

CPE at the Hospital of the University of Pennsylvania
October 13, 2014

Chaplains' Work with Trauma Patients and Their Families

Chaplain John Ehman
Penn Presbyterian Medical Center

Chaplain David Henfield
Hospital of the University of Pennsylvania

Pennsylvania Trauma System Foundation Definition of a Major Trauma Patient

“The patient with severe multi-system or major uni-system injury, the extent of which may be difficult to ascertain, but which has the potential for producing mortality or major disability.”

*This definition indicates not only that there is a significant possibility of **death** or **life-changing disability** from the injury but that there is often a dynamic of **uncertainty** about the all-of-a-sudden clinical situation.*

What are hallmarks of a TRAUMA situation?

- Immediacy and magnitude of the event
- Physicality of the event
- Acute stress reaction (physiological)
- Strong potential to identify cause ...and blame
- Potential for shattering the sense of one's world

How do you get your *bearing* in working
with a trauma patient or family?

Some ways of understanding family members' reactions when they arrive at the hospital:

- cultural norms
- family systems
- individual personality/psychology
- acute stress reaction

Acute Stress Reaction and Pastoral Response

Acute Stress Reaction

“Fight or Flight”

Blood (and Sugar) to Muscles and away from Stomach

Sudden Change in Heart Rate

Hyperventilation and/or Fainting

Over-activity / Agitation or Withdrawal / “Daze”

