

DEALING WITH TRAUMA

Gordon L. Wilson

*Some guidelines for clergy and pastoral workers involved
in understanding and caring for people with traumatic experiences*

Acknowledgements

In the preparation of this booklet, the author is deeply indebted and acknowledges the support and help given by many people.

Avon & Somerset Constabulary – especially the Road Police and Collision Investigation units.

Dr. Hugh White, HM Forensic Pathologist for SW England and the mortuary staff at Southmead Hospital, Bristol.

Mr Paul Forrest, HM Coroner for Bristol and his officers

Dr. Gordon Turnbull, consultant psychiatrist and traumatologist

Rev Frank Parkinson, Trauma counsellor and lecturer in Post Traumatic Stress at Bristol University, for support and permission to quote from his book. (See book list)

BrakeCare who care for people affected by road crashes, For permission to use material from the manual “Advice for bereaved families and friends following death on the road”

Available from them at BrakeCare, PO Box 548. Huddersfield. HD1 2XZ

Rev Francis Pole, Secretary of the National conference of Police Chaplains, for permission to use material from the Police Chaplains Handbook

Dedication

This booklet is dedicated to the many people, who over many years have been involved in major disasters, critical incidents (road deaths & murders), who have shared with me their experience and how they have coped with it as a desire to help others.

DEALING WITH TRAUMA

*Some guidelines for clergy and pastoral workers involved
in understanding and caring for people with traumatic experiences*

Introduction	1
I. The basic approach	2
Phases of Bereavement	2
<i>Shock</i>	2
<i>Control</i>	3
<i>Regression</i>	3
<i>Adaptation</i>	3
II The Process following a sudden unexpected death	4
Notification of a sudden death	4
Seeing the body	4
Organ and tissue donation	4
Visiting the Scene	5
Personal possessions	5
Post mortem examinations	5
The Inquest and the role of the Coroner	5
The Police Investigation	6
Arranging the funeral	7
The Media	7
III Major Incidents and Disasters	8
Phases of a major incident	8
<i>Crisis</i>	8
<i>Intermediate or Short Term</i>	8
<i>Long Term</i>	8
Faith Communities Response	9
Some guidelines for other clergy not involved	9
Memorial services and memorial funds	9
IV Post traumatic stress (PTS) & Post traumatic stress disorder (PTSD)	10
Characteristic reactions indicating PTS(D)	10
<i>Recurrence</i>	10
<i>Avoidance</i>	10
<i>Arousal</i>	10
Care for the carers	11
A final word	11
Appendices	12
1. Some useful books:	12
2. Some useful support agencies:	12
3. Some suitable passages of scripture	13
4. Ecumenical Last Rites	14
5. Handling the Press	15
6. An aide de memoire	16
7. Common Symptoms and Feelings of Grief & Trauma.	17

Dealing with Trauma

Some guidelines for clergy and pastoral workers involved in understanding and caring for people with traumatic experiences

Introduction.

Most people will face a serious trauma at least once sometime during their lifetime. For some it may come as they go through a redundancy or divorce. Others may be involved as a victim of criminal violence (e.g. burglary, murder, or rape.) or a sudden unexpected death (e.g. cot death, suicide, or heart attack.). A few may be involved in a major disaster (natural earthquake, flood, fire, or caused by human actions or technology in a multi-fatal aircraft, car, or train crash, or industrial incident.). Such disasters affect whole communities as well as individuals and increase the traumatic effects.

This brief paper gives particular attention to sudden unexpected death. It does not directly refer to victims of war, terrorism or torture although similar particular care is required in such situations. Other incidents, such as the shock and sense of bereavement, which comes from the loss of a job, home, or personal possessions, will also require similar pastoral care. Other traumas, which also need special pastoral care, are child abuse, violent crime and rape.

Every death is traumatic but sudden unexpected death causes particular reactions that require special pastoral care and sensitive support. Some may be able to cope with their trauma but all will suffer post-traumatic stress (PTS) as a normal reaction of normal people to an abnormal experience. They will need particular support and care to overcome their experience. However, a few may find that they continue to have frequent mental recurrence of the incident and reactions of anxiety, nightmares, insomnia and other symptoms over a long period of time which makes them unable to cope as post-traumatic stress progresses to a psychological disorder (PTSD). They may need specialist help. Ministers, pastoral workers and church members need to be aware of these effects of trauma and ways to help those who suffer. This brief paper seeks to offer guidelines and contacts to assist with the care of those who are affected by trauma, especially those involving sudden unexpected violence and death.

Most ministers and pastoral workers will be conscious of the care that is needed at a time of bereavement that follows a natural death or other major loss, from the initial shock to adaptation over a period of time. When the death occurs suddenly from unexpected or violent causes it is even more traumatic and requires greater sensitivity in the support and care given to the bereaved.

At the time of a sudden unexpected death often there is no strong network of extended family and friendly neighbours to offer family support in times of crisis or death. In modern society people are increasingly mobile and family members may well live out of the area. Also the extended family, who surround the immediate surviving relative(s), are themselves suffering with their own grief and hurt, and feel unable to help one another. For these reasons it is the Police and the church, who provide the focus of ministry to the family following a traumatic incident. Another common problem pastors will often face is that many families no longer have a belief in God, thus they do not have theological views, however basic, with which to transcend death. Pastoral care will, therefore, be more difficult. Essentially we will be dealing with the issues of dying and grief.

