

After the Disaster! : Toward an Emotional and Spiritual Response for Wolfforth Fire and EMS

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Certification Statement

I hereby certify that this paper constitutes my own product, that where the language of others is set forth, quotation marks so indicate, and that appropriate credit is given where I have used the language, ideas, expressions, or writings of another.

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Abstract

Responses to incidents and occurrences within Wolfforth Fire and EMS have left the agency at times in a state of crisis from within its own ranks. The problem was: Wolfforth Fire and EMS lacked any mechanism to care for the emotional and spiritual needs of its members and the victims it serves following a disaster. The purpose of this research was to develop a program to provide for the emotional and spiritual needs of the members and the people they serve following a disaster. This ARP employed a descriptive research methodology. The procedures used to collect data for this project were multiple interviews and a questionnaire. The research questions used to guide this research were: a) Are first responders and the people they serve more than physical beings? b) What is a disaster? c) What are the emotional and spiritual needs of responders and victims following a disaster? d) What is Wolfforth Fire and EMS currently doing to address the emotional and spiritual needs of its responders and the victims of disaster? e) What are other agencies doing to address the emotional and spiritual needs of their responders and the victims of disaster?

The research results revealed a program of emotional and spiritual care is a critical need. Recommendations were made to: a) increase awareness through departmental training; b) develop and begin a chaplaincy program; c) utilize local pastors to supplement the departmental chaplains; d) develop a written procedure or guideline for the utilization of an emotional and spiritual needs program; e) contact and retain behavioral health professionals for the needs of departmental members, f) utilize volunteer organizations active in disaster for the needs of the general public; and g) budget or secure grant funding to cover the costs of the program.

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After the Disaster! : Toward an Emotional and Spiritual Response for Wolfforth Fire and EMS

Wolfforth Fire and EMS transitioned from a volunteer to a combination department in October 2006 with the implementation of 24 hour staffed EMS/Fire Fighters. Wolfforth Fire and EMS provides fire, life safety, and emergency medical services to not only the approximate 7,227 people residing within the city limits of Wolfforth, but also to an approximate population of greater than 19,500 in the 98 square mile response area surrounding the city limits (Charles E. Addington II, personal communication, May 24, 2014). Wolfforth Fire and EMS also provides regional hazardous materials response to a 15 county area in the Texas panhandle through both the paid and volunteer portions of the department. Aside from these normal response duties, Wolfforth Fire and EMS also hosts a state certified structural firefighting training academy. Wolfforth Fire and EMS has always provided outstanding service to the community and also ranks among the top educational institutions in the state for structural fire suppression training. “During the average year, the department will face many challenges that could be a disaster both internally or externally, whether it be structure fires, wildfires, tragic EMS calls, or losing one of their own – from the department or the academy (Charles E. Addington II, personal communication, May 24, 2014).” The problem is: Wolfforth Fire and EMS lacks any mechanism to care for the emotional and spiritual needs of its members and the victims it serves following a disaster. The purpose of this research is to develop a program to provide for the emotional and spiritual needs of the members and the people they serve following a disaster. This ARP employed a descriptive research methodology. The procedures used to collect data for this project were multiple interviews and a questionnaire. The research questions used to guide this research were: a) Are first responders and the people they serve more than physical beings? b) What is a disaster? c) What are the emotional and spiritual needs of responders and victims

following a disaster? d) What is Wolfforth Fire and EMS currently doing to address the emotional and spiritual needs of its responders and the victims of disaster? e) What are other agencies doing to address the emotional and spiritual needs of their responders and the victims of disaster?

Background and Significance

The Wolfforth Volunteer Fire Department was established in 1956. In the late seventies Wolfforth EMS was established as a separate entity to provide emergency medical services to the people within the city limits and surrounding county. Since that time the Wolfforth Fire Department has undergone many changes including the joining of the Fire Department and Wolfforth EMS into a single agency and a name change to Wolfforth Fire and EMS. In May of 2003, Wolfforth Fire and EMS began conducting training for fire suppression personnel and became recognized by the Texas Commission on Fire Protection as a basic structural firefighting training facility. The development and success of the training academy has expanded greatly from 2003 to 2014 with the academy now conducting at least two basic academies a year, each consisting of 20 to 30 students. This influx of students and the nature of the academy has created an additional area of concern as the students of the academy have suffered loss of family, divorce, and even the recent death of a classmate.

October 2006 brought about the first major change in staffing for the department since its inception. This change consisted of a move from volunteer to full-time staffing of the ambulance. Deputy Chief Lance Hamilton explained that with the joining of the services and the transition to a “staffed station” the department now averages over 750 calls per year (Aubrey L. Hamilton, personal communication, May 15, 2014). Another significant change for the department was the enrollment of the Fire Chief in the Executive Fire Officer Program (EFOP)

and his completion of the EFOP. Chief Charles Addington II's work during the program led to many changes in the department, including the enrollment of this author into the EFOP. Chief Addington, following the sudden death of long time member Steve Komarek on January 26th, 2014, expressed his concern for the ability of the members to deal with personal disasters within the department. Chief Addington later commented (during a discussion with this author) that he would like to see a program established within the department to handle the emotional and spiritual effects of disasters. Aside from the aforementioned personal disasters, Wolfforth is located in Lubbock County in the Panhandle of Texas. As explained by Jody James of the National Weather Service office in Lubbock, TX, this area is at risk for both severe weather and droughts. James (personal communication, June 17, 2013) referenced a storm from April of 2012 that was originally headed directly for Wolfforth before veering slightly and causing extensive damage just south of the city - an area that housed not only residents of the Wolfforth Fire and EMS response area but also members of the department, all of which sustained damage to their residences.

Wolfforth has three campuses of the Frenship School District located within the city limits. Two recent occurrences involving the school district have had a direct impact on the department and had the potential to create disastrous situations. In April of 2013, an 18 year old student was arrested for threatening to bring a gun onto the high school campus. Although no actual shooting occurred on the campus, the possibility remained. The other situation arose from a local school's "Shattered Dreams Program," in which a series of events were portrayed for the students and families to illustrate the potential effects of driving while intoxicated. One of the local first responder's children was chosen for the role of a deceased student following a drunk driving accident - to increase the impact experienced by the students with the loss of a public

figure's child. Although being simply a role-play, this event caused a ripple effect within the members of the organization, i.e. some as them being rumored to be irresponsible parents, that the fire service does not care for it's own, and that the impact of the program has been taken to far.

This research is directly linked to the Executive Fire Officer program (EFOP) – Executive Leadership course through the concepts and purpose of staying alive and exercising leadership. (United States Fire Administration, 2013, p. SM 15-3). The topic of this research is relevant to one of the United States Fire Administration (USFA) operational goals, which is to improve local planning and preparedness (United States Fire Administration, 2012).

Literature Review

This review serves to reference a few of these articles and provide support for positions and statements made after this particular section.

