



National
Voluntary Organizations
Active in Disaster

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National VOAD Disaster Spiritual Care Guidelines

Introduction to the National VOAD Disaster Spiritual Care Guidelines

You are about to read the Guidelines developed by the National VOAD Emotional and Spiritual Care Committee for providing appropriate and respectful Disaster Spiritual Care. The ESC committee reaffirms the conviction that, *“Spirituality is an essential part of humanity. Disaster significantly disrupts people’s spiritual lives. Nurturing people’s spiritual needs contributes to holistic healing. Every person can benefit from spiritual care in time of disaster.”* (National VOAD DSC Points of Consensus #1)

The overarching question that motivated the development of these Guidelines was, *“How can National VOAD member organizations partner with local spiritual care providers and communities of faith in providing appropriate and respectful disaster spiritual care?”*

Throughout the process we were guided by the spirit of the National VOAD “4Cs”

- Cooperation
- Communication
- Coordination
- Collaboration

In the context of these Guidelines you are invited to consider an additional “C”, Compassion. Compassion is an important component in all areas of disaster response and an essential component in the provision of disaster spiritual care. A compassionate presence is an invaluable gift that a disaster spiritual care provider offers a survivor.

The writing team was mindful of emerging trends within the provision of disaster spiritual care.

1. Survivors access to appropriate and respectful spiritual care is essential throughout the disaster response. This is reflected in the following National VOAD documents.
 - The National VOAD Disaster Spiritual Care Points of Consensus #1.
 - The National VOAD Case Management Guidelines, page 6. These Guidelines recognize that the assessment of a *“client’s spiritual needs and faith-related resources is a crucial aspect of a client’s holistic recovery plan.”*
 - The National VOAD Long Term Recovery Guide, Chapter 9.
 - The National VOAD Mass Care Sheltering Guidance Aid, part 3, and in the Shelter Staffing Matrix.
(Note: all these documents are available at www.nvoad.org)
2. In an effort to bring greater responsibility and accountability to disaster response, the Department of Homeland Security through the National Incident Management System published, in August of 2011, a document entitled, “Guideline for the Credentialing of Personnel.” While credentialing is not required for Non-governmental Agencies, *“Section 5 establishes the recommended model credentialing standard for NGOs which collectively refers to voluntary, charitable, faith-based, and not-for-profit organizations. NGOs are not required to comply with these credentialing standards, however, their implementation and compliance with these recommendations ensures consistency with all credentialing activities by other response organizations and responder personnel.”* (NIMS Guideline for the Credentialing of Personnel page 23.) The complete document can be found at http://www.fema.gov/pdf/emergency/nims/nims_cred_guidelines_report.pdf
 - The intent of the credentialing is to allow for greater “interoperability, commonality, and consistency.” All of which are essential for a faithful disaster response.
 - A more detailed discussion of this topic can be found in Section 4.
3. Many National VOAD member organizations have a long and positive tradition of providing appropriate and respectful disaster spiritual care. In addition, many member organizations have developed trainings to prepare their deployed personnel to provide disaster spiritual care. Recognizing the value of these trainings the Guidelines do not endorse one training over another. Rather the Guidelines speak of core

competencies that are essential. One goal of these Guidelines is for member organizations to ensure that their required training leads to the competencies suggested. See Section 4 for more details.

4. In recent years municipalities, counties and states have intentionally integrated disaster spiritual care into their disaster response and recovery plans. These Guidelines reflect many of the practices that already exist and bring greater interoperability, commonality and consistency with the service delivery of disaster spiritual care.
 - State VOADs will be crucial in introducing these Guidelines across the country. It is imperative for each state and regional VOAD to have an active and engaged Emotional and Spiritual Care Committee. It will be through the ESCC that the Guidelines will become operationalize within each municipality, county and state.
5. Finally the Guidelines are the realization of Disaster Spiritual Care Points of Consensus #10, *“National VOAD members affirm the importance of cooperative standards of care and agreed ethics. Adherence to common standards and principles in spiritual care ensures that this service is delivered and received appropriately. Minimally, any guidelines developed for spiritual care in times of disaster should clearly articulate the above consensus points...”*

What follows is by no means the final word on Guidelines. As new insights arise there will be the opportunity for all involved in this significant endeavor to learn and grow.

The Guidelines come as a result of much prayer, conversation, reflection and inspiration.

Respectfully Submitted,

National VOAD Emotional and Spiritual Care Committee

National VOAD Emotional and Spiritual Care Committee Disaster Spiritual Care Guidelines

1. SECTION ONE: Background, Purpose and Scope
2. SECTION TWO: Striving for Excellence – Disaster Spiritual Care
3. SECTION THREE: Striving for Excellence as an Organization
4. SECTION FOUR: Disaster Spiritual Care Providers in Shared Settings
 - a. Includes specific discussion of credentialing, competencies, qualifications, identification, typing and accountability
5. SECTION FIVE: Intentional Integration of Disaster Spiritual Care Within Recovery and Response
6. APPENDICIES:
 - a. APPENDIX A: Suggestions for Local Communities of Faith
 - b. APPENDIX B: Job Aid for the Faith Community Representative
 - c. APPENDIX C: Fact Sheet for Emergency Management - Disaster Spiritual Care
 - d. APPENDIX D: Glossary and Acronyms
 - e. APPENDIX E: Community Spiritual Assessment
 - f. APPENDIX F: Resources

SECTION ONE: Background, Purpose and Scope

Background and Purpose

National VOAD began in 1970 as a gathering of faith based and non-profit organizations responding to disasters that were committed to improving their work in order to benefit the clients among whom they served. This commitment to continuous improvement of quality is central to the work of National VOAD members who bring expertise, resources and presence to support communities through the recovery process. Disaster spiritual care is a powerful form of this support.

Disaster spiritual care is a process through which individuals, families, and communities affected by disaster draw upon their rich heritage of faith, hope, community, and meaning as a form of strength that bolsters the recovery process.

National VOAD members promote excellence in all areas of care, including disaster spiritual care. Members of National VOAD recognize that respectful conversation and patient building of relationships lead to uplifting the commitment to quality care - a commitment that gathers and unites, and serves as a beacon to gather others choosing to collaborate in helping communities recover through these common and shared values.

For this reason, National VOAD is especially suited to proposing and promoting guidelines shaping exceptional disaster care. National VOAD establishes "Points of Consensus" documents which outline essential standards, ethical principles and operational principles related to various functions of voluntary organizations in recovery. Based upon the Disaster Spiritual Care Points of Consensus, the following guidelines are provided to assist communities to implement high quality disaster spiritual care services to serve the needs of individuals, families and communities affected by disaster.

Scope of Guidelines

The National VOAD Guidelines for Disaster Spiritual Care are provided for National VOAD members, emergency management, partners in disaster response and the general public. These guidelines share the hallmarks of excellence to which National VOAD members aspire in disaster spiritual care, promoting confidence among our partners and the general public.

These guidelines may be foundations for organizations in envisioning disaster spiritual care by providing the following:

- Orientation and background to new organizations on how to develop these services
- Helpful experience and learning while working in cultural and religious diversity
- A sense of mutual accountability by collaborating with others
- Parameters of mutual protection and safety for those receiving care and those providing care
- A shared language and terminology regarding disaster spiritual care to enhance communication

National VOAD member organizations and other adjudicating bodies rightly exercise self-defined standards of accreditation and certification. These guidelines provide assistance to define and reflect quality disaster spiritual care and provide a common platform for members to learn helpful practices of training, endorsement and accrediting from each other.

In some shared settings – specific methods of disaster spiritual care provision may be selected by those designated with primary responsibility for these settings. Shared settings are defined as settings in which organized disaster spiritual care activities are provided by numerous and diverse organizations to support the spiritual care needs of diverse populations of impacted persons. Examples of shared settings include shelters, points of distribution or dispensing, emergency operations centers, Family Assistance Centers and other settings in which organized disaster spiritual support activities among diverse populations occur. (See Glossary)

Specific methods of disaster spiritual care provided in these settings may be selected by those designated with primary responsibility for shared settings. Organizations and individuals choosing to collaborate as part of disaster spiritual care provision are directed to information within this document relating to training and credibility (See Sec. 4) for disaster spiritual care providers in these shared settings.