This Guide seeks to follow the process that occurs following sudden unexpected deaths. It is intended for use by clergy and pastoral workers ("pastors") to give support to bereaved people. Since similar reactions and sense of bereavement occur with other traumatic experiences, it may be adapted appropriately by the pastor. Thus the contents must be used with care and discretion to help them.

I. The Basic Approach

Pastoral care for those who have been suddenly and unexpectedly bereaved is most demanding upon the pastor. They must be aware of their own health and well being for we cannot help others if we are not able to cope with our own feelings.

It is essential to be natural and remain calm at all times. Just being present as a sympathetic caring person is the most important support for the bereaved. At times such as this we are lost for words and silence may be more appropriate than words. But when the pastor needs to speak use ordinary simple language, and always be honest, truthful - especially when the news is bad even though it will be painful. To avoid this will not help the bereaved and will damage any attempt to give further help. Avoid euphemisms (e.g. "passed away" or "gone home") they will lead to confusion and encourage the bereaved person to maintain their denial of the death.

Remember the KISS principle: Keep It Short & Simple! (See appendix 7)

Listen silence may be better than speech (don't be afraid of, or ashamed to share their tears).

- be present - give time - don't be afraid of appropriate physical contact (e.g. holding a hand) I was once given the very good advice that as I have one mouth and two ears I should listen at least twice as much as I talk.

Put things down in writing people in shock do not remember. Leave your name, address & telephone number on a card so they can refer to it easily or hand it to others

Offer practical support (even if it is only making a cup of tea!) - obtain and give accurate information, maintain close links with the police, and others involved. Respect the integrity of their faith and do not impose your own. It is a time to be a pastor not to proselytise.

Phases of bereavement

Most psychologists, counsellors and pastoral theologians recognise four phases in the grieving process, namely shock, controlled, regression and adaptation. When the bereavement is sudden and unexpected the reactions and these phases will be more acute and prolonged. The initial phases of the acute shock and the controlled phase, in which the dual control of the control which the bereaved exercises personally together with the control demanded by family and friends, may merge until the funeral and beyond. Then as the control is relaxed a long period of regression will occur especially if legal proceedings are involved. Until, at least one to two years later, a new acceptance of normality may be found.

In what follows we will consider the events, some or all of which may proceed from a sudden unexpected death and observe the reactions involved in the bereavement process together and consider some pastoral responses that may be appropriate.

Shock.

The immediate initial reaction to hearing the news of a sudden and unexpected death will be shock and confusion. There may be an outburst of intense panic, distress, and anger, or total silence or collapse. There will most likely be disbelief. The death does not make sense, and they will seek confirmation again and again that the death did not happen. The next of kin will feel stunned, as they search to understand something which is incomprehensible. They will question the events leading up to the death again and again. The best response a pastor can offer will be just to be present as a calm and compassionate presence. This shock, numbness, and turmoil are most intense for two weeks following, especially at the time of the funeral. They may recur on the anniversary of the death, or with the occurrence of other factors which trigger and resurrect memories of the loss.

Control

The family may find great difficulty in making decisions and concentrating. In the period of control, they may exercise a great deal of personal control over their emotions and be controlled by the circumstances and the influence of other people involved (e.g. Police Investigators, Funeral Directors, Clergy) They may not be able to remember details and so it is wise for pastors and others who seek to help them to write down important information and hand it to them.

The Pastor can play a very important role in the period after the funeral. A telephone call from time to time, and/or a home visit, Inclusion in the weekly prayer list. Encouraging others to keep in touch — these are just a few of the many ways in which pastoral care can be continued.

Regression.

This is the most critical period in the grieving process. The basic conflict in this phase is the need to live and function. It is characterised by disorientation, disorganisation, depression, guilt, and the inability to accomplish normal tasks. The mind refuses to accept the present reality — on both emotional as well as intellectual levels. At this phase, the mourner is at most risk of suicide, physical illness and stress reactions

After the funeral friends, neighbours and family gradually but quickly withdraw the support given during the controlled phase and expect the bereaved to recover in a short time. With the loss of this support the bereaved react as their numbness turns to intense feelings of separation, pain and anger. Physical and emotional reactions begin to occur. At this phase the pastor, together with the GP and bereavement counsellors may be most helpful

In this phase grief is experienced as physical sensations occurring in waves, such as tightness in the throat, pain or tightness in the chest, shortness of breath. Emotionally they may have feelings of helplessness and hopelessness. This physical and emotional distress may be accompanied by panic attacks, frequent crying, appetite disturbances and weight loss, resulting in fatigue. It is common that the bereaved may relive the loss over and over, or forget the loss temporarily (such as setting a place at dinner for someone who has died). In this phase the sensation of “going mad” is often experienced, especially with traumatic loss. Anxiety and fear may emerge as grief accentuates awareness of the bereaved’s own mortality. Anger may lead to a desire to avenge the death of a loved one. Guilt may be expressed for not preventing the death or for unresolved issues between the bereaved and the deceased.

In traumatic loss this disorientation usually appears most intense in 4-6 months following the loss and may extend beyond that which occurs from a natural death. These symptoms may be particularly evident at anniversaries, birthdays and other special events such as holiday time and Christmas/New Year.

If the symptoms are exceptionally intense and/or persistent the pastor needs to consider the possibility of post traumatic stress disorder (see PTSD later) and seek specialist help.

