers of the original PTSD diagnosis had in mind events such as war, torture, rape, the Nazi Holocaust, the atomic bombings of Hiroshima and Nagasaki, natural disasters (such as earthquakes, hurricanes, and volcano eruptions), and human-made disasters (such as factory explosions, airplane crashes, and automobile accidents). They considered traumatic events to be clearly different from the very painful stressors that constitute the normal vicissitudes of life such as divorce, failure, rejection, serious illness, financial reverses, and the like. (By this logic, adverse psychological responses to such "ordinary stressors" would, in DSM-III terms, be characterized as Adjustment Disorders rather than PTSD.) This dichotomization between traumatic and other stressors was based on the assumption that, although most individuals have the ability to cope with ordinary stress, their adaptive capacities are likely to be overwhelmed when confronted by a traumatic stressor.

PTSD is unique among psychiatric diagnoses because of the great importance placed upon the etiological agent, the traumatic stressor. In fact, one cannot make a PTSD diagnosis unless the patient has actually met the "stressor criterion," which means that he or she has been exposed to an event that is considered traumatic. Clinical experience with the PTSD diagnosis has shown, however, that there are individual differences regarding the capacity to cope with catastrophic stress. Therefore, while most people exposed to traumatic events do not develop PTSD, others go on to develop the full-blown syndrome. Such observations have prompted the recognition that trauma, like pain, is not an external phenomenon that can be completely objectified. Like pain, the traumatic experience is filtered through cognitive and emotional processes before it can be appraised as an extreme threat. Because of individual differences in this appraisal process, different people appear to have different trauma thresholds, some more protected from and some more vulnerable to developing clinical symptoms after exposure to
extremely stressful situations. Although there is currently a renewed interest in subjective aspects of traumatic exposure, it must be emphasized that events such as rape, torture, genocide, and severe war zone stress are experienced as traumatic events by nearly everyone.

**Revisions to PTSD diagnostic criteria**
The DSM-III diagnostic criteria for PTSD were revised in DSM-III-R (1987), DSM-IV (1994), and DSM-IV-TR (2000) (2-5). A very similar syndrome is classified in ICD-10 (The ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines) (6). One important finding, which was not apparent when PTSD was first proposed as a diagnosis in 1980, is that it is relatively common. Recent data from the National Comorbidity Survey Replication indicates lifetime PTSD prevalence rates are 3.6% and 9.7% respectively among American men and women (7). Rates of PTSD are much higher in post-conflict settings such as Algeria (37%), Cambodia (28%), Ethiopia (16%), and Gaza (18%) (8).

DSM-IV Diagnostic criteria for PTSD included a history of exposure to a traumatic event and symptoms from each of three symptom clusters: intrusive recollections, avoidant/numbing symptoms, and hyper-arousal symptoms. A fifth criterion concerned duration of symptoms; and, a sixth criterion stipulated that PTSD symptoms must cause significant distress or functional impairment.

The latest revision, the DSM-5 (2013), has made a number of notable evidence-based revisions to PTSD diagnostic criteria, with both important conceptual and clinical implications (9). First, because it has become apparent that PTSD is not just a fear-based anxiety disorder (as explicated in both DSM-III and DSM-IV), PTSD in DSM-5 has expanded to include anhedonic/dysphoric presentations, which are most prominent. Such presentations are marked by negative cognitions and mood states as well as disruptive (e.g. angry, impulsive, reckless and self-destructive) behavioural symptoms. Furthermore, as a result of research-based changes to the diagnosis, PTSD is no longer categorized as an Anxiety Disorder. PTSD is now classified in a new category, Trauma- and Stressor-Related Disorders, in which the onset of every disorder has been preceded by exposure to a traumatic or otherwise adverse environmental event. Other changes in diagnostic criteria will be described below.