For the purpose of these Guidelines, “private settings” are defined as locations in which individual faith adherents or homogenous, local communities of faith have full jurisdiction and practice specific methods of disaster spiritual care according to their mission and faith tradition. Examples of private settings may include physical or virtual space in which formal religious activities typically occur; the community of faith has primary responsibility and/or specific communities of faith informally gather. (See Glossary)

Importance of Training and Credentialing

It is imperative that disaster spiritual care providers are appropriately trained and publically identified and credentialed (See Sec. 4) for their work to competently help vulnerable persons and assure the public that this work is being done by qualified persons. The need for DSC training and credentialing is apparent when looking at three interrelated dynamics:

1. **Impact of Traumatic Stress.** Disasters are demanding events that create significant distress and can even overwhelm coping abilities. This was seen in the aftermath of events such as 9/11, the Indonesian tsunami, Hurricane Katrina, the Haitian earthquake and Hurricane Sandy. Some experienced dysfunction and even long-term psychological consequences, such as depression, anxiety or PTSD, while others coped with more general stress reactions; many benefited from the disaster spiritual care of trained DSC providers. The unexpected and widespread nature of disasters require a ready response; for example:
 - 30-40% of direct victims of disaster will experience one or more psychological disorders. (Galea, Nandi, & Vlahov, 2005)
 - Some people experience long-term psychological consequences, but nearly all community members are affected by the stress of the disaster and will benefit from support.

Trained and credentialed disaster spiritual care providers understand disaster related stress or trauma and are ready to respond. (See Sec. 4)

2. **Context of Disaster Spiritual Care.** The urgent need for disaster spiritual care training and credentialing is also highlighted by looking at the context in which care is provided: Providers do not minister in a vacuum, but instead are part of a broader effort to care for persons in need:

- The work of the disaster spiritual care provider is often integrated into the FEMA disaster management cycle, where managers attempt to:
 - MITIGATE or lessen the impact of potential disasters (building codes, structural improvements, etc.).
 - PREPARE for emergencies and disasters (training and awareness, drills, storing supplies, etc.).
 - RESPOND to events (emergency operations, saving lives, food/hydration, shelter, etc.).
 - FACILITATE RECOVERY, helping people and communities rebuild after a disaster.

Disaster spiritual care is delivered within the context of this organized cycle of activities, particularly in the response phase. Providers must be educated about this cycle and capable of interfacing with other professionals who have also undergone specialized training and recognize their part of this work.

3. **Disaster spiritual care is part of the broader crisis intervention process.** This process is not psychotherapy, but is an acute short-term helping process designed to accomplish the following:

- STABILIZATION after the initial impact of trauma
- REDUCTION OF SYMPTOMS
- PROMOTE RESILIENCE AND COPING
- RETURN TO ADAPTIVE FUNCTIONING or REFERRAL to continued care by a specialist (e.g. legal aid, mental health, specific religious provider) as appropriate

Various spiritual and religious interventions contribute to each of these goals; trained and credentialed disaster spiritual care providers understand and contribute to this process.

Disaster spiritual care is unique; the disaster spiritual care provider engages in concentrated spiritual care during which the waves of critical stress are often so frequent and intense – and of such duration – that the spiritual care challenge is differentiated from that which is usually encountered in the day-to-day life of the local community of faith. Thus, the severity level of disaster events and the context in which this support is provided requires well trained and credentialed disaster spiritual care providers.

Scope of Services Provided

Communities impacted by disaster draw upon their resilience and strength to withstand the immediate effects of disaster and to recover over the course of months and years. National VOAD members bring presence, resources and expertise to help communities through this process.

National VOAD members provide a wide array of services that promote high quality disaster spiritual care services.

These services include:

- Training for local spiritual care providers to equip them to provide sustainable services that uplift the religious and spiritual diversity of the community as an asset towards recovery
- Assessment of community spiritual needs (See Appendix E)
- Deployment of leadership and management specialists to assist in coordinating appropriate disaster spiritual care in shared settings as requested (See glossary for definition of “shared settings”)
- Programs and curricula designed to serve the needs of special populations (e.g. children)
- Guidance and assistance in planning memorial and commemorative observances
- Resources to assist local disaster planners to include direct disaster spiritual care services as part of response activities

Spiritual 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. Specific strategies for spiritual care during the various phases can bolster these strengths. National VOAD DSC Points of Consensus #5¹

Excellence in disaster services includes:

- Respect for all expressions of belief regarding faith and non-faith
- Respect for each person's rich diversity of heritage, language and culture
- Commitment to ethical practices that protect the vulnerable
- Commitment to collaboration with all disaster spiritual care providers, local and deployed
- Commitment to confidentiality
- Spiritual assessments to determine perceived and real needs and assets

Covenant for National VOAD Partners

The heart of National VOAD is embodied in the “4 C’s” of VOAD - cooperation, communication, coordination, and collaboration - in order to better serve people impacted by disasters. These 4 “C’s” describe a progression of efforts. Cooperating and communicating are the beginning of relationship - the first steps in helping work become more efficient and effective. Coordinating and collaborating are examples of maturing relationship, in which partners become inter-dependent, relying on each other to accomplish ever greater tasks together.

Members of National VOAD, aspire to these deeper relationships and work to uplift and support each other and each other's work. National VOAD members share in all services, including disaster spiritual care, seeking to include all partners in bringing valued contributions to serve the needs of affected communities.

¹ National VOAD “Points of Consensus” documents outline essential standards, ethical principles or operational principles related to various functions of voluntary organizations in recovery. National VOAD “Points of Consensus” are developed and approved through careful, collaborative and respectful conversation. Organizations choosing membership in National VIAD agree to abide by approved Points of Consensus. This reference is to the National VOAD Disaster Spiritual Care Points of Consensus. The full text of this document can be found in Appendix F.

National VOAD members are concerned when National VOAD member organizations fail to meet the standards found in the Points of Consensus, because National VOAD Points of Consensus documents promote quality care for communities impacted by disasters. National VOAD members address these concerns by seeking to share the rationale of the Points of Consensus with such groups and by seeking to promote the high standards these guidelines detail for the sake of those whom we serve.

SECTION TWO: Striving for Excellence – Disaster Spiritual Care

Striving for Excellence While Providing Disaster Spiritual Care

National VOAD recognizes that people impacted by disasters are vulnerable in times of crisis. National VOAD organizations and their disaster spiritual care providers have a duty to protect those impacted by disaster while providing appropriate care. The following guidelines are provided to highlight the disaster spiritual care (DSC) that people impacted by disasters will receive.

People impacted by disasters have a right to expect that National VOAD organizations and their disaster spiritual care providers will:

- Interact with all individuals in a way that affirms the dignity and intrinsic value of all served
- Respect the right to access spiritual care from their local faith community or from a representative of their spiritual tradition, when available, by coordinating with local spiritual care providers
- Provide appropriate access to essential care and services to all individuals that is in the best interest of, and desired by, the individuals by advocating on their behalf
- Seek to understand an individual's own spirituality as the core healing center rather than the caregiver's faith, religious tradition, practice, training or theology
- Have an awareness of religious and cultural beliefs and traditions, in the context of diversity, thereby respecting the ethnic, cultural, gender, racial, sexual-orientation and religious diversity of all individuals in value and practice
- Refrain from exploitation, coercion, intimidation, intimacy, harassment or abusive words or actions within a care-giving relationship
- Not use their position, influence, knowledge or professional affiliation for unfair advantage or for personal, organizational or agency gain

People impacted by disaster and trauma are vulnerable. There is an imbalance of power between disaster responders and those receiving care. To avoid exploiting that imbalance, spiritual care providers refrain from using their position, influence, knowledge or professional affiliation for unfair advantage or for personal, organizational or agency gain.