Adaptation

In adults this phase is most prevalent 18-24 months following the bereavement and often later when the death is sudden and unexpected. This phase is characterised by a sense of relief from the loss and a renewed sense of energy. Together with the return of concentration, the ability to make judgements and handle complex problems. A return to pre-loss eating and sleeping habits, and general well being. Note: the intensity of the loss often remains great and the memories associated with the loss continue to be experienced, but a future orientation returns to the way in which life is experienced. For those with traumatic loss, the sense of self is often changed with a new “normal” way of life established — rather than a return to the old.

II The Process Following A Sudden Unexpected Death

Notification of a sudden death

If the next of kin are not present when the death occurs the police will try to inform them as quickly as possible. Many Police Services now have specially trained police officers who will break the news and remain in contact with the family throughout the ensuing process until all legal processes are completed. If a pastor has to give this news it needs to be done immediately in simple direct language. (e.g. "I have some bad news for you. Your husband has been involved in an accident and I'm sorry, he is dead." Refer to the person by name) It may help if other members of the family or good neighbours or friends are present to assist in giving comfort. Other members of the family (especially children) need to be told appropriately as soon as possible. You may wish to let the police know who should be contacted or contact people yourself.

The shock reaction to this decisive message may vary from stunned silence to a loud lament, from a physically violent action to collapse. Initially the response is frequently disbelief and denial.

Seeing the body

After someone dies, their body is taken to a hospital mortuary or a coroner's mortuary. A member of the family or someone they choose will be asked by the police to identify the body or that person's belongings and sign a statement confirming the identity of the deceased. If more than one member of the same family have died at the same incident they should both be viewed at the same time, side by side. This avoids the need for the relative having to do the identification twice or having to choose which to see first. Other members of the family may also choose to see the body or bodies. As the pastor accompanying them, it may be wise before the viewing to enquire what the body will look like. Police or mortuary personnel will tell you the extent of injuries, or arrange for you to see it prior to the relatives. If the body is severely disfigured or only partially viewable they will also advise you how and when they can best present it, so that you will be able to prepare and support the family.

The relatives may choose to say goodbye or remember someone as they were. It is relatively rare that anyone should be discouraged from seeing their loved one, for not to do so may cause deep regrets or guilt later.

Organ and tissue donation

It is sometimes possible to use organs and body tissues from someone who has died to help others live. This requires the permission of the next of kin and must happen soon after death.

If a person who has died carried a donor card or was listed on the NHS Organ Donor Register and it is possible to transplant part of their body, the next of kin should be contacted to ask whether or not they agree to the donation. If a person who has died had not indicated that they wanted to be a donor the next of kin can still consider donation. The pastor may be able to assist the family and the hospital, if the family are not asked about organ and tissue donation or if they want to find out whether or not it is possible, ask straight away

This is a difficult issue to approach when people are in shock from a sudden bereavement but it is essential to consider it and make an approach as soon as possible to avoid later regret by the relatives. It may be a source of great comfort for them later to know the death of their loved one gave life to another person. Whether or not organs can be transplanted depends on how and where someone died. Donation of internal organs may be possible if they died in hospital while on a life support machine but not if they died at the scene of an accident. Wherever they died, it may be possible to donate corneas, heart valves, skin or bone, if you ask quickly.

Visiting the Scene

Bereaved relatives and friends often want to visit the scene where the one they loved died. A pastor may accompany them to say a prayer if requested or just to be there. They may wish to leave flowers, a toy, or some other item. This ritual is usually of great comfort and has become a generally accepted practice following a road death or disaster. And is very important in the bereavement process.

They will also have many questions. The bereaved relatives may or may not want to know the details of how someone died. They may want to know whether or not they suffered before their death. They may want to know about medical treatment given at the roadside or in a hospital.

The pastor may assist the bereaved by asking the police if they can arrange to meet medical personnel who attended the death. This may be an ambulance paramedic or a GP. If their loved one received treatment in a hospital before their death you can ask to talk to doctors or nurses at the hospital. They may also be able to obtain a copy of a medical report prepared by the hospital on the treatment given. This may use technical terms and require explanation.

Personal possessions

The personal possessions belonging to their loved one will be particularly important to the family. The police and/or hospital officials often look after personal possessions, which belonged to someone who has died. The pastor may be able to assist relatives to ask these officials if they have anything belonging to their loved one so they can claim it. Sometimes the possessions may be required as evidence but will be returned later. The relatives should be asked if they want the possessions as they are or cleaned before return.

Post Mortem Examinations

Shortly after any sudden unexpected death there is a post mortem examination of the body to determine the cause of death. The post mortem is carried out by an independent pathologist on behalf of the coroner, who is in charge of investigating sudden deaths. Many relatives find this distressing and need to be reassured that pathologists conduct such examinations with great respect for the person who has died and as a means of being able to answer many questions concerning the death which the relatives may wish to know. A caring pastor may assist by comforting the bereaved. Further details need not be given but if necessary a pathologist or mortuary staff will be willing to explain the procedure. Relatives can ask the coroner for details of the pathologist's findings. It is also possible for them to pay for another pathologist to attend the post mortem or to conduct another post mortem if they are unhappy with the findings of the pathologist chosen by the coroner. This is costly and only usually done when criminal proceedings are likely to follow. If they wish to consider these options, the coroner can advise them.

The Inquest and the Role of the Coroner.

This is a particularly difficult and distressing time for the relatives when the presence of the pastor may be most helpful. Normally, if there are no suspicious circumstances, the inquest will be adjourned until after the funeral and re-opened later when police investigations have been concluded.

