

Footprint of a Disaster
Restoring Balance As We Forge Ahead
The First 72 Hours: Lessons Learned from Tree of Life
and other Mass Causality Events
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WHAT IS THIS?



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DISASTER MENTAL HEALTH(DMH)
DISASTER SPIRITUAL CARE (DSC)
DISASTER HEALTH SERVICE (DHS)

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DISASTER SPIRITUAL CARE (DSC)

- **DSC** is **NOT** Chaplaincy and Does **NOT** Impose Faith Based Teachings.
- DSC Never Proselytizes!
- Assists disaster **impacted persons** to draw upon their own spiritual resources, their values & faith - in the midst of pain, regardless of faith tradition.
- A devoting presence, attention, and respectful assistance to helping people discern what is the meaning in their lives now, in this new environment of destruction and pain; and how they will seek to live out that meaning as the recovery unfolds. (FICA cards – our interactive section).
- Provide age appropriate and culturally sensitive spiritual care in times of distress.

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DISASTER MENTAL HEALTH (DMH)

- **DMH** responds to the psychosocial needs of people affected by a disaster, or mass causality events, across the continuum of disaster preparedness, response and recovery.
- Responds to immediate emotional distress and mitigate long-term consequences.
- Augment the community's mental health resources, rather than replace them.
- Disaster Mental Health interventions can help facilitate recovery and mitigate long-term psychological challenges (e.g., depression, anxiety, PTSD).

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DISASTER HEALTH SERVICES (DHS)

- **DHS** addresses the unmet disaster-related health needs of impacted individuals, families, and communities.
- Common individual health needs include acute onset of injuries and illnesses, stress-related symptoms, and aggravation of chronic health conditions.
- DHS workers strive to alleviate immediate health needs and mitigate long-term consequences of unmet disaster-related health needs. These services are provided during all phases of the disaster cycle and can scale to address needs during all types of events, from single family fires to major disasters.
- DHS responders also support Staff Health by attending to the disaster-related needs of other Disaster Responders.

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DISASTER MENTAL HEALTH DISASTER SPIRITUAL CARE

- Short Term
- Symptom Reduction, Not Treatment
- Promoting of Healing, Not Opening Up Past Wounds for Examination
- Focus on Interrelated Practical, Physical, Emotional and Spiritual Needs
- Here and Now

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LANGUAGE MATTERS

- The term **victim** describes a person who has been subjected to a crime.
- The term **impacted person** – one who is directly affected by an event in a negative way.
- In training disaster responders, we have found the best practice is to use the term **impacted person**.
- We want to use the mental-model of **impacted person** vs **victim** when framing our response, even though our client, is both a **victim** and an **impacted person**. These terms frame how we engage, guide, and treat our client.

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IN EVERY MASS CASUALTY EVENT,
THOSE IMPACTED PERSONS
ARE YEARNING FOR
HOPE AND COMFORT,
STRIVING TO
FIND PURPOSE
AND MEANING.

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OUR END GOAL AS
DISASTER RESPONDERS (DMH/DSC)
IS TO SET THE FRAME
FOR THEIR PATH
TOWARDS THEIR
'NEW NORMAL.'



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SINCE COLUMBINE HIGH SCHOOL SHOOTING
APRIL 20, 1999

- More than 352,000 Students Have Experienced Gun Violence at School.



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MAJOR MASS CASUALTY EVENTS
(SINCE COLUMBINE 1999, 13 DEAD)



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HOUSES OF WORSHIP DO NOT HAVE DIVINE
PROTECTION



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OUR QUESTION IS NOT
IF A MASS CAUSALITY EVENT WILL OCCUR,
RATHER WHEN – WHERE?

HOW DO WE
AS DMH & DSC PROVIDERS
BEST PREPARE AND
UTILIZE THE HIGHEST LEVEL
OF CLIENT DMH/DSC CARE?



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THE FIRST 72 HOURS

*CHAOS
CHAOS
ORDER*



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THE FIRST 72 HOURS
COLUMBINE HIGH SCHOOL
APRIL 20, 1999



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THE FIRST 72 HOURS
AURORA THEATER, SHOOTING
JULY 20, 2012



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THE FIRST 72 HOURS
MIRAGE HOTEL - LAS VEGAS
OCTOBER 1, 2017



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THE FIRST 72 HOURS
TREE OF LIFE SYNAGOGUE
PITTSBURGH OCTOBER 27, 2018



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THE FIRST 72 HOURS
THE NEED FOR GATHERING
THE NEED FOR THE RIGHT
PLANNING/STAFFING

- Spontaneous Memorials
- Private Memorials
- Funerals
- Public Memorial Service
 - Presidential Visit

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THE FIRST 72 HOURS
BEFORE YOU DEPART/ARRIVE

1. On Call Teams
2. Be Prepared and Have a Go Kit
3. Know WHO is the Ring Master - Chain of Command
4. Get the Facts
5. Research the Impacted Community
6. Know the Key Community Players in DMH/DSC

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WHO NEEDS DMH AND DSC IN A MASS CASUALTY EVENT

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LESSONS LEARNED #1 - PERSONNEL



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LESSONS LEARNED #1 - PERSONNEL

1. The Right Personnel
2. Know the Key Community Players in DMH/DSC
3. Ability to be a Team Player
4. Experience In Working with Clients Who Have Experienced Trauma
5. Ability to Work with Those (clients and other responders)

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LESSONS LEARNED #2 THE BIG QUESTIONS



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LESSONS LEARNED #2 THE BIG QUESTIONS

**When a Mass Causality Event Occurs
The Most Common Initial Question Asked
To First Responders and DMH/DSC
“How Could God Allow This To Happen”
This is Not a Theological Question -
This is a Question of Pain**

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LESSONS LEARNED #2 THE BIG QUESTIONS

Mass Causality events often cause both an emotional and spiritual crisis for those who are involved.