In the points of consensus from the National Voluntary Organizations Active in Disaster (NVOAD), the Disaster Spiritual Committee (2009) explains that the basic concepts of disaster spiritual care are as follows: “spirituality is an essential part of humanity. Disaster significantly disrupts people’s spiritual lives. Nurturing people’s spiritual needs contributes to holistic healing.” (Basic concepts of disaster spiritual care, para. 1) The committee reveals that to provide emotional and spiritual care in times of disasters takes on many different forms and gestures. Also shown is the partnership and co-working of emotional and spiritual care providers as their paths in disaster care often cross and either should be able to refer those in need to the other. The role of spiritual care can and should be present through all phases of a disaster from short to long term. “Assessing and providing for the spiritual needs of individuals, families, and communities can kindle important capacities for hope and resilience.” (NVOAD,

2009, Disaster spiritual care in response and recovery, para. 1) Before closing the points of consensus section, the committee explains that providing care, and especially spiritual care, in a disaster can be an overwhelming task - one that disaster response agencies should plan for and develop methods to address for their staff and others in times of disaster.

Mary Kurus in her article, *Physical, Emotional, Mental, and Spiritual Health*, establishes the premise that emotion, body, and soul must all come together to form the whole person. Concerning physicality, Kurus explains that chemicals that are released as a reaction to emotions drive the processes in the body.

When an individual thinks about comfort and pleasure and feels hopeful about life, the body changes into a relaxed state where certain changes occur and healing can occur.

When an individual is angry, different chemical reactions occur in their body creating stress on various organs, especially the liver and pancreas. If these emotions continue for extended periods of time, illness can result. (Kurus, 2010, *The mystery of our physical bodies*, para. 5)

Later in the article the concept of emotions is explained as a reaction to an event, situation, or person and causes a response regardless of whether the reaction or event is real or imagined. The author also explains that to be truly healthy, people need to have a spiritual life and the absence of a spiritual life or even a fragmented spiritual life can lead to illness and death.

In the journal for Evidence Based and Alternative Medicine, authors Rachel Ettun, Michael Schultz, and Gil Bar-Sela (2014) explain how the use of art can assist with healing for those suffering from loss or disaster. The article explains that during illness and/or treatment, a patient suffering loss or grief may begin to feel as if they are broken or have lost their sense of completeness. A spiritual caregiver, through the use of emotional stabilization, spiritual care,

and art, can provide a clearer view of the broader picture and more quickly return the person back to a sense of normalcy. (Reassembling the pieces into a new whole, para. 3)

Although an older publication, in an FBI bulletin for September 2004, Sheehan et al. state “that the mind and body are inextricably intertwined and cannot be separated. Simply stated, these authors illustrate that events that affect the mind affect the body, just as events that affect the body impact the mind.” Also presented in the article was an explanation of the P.I.E. principle - a concept that came from the military that involves a method for dealing with crisis intervention including proximity (the ability to provide psychological support wherever it may be needed in the field, immediacy (providing rapid support), and expectancy (developing understanding that following an incident adverse reactions are normal reactions of stress and not pathological reactions (Sheehan, Everly, and Langlieb, 2004, Background, para. 3).

On their website, The International Federation of Red Cross and Red Crescent Societies (n.d.) define a disaster as:

a sudden, calamitous event that seriously disrupts the functioning of a community or society and causes human, material, and economic or environmental losses that exceed the community’s or society’s ability to cope using its own resources. Though often caused by nature, disasters can have human origins. (What is a disaster, para. 1)

More simply, the website explains that a disaster occurs when a hazard impacts a person with a vulnerability. In addition, this website - under the discussion on types of disasters - illustrates that these events can range from natural disasters including earthquakes, landslides, droughts, or wildfires to technological or man made disasters which include complex incidents or conflicts, traffic accidents, or violence. (Types of disasters, para. 1)

In the participant guide for Ministry of Presence, a training course for Salvation Army officers, employees, and volunteers, disasters are discussed in differing fashions from type of response to impact and expectations upon arrival. What this guide provides is clarification that a disaster is different from jurisdiction to jurisdiction and from individual to individual. Local events may often be overlooked by the masses but are truly of major concern to those that have suffered the loss. Major events, on the other hand, will often grab national attention and the victims will be flooded with resources from outside of the local area. (Rowland, 2010, p. 10)

A portable document format publication by the State of Wyoming Division of Emergency Management states that disasters always happen on the local level. For some types of disasters there may be time to prepare and/or provide advanced warnings but for others there may not be any preparation time. This publication goes on to state that in either case, the citizens, the local government, and/or the first due responders must be the first ones to cope with the damage. (At the local level, para. 1)

Cisney and Ellers, (2009) in *The First 48: Spiritual Caregivers as First Responders*, liken disaster to a crisis and the concept of a critical incident. The authors explain that a critical incident is an actual event that happens and that, while although often being very large scale events, there is no size requirement for there to be a negative impact. Crisis is the psychological reaction to the critical incident or some stressor happening in life. These two, the critical incident and the crisis are often confused; although the former leads to the latter and very seldom vice versa. These authors also explain part of what a responder needs following a disaster when they point out that one of the first things a responder needs is safety - at the minimum a feeling of safety - so they can continue to work and continue to live (Cisney & Ellers, 2009, p. 2).

In another video produced by the Salvation Army to train volunteers entitled *Compassion Under Fire: Responding to September 11th*, several aspects of emotional and spiritual care that were mandated by the September 11, 2001 tragedy are discussed. Aside from the many obvious physical needs that were provided to the first responders, there were multiple non-physical needs addressed. Among these were the need of the responders to sit and talk, to converse, and cleanse their current pallet of emotions so they could return to the work at hand. As a part of the video, one of the grief counselors explained that as the fire fighters would come in to take a break - if they could get them to take a break - she and other caregivers would remove their boots, clean the feet of the fire fighters, massage their feet, and then put clean socks on their feet before lacing the boots back on. It was during this process that many of them would begin their emotional healing as they would begin opening up and talking about their feelings and what they were undergoing. This also solidified the realization of the volunteers that the responders needed, as a part of their healing, someone to listen. (The Salvation Army, 2012)

Szafranski (2013), in a writing for Psych Central entitled *Natural Disaster Crisis Management*, explains that a first responder must not only be physically healthy but psychologically healthy enough to assist others. Moreover, the first responder needs an avenue to afford them the ability to be clearheaded and to maintain psychological steadiness. “Stabilization is another key to psychological first aid.... However, the level of immediacy of stabilization may be different according to the different scenarios and to the needs of a crisis victim vs. those of a first responder.” (Psychological first aid, para. 5)

The interview with Alvin Migues – The Salvation Army, Texas Divisional Director of Disaster Response – revealed that The Salvation Army (2014) is being proactive and is developing a program to develop qualifications for disaster behavioral assistance teams. The

newly developed handbook for this program establishes three levels of disaster behavioral health responders. Level three responders will be required to have a basic level of training and will be able to address a large portion of the population. Level two is labeled “crisis intervention” and at this level there is an expectation of mastery of the crisis intervention strategies, focusing on particular groups. Level one involves professional responders licensed in behavioral health fields who provide services to the most limited size group, but whose abilities far exceed those of the level two or three. Also in this handbook, there is again a correlation between a crisis defined as “an acute emotional reaction to a powerful stimulus or demand. A state of emotional turmoil,” (Common definitions, para. 3) and a disaster.