Coroners are independent officers, qualified as lawyers or doctors, appointed by local councils to investigate sudden and violent deaths. Their investigations are made in the name of the Queen. They are required to find out who has died and how, when and where the death happened. The coroner investigates the cause of the death and the circumstances that led to the fatality.

Coroners do not blame or punish anyone for a death. That is the role of criminal courts. It is the responsibility of the coroner to arrange the post mortem, authorise the burial or cremation of a body and issue relevant paperwork to allow a death to be registered.

Coroners reach their conclusions at public inquiries called inquests, which are held in a court room. Inquests after a death are normally held in front of a coroner without a jury. However in certain cases where there is concern for public safety a jury can be called.

At the inquest the coroner asks people to give evidence. This may include police, expert witnesses and eye witnesses. Contributions may be allowed by a relation, friend or legal representative of the person who has died.

Anyone who may face a criminal charge will not be required to answer incriminating questions. They can be required to attend and be sworn in as a witness. If relatives of the deceased think a person should be sworn in, they can speak to the coroner's officer.

Coroners use the evidence to reach conclusions. They usually rule that a death was accidental, unlawful or natural.

Coroners often reach a verdict of accidental death even when someone has caused a death. However criminal charges may still be brought and relatives may be able to claim compensation.

Some inquests are opened and then permanently adjourned, without evidence being heard. The coroner will usually permanently adjourn an inquest if there is to be a criminal prosecution in a Crown Court. A Crown Court hearing and findings replace a legal requirement for an inquest.

If you think a Crown Court hearing failed to discuss all the aspects of your case and you think an inquest should take place, you can ask the coroner to consider holding an inquest. This happens rarely.

The coroner's officer should inform the next of kin of the date, time and venue. If you plan to attend you may wish to familiarise yourself with the courtroom beforehand by visiting it at a prior date, which can be arranged by the coroner's officer if you wish to do this. .

Coroners may invite comments or questions from the next of kin or a solicitor acting on their behalf during an inquest but only if it is relevant to the investigation. Next of kin must ask the coroner's officer in advance if they wish to present any evidence or wish a solicitor to ask to speak for on their behalf they can instruct a solicitor with expertise in inquests. Not many solicitors work in this field. The Inquest Lawyers Group (telephone 020 8802 7430) can put you in touch with specialists. You cannot obtain legal aid for this representation. Inquests are formal inquiries and technical terms may be used. Coroners will try to explain complex evidence. You can request the notes of an inquest after it is over. A fee is charged

The Police Investigation

In the event of a sudden death the police have a duty to gather evidence and work out what happened. They may initially have investigate it as a suspicious death Many Police Forces appoint a Family Contact Officer, who will give support to the next of kin during the period of the investigations until the conclusion of any legal proceedings (although they may withdraw prior to any civil compensation claims.)

If the next of kin were not involved, but knew the movements of a person on the day s/he died, you may be asked to give a statement. (This helps the police build up a picture of a person who has died.) They may be asked to explain the shock and loss they have suffered. If anyone gives a statement the police will write down what is said and they will be asked to check and sign it. It may be helpful to have a supporter present at the interview.

Investigation officers are employed by the police to investigate and reconstruct the circumstances in order to identify the cause and obtain evidence. These experts may photograph, measure and video the scene and take other items as physical evidence. Medical evidence may be provided by personnel who tended to your loved one at the scene of the death or in hospital and the pathologist who conducted the post mortem. A police investigation can take several months. Once completed, the evidence is compiled into a report. The police and the Crown Prosecution Service use the findings of the report to determine whether or not anyone should be charged with a criminal offence If criminal charges are brought, the evidence in the report will be used by lawyers in the criminal courts. The report is also given to the coroner for use as evidence for the inquest.

The next of kin cannot obtain a police report until a case has been dealt with by the courts. Once a case is closed, or if there is no prosecution, they may want to consider asking if they can purchase the report. If the next of kin wish to do this, they should ask the police how much this may cost.

Arranging the Funeral.

A funeral can only take place once a coroner has given his/her permission to release a body for burial or cremation after the post mortem. A funeral may take place days, or even weeks, after a death. Some religions say it must happen as soon as possible, but this is not always possible. (Especially if the death occurs in a disaster involving multiple deaths.)

The pastor is well placed to assist in making arrangements for the funeral. The family will have to decide where to hold it, whether to bury or cremate the body (in some cases the latter may not be an option for legal reasons, which the pastor may need to explain to the relatives) and all the other arrangements. In addition to the funeral there may also be a need for a separate memorial service for the wider public. (See later). It may be necessary to consider instructions which have been left in a will. Consideration of others close to the person who has died and others involved in the trauma may be appropriate.

The Media.

Newspaper, magazine, television and radio journalists may be interested in a sudden death and any subsequent court case. Journalists may call on the bereaved relatives and you by telephone, knock on the door or make an approach at a court hearing. They may print or broadcast your name and address.

It may be distressing for next of kin to talk to journalists or to hear about a loved one in the media. Most journalists will understand if you say you do not want to talk to them. But a few may be more persistent and invasive, the pastor, if necessary with help of the police, may be able to help the relatives at this time

If the relatives decide to talk to journalists, it would be wise for the pastor to assist them to prepare what they want to say and write down a short statement which can be given, or read, to journalists. It is also wise to provide a photograph which is acceptable to the family, if they refuse some journalists may find one which may be offensive to the relatives in their archives or from someone else.

If someone is being blamed for a death, it is essential that no accusation be made which has not been proven in a court of law. It may be wise to ask a solicitor to check any statement that is made.

