Trauma Patients and Their Families Experiencing an Acute Stress Reaction: Notes for Chaplains Providing Immediate Care

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Hallmarks of the Trauma Experience:

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

Acute Stress Reaction: Physiological Process and Manifestation:

"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"

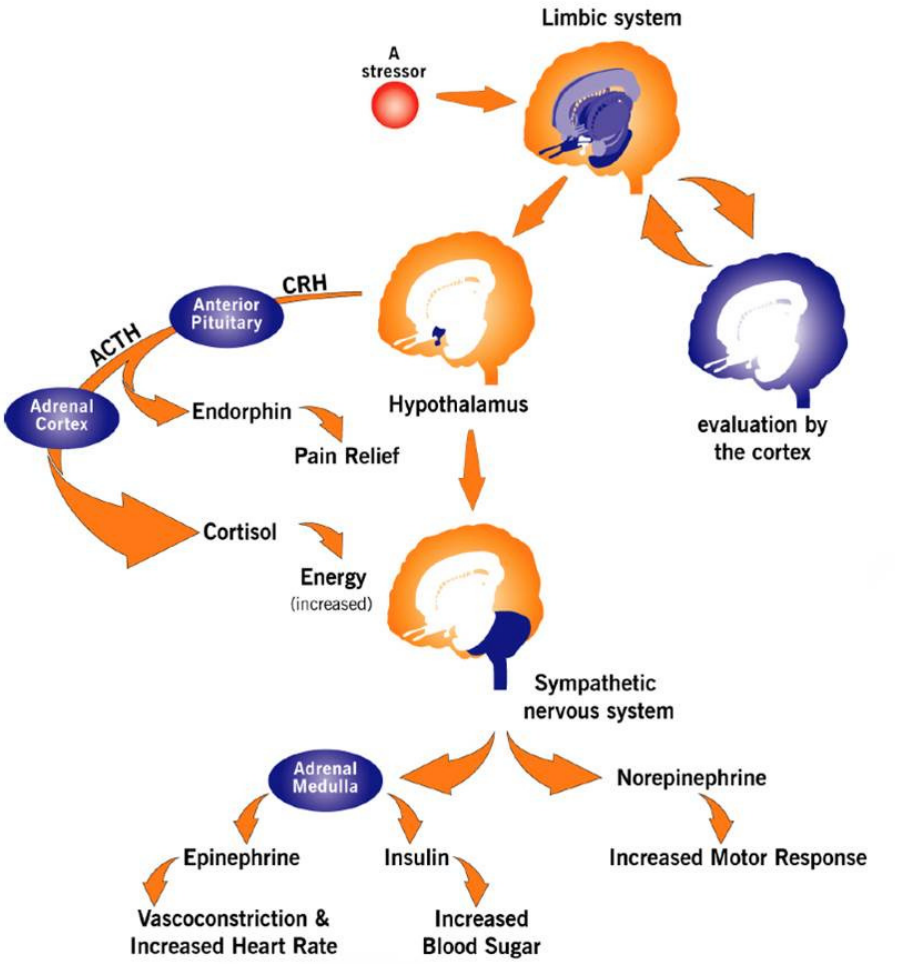
Narrowed Attention

Intrusive Rumination

Impaired Memory and Comprehension

Strong Emotion

Heightened Sense of Threat



—graphic: Agency for Toxic Substances and Disease Registry, Surviving Field Stress for First Responders," May 2005

Challenges for the Basic Model of Patient-Led Pastoral Care: People experiencing acute stress reactions have reduced capacity to take a constructive lead in pastoral interactions. This may require the chaplain to take more of a lead than normal until the reaction subsides, while always working to maximize the opportunity for *patient-led pastoral care* by seeking to empower the patient or family member. However, while some people in acute stress reactions may be passive and suggestible, others may interpret a chaplain's initiative as "pushy"; and families may have a mix of these responses, requiring a balancing and modulation of pastoral outreach.

Basic Patient/Family Needs in an Acute Stress Reaction …and What Chaplains Can Do:

Patient/Family	Chaplain
• Normalization (i.e., manageability) of the extraordinary situation	- Be a non-anxious presence; orient people to the processes and timing of Trauma treatment
• Control of events; exertion of personal will/purpose	- Maximize the person's autonomy/leading; show the chaplain's role of helper/advocate
• Information (and a need to recount information/what's happened)	- Establish clear communication channels; name what is happening; active listening
• Reduced stimuli (--and reduced pressure for cognitive processing)	- Reduce extraneous noise/activity; reduce decision-making pressure
• Space (not too small to feel constrained or too large to feel open/vulnerable)	- Avoid "trapped" space; give "own" space, esp. for emotional expression
• Sense of connection with others	- Facilitate the normal family support network; get the patient and family together soon
• Hopefulness	- Broaden hopefulness from concrete particulars

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

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: **s**it facing or at an angle to the person (in such a way as to allow good eye contact)

O: have an **o**pen posture (with no crossed arms or legs)

L: slightly **l**ean in toward the person (though not aggressively)

E: make **e**ye contact (where this is not culturally contraindicated)

R: be **r**elaxed, 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.]

Dynamics Around Physical Touch: In addition to normal cultural and interpersonal dynamics, touch during an acute stress reaction may play into a person's heightened sense of threat. In the context of a family system, some people may also feel as threatening a chaplain's touch of *another* family member. Chaplains should try to utilize the immediate support resources within a family system as much as possible -- e.g., family members' roles for caretaking of others -- and consider taking cues from family leaders regarding physical touch. (Families often work through acute stress reactions by falling into practiced roles.)

Some Aspects of the *Religious* Role of a Chaplain Useful in Trauma Situations:

- Explicit engagement and honoring of patient/family spirituality
- Wisdom/experience of "clergy" in extraordinary situations
- Professional connection to community clergy
- Religious "authority" (when that may be acceptable by another)
- Representing the presence of God
- Ritual leadership (especially prayer)
- Pastoral ethic of caring and trustworthiness

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

Some Safety-Related Needs:

- Be prepared for falls and collapses; avoid cluttered spaces
- Look for warning signs of medical crises (for example: chest pains, difficulty breathing)
- Be attentive to effects of alcohol/drugs

...and for the chaplain, personally:

- Avoid putting yourself in a trapped space
- Help other responders (e.g., Security) to gain perspective on what is happening
- Be prepared for the emotion of anger, and be mindful to *de-escalate* tensions (--think of how to keep from compromising your non-anxious presence)

How might a chaplain seek to minimize his/her *own* acute stress reaction?

- Pay attention to cues from your own body, and acknowledge a need to break the stress cycle
- When you feel "out on a limb," remember that you are part of a *team*
- Look for small opportunities to "catch your breath" and refocus on the situation
- Make intentional use of "down time" between events to relax, refocus, and debrief