Disaster response will not be used to further a particular political or religious perspective or cause – response will be carried out according to the need of individuals, families and communities. The promise, delivery, or distribution of assistance will not be tied to the embracing or acceptance of a particular political or religious creed. National VOAD DSC Point of Consensus #9

- Have organizational accountability to ensure that caregivers refrain from any form of sexual misconduct, harassment or assault within the relationship
- Maintain professional boundaries by being aware of personal boundary violations and avoiding dual relationships with people impacted by disasters

- Ethically conduct themselves on the disaster scene so that their behavior does not negatively impact those who have been impacted by disaster
- Demonstrate competencies in identifying common psychological, emotional, physical, cognitive and spiritual reactions in times of disaster and be able to provide appropriate interventions to assist people impacted by disasters
- Be appropriately screened, trained, recognized by, and accountable to, their organizations
- Clearly and accurately represent their training, competence, organizational endorsement and credentials, thereby restricting their care and services to methods and areas for which they are appropriately qualified

Spiritual care providers partner with mental health professionals in caring for communities in disaster. Spiritual and emotional care share some similarities but are distinct healing modalities. Spiritual care providers can be an important asset in referring individuals to receive care for their mental health and vice versa. National VOAD DSC Points of Consensus #4

- Be aware of their limitations and expertise and make referrals to other helping professionals as necessary, appropriate and acceptable.

Minimally, any guidelines developed for spiritual care in times of disaster should clearly articulate the above consensus points in addition to the following: ...Mechanisms for ensuring that caregivers function at levels appropriate to their training and educational backgrounds. National VOAD DSC Points of Consensus #10

- Carefully protect the privacy of all individuals by ensuring that information gathered in disaster spiritual care will be held in highest confidence -- secured and maintained in accordance with the affiliated helping organization and as required by mandated reporting laws
- Seek to deliver sensitive information in a manner that is compassionate, truthful, accurate and timely
- Complete an on-scene assessment for responders and other impacted persons to determine the disaster spiritual care needs to be addressed (See Sec. 4 and Appendix E)
- Collaborate with partner organizations to ensure coordination of services to prevent duplication or gaps in service delivery
- Collaborate with partner organizations to ensure the delivery of appropriate disaster spiritual care
- Develop an incident action plan that will provide guidance for disaster spiritual care teams and address the assessed needs

SECTION THREE: Striving for Excellence as an Organization

Sustaining Disaster Spiritual Care Providers

Providing spiritual care in disaster can be an overwhelming experience. The burdens of caring for others in this context can lead to compassion fatigue. Understanding important strategies for self-care is essential for spiritual care providers. Disaster response agencies have a responsibility to model healthy work and life habits to care for their own staff in time of disaster. Post-care processes for spiritual and emotional care providers are essential. National VOAD DSC Points of Consensus #6

Many National VOAD member organizations deploy affiliated disaster spiritual care (DSC) providers as a part of their holistic disaster response. Thus, it is expected that deployed DSC providers will be clearly identified within their organization. Essential support and management systems should be in place to facilitate effective DSC within the disaster operation. Therefore, these affiliated DSC providers will not self-deploy to a disaster scene, but will only provide care when authorized through a coordinated organizational response that works within the incident management system of the sponsoring organization.

Serving others in times of disaster may have a profound impact on disaster responders. These impacts may be both positive and negative. Specifically, DSC providers endure significant exposure to powerful emotions and traumatic grief. It is essential for these providers to receive intentional care and support. If caregivers fail to maintain physical, emotional and spiritual health, their capacity to provide disaster spiritual care may be adversely impacted. The following are suggested guidelines to assist organizations as they help DSC providers maintain a healthy balance before, during and after deployment.

Disaster Spiritual Care Providers Have a Right to Expect that National VOAD Organizations Will Provide:

1. **Training and preparation.** One of the most powerful forms of care and support is to equip DSC providers appropriately for the tasks they will perform. It is critical for organizations to ensure that DSC providers are appropriately trained and have essential competencies and skills to work with vulnerable populations prior to deployment.
 - Provide appropriate training to meet the essential competencies outlined in detail in Section 4
 - Provide incident specific training on site
 - Provide written standards, policies and procedures, and competencies
 - Provide opportunities for continuing education
 - Provide liability insurance appropriate to the setting and deployment duties
2. **Pre-deployment assessment and screening.** Organizations should ensure that DSC providers deployed to a disaster scene are appropriate for the conditions they may face while on assignment. DSC providers should be assessed prior to deployment to ensure they are physically, emotionally and spiritually healthy. It

is also critical to ensure that deployed DSC providers have the essential competencies and skills and are appropriately matched to meet the demands and conditions of the deployment. Some pre-deployment tasks include the following:

- Provide a pre-deployment briefing
- Provide an on site orientation with critical information
- Provide current credentials, and identification, and guidance regarding appropriate attire from the deploying disaster organization
- Have documentation in their organizational personnel file of a cleared criminal background check in compliance with organizational policy (See Sec. 4)
- Provide a pre-deployment self-assessment indicating that the DSC provider is fit for duty before deploying

3. **Appropriate deployment placement.** It is critical that deployed disaster spiritual care providers be appropriately matched with those to whom they are providing disaster spiritual care. Diversity in DSC teams is highly valued. Organizations may accomplish this guideline by the following:

- Assess DSC providers for an appropriate match, including training, competencies and skill level, as well as familiarity, understanding, and the ability to connect with the needs of specific population groups (See Sec. 4)

4. **Appropriate recognition of role and function.** DSC providers are a valued resource and care provider within disaster response. Organizations may accomplish this guideline by the following:

- Treat DSC providers respectfully as an essential part of an organized command structure which defines their role and function within disaster operation (See Sec. 4)

5. **On site supervision and peer support.** Disaster spiritual care providers work most effectively in teams under qualified supervisors who carefully monitor their well-being and work with organizational leadership to provide for their needs while on assignment. Effective supervisors model appropriate self-care. DSC providers work in a team environment, with diverse levels of training, competencies and skills, and experience. Organizations may accomplish this guideline by the following:

- Provide the essential logistical, spiritual, emotional and informational support necessary to enable the DSC providers to fulfill their role within the disaster assignment
- Provide appropriate training and information on personal stress management to mitigate possible negative coping behaviors such as excessive substance use, social isolation or lack of self-care
- Provide care within a supervised environment in which any team member who demonstrates negative coping behaviors will be provided support, appropriate referral for care, and if necessary, relieved of responsibilities
- Provide and consistently follow policies and procedures to verify affiliated, badged DSC providers possess competencies outlined in these guidelines
- Ensure that affiliated, deployed DSC providers comply with the National VOAD Disaster Spiritual Care Points of Consensus²

² Ibid.

6. **Care for the caregiver on scene.** Providing care to people who have been impacted by disasters and other disaster workers may take a strong emotional, spiritual and physical toll on DSC providers. Providers often lack access to the familiar developed support of professional and personal systems and routines found at home. Disaster deployments may expose DSC providers to overwhelming need and highly emotional environments that may severely tax one's capacity to provide quality disaster spiritual care. Familiar and expected amenities, living conditions, personal privacy and personal comforts are often limited, thereby exacerbating stressors. Having basic needs met for the team is a critical foundation to their own sense of well-being.

It is critical for teams to understand that each person has different coping capacities and needs. It is important to find ways to support each individual in developing an on-scene self-care plan and to provide the support and supervision to ensure that DSC providers maintain a healthy balance emotionally, physically and spiritually.

- Promote a daily healthy balance of holistic self-care, including spiritual renewal, rest and exercise, diet and hydration, social support and time management by taking breaks throughout the day and working no more than 12 hours a day and no more than 7 consecutive days without a significant break
- Promote continual self-assessment of DSC providers' behavior for signs of distress, compassion fatigue or impaired functioning, and if at any time during a deployment, provider becomes physically, psychologically or spiritually compromised, the provider will notify one's supervisor.

7. **Post-deployment care.** DSC providers must have the opportunity to process their deployment experience. Supervisors are encouraged to choose or develop a format for processing the emotional, spiritual and operational experiences of the deployment. Typically, the team schedules an out-processing opportunity before the DSC provider's departure from the assignment. This allows DSC providers to process their experiences with others who will understand their experiences and bear witness to what they experienced.

Out-processing provides opportunities for further team assessment for any additional follow-up with at risk team members. It is recommended that post-deployment follow-up be done with deployed providers, especially those who experienced primary or secondary traumatic experiences. A failure to provide appropriate care for providers may contribute to secondary traumatic stress, compassion fatigue and burnout.