There are several reasons why relatives may need to consult a solicitor (e.g. Costs, or compensation). It is important for them to choose a solicitor with relevant expertise. They may have used a solicitor in the past, perhaps to help buy a house. However, a solicitor they already know may not be the best solicitor to use at this time. There are many with specialist expertise available.

If you are pursuing a claim for money your solicitor who is pursuing this claim will probably wish to attend the inquest and ask questions. S/he may ask the coroner to consider hearing evidence from particular individuals.

(See Appendix 5.)

III Major Incidents and Disasters

The emergency services (Police, Fire & Ambulance) generally define a critical incident, which may include considerable trauma and multiple deaths, as one which they are able to manage and contain within their normal operational resources. Because of the scale of some incidents, a disaster or major incident is one in which they require additional resources from neighbouring services, hospitals, the local authorities, vital services and agencies and other voluntary agencies (including faith communities). Most church ecumenical areas now have a major incident plan in order to respond in a professional co-ordinated way to assist in various ways to those experiencing the trauma. A similar process to that described previously will be involved and co-ordinated by the police. We need to be aware that these incidents, because of the scale of the incident and public awareness, will be increasingly traumatic. This will mean that a large number of the emergency service workers and others involved (including pastors) will experience post traumatic stress and need support. This, together with reaction of the general public, will bring intense cumulative corporate grief and require an understanding response from the church and other faith communities.

Although relatively few clergy or church members will be directly involved in such incidents, it is important to be aware of the nature, development and control of major incidents. There are three phases to any major incident, namely the initial crisis, short term and long term processes.

Phases of a Major Incident

Crisis.

This is a period of immediate chaos following the occurrence of the incident in which the emergency service will seek to establish a degree of control in order to manage the response of the service required. This process will take a matter of hours but only very rarely go beyond a day. The priorities of the emergency services are: -

- to save life
- to prevent the escalation of the incident
- to relieve suffering and care for the injured and bereaved and survivors
- to safeguard the environment and property
- restore normality

They work collaboratively through appropriate controls of communication and co-ordination managed by the police, who also are responsible for identification of the dead, public information and an investigation of the incident for criminal or other inquiries. The Fire service will be responsible for fighting any fire, the rescue of survivors and recovery of bodies and the safety of all personnel at the scene. The Ambulance service deal with the treatment and care of the injured, prioritise cases and transport them to hospitals, after which they only maintain a token presence at the scene. At the request of the police, local authorities provide resources and appropriate personnel to assist to care for reception centres for survivors, care of relatives and friends. They are also responsible for setting up a temporary mortuary, if required. Other agencies, such as gas, water electricity and other specialists, may also be required at the request of the police. The Local Authority usually co-ordinates the response of voluntary organisations. The police call regular briefing meetings of senior members of all these parties for reports and consultation to ensure a rapid control of the initial chaos.

Intermediate or Short Term.

This is a period of a managed response required to control the incident scene to restore a satisfactory degree of normality in the community which no longer requires emergency action. During this period the work of the emergency services will reduce and a great deal be handed over to the local authorities and voluntary organisations. Practical and counselling support will be a priority for survivors, the bereaved and their relatives and friends, especially at the identification of the dead, attendance at inquests and preparation and conduct of funerals. This phase of the process will last several days or weeks. The police will continue to assist but other services may not be involved. During this period the voluntary agencies and organisations take over a great deal of the work as the local authorities withdraw.

Long Term.

For many people involved the crisis and traumatic stress continues for at least a year or more and for some for the rest of their life. Especially anniversaries, birthdays, special places, similar incidents may cause a recurrence of the trauma (see p16.) Their GP, health service and voluntary agencies may assist by offering continuing care.

Faith Communities Response

In most ecumenical areas a major incident plan has been formulated by the local ecumenical body, preferably in collaboration with other major faith communities. This will enable an organised professional co-ordinated response. The plan will have recognised and trained people who are identified and accepted by the emergency services, which will greatly facilitate access and acceptance at the scene or other locations at a major incident. It is vital that all volunteers are willing to accept the integrity of other faiths and offer appropriate support. They must also be willing to work in co-operation with other agencies. Such volunteers must be willing to act at the request of police as required under direction of the plan co-ordinator. The primary purpose of the faith communities' response is to offer practical warm human compassion and loving pastoral care at the time of crisis. Religious understanding and support may be appropriate at the later stages.

Some Guidelines for Other Clergy Not Involved

Many clergy and church workers not involved in the response plan may feel a deep concern for all involved in a major incident, especially if it affects local people.

They also have an important part to play.

To give support to people in their own local community who are concerned and who need support.

Offer to cover routine duties of colleagues who are involved.

To send messages of support and encouragement to those who are involved giving assurance of their prayers, call on others to do likewise.

To send similar messages to any who have been bereaved or injured.

Provide accurate information. Do NOT rely on media reports.

Do NOT make any public statements to the media other than expressions of sympathy for the injured and bereaved and support for the emergency services and others involved. Refuse to apportion any blame or make scapegoats.

Memorial Services and Memorial Funds

Following a sudden unexpected death, especially after a major incident or disaster, in addition to the family funeral(s), which may be private, there may be a civic or national memorial service, which will be a public service that will give support to the bereaved. It is important never to lose sight of the priority of the bereaved and others who have been traumatised. The role of the emergency services and others involved needs to be remembered and recognised. This is particularly so if the service is high profile and local and national dignitaries will be present. Such services will normally be arranged by senior clergy and local authority leaders, but pastors need to be prepared to assist the bereaved, injured and traumatised at this time.