Procedures

In an attempt to formulate recommendations for the development of a program to provide for the emotional and spiritual needs of the people served by and the members who serve as Wolfforth Fire and EMS, the first step was to gather information from the department. This process was completed utilizing a questionnaire that was distributed to a random sampling of personnel from the organization. To avoid a skewed or biased selection of respondents, twenty questionnaires were presented to the Fire Chief for his dissemination among the members of the department. Of the twenty distributed, twelve were returned and the responses are therefore utilized in this applied research project.

Next, interviews were conducted to determine several factors important to the development of an emotional and spiritual care program. The first interview was conducted with Dr. Charles E. Addington, II D.O. – Fire Chief of Wolfforth Fire and EMS. Dr. Addington was selected to provide focused insight into the department and to the requirements necessary for the provision of emotional and spiritual care following a disaster. Aside from his role within the

department, Dr. Addington was chosen to provide medical and psychological information because, in addition to being fire chief, Addington is still a practicing physician and medical director for numerous fire, EMS, and police agencies.

The second interviewee was Rev. Charles E. Addington I, a retired United Methodist pastor who is now employed by The Salvation Army as the Texas Division, Region 4 Service Extension Representative. Rev. Addington is charged with overseeing the ministry of The Salvation Army in fifty-four cities and towns in the Texas Panhandle where he is responsible for over two hundred fifty volunteers and nineteen employees. He is actively involved in both everyday assistance to needy individuals and families in his region and also the training, deploying, and equipping of his volunteers and employees in disaster responses. He recently responded to the Double Diamond wildfire near Fritch, TX where he and his team provided lodging to forty-three families whose homes were destroyed in the fire and coordinated food service to victims and first responders alike.

Reverend Addington recommended that an interview also be conducted with Alvin Migues, The Salvation Army Texas Divisional Director of Disaster Response. Mr. Migues has extensive knowledge and personal experience in disasters ranging from the September 11, 2001 attack on the World Trade Center in New York to Hurricanes Andrew, Katrina, and Rita, to name a few. His knowledge of the true needs of all those who are affected by a disaster is unparalleled in the state of Texas and he is indeed a source of valuable insights concerning the necessities involved in a disaster response.

The fourth interview was made with Patrick Lackey, the Abilene (Texas) Area and Regional Director of The American Red Cross. Mr. Lackey handles responses by The Red Cross that involve every level of disaster, from personal to regional, and he is completely conversant

with the actions that are and are not allowed by The American Red Cross, as well as the limits that are placed upon their ability to respond. His candid responses were invaluable in the research for this project because they reveal the abilities of other agencies to respond to more than just the physical needs of those involved in disastrous situations.

The next interview was conducted with Lieutenant Ray Mays of the Fort Worth (Texas) Fire Department. Lieutenant Mays was chosen for his expertise as a shift lieutenant in the fire department of a major city and for his knowledge of the needs of both victims of disasters and those who are attempting to address those needs. His knowledge and experience of the procedures and policies of the fire service in his city were vital in the research for this project because it reveals the extant situation in another department actively involved in assistance to victims of personal, local, and regional disasters.

The final interview was performed with the Director of the Office of Emergency Management for the City of Lubbock, TX. He was chosen for his extensive knowledge of disaster management and response. Although now working for Lubbock Fire Rescue, Jay Parchman has over thirty years of experience in law enforcement and was previously the Emergency Management Coordinator/Police Chief of Texas Tech University. His law enforcement expertise and his vast experience in Disaster and Emergency Management give his responses special credence in this study.

A literature review was initiated while in attendance at the National Fire Academy utilizing the Learning Resource Center. Additional sources for the literature review were obtained from the World Wide Web, utilizing differing search engines. Additionally, a heightened awareness of other pertinent materials were gleaned as a part of the interview process. The primary purpose of the literature review was to gather information about what

scholars and others involved with disaster response/emotional and spiritual care were doing and recommending as effective policies and procedures.

There were limitations that existed during the completion of this research. While the interviews that were conducted involved only three fire departments and two Volunteer Organizations Active in Disasters, the level of expertise represented by the interviewees was not only extensive but also ran the gamut of involvement from volunteers to paid staffs. The questionnaires were also limited because they were kept intentionally short in order to secure more responses. Even so, only twelve out of twenty that were distributed were returned. On the plus side, however, some of the questions were intentionally designed to be open-ended in order to allow for extended opinions if the respondents so desired. Lastly, the literature review was inherently limited by the dearth of published research in an area that is only just beginning to be acknowledged as a critical element in disaster response.

Results

To derive the results from the research and in an attempt to create uniformity, the questions selected for the research questions for this project were used for the questionnaires and were also utilized as the basis for the interviews. Research question (a) asked: Are first responders and the people they serve more than physical beings? The questionnaires collected randomly from the members of Wolfforth Fire and EMS were vague in their responses. Most of the responses included answers of only a few words, i.e. “Yes we are emotional beings, driven by concern for those we serve.” One response stated that there was little doubt in the respondent’s mind that the department is made up of more than physical beings. Citing further examples, the respondent included the work that the department does to give back to the community through its Breath of Life smoke detector program, Secret Santa initiative, and the follow up that often

happens with the EMS crews following a difficult or serious response. Another respondent exclaimed with large handwriting, “YES!, but good luck ever getting us to admit that in person.” Lastly, from the respondents there was an answer provided that read as follows: “I have often wondered about the emotional side of being in this business. I have had calls that have bothered me for years, well..., one in particular, and have never found a way of truly dealing with it. So, now that this question is asked, I would have to say that we are way more than just physical beings, there is a lot of emotion and heart that goes into doing this job.”

In the interview with Fire Chief, Dr. Charles E. Addington II (personal communication, May 24, 2014), he opined that first responders of all walks have emotional and spiritual needs following a disaster. Dr. Addington stated, after explaining that there was no way he could give names or exact incidents, that there are often times when he deals with the health effects of responders who are being impacted following an incident. “It is interesting how the mind and body tie together. In the truest of medical terms, you can’t have the body without the heart and the brain, but its interesting to see how the emotional and spiritual side of the body can interact with the body functions and wellness of the body as well.” Dr. Addington also spoke of the personnel of Wolfforth and his concern for their wellbeing during a call, stating, “those guys are just like any other men in the fire service, tough and ready to answer the call, yet mushy on the inside.”

Reverend Charles E. Addington, (personal communication, April 1, 2014) explained that from the beginning of time, the mystery of body, mind, and spirit has been pondered and discussed by the most prominent thinkers of every age. “While there have been many theories to explain the phenomenon of the threefold existence, there has never been a failure (in mainstream thought) to acknowledge that human beings are more than just physical creatures.”

Alvin Miguez, (personal communication, February 6, 2014) exclaimed a resounding, “ABSOLUTELY,” during his interview. The he further explained that “the reality is that there are physical, spiritual, and emotional needs and that if they are all not addressed, there is no way we are fully completing our job.

Patrick Lackey’s (personal communication, June 10, 2014) response was very similar in beginning to that of Alvin Miguez with the resounding “absolutely.” Lackey explained that “these people are not just bodies, they are emotions and families, not just bodies passing through.”

Lieutenant Ray Mays (personal communication, June 10,2014) answered the first interview question by stating that the whole of the human race is made up of physical and spiritual beings. Mays further explained that the physical is by far easier to see and is most visible, but a closer look will reveal that both natures exist and need to be addressed.