**DSM-5 Criteria for PTSD diagnosis**
As noted above, the "A" stressor criterion specifies that a person has been exposed to a catastrophic event involving actual or threatened death or injury, or a threat to the physical integrity of him/herself or others (such as sexual violence). Indirect exposure includes learning about the violent or accidental death or perpetration of sexual violence to a loved one. Exposure through electronic media (e.g. televised images the 9/11 attacks on the World Trade Center) is not considered a traumatic event. On the other hand, repeated, indirect exposure (usually as part of one's professional responsibilities) to the gruesome and horrific consequences of a traumatic event (e.g. police personnel, body handlers, etc.) is considered traumatic. Before describing the B-E symptom clusters, it is important to understand that one new feature of DSM-5 is that all of these symptoms must have had their onset or been significantly exacerbated after exposure to the traumatic event.

The "B" or intrusive recollection criterion includes symptoms that are perhaps the most distinctive and readily identifiable symptoms of PTSD. For individuals with PTSD, the traumatic event remains, sometimes for decades or a lifetime, a dominating psychological experience that retains its power to evoke panic, terror, dread, grief, or despair. These emotions manifest during intrusive daytime images of the event, traumatic nightmares, and vivid re-enactments known as PTSD flashbacks (which are dissociative episodes). Furthermore, trauma-related stimuli that trigger recollections of the original event have the power to evoke mental images, emotional
responses, and physiological reactions associated with the trauma. Researchers can use this phenomenon to reproduce PTSD symptoms in the laboratory by exposing affected individuals to auditory or visual trauma-related stimuli (10).

The "C" or avoidance criterion consists of behavioural strategies PTSD patients use in an attempt to reduce the likelihood that they will expose themselves to trauma-related stimuli. PTSD patients also use these strategies in an attempt to minimize the intensity of their psychological response if they are exposed to such stimuli. Behavioural strategies include avoiding any thought or situation which is likely to elicit distressing traumatic memories. In its extreme manifestation, avoidance behaviour may superficially resemble agoraphobia because the PTSD individual is afraid to leave the house for fear of confronting reminders of the traumatic event(s).

Symptoms included in the "D" or negative cognitions and mood criterion reflect persistent alterations in beliefs or mood that have developed after exposure to the traumatic event. People with PTSD often have erroneous cognitions about the causes or consequences of the traumatic event which leads them to blame themselves or others. A related erroneous appraisal is the common belief that one is inadequate, weak, or permanently changed for the worse since exposure to the traumatic event or that one's expectations about the future have been permanently altered because of the event (e.g., "nothing good can happen to me," "nobody can be trusted," "the world is entirely dangerous," "people will always try to control me"). In addition to negative appraisals about past, present and future, people with PTSD have a wide variety of negative emotional states such as anger, guilt, or shame. Dissociative psychogenic amnesia is included in this symptom cluster and involves cutting off the conscious experience of trauma-based memories and feelings. Other symptoms include diminished interest in significant activities and feeling detached or estranged from others. Finally, although individuals with PTSD suffer from persistent negative emotions, they are unable to experience positive feelings such as love, pleasure or enjoyment. Such constricted affect makes it extremely difficult to sustain a close marital or otherwise meaningful interpersonal relationship.

Symptoms included in the "E" or alterations in arousal or reactivity criterion most closely resemble those seen in panic and generalized anxiety disorders. While symptoms such as insomnia and cognitive impairment are generic anxiety symptoms, hypervigilance and startle are more characteristic of PTSD. The hypervigilance in PTSD may sometimes become so intense as to appear like frank paranoia. The startle response has a unique neurobiological substrate and may actually be the most pathognomonic PTSD symptom. DSM-IV's Criterion D2, irritability or outbursts of anger, has been separated into emotional (e.g., D4) and behavioral (e.g., E1) components in DSM-5. Irritable and angry outbursts may sometimes be expressed as aggressive behaviour. Finally reckless and self-destructive behaviour such as impulsive acts, unsafe sex, reckless driving and suicidal behaviour are newly included in DSM-5, as Criterion E2.

The "F" or duration criterion specifies that symptoms must persist for at least one month before PTSD may be diagnosed.

The "G" or functional significance criterion specifies that the survivor must experience significant social, occupational, or other distress as a result of these symptoms.