Similarly it is unlikely that pastors will be involved in public collections and the consequent trusts to administer the funds, but need to be aware that these gestures of goodwill and respect can often lead to misunderstanding and hurt for some of the bereaved and injured.

IV Post Traumatic Stress (PTS) & Post Traumatic Stress Disorder (PTSD).

It is vitally important that pastors dealing with people who have suffered any trauma, especially those who have been bereaved or injured, should be aware of post traumatic stress and disorder.

Any unusual experience, from a minor accident to a major disaster, which is sudden and unexpected, can result in emotional or psychological shock. This will cause stress reactions which are called post traumatic stress. Everyone involved, including the pastor, will experience a degree of post traumatic stress, it is a natural response. Post traumatic stress is a normal response of normal people to an abnormal event. The majority of people will be able to cope with this reaction and return to normality within a few days. Some, including the bereaved, injured and those acutely involved, will find it difficult for some weeks before they are able to cope and will need extra pastoral care. A few may find they cannot cope months or years later and are experiencing a severe disorder in their life. They are suffering post traumatic stress disorder and will need specialist care. It is important therefore, for pastors to be aware of the symptoms in order to offer appropriate care or seek additional help.

Characteristic reactions indicating PTS(D)

When a traumatic incident occurs certain emotional and physical reactions will occur and may be kept under control at the time. But there are other reactions (see appendix 8) which may occur when the incident is over as extensions of the previous experience. These symptoms are characteristic of PTS and if they intensify or continue for a long period may be PTSD.

There are three main headings under which the characteristics of PTS and PTSD can be placed: Recurrence, Avoidance & Arousal.

Recurrence

The trauma event may be experienced again days, months or even years after the event. The feelings and emotions will be felt as though they were happening in the present time. They may vary from mildly disturbing to extremely intense and unbearable, as thoughts and feelings which have been repressed in the depths of their mind return when least expected. This sudden reaction may be triggered by a sound, sight, smell, taste or touch, which brings the event to mind. Anniversaries, especially the first, will bring memories flooding back. Books, TV and newspaper reports may intensify the re-experience. Sometimes a spontaneous reaction may occur without any apparent external cause, which may be even more distressing.

Avoidance

It is natural for us to avoid any unpleasant experience. Therefore, people who have suffered a traumatic event may tend to avoid places and people involved or who remind them of the incident. Often they, especially men, will deny this behaviour. This denial may lead to greater problems as they refuse to face their feelings and do not find a vent for repressed feelings of anger, or inability to express their grief. This may lead to sleep disorders and nightmares. It could lead to a breakdown of relationships, marriage and work ability.

It can also lead people who have been involved in a trauma to live their lives in a way that involves them exclusively with the memories and experience of the incident such that they avoid living in the present and facing reality.

Arousal

Involvement in a traumatic event may change an involved person's behaviour and reactions. It may make them react erratically or unexpectedly. It may make it very difficult for family, friends and colleagues to live with them. Slight stimuli may cause extreme reaction and startle others. This increased sense of awareness and arousal can lead to inability to cope with normal life and they retreat into isolation. They may have sudden outbursts of anger and violence between long periods of silence and withdrawal. This may lead to anxiety, obsession, depression and morbidity. Alternatively they may act impulsively and seek to change to a completely new life style. This may have a devastating effect on others as they change house, job, partner and friends.

The pastor needs to look for and recognise these symptoms, and if they persist suggest further specific professional or psychiatric help for the person(s) concerned.

Care for the carers

At any traumatic incident it is not only the bereaved, injured and their families who are affected, but also other members of the public and, although often forgotten or taken for granted, members of the emergency services and other voluntary helpers. The pastor may be in a unique position to assist them. The pastor may offer independent confidential help but needs to be mindful that emergency services will have occupational health and welfare staff or their own chaplain/pastor and the pastor may work collaboratively with them. The general public will turn to help centres and the pastor again may assist there.

Finally, pastors will need support and care for themselves or be able to give support to other pastors involved. It is always wise to have a personal support group or individual in everyday ministry, at a time of crisis it is essential. This is a must in addition to the love and support of a partner, family and friends.

A Final Word

Over the time scale of a traumatic incident many people will be involved.

At the initial crisis the emergency services may be the first and leading body to be involved but once that is over, unless further criminal investigations are to be made, they will probably withdraw.

In the short term, the local authority and many other agencies and voluntary bodies may be involved with whom the pastor may co-operate. But after a relatively short time they also will depart for other duties.

In the long term, often when all others have gone – including many pastors – the good pastors will be left to care for those who need continuing personal support, especially after the first anniversary. For many of the bereaved and traumatised will live with the effects of their experience for the rest of their lives.

Add their names to your pastoral diary, in which you record all the special days and anniversaries of those for whom you care and remember as each anniversary you remember and pray for them. They will find strength and comfort from your remembrance.

Care for yourself. For you are precious to God, and remember always God cares for you - often unawares in other people.

God is present in those who suffer and in those who seek to help them.