Jay Parchman (personal communication, June 2, 2014) responded with the following during the interview: “Yes, despite our efforts to present ourselves as having a thick skinned veneer, underneath we may be some of the most emotionally and psychologically vulnerable beings on earth. What makes us appear to be different is the expectation that we have of ourselves (and to an extent the expectation the public has of us) to do what needs to be done, no matter how dangerous, gruesome, unpleasant and disconcerting the task may be.”

Parchman recounted that he has been fortunate in his 40 something year career in public service to experience the satisfaction of going home, putting his head down on his pillow, and feeling the emotions and satisfaction that comes from knowing that he was able to help someone that day. He has also experienced the frustration and hollow feelings that come from realizing that in many instances, his efforts just weren’t enough. Even though some of these events

occurred in the early years of his career, he remembers them almost as vividly now as he did when they happened and more times than not, the ones that most often come to his mind are the ones that did not turn out as he had hoped. Parchman ended the question with the following: “these experiences, both the good and the bad, change us over time. Collectively, they become a part of the psychological theater that plays in our minds and consciences.”

Research question (b) What is a disaster? The questionnaire responses from Wolfforth Fire and EMS gave many differing opinions as to what a disaster was, ranging from a tornado hitting the city, a hazardous materials response that closed portions of the highway and impacted many people, a school bus accident, or large scale wildfires. One of the respondents explained that when his car burned, their family was left without transportation and that was a disaster. For the purposes of completeness in documenting the responses, one of the respondents stated that the birth of his teenage daughter is proving to be a disaster. Lastly, two of the respondents had responses very similar in nature, stating that a disaster is something unexpected and out of the ordinary that is beyond the ability of the person or department to manage.

Chief Addington (personal communication, May 24, 2014) responded that a disaster is an event, a happening, or perhaps just a situation that is unexpected (and/or even perhaps, in some cases, anticipated) that taxes the department or some of its personnel beyond their abilities to react and cope appropriately. When asked for an example, Addington stated that the loss of Steve Komarek, even though in a sense anticipated, has had a disastrous impact on the department. “He was just a go to guy for anything you needed done, like the fireworks show on the fourth of July. Now the department and city are having to look for someone new to handle that event.” Addington further stated that this just illustrates that it does not have to be a large scale response that impacts the people of the department; it could be a single person or the

emotions that are felt by a single person after a response that is a disaster. Closing the question, the Chief stated: “If the guys aren’t able to do their job because their minds are not right from a previous situation, that’s a disaster.”

Reverend Addington (personal communication, April 1, 2014) and Alvin Miguez (personal communication, February 6, 2014) provided very similar responses to this question. In his response Addington stated “a disaster is any event in the life of an individual, a community, a region, or a nation that has consequences beyond the ability of the affected person or group to recover without outside assistance.” Miguez explained that “a disaster, manmade or natural, is anything that overwhelms a person’s ability to respond without assistance.”

Lackey (personal communication, June 10, 2014) commented that a disaster is simply something negative that takes a person or responder out of the normal every day situation. Furthermore, it leaves them quite often without the basic needs of food, clothing, and shelter.

Lt. Mays (personal communication, June 10, 2014) explained that nearly anything could be a disaster. Mays stated “any event that disrupts normalcy of life, even of differing magnitudes or different scales can be a disaster.” Mays gave an example that on the personal level, a single car accident could be a disaster. Mays also explained that often those outside will tend to downplay the emotional and spiritual effects, but as a lieutenant he makes a concerted effort to try and stay alert to what is going on with his men.

Jay Parchman (personal communication, June 2, 2014) provided the following response: “Disasters, as used in my profession, usually result in significant loss of life and/or physical damage. A disaster is typically an event or series of events significant enough to take us beyond our immediate rescue, recovery, and/or coping abilities.”

Research question (c) What are the emotional and spiritual needs of responders and victims following a disaster? The questionnaire responses from those in Wolfforth Fire and EMS once again provided varied observations in response to this question and, therefore, will be listed individually. One respondent stated that the most critical need for a first responder was to feel secure and safe. Another response dealt with the need for someone to talk to, but not be judged. Three of the respondents felt that a program or system to provide emotional and spiritual services to the members would be beneficial as there has never been anything in place before. These respondents provided some detail about the services they wanted, such as being able to talk with a preacher, being able to seek the services of a mental health professional, or even being granted time off work for mental concerns and not just physical illness. One respondent stated that in an organization where he previously served, they had a chaplain who would talk with the members of the department or the impacted families to provide them with comfort and support. Four of the responses were very similar and stated that responders, after an event: need time – time to think, time to sleep, and time to just get over what they went through; need a sense of wellbeing and security so that they can go about doing their jobs; and need the ability to let things go, more precisely an avenue of release and revitalization. In the remaining two responses, one was left blank and the other stated that every responder is different and that there is no way to say what a responder needs after an incident.

Dr. Addington (personal communication, May 24, 2014), commented that it was much easier to care for the physical needs of the responders than the emotional and spiritual requirements. Explaining further, he said that you can see if a person is injured physically or has a physical loss that needs repair or replacement, but there still remains no fail-proof way to see into the mind and heart of a responder or citizen and get to the root of what they really need.

Generally speaking, “I would say that responders need to talk, to scream, to rest, to be reassured that what they do matters, to feel safe, and to be encouraged to keep up the fight.” In regard to the people we serve, it is perhaps the same as the responders, “we can see what they have lost physically, but how they are going to cope mentally is a mystery. Therefore, we need a system to can assess them, to allow them someone to vent on (a well minded person that can take being yelled at and turn it into something constructive), and to help them down a road to recovery. Perhaps you could say they were like a drug addict, they need something to stop the current cycle, someone to care for them, and someone or something that gives them strength to not give up and instead, to go on.”

Alvin Miguez (personal communication, February 6, 2014) provided his response based on his interaction and position within the Salvation Army. Miguez explained that first and foremost, people - responders and victims - need to be comforted and assured that they are not alone. Miguez explained that there are many levels and perhaps questions to work through. The first might be, “How can I help you?” The second might be, “How can we help you?” – to be used when the needs exceed the capabilities of one individual. Finally, after trust and assurance has been established and knowledge that it will be received favorably has be gained, to assure them that GOD is with them.” Miguez said that he was speaking from personal experience and that “sometimes trust is not in the individual but, instead, in the organization.” Miguez also spoke about a model for differing levels of behavioral health responders, starting at the lowest level with a basic level of psychological first aid provided by basically trained responders, increasing to the second level - the crisis intervention level, and lastly to the top tier - a professional response by a licensed or certified specialist in the field of behavioral health.

Patrick Lackey (personal communication, June 10, 2014) answered the question by stating that these two are different in that the needs of responders and the needs of the public, although being similar, are not the same. Lackey stated that the first responder will initially be able to cope because they have to, and the training and adrenaline pushes them forward. However, after the incident the stress and the recurrence of memories causes an emotional response and often a loss of dignity. In regard to the victims, they too may cope at first, but then may lose their dignity as well because people who have never had to do so before, now find themselves in a position which mandates that they must ask for help.