The "H" or exclusion criterion specifies that the symptoms are not due to medication, substance use, or other illness.
Assessing PTSD
Since 1980, there has been a great deal of attention devoted to the development of instruments for assessing PTSD. Keane and associates (10), working with Vietnam war-zone Veterans, first developed both psychometric and psychophysiological assessment techniques that have proven to be both valid and reliable. Other investigators have modified such assessment instruments and used them with natural disaster survivors, rape/incest survivors, and other traumatized individuals. These assessment techniques have been used in the epidemiological studies mentioned above and in other research protocols.

Neurobiology
Neurobiological research indicates that PTSD may be associated with stable neurobiological alterations in both the central and autonomic nervous systems. Psychophysiological alterations associated with PTSD include hyperarousal of the sympathetic nervous system, increased sensitivity and augmentation of the acoustic-startle eye blink reflex, and sleep abnormalities. Neuropharmacological and neuroendocrine abnormalities have been detected in most brain mechanisms that have evolved for coping, adaptation, and preservation of the species. These include the noradrenergic, hypothalamic-pituitary-adrenocortical, serotonergic, glutamatergic, thyroid, endogenous opioid, and other systems. Structural brain imaging suggests reduced volume of the hippocampus and anterior cingulate. Functional brain imaging suggests excessive amygdala activity and reduced activation of the prefrontal cortex and hippocampus. This information is reviewed extensively elsewhere (11-12).

Longitudinal expression
Longitudinal research has shown that PTSD can become a chronic psychiatric disorder and can persist for decades and sometimes for a lifetime. Patients with chronic PTSD often exhibit a longitudinal course marked by remissions and relapses. There is also a delayed variant of PTSD in which individuals exposed to a traumatic event do not exhibit the full PTSD syndrome until months or years afterward. DSM-IV's "delayed onset" has been changed to "delayed expression" in DSM-5 to clarify that although full diagnostic criteria may not be met until at least 6 months after the trauma, the onset and expression of some symptoms may be immediate. Usually, the prompting precipitant is a situation that resembles the original trauma in a significant way (for example, a war Veteran whose child is deployed to a war zone or a rape survivor who is sexually harassed or assaulted years later).

Co-occurring conditions
If an individual meets diagnostic criteria for PTSD, it is likely that he or she will meet DSM-5 criteria for one or more additional diagnoses (13). Most often, these comorbid diagnoses include major affective disorders, dysthymia, alcohol or substance abuse disorders, anxiety disorders, or personality disorders. There is a legitimate question whether the high rate of diagnostic comorbidity seen with PTSD is an artifact of our current decision-making rules for the PTSD diagnosis since there are not exclusionary criteria in DSM-5. In any case, high rates of comorbidity complicate treatment decisions concerning patients with PTSD since the clinician must decide whether to treat the comorbid disorders concurrently or sequentially.

Classification and subtypes
PTSD is no longer considered an Anxiety Disorder but has been reclassified as a Trauma and Stressor-Related Disorder because it has a number of clinical presentations, as discussed previously. In addition, two new subtypes have been included in the DSM-5. The Dissociative Subtype includes individuals who meet full PTSD criteria but also exhibit either depersonalization or derealization (e.g. alterations in the experience of one's self and the world,
respectively). The Preschool Subtype applies to children six years old and younger; it has fewer symptoms (especially in the "D" cluster because it is difficult for young children to report on their inner thoughts and feelings) and also has lower symptom thresholds to meet full PTSD criteria.

Questions to consider
Questions that remain about the syndrome itself include: what is the clinical course of untreated PTSD; are there other subtypes of PTSD; what is the distinction between traumatic simple phobia and PTSD; and what is the clinical phenomenology of prolonged and repeated trauma? With regard to the latter, Herman (14) has argued that the current PTSD formulation fails to characterize the major symptoms of PTSD commonly seen in victims of prolonged, repeated interpersonal violence such as domestic or sexual abuse and political torture. She has proposed an alternative diagnostic formulation, "complex PTSD," that emphasizes multiple symptoms, excessive somatization, dissociation, changes in affect, pathological changes in relationships, and pathological changes in identity. Although this formulation is attractive to clinicians dealing with individuals who have been repeatedly traumatized, scientific evidence in support of the complex PTSD formulation is sparse and inconsistent. For this reason, it was not included in the DSM-5 as subtype of PTSD. It is possible that the Dissociative Subtype, which has firm scientific support, will prove to be the diagnostic subtype that incorporates many or all of the symptoms first described by Herman.