- Provide a post-deployment assessment with the expectation that the deploying organization will provide appropriate support and referral as needed

8. **Organizational leadership care.** Many organizations providing disaster services experience a substantial increase in stress levels during a disaster. Organizational leadership typically recognizes the need for care for those providing DSC on the frontlines; however, they may fail to recognize the impact of disaster on the leadership.

Failure to care for the leadership and organizational systems may have an adverse impact on the system's capacity to provide essential support to the field during the disaster operation period. It may also have long-term impacts on staff retention. It is important to remember that organizations are made up of individuals.

- Provide disaster spiritual care for organizational leadership in keeping with the above hallmarks of excellence

Quick Reference Checklist

Striving for Excellence as an Organization

This quick reference form will help disaster leadership ensure that the disaster operations provide essential components to support effective disaster spiritual care teams.

√	Credentialing/deploying organizations providing disaster spiritual care providers are responsible for:
	Training and preparation
	Provide appropriate training to meet the essential competencies outlined in detail in Section 4
	Provide incident specific training on site
	Provide written standards, policies and procedures, and competencies
	Provide opportunities for continuing education
	Provide liability insurance appropriate to the setting and deployment duties
	Pre-deployment assessment and screening
	Provide a pre-deployment briefing
	Provide an on site orientation with critical information
	Provide current credentials, identification and guidance regarding appropriate attire from the deploying disaster organization
	Have documentation in their organizational personnel file of a cleared criminal background check in compliance with organizational policy (See Sec. 4)
	Provide a pre-deployment self-assessment indicating that the DSC provider is fit for duty before deploying
	Appropriate deployment placement
	Assess DSC providers for an appropriate match, including training, competencies and skill level, as well as familiarity, understanding, and the ability to connect with the needs of specific population groups
	Appropriate recognition of role and function
	Treat DSC providers as a valued resource and care provider within an organized command structure which defines their role and function within the disaster operation
	On site supervision and peer support
	Provide the essential logistical, spiritual, emotional, and informational support necessary to enable the DSC providers to fulfill their role within the disaster assignment
	Provide appropriate training and information on personal stress management to mitigate possible negative coping behaviors such as excessive substance use, social isolation, lack of self care
	Provide care within a supervised environment in which any team member who demonstrates negative coping behaviors will be provided support, appropriate referral for care, and if necessary, relieved of responsibilities
	Provide and consistently follow policies and procedures to verify that affiliated, badged DCS providers possess competencies outlined in these guidelines
	Ensure that affiliated, deployed DSC providers comply with the National VOAD DSC Points of Consensus
	Care for the caregiver on scene
	Promote a daily healthy balance of holistic self-care, including spiritual renewal, rest and exercise, diet and hydration, social support, and time management by taking breaks throughout the day and working no more than 12 hours a day and no more than 7 consecutive days without a significant break
	Promote continual self-assessment of DSC providers' behavior for signs of distress, compassion fatigue, or impaired functioning, and if at any time during a deployment, provider becomes physically, psychologically or spiritually compromised, the provider will notify one's supervisor
	Post-deployment care
	Provide a post-deployment assessment with the expectation that the deploying organization will provide appropriate support and referral as needed
	Organizational leadership care
	Provide disaster spiritual care for organizational leadership in keeping with the above hallmarks of excellence

SECTION FOUR: DISASTER SPIRITUAL CARE PROVIDERS in SHARED SETTINGS

INTRODUCTION

All disasters are local; therefore local faith communities are involved and are encouraged to take leadership in responding to the emotional and spiritual needs of impacted persons. However, when needs exceed local capabilities to respond, National VOAD member organizations and their direct judicatory or regional affiliates³ often deploy disaster spiritual care providers (DSC providers) to support and augment the efforts of the local faith community. Guidelines for deploying organizations are outlined in SECTION THREE: Striving for Excellence as an Organization.

Section 4 addresses the need for both “local” and “deployed” DSC providers to be adequately prepared for their work in shared settings. These Guidelines are established to care properly for vulnerable persons, protect the integrity of the organizations represented and facilitate the success of services by both local and deployed DSC providers. These echo the principles set forth in the National VOAD DSC Points of Consensus.

“Disaster spiritual care providers” are defined elsewhere in this document as:

...individuals who provide emotional and spiritual care and support from a faith-based perspective to affected populations and responders. They nurture and encourage spiritual perspectives as a source of strength in difficult times. Disaster spiritual care providers come from diverse cultural and spiritual backgrounds to provide sensitive, appropriate care for all persons and to acknowledge and respect every spiritual perspective.⁴

“Deployed” disaster spiritual care providers” are separately defined for the purposes of this document as:

National VOAD member organizations may deploy individuals from outside the impacted local community to provide disaster spiritual care following disasters and other crisis events. These individuals are defined as “deployed disaster spiritual care providers” or “deployed DSC providers.” Deploying organizations provide training and/or vetting of training, supervision, credentialing and accountability, and insure appropriate invitation and context for deployed DSCPs.⁵

Disaster spiritual care is not specifically categorized in the National Incident Management System (NIMS) and compliance with NIMS credentialing guidelines is voluntary for NGOs. However, NIMS encourages non-governmental

³ Many National VOAD member organizations have local, state, judicatory and regional organizations that are directly affiliated with the national organizations. These are often, called churches, conferences, conventions, or other names for houses of worship. In these Guidelines, they are referred to as National VOAD member-affiliated organizations. The relationship, accountability and authority of National VOAD member organizations with these affiliated organizations vary from organization to organization. Direct local, state, judicatory or regional affiliates of National VOAD member organizations may be responsible for their own deployed personnel. Affiliates should clearly identify their compliance with National VOAD Disaster Spiritual Care Guidelines and compliance with any additional guidelines of their affiliated National VOAD member organization.

⁴ See Guidelines Appendix D: Glossary and Acronyms

⁵ For more information on coordination of DSC providers, see Section 5 of this document

organizations (NGOs) to comply with current FEMA recommendations for NGO credentialing.⁶ FEMA encourages NGOs to use FIPS 201 (Federal Information Processing Standards 201) and the PIV-I (Personal Identification Verification-Interoperable) in developing their credentialing system. Individuals and agencies providing disaster spiritual care are reminded that, in NIMS language, “credentialing” is much more than the badge worn by a trained disaster responder.

The Homeland Security Act of 2002 which provides guidance for Section 4 defines credentialing as follows :

“The terms ‘credentialed’ and ‘credentialing’ mean having provided, or providing, respectively, documentation that identifies personnel and authenticates and verifies the qualifications of such personnel by ensuring that such personnel possess a minimum common level of training, experience, physical and medical fitness, and capability appropriate for a particular position...”⁷

EXPLANATION of TABLES

For the purpose of these Guidelines, three NIMS components that fall under the broader category of “credentialing” (“Identification” “Qualifications” and “Typing”) have been adapted and modified for the practice of disaster spiritual care.

Components of Section 4 include the following tables:

	LOCAL DSCPs IN SHARED SETTINGS	DEPLOYED DSCPs (DEPLOYED BY NATIONAL VOAD MEMBER ORGANIZATIONS ⁸)	NATIONAL VOAD MEMBER DSC TRAINERS
A. IDENTIFICATION	TABLE 4.1	TABLE 4.2	TABLE 4.2
B. COMPETENCY CATEGORIES	TABLE 4.3	TABLE 4.3	TABLE 4.3
C. COMPETENCY DETAIL Attributes, Knowledge, Skills	TABLE 4.4	TABLE 4.5	TABLE 4.5, 4.6
D. ACCOUNTABILITY	TABLE 4.7	TABLE 4.8	TABLE 4.8
E. DEVELOPMENT and DOCUMENTATION of COMPETENCIES	TABLE 4.9	TABLE 4.9	TABLE 4.9
F. RESOURCE TYPING • Education and training • Experience • Physical and mental fitness • Certification/licensure	N/A	TABLE 4.10	TABLE 4.10

Note that with particular sensitivity to local responsibility for disaster spiritual care, categories applying to “local” DSC providers are often separated from National VOAD member organization DSC providers.

⁶ 2011 Guidelines can be found at: http://www.fema.gov/pdf/emergency/nims/nims_cred_guidelines_report.pdf

⁷ Homeland Security Act of 2002, as amended by the Implementing Recommendations of the 9/11 Commission Act of 2007, United States Code (U.S.C.) paragraph 311.