Ray Mays (personal communication, June 10, 2014) commented that the one thing that responders and victims do not need “is a one size fits all, band aid type approach which is guaranteed not to work.” The needs of responders (and victims, too, for that matter), are incident specific and contain many variables. One of the greatest things that these people can have is someone that is diligent in looking out for their needs. Mays explained that as an officer, he feels it is his responsibility to be vigilant in looking out for the needs of his crew and to be observant that when personalities change or an individual’s actions change, there is an emotional or spiritual need to be addressed and not just a physical problem.

According to Parchman, the emotional and spiritual needs of responders and victims following a disaster can run the gamut from moderate stress that can be relieved through a few hours of down time to severe stress that psychologically scars them and requires ongoing specialized treatment. Parchman said “in [his] opinion, we are still in the early stages of truly understanding the impacts of stress and the multicomponent strategies likely required to best deal with it.”

Research question d) What is Wolfforth Fire and EMS currently doing to address the emotional and spiritual needs of its responders and the victims of disaster? This question was pointedly asked to the members of the Wolfforth Fire and EMS, but was modified slightly substituting the name of the agency or department to gather information from those interviewed. The responses to the questionnaire were almost unanimous; that nothing was being done to address the emotional and spiritual needs of those on the department. One dissenting respondent commented that in the past, there has been a critical incident stress management (CISM) team that has been called in from Lubbock to come and talk with crews following an incident. Lastly from the respondents, there was one who stated that the department, at one time in its history, had a chaplain who would talk with the crews and even the victims of incidents, but that the person who did it moved away and has never been replaced.

Chief Addington (personal communication, May 24, 2014) explained that this was part of the reason he encouraged this research project, stating that he was aware that something needed to be done but was unsure exactly which way to proceed. Addington commented that there remains a team available in Lubbock for CISM if needed and that many of the local churches' pastors have stated that they would gladly help with the fire and EMS personnel if ever a need arose. Addington further stated that the department has been very fortunate with its personnel and circumstances to have "dodged many bullets, but that the realistic person knows that something is just around the corner, and the department needs to be prepared for it and not just solely be reactive to it."

In his response, Reverend Addington, (personal communication, April 1, 2014) spoke concerning his work with The Salvation Army. Addington explained that The Salvation Army (TSA) is at the forefront of training its officers, employees, and volunteers in the proper response

to both victims/survivors and first responders. The “Ministry of Presence” training that is required for all Salvation Army disaster volunteers, provides instruction in how to be “the presence of God” to both victims and first responders (including TSA personnel) during and after the disaster response. The Emotional & Spiritual Care Officer is an integral part of The Salvation Army’s Incident Command System and is situated in a position equal to the Public Information Officer, the Liaison Officer, and the Safety Officer. Basic TSA disaster training includes methodologies and practices for caring for not only others but also how to be aware of the needs of one’s self during and after the chaos that is inherent in disasters.

Alvin Migues (February 6, 2014) also spoke as an employee of The Salvation Army, although on a larger scale. Migues had just recently returned from a meeting regarding this very subject in Atlanta, GA. Migues explained that from that meeting and at this point in time TSA is:

- Creating a heightened awareness of training and who is receiving the training,
- Now integrating the teaching of Ministry of Presence and Introduction to TSA disaster response into a single class in Texas, and
- Territorially creating emotional and spiritual care strike teams at the divisional level to deal with things that occur at the territorial level, such as the Sandy Hook Events.

Patrick Lackey (personal communication, June 10, 2014) spoke as a part of the American Red Cross (ARC). Lackey illustrated that the ARC has basically two services to offer and that neither really focuses on spiritual needs. The first is a disaster mental health program for both victims and responders. The second is bereavement counseling for the clients who suffer loss. Lackey revealed that they have little focus on the spiritual side of matters aside from trying to

connect individuals with groups of people who share similar spiritual beliefs or interests to theirs.

Lt Ray Mays (personal communication, June 10, 2014) reflected upon the activities of the Fort Worth Texas Fire Department (FWFD). Mays explained that the department is very active in the emotional and spiritual needs of the members and the people they serve. Mays provided a standard operating procedure from the FWFD and explained that the department has both a chaplain and a CISM program. Mays stated that the chaplains are all firefighters and that this helps them relate to the responders they are serving. He also explained that, as a part of the CISM program, there is a two-tier process - one for defusing and another for debriefing. Mays explains that part of the reason FWFD's program is successful is because anyone can initiate the process by simply calling the fire alarm office and requesting its activation. Once the call is made, the chaplains will begin working on the determination of whether defusing or debriefing is required. If it is going to be a defusing, then two members of the chaplaincy team will respond. If the need to escalate to a debriefing arises or it is deemed that is the situation from the beginning, there will be an additional clinician responding to assist. The clinician is an outside professional, trained and aware of the three levels of CISM response, who can be available within less than twelve hours.

Director Parchman (personal communication, June 2, 2014) responded to the question in the perspective of the City of Lubbock, Lubbock Fire Rescue, and Lubbock Police Department. Parchman explained that, "For our responders, both Lubbock Fire Rescue and Lubbock Police Department offer stress management assistance either through peer teams or through the City of Lubbock Employee Assistance Program."

Parchman found it interesting that law enforcement officers in Texas have, for decades, been required to pass a psychological screening exam before being employed. Parchman explained that a very good friend and trusted former department psychologist has pointed out, however, that the State has never been able to formulate an accurate matrix for determining true mental suitability within the law enforcement profession other than those who present with clearly obvious traits that disqualify them. Parchman's friend also points out that the stresses of the job and the way a person deals with them can have a significant impact on their ability to mentally cope. Citing an example, Parchman stated:

It is interesting to study the fate of two of the primary responders to the "Baby Jessica" incident which occurred in 1987 in Midland, Texas. Robert O'Donnell, the Midland Fire Department medic who helped rescue Jessica, committed suicide. A second responder and rescuer of Baby Jessica, Andy Glasscock, was one of my police academy classmates. A former Midland Police Department Sergeant, Andy is currently serving out his sentence in a federal prison for federal charges of possessing child pornography and for drugging and raping an adult female.

The bombing of the Alfred P. Murrah Federal Building in Oklahoma City, Oklahoma occurred just four days before Robert committed suicide. According to his mother, she and Robert were watching part of the coverage of the search and rescue when he told her "When those rescuers are through, they're going to need lots of help. I don't mean for a couple of days or weeks, but for years." Andy and Robert both cited the response and rescue of Jessica as the precipitating event that changed their lives so drastically.

For the general public, Lubbock continues its plan to utilize the approach developed during hurricanes Katrina and Rita when the City was asked to shelter some of the evacuees. Working in conjunction with the Red Cross, Salvation Army, and our regional health care partners, the city was able to establish a program for “treating the whole person” during this sheltering operation. The program consisted of everything from accommodating the pets of the evacuees in our animal shelter to providing assistance in securing maintenance medications plus physical and mental health services, to reconnecting the shelter residents with family and friends. The thing that made Lubbock’s approach unique was that it was able to offer the majority of these services from the shelter itself.

The last research question, (e) What are other agencies doing to address the emotional and spiritual needs of their responders and the victims of disaster? This question was asked in the same fashion as the previous question and was designed to gather perspective about what those being questioned or interviewed thought other agencies were doing to address the emotional and spiritual needs of the responders and victims of disaster. The respondents to the questionnaire from Wolfforth Fire and EMS provided little insight, as almost all of them stated that other agencies were providing a chaplain, utilizing a CISM team, or relying on the ARC or TSA to address their needs.