PTSD has also been criticized from the perspective of cross-cultural psychology and medical anthropology, especially with respect to refugees, asylum seekers, and political torture victims from non-Western regions. Some clinicians and researchers working with such survivors argue that since PTSD has usually been diagnosed by clinicians from Western industrialized nations working with patients from a similar background, the diagnosis does not accurately reflect the clinical picture of traumatized individuals from non-Western traditional societies and cultures. It is clear however, that PTSD is a valid diagnosis cross-culturally (15). On the other hand, there is substantial cross-cultural variation and the expression of PTSD may be different in different countries and cultural settings, even when DSM-5 diagnostic criteria are met (16).

Treatment for PTSD

Most effective treatments for PTSD
The many therapeutic approaches offered to PTSD patients are presented in Foa, Keane, Friedman and Cohen's (2009) comprehensive book on treatment (17). The most successful interventions are cognitive-behavioral therapy (CBT) and medication. Excellent results have been obtained with CBT approaches such as prolonged exposure therapy (PE) and Cognitive Processing Therapy (CPT), especially with female victims of childhood or adult sexual trauma, military personnel and Veterans with war-related trauma, and survivors of serious motor vehicle accidents. Success has also been reported with Eye Movement Desensitization and Reprocessing (EMDR) and Stress Inoculation Therapy (SIT). Sertraline (Zoloft) and paroxetine (Paxil) are selective serotonin reuptake inhibitors (SSRIs) that are the first medications to have received FDA approval as indicated treatments for PTSD. Other antidepressants are also effective and promising results have recently been obtained with the alpha-1 adrenergic antagonist, prazosin (18).

A frequent therapeutic option for mildly to moderately affected PTSD patients is group therapy, although empirical support for this is sparse. In such a setting, the PTSD patient can discuss traumatic memories, PTSD symptoms, and functional deficits with others who have had similar experiences. This approach has been most successful with war Veterans, rape/incest victims, and natural disaster survivors. It is important that therapeutic goals be realistic because, in some cases, PTSD is a chronic, complex (e.g., with many comorbid diagnoses and symptoms),
and severely debilitating psychiatric disorder that does not always respond to current available treatments. Resick, Nishith, and Griffin (2003) have shown however, that very good outcomes utilizing evidence-based Cognitive Processing Therapy (CPT) can be achieved, even with such complicated patients (19); and, more recently, group CPT has shown promising results (20-21). A remarkable recent finding is the effectiveness of group CPT, adapted for illiteracy and risk of ongoing violence, with sexual trauma survivors in the Democratic Republic of Congo (22). The hope remains, however, that our growing knowledge about PTSD will enable us to design other effective interventions for patients afflicted with this disorder.

**Rapid interventions for trauma survivors**

There is great interest in rapid interventions for acutely traumatized individuals, especially with respect to civilian disasters, military deployments, and emergency personnel (medical personnel, police, and firefighters). This has become a major policy and public health issue since the massive traumatization caused by the September 11 terrorist attacks on the World Trade Center, Hurricane Katrina, the Asian tsunami, the Haitian earthquake, the wars in Iraq and Afghanistan and other large-scale traumatic events. Currently, there is controversy about which interventions work best during the immediate aftermath of a trauma. Research on critical incident stress debriefing (CISD), an intervention used widely, has brought disappointing results with respect to its efficacy to attenuate posttraumatic distress or to forestall the later development of PTSD. The National Center for PTSD and the National Center for Child Traumatic Stress have developed an alternative early intervention, Psychological First Aid that is available online, but which has yet to be subjected to rigorous evaluation. On the other hand, brief cognitive behavioural therapy has proved very effective in randomized clinical trials (23).