- 43-50% of people with emotional problems turn first to religious/spiritual leaders for help.
- Prayer, faith and spiritual practices are the most widely reported methods for coping with traumatic life events.
- 96% of Americans state that they believe in God or a Higher Power.

Koenig, Spirituality in Patient Care

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LESSONS LEARNED#2 THE BIG QUESTIONS

Largest Growing Spiritual/Faith Group in the United States according to Pew Research are SBNR's

- Spiritual But Not Religious
- Millennials Born 1981-1996 (27-42 years old) and Gen Z: Born 1997-2012 (11-26 years old) are 'unchurched' – celebrate "C" and "E" as family/secular event, without going to church.
- Both Millennial and Gen Z, yearn/seek a sense of "spirituality" that is not based in traditional houses of worship.
- Many Millennial and Gen Z are unable to articulate a personal theology.
- Yet, Millennial and Gen Z's call out and yearn for an explanation "How Could God Allow This to Happen" when a Mass Casualty Event or other Disasters (fire, tornado, plane, auto) occur.

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LESSONS LEARNED#2 THE BIG QUESTIONS

Impacted Clients ask the "Big Questions"

- Questions about **Meaning**
- Questions about **God**

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LESSONS LEARNED#3 COMPASSION

DMH/DSC Providers Demonstrate Compassion

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LESSONS LEARNED #3 COMPASSION

Common Questions and Needs After a Mass Causality Event

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LESSONS LEARNED #4 EMOTIONAL AND SPIRITUAL DISTRESS

Spiritual Distress

Those 'impacted' by a Mass Causality event, may start to face extreme challenges in life and are left questioning the reason for such an occurrence.

Defining Characteristics:

- Alteration of behavior or mood, evidenced by anger, crying, withdrawal, preoccupation, anxiety, hostility or apathy,

AND

- Questioning the meaning of existence and the reason for suffering.

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LESSONS LEARNED #4 EMOTIONAL AND SPIRITUAL DISTRESS

Emotions/feelings such as:

- Apprehension
- Fear
- Loneliness
- Anxiety/Worry
- Guilt
- Hostility
- Apathy
- Preoccupation

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LESSONS LEARNED#4 EMOTIONAL AND SPIRITUAL DISTRESS

- Expresses concern with meaning of life/death.
- Expresses concern with any belief system.
- Expresses anger toward higher power.
- Questions meaning of suffering.
- Verbalizes inner conflict about beliefs.
- Verbalizes concern about relationships with deity/higher power.
- Questions meaning of own existence.

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SPIRITUAL ASSESSMENT TOOL: FICA

The **FICA** Spiritual History Tool is a communication tool developed by Christina Puchalski, MD, 1996, at George Washington University Medical School - Institute for Spirituality and Health. This tool was designed to be used as part of the clinical interview by clinicians who assess and develop treatment plans for patients.

The goal of taking a spiritual history is to identify spiritual distress, learn about spiritual resources, and to **invite patients to share what gives them meaning and purpose.**

****For our use 'patient' is a client or impacted person in our role as DMH/DSC provider.**

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SPIRITUAL ASSESSMENT TOOL: FICA

The **FICA** Spiritual History Questions are presented in the following sequence:

- **F - Faith, Belief, Meaning; Determine:** whether or not the patient identifies with a particular belief system or spirituality at all.
- **I - Importance and Influence:** Understand the importance of spirituality in the patient's life and the influence on healthcare decisions.
- **C - Community:** Find out if the patient is part of a spiritual community, or if they rely on their community for support.
- **A - Address/Action in Care:** Learn how to address spiritual issues with regards to caring for the patient.

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SPIRITUAL ASSESSMENT TOOL:
FICA

F – Faith, Belief, Meaning

“Do you consider yourself to be spiritual?” or “Is spirituality something important to you?”

“Do you have spiritual beliefs, practices, or values that help you to cope with stress, difficult times, or what you are going through right now?”

“What gives your life meaning?”

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SPIRITUAL ASSESSMENT TOOL:
FICA

I – Importance and Influence

“What importance does spirituality have in your life?” (*For people not identifying with spiritual ask about the importance of their sources of meaning.*)

“Has your spirituality (*or sources of meaning*) influenced how you take care of yourself, particularly regarding your health?”

“Does your spirituality affect your healthcare decision making? (*Answers to these questions may provide insight regarding treatment plans, etc.*)

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SPIRITUAL ASSESSMENT TOOL:
FICA

C – Community

“Are you part of a spiritual community?”

“How is your community of support to you?” For people who don't identify with a community consider asking: “Is there a group of people you really love or who are important to you?”

(*Communities such as churches, temples, mosques, family, groups of like-minded friends, or yoga or similar groups can serve as strong support systems for some patients.*)

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SPIRITUAL ASSESSMENT TOOL:
FICA

A - Address/Action in Care

"How would you like me, as your healthcare provider, to address spiritual issues in your healthcare?"

(With newer models, including the diagnosis of spiritual distress, "A" also refers to the "Assessment and Plan" for patient spiritual distress, needs and or resources within a treatment or care plan.)

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SPIRITUAL ASSESSMENT TOOL:
FICA

Practical Application

CASE STUDIES

Case #1 "Mall of America"

Case #2 "Basilica of St. Mary"

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