Appendices

1. Some useful books:

Living with Grief	<i>Tony Lake</i>	Sheldon Press SPCK 1984
The Grief Process.*	<i>Yorick Spiegel</i>	SCM 1978
The Anatomy of Bereavement	<i>B Raphael</i>	Routledge
Post Trauma Stress	<i>Frank Parkinson</i>	Sheldon Press SPCK 1995
Coping with Post Traumatic Stress	<i>Frank Parkinson</i>	Sheldon Press SPCK 2000
Coping with Catastrophe*	<i>Peter Hodkinson & Michael Stewart</i>	Routledge 1991
Psychological Trauma*	<i>Dora Black et al</i>	Gaskell 1997
Traumatic Stress From Theory to Practice*	<i>J R Freedy & S E Hobfoil</i>	Plenum 1995
Traumatic Stress*	<i>B A van der Kolk et al</i>	Guildford 1996
Disasters Planning for a Caring Response		HMSO 1992
Dealing with Disaster		HMSO 1994
Guidelines of Faith Communities when dealing with Disasters		BSR 1998
Advice for bereaved families & friends. Road death.		Home Office & Brakecare
Benefits Agency What to do after a death in England & Wales.		Booklet D49

*more advanced specialist study books.

2. Some useful support agencies:

Cruse Bereavement Care

See your local telephone Directory

Compassionate Friends (*National bereavement care & support groups*) 53 North Street, Bristol BS3 1EN.

Tel: 0117 953 9639

Winston's Wish (*Support for bereaved children*)

Gloucester Royal Hospital, Great Western Road, Gloucester GL1 3NN.
www.winstonswish.org.uk

Tel: 01452 394377

Support After Murder & Manslaughter (*Samms*)

Cranmer House, 39, Brixton Road, London SW9 6DZ

Tel: 0171 735 3838

Brakecare

P O Box 548 Huddersfield HD1 2XZ

Tel: 01484 559909

Samaritans

Tel: 0845 7909090

Priory Associates, (*Trauma care counselling*)

9 Priory Mead, Longcot. Farringdon, Oxon.SN7 7TJ.

Tel/Fax: 01793 784406

Dr G. Turnbull. (*Consultant Psychiatrist*)

The Priory, Ticehurst House, Wadhurst Ease Sussex TN5 7HU

Tel: 01580 202206

Trauma After Care Trust (*TACT*)

Butfields 1 The Farthings, Withington. Glos. GL54.4DF

Tel: 01242 890306

3. Some suitable passages of scripture

Psalms 16; 23; 27; 30; 42:1-8; 46; 90; 103; 130; 118: 121; 130:8-18; 138; 139:1-14, 17-18.

Isaiah 25:6-9	God will wipe away tears
Isaiah 40:1-6, 8-11, 28-31	Comfort my people
Isaiah 55:1-3, 6-13	Hear that your soul may live
Isaiah 61:1-3	Bind up the broken hearted
Lamentations 3:17-26, 31-33	The steadfast love of the Lord never ceases
Luke 24: 13-35	The Lord has risen indeed
John 6:35-40	I am the bread of life
John 14: 1 – 6, 27.	My peace I give to you
Romans 8: 28, 31b –35, 37 – 39.	If God is for us
1 Corinthians 15:1 – 28	Our resurrection
2 Corinthians 4: 16- 5:10	Living by faith
Ephesians 1:15-23	Now that I have heard of your faith
Ephesians 2:1. 4-10	From death to life
Philippians 3:10-21	My one desire is to know Christ
1 Thessalonians 4:13-18	We believe that Jesus died and rose again
2 Timothy 2:8-12a	If we die with him we shall live with him
1 John 3: 1-2	We are now God's children
1 John 4:7-18a	My dear friends, let us love one another
Revelation 21:1-7	I saw a new heaven and a new earth

4. Ecumenical Last Rites

Written by the Western Region Faith and Order Commission

To be used in case of emergency by any baptised person for a Christian of any denomination.

(I am going to say some prayers with you: listen/join in as you can.)

In the name of the Father, and the Son, and the Holy Spirit, Amen.

(First, a Bible reading: John 14 vv. 1 - 3)

“Set your troubled hearts at rest. Trust in God always; trust also in me. There are many dwelling places in my Father’s house: if it were not so I should have told you; for I am going to prepare a place for you. And if I go and prepare a place for you, I shall come again and take you to myself, so that where I am you may be also.”

Our Father, who art in heaven. Hallowed be thy name. Thy kingdom come. Thy will be done on earth as it is in heaven. Give us this day our daily bread. And forgive us our trespasses, as we forgive those who trespass against us. And lead us not into temptation, but deliver us from evil. For Thine is the kingdom, the power and the glory, for ever and ever. Amen.

(Now I’ll say this for you)

Father, trusting myself to Your love and mercy

I confess with sorrow my sins and ask Your forgiveness, through the saving death and resurrection of Jesus Christ. Amen.

(Invite the person to say anything they wish if they want to and are able.)

May Almighty God have mercy on us, forgive us our sins, and bring us to everlasting life.

(Optional) Psalm 23:

The Lord is my shepherd, I shall not want;

He makes me lie down in green pastures. He leads me beside still waters; He restores my soul. He leads me in paths of righteousness for his name’s sake. Even though I walk through the valley of the shadow of death, I fear no evil; For thou art with me; thy rod and thy staff, they comfort me. Thou preparest a table before me in the presence of my enemies; Thou anointest my head with oil, my cup overflows. Surely goodness and mercy shall follow me all the days of my life; And I shall dwell in the house of the Lord for ever.

May the Lord be with you always to be your strength and your peace.

Other prayers and readings can be added as appropriate.

Roman Catholics may like to hear:

Hail Mary, full of grace, the Lord is with thee:

Blessed art thou among women, and blessed is the fruit of thy womb, Jesus.

Holy Mary, Mother of God, pray for us sinners, now, and at the hour of our death. Amen

(It may be helpful to hold out a cross or crucifix to the injured or dying person.)