Chief Addington (personal communication, May 24, 2014) commented that he has spoken with other chiefs who have programs in place to care for their personnel, such as in-house CISM teams, chaplains, and/or employee assistance programs that were nonjudgmental as to fitness for duty. Addington explained that he is aware of programs through both of the nearby colleges to provide low cost counseling services to first responders which could be used as a stop gap measure if need arose.

Again, speaking from TSA perspective, Reverend Addington (personal communication, April, 2014) explained that:

While other agencies do seem to be somewhat aware of the emotional needs of victims and first responders, unfortunately, many of them seem to treat the spiritual side of the human being as being almost taboo. I think that is directly attributable to the inane concept that God and all things spiritual should be separated from everything physical and should not be a part of the work of any agency affiliated with the government – local, state, or national. A false interpretation of the Constitution has resulted in a tenet requiring separation of church and state (at every level) which has led to a freedom “from” religion (and all things spiritual) instead of the original intent of that great document which intended simply that the government should not dictate anything spiritual to its citizenry. Dictates of the federal government, however, do not preclude nor do they remove the inherent effects of spirituality upon both victims and first responders in disasters. Fortunately, many of the other agencies that are also a part of Volunteer Organizations Active in Disasters – UMCOR, Southern Baptist Men, and others – are aware of the spiritual aspect of every human being and make every effort to address both emotional and spiritual needs.

Alvin Miguez (personal communication, February 6, 2014) spoke on the activities outside those taking place within the TSA. Miguez commented that the Baptists, Lutherans, and Presbyterians were all on the same page and have made the conscious decision to recognize the need for emotional and spiritual care. Furthermore, the Baptists have a program referred to as NOVA, which is a chaplaincy program to assist responders and victims. Miguez stated

“although not exactly sure to what extent, the ARC has even begun to acknowledge the need for emotional and spiritual care. “

Lackey (personal communication, June 10,2014), a representative of the ARC, stated that TSA has good programs for emotional and spiritual care of first responders and victims, as do Catholic Charities, the Southern Baptist Men, and the United Methodist Committee on Relief. Lackey commented that he was not completely aware of all the resources these agencies provided but that they were more focused on the whole person and not just the physical aspects.

Mays (personal communication, June 10, 2014), speaking on behalf of the fire service and FWFD, explained that many of the departments in the Dallas Fort Worth Metroplex area have teams that will assist the other sister agencies regarding emotional and spiritual care. Mays talked about his service to the members of the Dallas Fire Department in response to their loss of a Captain during the West, TX fertilizer plant explosion and how the team was available to assist and bring comfort. Mays also cited an example from the Mineral Wells, Texas Police Department who has a program for pastors to do ride along shifts with the police officers to provide them someone to talk to about situations and to be able, if possible, to provide comfort for those that the officer interacts with during his shift.

Lastly, Parchman (personal communication, June 2, 2014) provided the following in regard to the services available in Lubbock,

As always, the South Plains Chapter of the American Red Cross and the Salvation Army of Lubbock respond any time they are needed to help provide for the physical, mental, social, and spiritual needs of people affected by disasters. The City of Lubbock Public Health Emergency Preparedness section provides classes (basic and advanced) in critical incident stress management. While the actions of first responder organizations in this

regard can be considered commendable.....there is so obviously much more that needs to be done.

The procedures utilized, the literature review, the questionnaires, and the interviews were effective in answering the research questions.

Discussion

To begin, there seems to be a direct correlation between the literature, the data collected through interviews, and the questionnaires regarding the emotional and spiritual care needs of the first responders and victims of disasters in Wolfforth. The literature reviewed will now be compared with responses to show such correlation.

Total unanimity existed among all of the sources reviewed and the questions and interviews in regard to first responders and victims being more than physical beings. From the work of the NVOAD Disaster Spiritual Committee (2009), “spirituality is an essential part of humanity. Disaster significantly disrupts people’s spiritual lives. Nurturing people’s spiritual needs contributes to holistic healing.” Those interviewed provided comments that reiterated the sentiments of the disaster committee. In particular, Alvin Miguez (personal communication, February 6, 2014) stated that the reality is that there are physical, spiritual, and emotional needs and if they are not all addressed – the job has not been completed. Again from the NVOAD Disaster Spiritual Committee (2009) “spirituality care has an important role in all phases of a disaster, including short-term response through long-term recovery. Assessing and providing for the spiritual needs of individuals, families, and communities can kindle important capacities of hope and resilience.”

Lieutenant Ray Mays indicated, during his interview, that the emotional and spiritual needs are directly proportional in the spiritual make-up of the individual, the stronger one’s

spiritual life is, the easier that person can cope with the negative aspects of disaster occurrences. Next, from the NVOAD (2009) “spiritual care providers partner with mental health professionals in caring for communities in disaster...training for the role of disaster spiritual care provider is essential before disaster strikes.” (Disaster emotional care, para. 1) Again, using the words of Lt. Mays, there needs to be a combined effort between spiritual care and clinical emotional care specialists. As identified in the system utilized by FWFD, the chaplains will respond and will utilize the services of professional emotional clinicians when necessary. From this evidence, it becomes obvious that a more holistic approach is necessary. The words of the NVOAD Disaster Response Committee and those of the interviewees explain that without doubt, people (responders and victims) are more than physical beings. This has serious implications for Wolfforth Fire and EMS as there must be some method developed which can deal with the emotional and spiritual portions of those served by and working within the department.

Mary Kurus (2010) provides two very important quotes for dealing with emotions and the effects on the human body. The first deals with the chemical effects that emotions can have on the body.

Our bodies respond to different thoughts and emotions. The chemical processes in our bodies change depending on which types of emotions we are feeling. When an individual thinks about comfort and pleasure and feels hopeful about life, the body changes into a relaxed state where certain chemical changes occur and healing can occur. When an individual is angry, different chemical reactions occur in their body creating stress on various organs, especially the liver and pancreas. If these emotions continue for extended periods of time illness can result. (Kurus, 2010, The mystery of our physical bodies, para.

5)

This quote was almost directly mentioned during the interview with Fire Chief Addington (personal communication, May 24, 2014), who stated that many times he becomes involved with responders attempting to treat the physical aspects occurring because of an emotional or spiritual problem. The second important quotation deals directly with the need to address emotions.

An emotion is a reaction to a person, situation, or object in our life, real or imagined. It is a reaction to what is before us or to a memory of a similar situation in the past. Many of us are afraid of our feelings, afraid that if we really feel them we will lose control. Or, we fear that if we begin to feel a feeling this process will never stop. We often deny our feelings and pretend they aren't there. We deny them, repress them, squelch them. We think that by pretending they're not there they'll go away. But feelings which are not faced and owned never go away. They are buried alive, ready to poke their heads out and come to the surface the moment they have a chance. (Kurus, 2010, Our emotions, para. 4)

The interview with Patrick Lackey (personal communication, June 10, 2014) supports this position and adds that the first responder's response to disaster is almost always delayed. Due to adrenaline and training, the effects of the stress are almost always suppressed. After the incident, however, and sometimes for years to come, the reality of the horror encountered tries to surface.