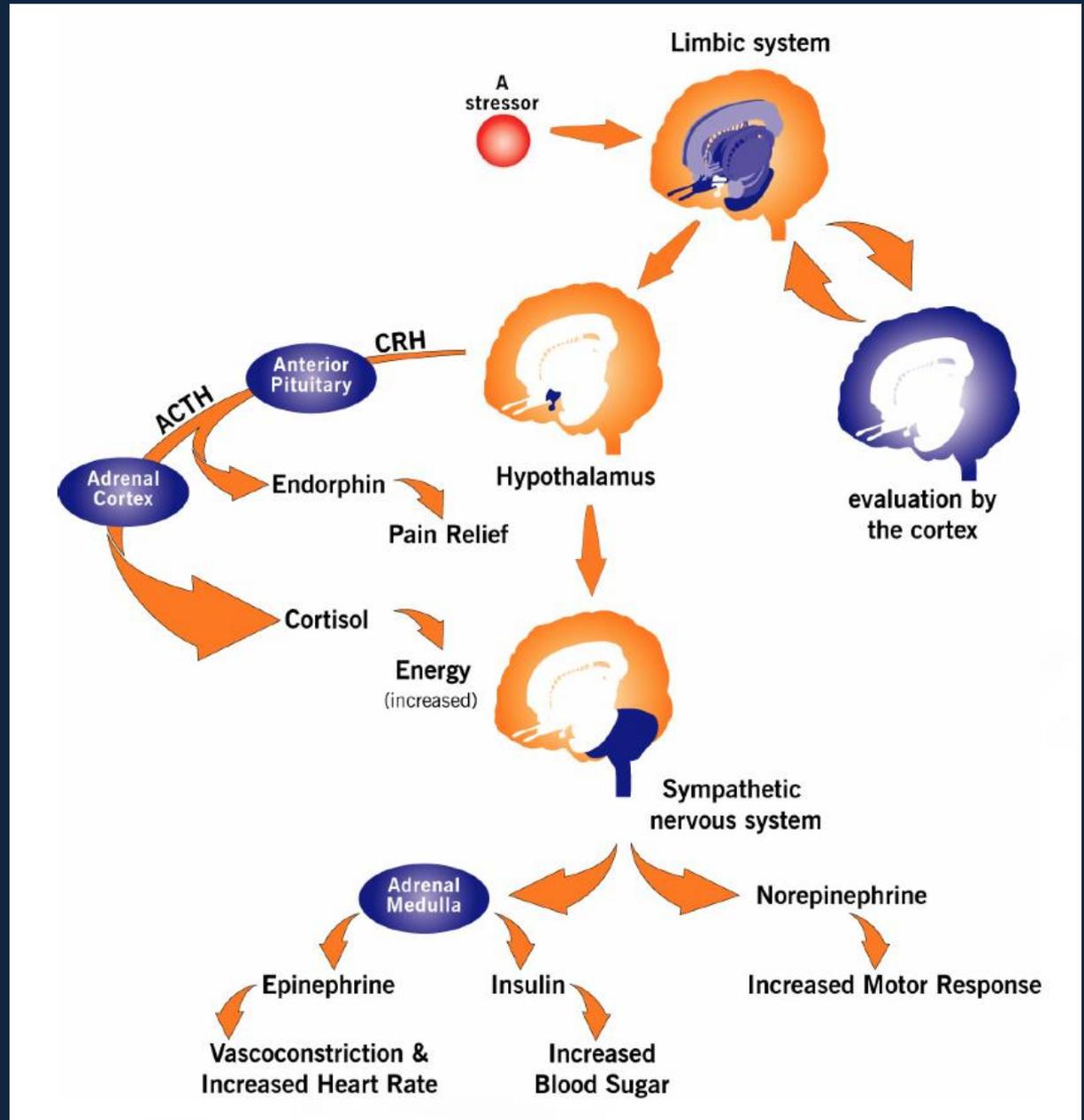
Narrowed Attention

Intrusive Rumination

Impaired Memory and Comprehension

Strong Emotion

Heightened Sense of Threat



What challenge does an acute stress reaction present to a model of *patient-led* pastoral care?

Basic Needs During an Acute Stress Reaction

- Normalization (i.e., manageability) of the extraordinary situation
 - Be a non-anxious presence; orient people to processes and timing
- Control of events; exertion of purpose
 - Maximize the person's autonomy/leading; show role of helper/advocate
- Information
 - Establish a clear communication channel; name what's happening
- Reduced Stimuli (--and reduced pressure for cognitive processing)
 - Reduce extraneous noise/activity; reduce decision-making pressure
- Space
 - Avoid "trapped" space; give "own" space, esp. for emotional expression
- Sense of Connection with Others
 - Facilitate normal support network; get patient and family together
- Hopefulness
 - Be attentive to "brittle" hope (i.e., *wishing*)

How might chaplains help with these needs?

S.O.L.E.R.: A Strategy for Presence

Originally proposed by psychologist Gerard Egan as a way to “make sure you are physically present to a client,” the S.O.L.E.R. strategy has been widely adopted by emergency responders and crisis counselors.

S: sit facing the person --at an angle may be preferred

O: have an open posture (with no crossed arms or legs)

L: slightly lean in toward the person (though not aggressively)

E: make eye contact (where this is not culturally contraindicated)

R: be relaxed, non-anxious

See: Stickley, T., “From SOLER to SURETY for effective non-verbal communication,” *Nurse Education in Practice* 11, no. 6 (Nov 2011): 395-398; and Egan, G., *The Skilled Helper*, 1975.

What are the dynamics around physical touch?

Importance of observing how the *family system* responds to the acute stress reaction itself (especially re: family members' roles)

Acting in one's established family role during a crisis is a way of coping with one's own acute stress reaction.

How might a *religious* role of the *chaplain* play into basic needs of the family/patient during an acute stress reaction situation?

Some Aspects of the Religious Role of a Chaplain

Explicit Engagement and Honoring of Patient/Family Spirituality

Professional Connection to Community Clergy

Religious “Authority”

Representing the Presence of God

Wisdom/Experience of “Clergy” in Extraordinary Situations

Ritual Leadership (especially prayer)

Pastoral Ethic of Caring and Trustworthiness

...but the religious role may be insignificant or even dysfunctional if people aren't able or willing to accept it

A Note about Safety-Based Needs

- Be prepared for falls and collapses; avoid cluttered spaces
 - Reduce the presence of sharp, breakable, or throw-able objects
 - Be attentive to warning signs of medical crises (e.g., cardiac, diabetic)
 - Be attentive to effects of alcohol/drugs
 - *For the chaplain, personally:*
 - prepare for how to avoid trapped space
 - have a *measured* plan for response to physical threat or medical crisis
 - help other responders to gain perspective on what is happening
 - be prepared for anger, and be mindful to *de-escalate* tensions
- (seek to minimize a need to compromise your non-anxious presence)*

How might you minimize *your own* acute stress reaction?

Challenge for the Chaplain During a Trauma Response

Keeping
Objective
Perspective
as Part of a
Professional
Care Team



Offering
Emotional
Engagement
as Vital to
Pastoral
Practice



Managing
One's Own
Personal
Stress
Reaction to
the Situation