⁸ Note: These tables were created for use by National VOAD member organizations. The relationship, accountability and authority of National VOAD member organizations with member-affiliated organizations vary from organization to organization. See definition of “National VOAD member-affiliated organizations” in the Appendix D.

Additional qualifications for deployed personnel in the following components traditionally set under “qualification” categories have been included only in the Resource Typing Grid (Table 4.10):

- Education and training
- Experience
- Physical and mental fitness
- Certification/licensure

National VOAD recommends that individual [National VOAD member organizations](#) credential their own deployed disaster spiritual care personnel and volunteers in compliance with identity, vetting, qualifications and affiliation outlined in this section.

A. IDENTIFICATION

Table 4.1

IDENTIFICATION: Local DSC Providers in Shared Settings
<i>"Identification"</i> encompasses documentation that authenticates identity of the DSC provider. In most cases, government issued photo ID will suffice to confirm the identity of local DSC providers. Table 4.7 defines additional accountability guidelines regarding confirmation that local DSC providers are actually related to faith communities from the local disaster-affected area.

Table 4.2

IDENTIFICATION: National VOAD Member Organization Deployed DSC Providers in Shared Settings
<i>"Identification"</i> encompasses documentation that authenticates identity of the DSC provider. National VOAD member organizations are encouraged to issue identification/badging that matches, as closely as possible, the format of the PIV-I Cards even though they may not follow the full recommendations of PIV-I. ⁹ Key elements include photo, expiration date, full name, signature, etc. The identification/badging should only be issued after organizations have certified the identity and qualifications of the DSC providers.

B. COMPETENCY CATEGORIES for LOCAL and DEPLOYED DSC PROVIDERS

The specific competencies for each factor – personal attributes, knowledge and skills – are summarized and further categorized as:

- Specific competencies for local DSC providers (Table 4.4)
- Specific competencies for National VOAD deployed DSC providers – basic and specialized (Tables 4.5 and 4.6)
- Accountability guidelines (Tables 4.7 and 4.8)
- Recommendations for development and documentation of competencies for both local and National VOAD deployed DSC providers (Table 4.9)

These competencies are consistent with the National VOAD DSC Points of Consensus.

Many National VOAD member-organizations provide excellent training in disaster spiritual care. Therefore, National VOAD does not endorse one member agency's training over another's. Using the principles outlined in Tables 4.4, 4.5 and 4.6 regarding competencies, and Table 4.9 regarding the development and documentation of competencies, National VOAD member organizations will be responsible for preparing their affiliated DSC providers with knowledge, skills, abilities, and how to utilize life experience and select training programs to achieve those ends.

⁹ 2011 Guidelines can be found at: http://www.fema.gov/pdf/emergency/nims/nims_cred_guidelines_report.pdf

Table 4.3

COMPETENCY CATEGORIES for Local and National VOAD Member Organization DSC Providers				
Competency in disaster spiritual care is defined as proficiency in three key areas needed to be effective in this specialized ministry. They are personal attributes, knowledge and skills. These factors relate to several core issues in the delivery of DSC:				
COMPETENCY FACTOR	KEY ISSUE	DEFINITION	PRIMARY METHOD OF DEVELOPMENT	DOCUMENTATION
Personal attributes	Who I am	Inherent characteristics and qualities that facilitate healing and help shape others' perception of who I am	Life experience, personal reflection and guidance, instruction, modeling and mentoring from people and sources that influence me	Personal testimony and recommendation from knowledgeable persons
Knowledge	What I know	Theoretical foundations that provide understanding and direction for assessment and action	Structured learning (courses, workshops, personal study, etc.)	Documentation of successful completion of training program(s)
Skills	What I do	Practical functions that bring help to persons in need	Structured learning (courses, workshops, supervised practice, etc.)	Documentation of successful completion of training program(s)

C. COMPETENCY DETAIL

Local community resources: *As an integral part of the pre-disaster community, local spiritual care providers and communities of faith are primary resources for post-disaster spiritual care. Because local communities of faith are uniquely equipped to provide healing care, any spiritual care services entering from outside of the community support but do not substitute for local efforts. The principles of the National VOAD - cooperation, coordination, communication and collaboration - are essential to the delivery of disaster spiritual care. (National VOAD DSC Point Of Consensus #3.)*

Refer to Section 5, "Intentional Integration of Disaster Spiritual Care Providers" for a discussion of Organization, Assessment and Delivery of Disaster Spiritual Care (DSC) in Shared Settings.

Competencies for National VOAD member organization deployed DSC personnel (providers, leaders and managers) are established to ensure consistency and enhance the ability of deployed DSC personnel to integrate with other response organizations and responders personnel. National VOAD recommends that each individual National VOAD member organization credential and maintain documentation of training and competency for deployed disaster spiritual care personnel within their organization.

Table 4.4

COMPETENCY DETAIL for Local Disaster Spiritual Care Providers in Shared Settings
PERSONAL ATTRIBUTES. Attributes that facilitate healing and positively shape the perception of an effective local DSC provider include the following: • Sensitivity, openness and respect for others • Spiritual maturity • Ethical approach to living in general, and especially within helping relationships • Trustworthiness • Respect for the integrity of relationships and maintenance of professional boundaries (emotional, spiritual, physical) with those being served • Awareness of the potential power imbalance in helping relationships and refraining from exploitation of that imbalance - such as any form of sexual misconduct, harassment or assault in relationships, as well as any form of harassment, coercion, intimidation or otherwise abusive words or actions in relationships with those served • Truthful representation of training and credentials, working within the scope of their abilities, making referrals as needed • Respect for confidentiality, not disclosing information (unless required to do so by law) • Avoidance of conflict of interest or seeking personal gain • A personal manner that inspires confidence, including personal attire and personal hygiene • Evidence of appropriate self-care, including a healthy lifestyle to build/retain resiliency, and attention to ensuring fitness and care of self before, during and after deployment
KNOWLEDGE. Effective local DSC providers know the following as an essential¹⁰ foundation for understanding and action in the skills section to follow: • Familiarity with and basic understanding of the National VOAD Disaster Spiritual Care Points of Consensus • The value of intentional emotional and spiritual presence and how such presence is established and utilized • An understanding of basic disaster spiritual and emotional needs • Basic helping skills in DSC and how to use them (e.g. listening, appropriate use of religious resources) • Essential principles for providing sensitive and appropriate spiritual care in multi-cultural and/or multi-faith environments • Basic principles of ethics in spiritual care, including privacy and confidentiality standards, respect for boundaries in relationships, etc. • Site operations and the authority, ethics and accountability structures of the agency having jurisdiction over the shared setting • Operational and referral resources (e.g. referral to other faith providers, food-clothing-shelter needs, mental health) and how to refer/connect people with those resources • Basic local emergency management/disaster response procedures
SKILLS. The essential skill-set of effective local DSC providers includes: • The ability to provide disaster spiritual care to their faith community • The ability to establish intentional emotional and spiritual presence • The ability to understand basic needs and respond appropriately • The ability to listen effectively and use other helping skills • The ability to utilize spiritual/religious interventions • The ability to respond to the diverse multi-cultural needs – whether through direct provision, referral or facilitation by others • The ability to care ethically, including respecting confidentiality and boundaries • The ability to assess need and make referrals when indicated

¹⁰ This represents an essential knowledge base, but it is understood that many local DSC providers may have more extensive knowledge.