The first responder often sees this as a weakness and dignity and self-esteem suffer as a result.

Lt. Ray Mays (personal interview, June 10, 2014) also expressed a widely accepted but erroneous need felt by first responders to suppress their true feelings and emotions. Mays went on to express the importance of the fire officer knowing his personnel, being observant, and intervening in those feelings when they surface. Parchman (personal communication, June 2, 2014) also spoke about the need to address the emotions encountered during disaster response and cited the examples of Robert O'Donnell and Andy Glasscock, two responders to the "Baby

Jessica” incident, and their inability to cope with the incident, although Jessica was rescued and is in adulthood now. These men both stated that their actions were affected by the incident and the inability to find a successful method for mitigating the emotions. These comments have important implications for Wolfforth Fire and EMS because it also supports the concept of the need for emotional care for its responders. More so, it implies that the department must have training in place for officers to recognize changes and provide an avenue for the responders to cope, communicate, and overcome their emotions, even when things seem to be going correctly.

Ettun, Schultz, and Bar-Sela (2014) talk of their work with art and dealing with the spiritual and emotional needs of the sick and injured. These authors explain the connection between art and the ability to cope with disaster and illness. More to the point of this discussion however, the authors state that “Spiritual care has been subjected to fewer clinical studies, but attending to patients’ spirituality has been shown to have benefit in areas including enhanced quality of life and well-being and reduced anxiety and despair.” (Bar-Sela, Ettun, & Shultz, 2014) These comments echo those of the previous responses in that the spiritual and emotional needs of those impacted by disasters must be addressed in Wolfforth Fire and EMS and the fire service as a whole. (Reassembling the pieces into a new whole, para. 3)

Sheehan, Everly, and Langlieb (2004) express concerns with inappropriately dealing with stresses from war and provide examples of how the body and mind are interwoven. These authors also explained, using examples of World War I and World War II, how shell shock and combat fatigue were more debilitating than physical injuries. Further, the authors present a concept that was “concretized as the three pillars of crisis intervention: proximity (the ability to provide psychological support wherever needed in the field), immediacy (the ability to provide rapid support), and expectancy (viewing adverse reactions to critical incidents as basically

normal reactions of extreme stress and not as pathological reactions).” (Background, para. 3)

Later in the article, the authors provide the following in regard to the process of dealing with the emotional and spiritual care of law enforcement officer.

The process is strategic because it involves preparing the best way to respond to the circumstances of the organization’s environment, whether or not its circumstances are known in advance. The process is about planning because it involves intentionally setting goals and developing an approach to achieve those goals. Thus, strategic planning allows operational planners to best combine and sequence multiple interventions within an integrated command system. (Everly, Langlieb, & Sheehan, 2004, Strategic planning, para. 1)

The writing of these authors concurs with many of the comments from the interviews. The need to be able to deal with proximity, immediacy, and expectancy is very similar to the comments of Alvin Miguez (personal communication, February 2, 2014) concerning a need to provide for the whole of the person and to be present, starting simply with, “Can I help you?” Both portions cited from the article tie directly to the teaching of TSA and the concepts explained by Reverend Addington. (personal communication, April 1, 2014) In his job, he teaches Ministry of Presence which is designed to prepare volunteers for disaster response. It teaches that they need to be aware of not only spiritual and emotional needs of responders and victims, but to also be cognizant of the attitudes and reactions of all around them and to be ready, in a moment’s notice, to offer the presence of God in that situation. It is also intended to help people understand that those reactions and the presence of grief are normal human reactions to change, loss, and stress in our lives. Addington went on to explain that The Salvation Army’s planning process involves establishing emotional and spiritual care as a command function within their incident command

system. These sentiments explain again the relation of emotion and the well being of the responder, but more so, it again explains the need for a program to be ready to provide help for the responders and victims following an incident, to plan and prepare for the process, and to give it a significant presence within the incident command system of an incident. This definitely has serious implications for Wolfforth Fire and EMS, as it establishes a need to develop a system and to plan for the utilization of the system, including integration into the incident command system.

The International Federation of Red Cross and Red Crescent Societies (n.d.) define a disaster as:

A sudden, calamitous event that seriously disrupts the functioning of a community or society and causes human, material, and economic or environmental losses that exceed the community's or society's ability to cope using its own resources. Though often caused by nature, disasters can have human origins. (What is a disaster, para. 1)

This same sentiment was expressed by many of the interviewees but especially by Alvin Migues (personal communication, February 6, 2014) when he defined a disaster – whether man-made or natural – as being anything that overwhelms a person's or community's ability to respond without assistance. Rev. Addington (personal communication, April 1, 2014) voiced a similar sentiment when he defined a disaster as “any event in the life of an individual, a community, a region, or a nation that has consequences beyond the ability of the affected person or group to recover without outside assistance.” Lt Mays defined a disaster as any event that disrupts normalcy of life, and added that disasters occur in different magnitudes and scales from personal to community to regional to national. These many definitions provide unquestionable evidence that a disaster can and will happen in the Wolfforth. In fact, it is not a question of if, but rather when will it happen and, therefore, Wolfforth Fire

and EMS must begin preparing for its arrival, as personal disasters are a regular occurrence here just as in all communities.

The State of Wyoming Division of Emergency Management (n.d.) explains that:

Disasters always occur at the local level. For some types of natural disasters, like slow rising floods or approaching hurricanes, warning is available. Other disasters, like earthquakes, happen with little or no warning. The citizens in the area where the event occurs and their local governments and voluntary agencies are the first to have to cope with the damage. (At the local level, para. 1)

This corresponds with the thoughts of Chief Addington (personal communication, May 24, 2014) concerning the need to be prepared at the local level to handle the effects of disaster, as well as expressing the thoughts of many of the other interviewees who opined that the local level is where the problem is going to originate and where the care must originate. Obviously, these concepts have implications for Wolfforth Fire and EMS to be prepared at this level because, as stated above, all disasters occur at the local level.

Cisney and Ellers (2009) liken a disaster to a critical incident.

A critical incident can be any event that has the potential to overwhelm the coping ability of individuals or groups exposed to the trauma. These can be large-scale events, such as terrorist attacks, hurricanes, floods, school shootings, and such. But a critical incident can also be any traumatic event—even those that directly affect only a small number of individuals. An automobile accident, a suicide, or a house fire are also critical incidents that can affect the individuals and families directly involved just as intensely as a hurricane or terrorist attack. (p. 2)

This view of what constitutes a disaster represents the exact same concepts expressed by all of those interviewed. Looking further into this book, Cisney and Ellers (2009) explain that another concept is important and that is the concept of a crisis, which is a psychological reaction to a critical incident. This concept of crisis becomes important because often the crisis is confused with the critical incident.

As a crisis responder, it is critical that you tailor your response to the reaction to the event rather than the event itself. This is a very important distinction to make because if you respond to the event rather than the crisis, you may focus your attention on individuals who may not be having a crisis or who are only mildly affected while you by pass others who may be severely affected and in need of attention. (Cisney and Ellers, 2009, p. 64)

This portion of the book provides the perspective of dealing with the appropriate response - a concept also discussed by Lt. Ray Mays in regard to responders and knowing their behaviors and being alert for changes. Mays indicated that we must be able to respond to their physical and emotional needs, the crisis, and not just their physical needs which could easily be the critical incident.