**Recommended Readings**


**References**


Website Policy: “The information on this website is presented for educational purposes only. It is not a substitute for informed medical advice or training. Do not use this information to diagnose or treat a mental health problem without consulting a qualified health care provider or mental health care provider. All information contained on these pages is in the public domain unless explicit notice is given to the contrary, and may be copied and distributed without restriction.”
Objectives

- Discuss the concept of resilience and factors that promote resilience
- Describe the phases in psychological first aid
- Apply the PFA principles to rural ministry
- Promoting Resilience

Resilience

- Seen most among those alternating between processing and avoidance (McNally, 2003)
- Promoting Resilience
  - Support positive coping activities
  - Help identify existing supports
  - Reduce re-telling/re-exposure
  - Avoid negative responses to disclosure

Psychological First Aid (Bryant et al, 2007; WHO, 2011)

- Can be used by anyone
- Designed for anyone in distress
- Typically provided during, immediately or in days/weeks after event
- Key principle- “do no harm”

Aims of Psychological First Aid

**Restoration of:**

- Safety
- Calm
- Connections
- Support
- Self-sufficiency
- Hope

**Key Principles**

- Respect safety, dignity and rights
- Adapt assistance to culture
- Be aware of other emergency responses
- Look after yourself

**Three Core Steps**

1. **Look**
   - Ensure your own safety/physical needs met
   - Ensure scene safe to enter
   - Do the people have safety concerns?
Check for:
- Safety concerns (yours, theirs)
- People with obvious basic needs
  - Life-threatening injuries
  - Need rescuing
  - Protection from violence, weather, clothing,
- People needing special attention
  - Children, disabled/ill, vulnerable
- People with serious distress

Serious Distress:

Signs
- Too upset to care for themselves/children
- Have/may hurt themselves
- Have/may hurt others
- Immobilized, not responding

Actions
- Get assistance
- See how/if you can help experts

2. Listen

Approach
- privacy, comfort measures

Ask about needs/concerns:
- Their priorities, needs, concerns

Listen with your:
- Eyes – give undivided attention
- Ears – hearing concerns
- Heart – caring/respectful (WHO, 2011)

Help feel calm:
- Stabilize if overwhelmed or disoriented
- Validate feelings, may need to reframe
- Practical actions to calm
- Ground if dissociate
- Remain accepting/friendly even if difficult
- Inform of relief efforts/accurate disaster info
- Revisit safety/comfort as needed
- Protect privacy/confidentiality
- Acknowledge strengths, allow silences

3. Link
- Basic needs
- Health services
- Information (event, loved ones, services)
• Assist to contact/connect with
  ➢ Other family/friends
  ➢ social supports
  ➢ Support for culture
  ➢ Spirituality
• Facilitate control
• Help cope
• Be prepared
  ➢ Prior to a trauma
    • Who is available in community
    • What skills/resources do they have
      – Health care/first aid
      – Counselling
      – Resources (financial, mobilization, food/water)
  ➢ After the trauma:
    • What happened
    • What services and supports are available
    • What safety, security concerns present

Helping Cope
• Encourage to identify needs
• Practical suggestions to access resources
• What strengths can they build on?
  ➢ Beliefs : promote positive spiritual coping/reframe negative
  ➢ How did they successfully manage prior traumas
• Who/what else can help?
  ➢ People, resources
  ➢ Encourage professional help if symptoms persist>2 weeks
• Connect with key resources/people
  ➢ Simple information
  ➢ Repeated
  ➢ Variety of methods to inform

Promote Positive Coping

Positive:
  ➢ Rest, hygiene
  ➢ Eat regularly
  ➢ Talk, spend time with family/friends
  ➢ Discuss problems when ready
  ➢ Activities to help relax
  ➢ Help others

Negative:
  ➢ Drugs, alcohol, overwork, isolation, oversleeping
Crisis & Spirituality
- Respect spiritual beliefs/background
- Ask what helps cope
- Avoid judging, listen respectfully
- Don’t impose your own beliefs
- Don’t reject their spiritual interpretation of crisis