Table 4.5

COMPETENCY DETAIL for National VOAD Member Organization Deployed DSC Providers in Shared Settings
• PERSONAL ATTRIBUTES. Attributes that positively shape the public perception of an effective National VOAD deployed DSC provider include the following. They are set forth in harmony with the National VOAD Disaster Spiritual Care Points of Consensus: ○ Sensitivity, openness and respect for others ○ Spiritual maturity ○ Ethical approach to living in general, and within helping relationships especially ○ Trustworthiness ○ Respect for the integrity of relationships and maintenance of professional boundaries (emotional, spiritual, physical) with those being served ○ Awareness of the potential power imbalance in helping relationships and refraining from exploitation of that imbalance - such as any form of sexual misconduct, harassment or assault in relationships, as well as any form of harassment, coercion, intimidation or otherwise abusive words or actions in relationships with those served ○ Truthful representation of training and credentials, working within the scope of their abilities, making referrals as needed ○ Respect for confidentiality, not disclosing information (unless required to do so by law) ○ Avoidance of conflict of interest or seeking personal gain ○ A personal manner that inspires confidence, including personal attire and personal hygiene ○ Evidence of appropriate self-care, including a healthy lifestyle to build/retain resiliency, and attention to ensuring fitness and care of self before, during and after deployment
KNOWLEDGE for DEPLOYED DSC Providers Effective deployed DSC personnel know the following as foundation for understanding and action in the skills section to follow: <u>For Deployed DSC Providers in General:</u> • Familiarity with and basic understanding of the National VOAD Disaster Spiritual Care Points of Consensus¹¹ • Basic Principles of Crisis and Crisis Care Including: ○ A working theory of trauma, grief and crisis experience ○ Understanding of the effect of proximity and exposure to disaster on long-term psychological response ○ Theory of disaster phases and lifecycle ○ Typing, context, scope and impact unique to disasters ○ Common psychological, emotional, physical, cognitive and spiritual reactions following disasters ○ Individual crisis communication (skill development below) ○ Individual crisis interventions (skill development below) ○ Effective supportive helping models throughout the disaster lifecycle ○ Self-care strategies • Theological/religious foundations of disaster spiritual care, such as: ○ A personal theological/religious framework that provides insight, understanding, support and hope in times of crisis ○ Perspectives on these same issues from a variety of faith perspectives including those represented in the local impacted community ○ Knowledge of available community faith-based resources • Socio-cultural standards and issues necessary to provide/facilitate care in a manner that meets the unique needs of various cultural and religious groups • Principles of ethics in disaster spiritual care, such as:

¹¹ See Appendix F

○ Principles that govern confidentiality and privileged communication ○ Principles that speak to appropriate witness for one's faith in compliance with the National VOAD Disaster Spiritual Care Points of Consensus, particularly regarding: ▪ Respect for the right of each person served to hold religious values and traditions ▪ Refraining from manipulation, disrespect or exploitation of vulnerable persons in the delivery of disaster spiritual care ▪ Respecting the right of freedom from unwanted religious literature or symbols, evangelistic and sermonizing speech, and/or forced acceptance of specific moral values and traditions ▪ Avoiding exploitation of the imbalance of power between DSC providers and those being served in any way, including: • Not using position, influence, knowledge or professional affiliation for unfair advantage or for personal, organizational or agency gain • Not using disaster response to further a particular political or religious perspective or cause • Carrying out all activities according to the need of individuals, families and communities, in a spirit of unconditional caring which does not condition any form of assistance upon the embracing or acceptance of a particular religious creed or set of beliefs ○ Principles that guide decision-making • The organization and scope of disaster response operations – local, regional and national – and the role of disaster spiritual care within those operations
Specialized Knowledge for Deployed DSC Providers: • Specialized knowledge requiring advanced training (e.g. morgue duty, death notification, working with special needs populations and unique cultural settings, group dynamics and needs, group communication and intervention techniques, community impacts of disaster, institutional and agency crisis or other knowledge required to work with specific agencies or jurisdictions)
SKILLS for DEPLOYED DSC Providers The skill-set of effective National VOAD member deployed DSC providers includes: <u>For DEPLOYED DSC Providers in General:</u> • Basic Skills ○ Individual communication skills ▪ Expressive (oral, written) ▪ Receptive (listening, use of questions, etc.) ○ Ability to identify common crisis reactions (psychological, emotional, physical, spiritual, etc.), accurately assess emotional and spiritual/religious needs, develop a care plan, select and provide appropriate intervention(s) and make referrals to health care and mental health professionals when needed. ○ Utilization of a range of supportive actions such as: ▪ Meeting basic needs ▪ Spiritual and religious interventions (often includes appropriately offering prayer, familiar liturgy, ritual, services, music, sermons, religious tokens and symbols and other religious support.) ▪ Liaison/advocacy ▪ Effective listening ▪ Cognitive reframing ▪ Facilitating cathartic ventilation ▪ Provision of social support

▪ Providing pertinent information, etc. ▪ Stress management techniques, etc. ▪ Triage and manage crises, including care of persons experiencing significant grief and loss. ○ Ability to work effectively as part of a team in shared multi-disciplinary and interfaith settings, with emphasis on collaboration between deployed and local DSC providers ○ Ability to establish relationships based on trust, manifested by respect for the right of persons served to choose their own beliefs, values and lifestyle, and refraining from imposition of one's own belief/value system ○ Ability to theologically reflect upon, and learn from, disaster spiritual care experience
Specialized Skills for Deployed DSC Providers: • Specialized skills requiring advanced training (e.g. morgue duty, death notification, working with special needs populations and unique cultural settings, group communications skills, providing/facilitating appropriate group interventions such as crisis management briefings, large/small group support activities where appropriate, worship, memorial services and other rituals) or for working with every potential agency and jurisdiction
SKILLS for DEPLOYED DSC TEAM LEADERS who oversee multiple DSC Providers: The skill-set of effective National VOAD member deployed DSC Team Leaders includes: • Ability to: ○ Orient team members to the disaster response mission and guide all DSC operations in harmony with overall mission objectives ○ Synthesize information, discern situational needs, plan appropriately, transmit recommendations to higher leadership and oversee team members ○ Facilitate the team's work through collaboration to ensure that members complete their tasks effectively and efficiently, including compliance with ethical standards and National VOAD Points of Consensus ○ Monitor the safety and emotional and spiritual state of team members and provide and/or facilitate care or referral as needed ○ Maintain effective working relationships among team members ○ Understand team members' capabilities and training and coordinate their efforts to address goals, priorities, team needs and achievements ○ In consultation with the DSC manager, develop additional team DSC protocols as may be needed and oversee their implementation through team members ○ Accurately synthesize operational information, document and report disaster spiritual care activities to DSC manager Specialized Skills for Team Leaders □ The skills listed for team leaders and managers above applies to virtually all settings, but it does not contain additional skills needed for every possible specialized assignment (e.g. morgue duty, death notification, special needs populations and unique cultural settings) or for working with every potential agency and jurisdiction.
SKILLS for SPIRITUAL CARE MANAGERS who oversee multiple Disaster Spiritual Care Teams: In addition to the skills list for team leaders, Managers also require the ability to: • Work within a multi-agency structure and comply with appropriate reporting and supervisory incident management structures • Skillfully direct and oversee the work of team leaders and members within the DSC organization • Enable and encourage the optimum performance of the leaders and members of DSC teams, including compliance with ethical standards and National VOAD points of consensus • Monitor the safety and emotional and spiritual state of team leaders and their members and provide and/or facilitate care or referral as needed • Develop additional DSC protocols as may be needed and oversee their implementation through Team Leaders and members • Accurately synthesize operational information, document and report disaster spiritual care activities to appropriate

officials

Specialized Skills for Spiritual Care Managers

- The skills listed for team leaders and managers above applies to virtually all settings, but it does not contain additional skills needed for every possible specialized assignment (e.g. morgue duty, death notification, special needs populations and unique cultural settings) or for working with every potential agency and jurisdiction.

Table 4.6

COMPETENCY DETAIL for DSC National VOAD Member Organizations and Affiliated DSC TRAINERS

Competencies for National VOAD member organization trainers are established to ensure consistency and enhance the ability of deployed DSC personnel to integrate with other response organizations and response personnel. National VOAD recommends that each individual National VOAD member organization credential their own deployed disaster spiritual care personnel and ensure consistent training standards for those they credential.