5. Handling the Press

At times of crisis or controversy.

Stage 1

When a journalist telephones

DON'T SAY 'No comment'

DO SAY 'Give me your name and telephone number and the name of the newspaper/magazine you are writing for.'

THEN SAY 'Now tell me what you want to know and I'll check the facts and call you back.'

This is a valuable tactic because

- (a) it prevents you from telling journalists more than they already know;
- (b) it gives a breathing space to decide what to do next; Consult other colleagues for advice
- (c) it tells journalists that you intend to help and it may prevent them making further enquiries among other people.

Stage 2

Ring the people the journalist is most likely to contact. Tell them to be matter-of-fact (the more boring the better), to say that they do not know the facts and advise them to refer all enquirers to yourself.

Remember information is the oxygen of the press. Cut off a journalist's access to information and the story withers or dies. This strategy may not keep the story out of the press but it may remove it from the front page to the lower half of page 6 where it is less conspicuous. Remember we have a responsibility to protect anyone who may be vulnerable. **DO NOT** agree to any form of photography or only give pictures which you choose and provide.

Stage 3

Check the information and ring the journalist within the hour. Use fax or e-mail to send a written statement. This is likely to remove the danger of misquotation.

Never lie. If the story is correct say so, however distressing.

Correct mistakes but be careful not to give unnecessary extra information. The journalist will then most likely ask for your comments. Be careful not to say anything sensational which could be quoted. Work at being bland and boring.

Remember **KISS** (Keep It Short & Simple) Once again, never say, 'No comment'.

DON'T BE BULLIED — If you have a duty to respect people's confidence and confidentiality, say so. If you don't think the press (or anyone else) should know a fact told you in confidence, remind the journalist that you are a minister of the Church and this is how you are expected to work. If they don't like it, that is their problem.

Stage 4

If the story looks likely to run, please notify your church Press office because the journalist is likely to ring them at some point during the enquiries and it helps to be forewarned. If you know in advance that trouble is brewing, ring the Press Office. You may prefer them to handle the whole enquiry. Whatever you decide, the Press Office can offer advice and back-up. They are there to serve the whole Church.

6. An Aide De Memoire.

Factors to look for when working with grieving adults

How and where did the person die?
The family makeup at the time of death. Specific roles of family members
Past losses of the individual/family.
Family characteristics i.e. flexibility, communication styles, rules
Quality of the relationship with the person who died.
Social support system — trusted friends, neighbours, etc.
Secondary losses.
Age and gender of the grieving person
Individual's health.
Social class. Ethnic background
Spiritual/religious beliefs.

Areas that complicate the grieving process

Suddenness of the death is hard to accept.
The assumption that the world is orderly, predictable, and meaningful, is violently shattered.
The loss cannot be understood.
No chance to say goodbye (unfinished business)
Acute grief lasts longer than usual
Obsessive reconstruction of events trying to change the outcome.
Loss of security; nothing can be trusted again.
Personal relationships with the deceased and with the pastor

More intense emotional reactions

Who was to blame
Make meaning of the death
Each death brings secondary losses.
Can lead to Post Traumatic Stress Disorder.

How to help families

Establish a relationship with the person and family.
Realise anger is not at us, but at the problem.
Have them talk/tell story. Listen carefully.
Try to look/work on important issues.
Expect denial - look for change of behaviour.
Look at "past losses"/delayed grief/re-grief.
Help them to look at new ways of coping.
(a) Dietary
(b) Medication
(c) Exercise/Activity/Rest
(d) Spend time alone/Spend time socialising
(e) Spiritual/religious
Social behaviours — what are they doing?
Who else can help them besides you?
Help them accept help.

7. Common Symptoms and Feelings of Grief & Trauma.

Feelings:

Sadness	Anger	Guilt	Emptiness	Anxiety
Loneliness	Helplessness	Fatigue	Shock	Yearning
Relief	Numbness	Phobias	Panic	Confusion
Disbelief	Denial	Irritability	Self-reproach	Frustration
	Resentment	Hopelessness	Depression	

Cognitive Thoughts:

“Why me?”	“It’s not real”
“I’ll never get over this”	“I think I’m going crazy”
“I should have done more”	“I feel numb”
“I wish it would have been me”	“What’s going to happen to me”
“I feel so scared and lonely”	“Am I always going to feel like this”
“I can’t handle things”	“I can’t concentrate”
“I’ll never be normal”	
Feeling suicidal.	
Sense of presence, hallucinations.	
Personal death awareness/pre-occupation	

Physical Symptoms:

Headaches	Blurred vision	Stomach pain
Weight gain/loss	Constipation	Urinary frequency
Menstruation changes	Dyspnea	Body pain
Dry mouth	Sweating	Shortness of breath
Shaking	Fatigue	Empty arms (child loss)
Tingling, numbness	Pain	Previous condition flares
Heart palpitation (hypertension, asthma, arthritis, etc.)		

Behaviours:

Quick disposal	Social withdrawal
Dreams of deceased	Avoidance of things
Increased use of Alcohol, tobacco, drugs.	Crying
Acting out feelings	Change in activities
Change in sex desire	Sleep disturbance
Changes in eating habits and appetite	Absent minded
Treasuring objects	Visiting places (cemetery)
Loss of interest in world events	Loss of interest in work
Loss of interest in social activities	Difficulty concentrating



This publication has been sponsored by Methodist Insurance



and has been printed by Avon and Somerset Constabulary