Later in the book, Cisney and Ellers (2009) explain that one of the first steps to care for responders (or needs of a responders) is a guarantee of safety and that they are truly out of harm's way. The authors explain later in the same portion of the book that "survivors have to be protected not only from others but also from themselves as well. Sometimes survivors can feel so overwhelmed by the event that they feel life is not worth living and even become suicidal." (Cisney& Ellers, 2009, p. 68) These observations support a thought expressed by Jay Parchman regarding the rescuers of "Baby Jessica" in which Robert O'Donnell ultimately committed suicide and stated that the effects of the incident where a portion of his reason for doing so. The

implication with this concept for Wolfforth Fire and EMS is the need to remain vigilant in the lives of the responders and victims and to maintain a presence that can assure these people of their worth and help to prevent any further emotional, spiritual, or physical harm from occurring.

Szafranski (2013) expresses many concepts in regard to the natural disaster crisis management. Explaining that “the first responder needs to be psychologically and physically healthy enough to assist others. However, if their own physical and psychological health is ignored, the person in need may not be taken care of either.” (Psychological first aid, para. 4) Also stated is the importance of stabilization and the critical need for a responder to be able to calm those who are in crisis.

However, psychological first aid is not applicable only to the first responder. It is also a model of how the first responder is able to help those in need. Providing compassionate engagement is key to helping those who are faced with a natural disaster, as well as allowing those in need to know that the first responder’s purpose is to provide safety and emotional comfort. (Szafranski, 2013, Psychological first aid, para. 3)

This quote and the words of the author explain the same concepts explained by Alvin Migues, Reverend Addington, and Lieutenant Mays. It is the responsibility of the responder to be able to not only provide for the emotional care of those they are chosen to serve but also to care for themselves as well. This has implications for Wolfforth Fire and EMS because it states that the department needs to make preparations and develop some method to provide for the emotional needs of the citizenry and the first responders.

The Salvation Army (and in part the work of Alvin Migues) has led to the development of a Behavioral Health Qualification Model which identifies the different levels of training necessary to respond to differing needs of people following a disaster.

The framework for the Disaster Behavioral Health Assistance Team Responder Qualifications Model (BHAT Model) involves the need to standardize the training, experience and key qualifications of those who provide DBH support, in the short-term aftermath of an emergency event. The DBH Model is based on graduated levels of comprehensive DBH service delivery. DBH responders may only deliver DBH services in the aftermath of an emergency event if they have a combination of training and experience. (Salvation Army, 2014, Responder qualifications model, para. 1)

This information directly ties to the information provided during the interview with Alvin Miguez, (personal communication, February 6, 2104) who explained that there must be differing levels of emotional/behavioral care that is provided by a responder or agency. The closely related implication for Wolfforth Fire and EMS in regard to this information is the need for a multi-tiered or multi-faceted approach to the provision of services. This concept could also reinforce the comments made by Lt Mays that a one size fits all “band-aid” approach to the provision of emotional and spiritual care may do more harm than good.

Recommendations

The problem is Wolfforth Fire and EMS lacks any mechanism to care for the emotional and spiritual needs of its members and the victims it serves following a disaster. Research conducted attempted to determine if responders were more than just physical beings that require emotional and spiritual care following a disaster, gathered the feelings from experts in regard to what a disaster really is, assessed the current situation that exists for the responders and victims

of disaster for Wolfforth Fire and EMS, and assessed from the experts what other agencies are doing to provide for the emotional and spiritual needs of responders and victims. It is because of this research and the information obtained from the literature review that the following recommendations are made.

First, Wolfforth Fire and EMS needs to raise awareness about the emotional and spiritual needs of the department personnel and the people served. In order to do so, personnel from The Salvation Army will be utilized to teach the Ministry of Presence training. This training provides responders with an awareness of needs, not only in those who are victims and first responders, but also in themselves. It identifies behavioral characteristics and telltale conversational evidence that emotional and spiritual problems exist because it operates from the premise that those in service should be the very presence of God. It creates a servant mindset that places the needs of others above the self and creates a positive environment for those in need wherein they can feel safe to seek help. Ultimately, having every member of the department trained would heighten awareness of potential issues with victims, other first responders, and within their own ranks.

Next, after increasing awareness, the department needs to begin training a few willing members and to develop a chaplaincy program. This recommendation falls in line with the concepts explained by Lt Ray Mays. By establishing a chaplaincy program, the department will possess the ability to provide for the emotional and spiritual needs of its members and the public from within its own ranks. Reexamining the explanation provided by Alvin Miguez, this would be similar to the Level Three Psychological First Aid from the BHAT Model, which is the entry level of training and allows for the most widely utilized crisis intervention service. (The Salvation Army, 2014)

Third, through the contacts that the Fire Chief already has with local pastors, the department needs to reach out and further supplement the emotional and spiritual care support available to its members and the public. If the local pastors are contacted and prove willing to serve, then training should be provided to them to allow their increased presence within the department. Adequate training should be a requirement, not only to prepare them for the task but also to give them a vested interest in the program itself. “Pastors usually have training in spiritual matters, but training to address emotional issues is not as readily available for the seminary trained and hardly ever for those who have not had the benefit of formal theological education.” (personal communication, Charles E. Addington I, April 1, 2014)

The next recommendation follows the sentiments of the respondents from the department as well as the thoughts expressed by Alvin Miguez and Lt Ray Mays. This recommendation, therefore, is for the formal development of a system to provide for the emotional and spiritual needs of both the members of the department and victims they serve. Although there have been previous steps mentioned including raising awareness, training chaplains from within, and incorporating local pastors, there needs to be a formal process undertaken that places the importance of this type of care into action. It is therefore recommended that the department establish a written procedure or guideline that requires the implementation of emotional and spiritual care following significant incidents or at the request of any member of the department. Having this process built in to policy and procedure should further increase the likelihood of its development, implementation and continued evolution within the department.

Additionally, the recommendation is made to incorporate outside resources into the program when the needs exceed the capabilities of the local pastors and department members. This recommendation is twofold. The first portion includes contacting and retaining certified

behavioral health professionals - the top tier as identified by the BHAT Model - to provide for the continuing emotional needs of the members of Wolfforth Fire and EMS. The second component of this recommendation is to partner and train with some of the members of Volunteer Organizations Active in Disasters – i.e. The Salvation Army, Catholic Charities, Southern Baptist Men, and/or the United Methodist Committee on Relief, et al – to provide for the emotional and spiritual needs of the general public when the local services are not adequate or become overwhelmed.

Lastly, it is recommended that the department, after contacting behavior health professionals and local pastors to determine cost estimates, either create a line item in the budget to provide for the services of the professionals and other incidental costs or secure grant funding to provide for these costs. The program should be designed to make use of local resources and volunteers in order to defray excessive costs and strain upon the departmental budget.

It is further recommended that readers of this study and others seeking to implement a similar program conduct an introspective and historical study of their agency to determine the needs and identify incidents and examples in their department where a program of this nature would have been beneficial. Conducting this study of the individual agency and having that knowledge should increase the significance of the program and make support for its implementation much easier to access.

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