National VOAD member organizations hold responsibility for quality control, monitoring and evaluation of their authorized trainings and trainers. National VOAD member organizations must carefully select trainers for their authorized DSC trainings and implement evaluation methodologies of trainings they authorize. Disaster spiritual care trainers authorized by National VOAD member organizations should meet guidelines as follows:

- PERSONAL ATTRIBUTES as listed in Table 4.5 above
- KNOWLEDGE for DEPLOYED DSC Providers and Leaders as listed in Table 4.5
- SKILLS for DEPLOYED DSC Providers and Leaders as listed in Table 4.5
- KNOW YOUR AUDIENCE: Training, experience and specialized degree/educational credentials equivalent to or beyond training, experience and specialized degree/educational credentials commonly found among training participants
- It is also critical that through their field experience they have earned the respect of their peers and are perceived as demonstrating qualities of competence, credibility and leadership in disaster spiritual care
- Additional qualifications, training and experience as listed in Table 4.10 below and as defined by sponsoring National VOAD member agency

D. ACCOUNTABILITY DETAIL

In order to care properly for vulnerable persons, protect the integrity of the organizations represented and facilitate successful services, local and deployed DSC providers working in shared settings agree to the following accountability guidelines.

Table 4.7

ACCOUNTABILITY for Local DSC Providers Working in Shared Settings
In order to work in shared settings, local DSC Providers shall be identified as spiritual care leaders or clergy of local communities of faith as confirmed by Faith Community Representative¹² or Spiritual Care Manager for the agency having jurisdiction (AHJ) over a specific shared setting. Many National VOAD member organizations maintain active affiliation with local spiritual care providers and communities of faith. See Section 5 for guidance on how National VOAD member organizations may support their local affiliates. Affiliated local spiritual care providers are encouraged to maintain contact with and provide situational updates to their related State and National VOAD member organizations.
• Local DSC Providers Working in Shared Settings agree to: ○ Read and agree in writing to abide by all points of the National VOAD Disaster Spiritual Care Points of Consensus ○ Comply with authority, ethics and accountability structures established by the organization or agency having jurisdiction (AHJ) over a specific shared setting ○ Note: some AHJs may add additional accountability requirements including but not limited to: ▪ Willingness to work only with faith community members from one's own faith community or to refer to faith leaders outside of one's own faith group ▪ Additional screening as established by the AHJ "Spiritual Care Manager" for specific temporary work ○ Undergo criminal background check consistent with the designated state/local incident commander or agency having jurisdiction (AHJ) for a specific shared setting ○ Obtain training and preparation as designated by the agency having jurisdiction (AHJ) over a specific shared setting. Because training competencies for local DSCPs are outlined in Table 4.4, AHJs are encouraged to accept DSCP's equivalency training from National VOAD member organizations.

¹² See Appendix B of this document

Table 4.8

ACCOUNTABILITY for National VOAD Member Deployed DSC Providers	
• Read and agree in writing to abide by all points of the National VOAD Disaster Spiritual Care Points of Consensus • Agree to comply with authority, ethics and accountability structures established by the organization or agency having jurisdiction (AHJ) over a specific shared setting ○ Note: some AHJs may add additional accountability requirements including but not limited to: ▪ Willingness to work only with faith community members from one's own faith community or to refer to faith leaders outside of one's own faith group ▪ Additional screening as established by the AHJ "Spiritual Care Manager" for specific temporary work • Criminal background check consistent with the designated state/local incident commander or agency having jurisdiction (AHJ) for a specific shared setting • Training and preparation- DSCP is willing to obtain training as designated by the agency having jurisdiction (AHJ) over a specific shared setting. Because training competencies for Deployed DSCPs are outlined in Table 4.5, AHJs are encouraged to accept DSCP's equivalency training from National VOAD member organizations. • Agreement to follow deployment procedures and protocols of the credentialing National VOAD member organization, including but not limited to: ○ Deploying only at the specific request of the National VOAD member organization as outlined in the organization's policies and procedures ○ Clear understanding of the scope of service requested and one's appropriateness to perform those services ○ The "Striving for Excellence - Disaster Spiritual Care" as outlined in Section 2 of these Guidelines ○ Additional policies and procedures of the deploying agency as outlined in the National VOAD Spiritual Care Points of Consensus #10	

E. DEVELOPMENT and DOCUMENTATION of TRAINING AND COMPETENCIES:

RECOMMENDATIONS for LOCAL and NATIONAL VOAD MEMBER ORGANIZATION DEPLOYED DSC PROVIDERS

As stated above, since many National VOAD member organizations provide excellent training in disaster spiritual care, National VOAD does not endorse one member agency's training over another's. Disaster spiritual care training should be consistent with the National VOAD Disaster Spiritual Care Points of Consensus.¹³ These Guidelines do not recommend any specific training program. Instead, using the principles outlined in the sections above on competencies, and the development and documentation of competencies, DSC providers have the knowledge of what needs to be learned and how to utilize life experience and select training programs to achieve those ends.

Tables 4.4, 4.5 and 4.6, above, noted that the personal attributes are developed primarily through life experience, personal reflection and guidance, instruction, modeling and mentoring from people and sources who influence us.

¹³ See Appendix F

Prospective and currently active DSC providers may use this document in the following way:

- The guidelines regarding competencies stated above – personal attributes, knowledge, skills – provide an overview of what we need to learn
- The following guidelines on development and documentation of competencies provide concrete guidance on selection of educational/training programs that will help one achieve those learning goals

Training methods for knowledge and skills range from passive (such as reading, watching a video and listening to a lecture) to the active (such as group discussion, role playing and supervised simulation of real life experiences). Better retention of information and development of skills result when DSC provider education utilizes this balanced passive and active approach, a blend of theory and practice.

With these principles in mind, both prospective and currently active DSC providers have the knowledge of what needs to be learned and ways of achieving those goals.

Table 4.9 below outlines recommendations on life experience and education/training that help develop the competencies, in addition to methods for documentation.¹⁴

¹⁴ For more information regarding theoretical foundations, see Edgar Dale's "Cone of Learning"

Table 4.9

DEVELOPMENT and DOCUMENTATION of Training and Competencies for Local and National VOAD Member Organization Deployed DSC Providers		
COMPETENCY FACTOR	GUIDELINES for SELECTING DSCP EDUCATION and TRAINING PROGRAMS	DOCUMENTATION of COMPETENCY
Personal attributes	GUIDELINES: Personal attributes are internal characteristics and qualities of being that often shape how others see us; they are sometimes taught, but perhaps are more often developed through life experience and the influence of relationships. • Cultivate life and faith experiences that open understanding to the wonder of relationships with God/the divine, self and others and the earth. Learn to reflect upon, and learn from, these experiences • Seek out mentors who are trustworthy and who are able to offer guidance and inspiration from their own life experience • Commit to making wise choices and faithful stewardship of life • Develop a service approach to life and focus on meeting the needs of others • Develop accountability relationships within your faith group and/or social structures • Develop resilience through appropriate care of self – mentally, physically and spiritually	Personal testimony and letter(s) of recommendation from responsible persons who know the candidate well and who preferably also know the field of disaster spiritual care
Knowledge	GUIDELINES: Knowledge is the foundation for discerning needs and selecting DSC interventions. Effective training balances knowledge/theory with skill building. • Choose programs that integrate theory and practice, so that the gaining of knowledge will enable you to <i>know what to do and why you are doing it</i> when you later learn helping skills • Choose programs that teach the specific knowledge base outlined in Tables 4.4 and 4.5 • Choose programs that utilize some of the passive learning methodologies but then lead into the active methodologies for action/application • Choose programs taught by trained, experienced instructors (See recommendations details in the Typing Grid.) • Utilize online and video courses when appropriate	Certificates of completion attested to by a competent instructor
Skills	GUIDELINES: DSC skills take the knowledge gained above and – through the medium of a caring person – utilizes it in a manner that responds to felt need. • Choose programs where skills are taught in a face-to-face classroom or field setting with instructor and peers (as opposed to online, etc.) with opportunity for practicing skills in a simulated environment • Choose programs that are taught by trained, experienced instructors. (See details in the Typing Grid.) • Choose supplementary learning through interactive videos and other demonstrations of skills	Certificates of completion attested to by a competent instructor

F. RESOURCE TYPING for DSC PROVIDERS DEPLOYED by NATIONAL VOAD MEMBER ORGANIZATIONS to SHARED SETTINGS

This grid is designed specifically for National VOAD member organizations and their deployed DSC providers invited by local DSC leaders to serve in controlled access, shared, pluralistic settings. Though individual local DSC providers may meet or exceed the criteria reflected here, this grid is designed to help local communities understand DSC

resources available to them. It is not to be used as a standard for the local DSC community as a whole and should not be applied to activities within the internal functioning of individual, local communities of faith – private settings.