Moving On
- Ensure connections made
- Tell what to anticipate/when to seek help
  - Provide information on stress and coping
  - Encourage sleep/nutrition
  - Discourage drugs/alcohol
  - Promote hope – most people will recover
- Move on to next person
- Ensure your own needs also met

Caregiver Stress
- You may also be a victim
  - Directly
  - Indirectly
- Risks for direct violence
- Invading personal space
- Escalating motor/speech not responding to calming/limits
- Some people higher risk:
  - Grieving families
  - Clients in pain or feeling no control
  - Mental health disorders if paranoia

Indirect (Vicarious) Trauma:
- Situations most likely to cause indirect trauma
  - Death of children especially if by adult/senseless act or have own children
  - Death of relatives, friends or co-workers
  - Traumatic events which receive increased media attention
  - Disasters/ mass casualty situations especially if little warning
  - Unusual circumstances, sights, sounds or smells
  - Life changing event
  - Death in the line of duty

Effects of Vicarious Violence
- Emotional effects:
  - anger;
  - hopelessness;
  - Irritability/negativity;
  - feelings of loss of control
- Professionals leaving work or profession entirely
- Depression, post-traumatic stress disorder
- Working with clients may improve/worsen depending on motivation:
  - Learning from clients= decreased symptoms
  - Seeking meaning = worsened symptoms
Resilience to Caregiver Trauma:
- Ensure meet sleep/ nutrition needs
- Recognize situations that cause stress
- Set boundaries
- Ask for relief if possible
- Use social supports if available
- Look for small “happy” moments/ blessings
- Don’t overwork – balance with rest
- Engage in non-trauma or work activities (exercise, humour, hobbies)
- Seek professional help if symptoms persist >2 weeks

Resources
Bryant (2007)

World Health Organization: Psychological First Aid Guide for Fieldworkers
See above for this document.
Appendix 2 - Songs

Slippin' Through My Hands

By: Rob and John Lowrey

Hush now, baby, your mommy might awake.
It broke her heart today as they gave our life away
In pieces sold off cheap by a stranger's hand.
I held her while she cried,
And helplessly stood by.
Your daddy never felt less like a man

Baby, my baby, the snow is on the ground.
Come dawn we move to town
Leaving all our hopes and dreams
Like autumn leaves scattered by the wind.
So go to sleep my little one
This night before our home
Is just another empty house on a country road.

When that cold wind moans I feel so all alone.
Your granddaddy always trusted me
To take care of this land.
I'm so ashamed—it's slipping through my hands,
A way of life slippin' through my hands.

Baby, my baby, the snow is soft and deep.
The world seems so at peace, it whispers to me “sleep.”
But then I feel your small hand move in mine,
And I know I can’t let go;
Spring will come I know
And push those tiny flowers through the snow.

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Audio recording available in the Church and Community Crisis Response DVD
Appendix 3 - Prayers

A Prayer of Lament: We are People of the Land

We are people of the land.
We are people of a fabric, woven together.

We cooperate with the earth, participate with nature,
to nurture, sustain and enrich life.
We participate in many systems –
environmental, economic, social, family.
We seek to use well what is in our control –
quiet wisdom, patience, peace and interdependence.

Recently we have been visited by circumstances
that have combined to disappoint and discourage:
Drought, grasshoppers, economic uncertainties.

The enjoyment of planting and harvesting is diminished
when we find the crops lacking and pastures parched.
The lightness in our steps is replaced with heaviness
when our labour does not produce fruit.
The fun of farming fades, and we feel discouragements.

Forces beyond our control
threaten the source of our income –
the choice of our livelihood.
Empty bins and marketing realities combine
to make us question and feel anxious about our futures.

Recognizing and acknowledging our disappointment and discouragement,
we express our despair to each other and to God.
We look and reach beyond ourselves;
we see and touch each other in collective lament.
And in this act of community, we find hope.
We seek to use well what is in our control …

We are people of the land.
We are people of a fabric, woven together.

Written by Rev. Jerry Buhler
The Pincher Creek Ministerial Association
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