“Resource typing” describes the level of the DSC provider’s capability using job titles and standards for qualifying for various roles and job titles. Published NIMS Job Titles do not currently include disaster spiritual care. NIMS does, however, recommend that NGOs credential personnel and volunteers not covered by NIMS Job Titles based upon identity and affiliation with the NGO. Table 4-10 summarizes suggested type titles with recommended affiliation, accountability, endorsement, education, training, experience, physical/medical fitness and certification.

Competencies for deployed DSCPs have been covered in Table 4.5. Additional qualifications in the following components traditionally set under “qualification” categories have been included in this table:

- Education and training
- Experience
- Physical and mental fitness
- Certification/licensure

Table 4.10

National VOAD Member Organization Disaster Spiritual Care Personnel¹⁵¹⁶					
JOB TITLES DSCP Job Title 1: Deployed Disaster Spiritual Care Provider (Basic Responder) DSCP Job Title 2: Deployed Disaster Spiritual Care Provider (Specialty Responder) DSCP Job Title 3: Deployed Disaster Spiritual Care Provider (Leader) DSCP Job Title 4: Deployed Disaster Spiritual Care Provider (Manager) DSCP Job Title 5: National VOAD Member Disaster Spiritual Care Trainer					
	Deployed DSC Providers				National VOAD Member DSC Trainer
Role	Deployed Disaster Spiritual Care Provider (Basic Responder)	Deployed Disaster Spiritual Care Provider (Specialty Responder)	Deployed Disaster Spiritual Care Provider (Leader)	Deployed Disaster Spiritual Care Provider (Manager) for Deploying Organization	National VOAD member organization DSC trainer
Job Title	DSCP Job Title 1: Deployed Disaster Spiritual Care Basic Responder	DSCP Job Title 2: Deployed Disaster Spiritual Care Specialty Responder	DSCP Job Title 3: Deployed Disaster Spiritual Care Leader	DSCP Job Title 4: Deployed Disaster Spiritual Care Manager	DSCP Job Title 5: National VOAD member organization DSC trainer
Function/Job Description	Direct disaster spiritual care provider. Job description as defined by deploying National VOAD member organization	Direct disaster spiritual care provider in specialty contexts (e.g. DMORT, law enforcement, children). Job description as defined by deploying National VOAD member organization	Job description as defined by deploying National VOAD member organization	On-site supervisor for disaster spiritual care activities of deploying organization. Job description as defined by deploying National VOAD member organization	Job description as defined by deploying National VOAD member organization
General Qualification description	Credentialing, approved training and accountability by affiliated National VOAD member organization	Credentialing, approved training and accountability by affiliated National VOAD member organization	Credentialing, approved training, accountability and additional role-specific qualifications as defined by deploying National VOAD member organization	Credentialing, approved training, accountability and additional role-specific qualifications as defined by deploying National VOAD member organization	Credentialing, approved training, accountability and additional role-specific qualifications as defined by deploying National VOAD member organization
Affiliation, accountability and endorsement (Includes badge and background check issues and personal attribute endorsement)	TABLE 4.8	TABLE 4.8	TABLE 4.8	TABLE 4.8	TABLE 4.8
Education Formal instruction based on a curriculum that prepares an individual with the core knowledge and skill for entry into a discipline and for performing a job function	As defined by deploying National VOAD member organization	As defined by deploying National VOAD member organization	As defined by deploying National VOAD member organization	As defined by deploying National VOAD member organization	Table 4.6 as defined by sponsoring National VOAD member organization
Cont.					

¹⁵ Model after the Typed Resource Definitions Emergency Medical Services Resources document, http://www.fema.gov/pdf/emergency/nims/508-3_emergency_medica_%20services_%20resources.pdf

¹⁶ NOTE: This table is designed for use by National VOAD member organizations. Many National VOAD member organizations have local, state, judicatory, regional and territorial organizations that are directly affiliated with the national organizations. These are often called churches, conferences, conventions, territories or other names for houses of worship. In these Guidelines, they are referred to as National VOAD member-affiliated organizations. The relationship, accountability and authority of National VOAD member organizations with these affiliated organizations vary from organization to organization. Direct local, state, judicatory, regional or territorial affiliates of National VOAD member organizations may be responsible for their own deployed personnel. Affiliates should clearly identify if they operate in compliance with National VOAD Disaster Spiritual Care Guidelines, National VOAD Disaster Spiritual Care Points of Consensus, and their compliance with any additional guidelines of their affiliated National VOAD member organization.

Training Instruction and/or activities that enhance an individual's core knowledge, increase a skill set and proficiency, and strengthen and augment abilities	ICS and NIMS courses	ICS 100, 700	ICS 100, 200, 300, 700, 800	ICS 100, 200, 300, 700, 800	ICS 100, 200, 300, 700, 800	ICS 100, 200, 300, 700, 800
	Deploying National VOAD member organization approved training	Tables 4.5 and 4.9 as defined by deploying National VOAD member organization	Tables 4.5 and 4.9 as defined by deploying National VOAD member organization	Tables 4.5 and 4.9 as defined by deploying National VOAD member organization	Tables 4.5 and 4.9 as defined by deploying National VOAD member organization	Tables 4.5, 4.6 and 4.9 as defined by sponsoring National VOAD member organization
Experience Time required functioning in a job title for an individual to attain proficiency in applying knowledge, skills, and abilities		Prior experience in disaster response and/or trauma, grief, outreach and/or crisis response.	Prior experience in their area of specialty, disaster response and/or trauma, grief, outreach and/or crisis response.	Minimum 3 years experience in disaster response and/or trauma, grief, outreach and/or crisis response.	Minimum 5 years experience in management and volunteer supervision including experience in disaster response and/or trauma, grief, outreach and/or crisis response.	Minimum 5 years experience in direct services with disaster survivors and/or trauma, grief, outreach and/or crisis response. Minimum 5 years experience in disaster spiritual care/disaster spiritual care leadership.
Physical/ Medical Fitness Physical and medical considerations that when applied, help to ensure safe performance in risky environments		Medical and physical fitness requirements established by National VOAD credentialing organization including physical capability to work long hours in adverse and potentially extreme environmental conditions				Medical and physical fitness requirements established by National VOAD credentialing organization
Certification Designation granted by Authority Having Jurisdiction (3) that an individual has met requirements and achieved specific knowledge, skills, and abilities		Table 4.9	Table 4.9	Table 4.9	Table 4.9	Table 4.9

SECTION FIVE: INTENTIONAL INTEGRATION of DISASTER SPIRITUAL CARE WITHIN RECOVERY and RESPONSE

PURPOSE

The purpose of this section is to provide a template for deploying and working with disaster response personnel from faith-based, governmental and private sector organizations who are coordinating disaster spiritual care in shared settings. A large variety of spiritual care activities are provided by local communities of faith in private and public settings. As defined elsewhere in this document, shared settings are “settings in which organized disaster spiritual care activities are provided by numerous organizations to support the spiritual care needs of diverse populations of impacted persons. Examples of shared settings include shelters, points of distribution or dispensing, emergency operations centers and other settings in which organized disaster spiritual support activities among diverse populations occur. Specific methods of disaster spiritual care provided in these settings may be selected by those designated with primary responsibility for these settings.”¹⁷

For the purpose of these Guidelines, private settings are defined as “locations in which individual faith adherents or homogenous, local communities of faith have full jurisdiction and practice specific methods of disaster spiritual care according to their mission and faith tradition. Examples of private settings may include physical or virtual space in which formal religious activities typically occur; the community of faith has primary responsibility and/or specific communities of faith informally gather.”¹⁸

- Much conversation and study has focused upon appropriate and respectful disaster spiritual care (DSC) in the immediate aftermath of a disaster and during the recovery. A significant amount of the conversation and study has centered on whether or not the organization, assessment, coordination and delivery of DSC should be a separate function during a disaster or a subset under an existing Emergency Service Function (ESF). Although the conversation and study continue, at present, the organization, assessment, coordination and delivery of DSC has been delegated to a variety of existing ESFs.
- It is not the intent of this Section to weigh in on this issue. As the field of DSC continues to evolve, new best practices will emerge. This section offers practical guidelines for incorporating the organization, assessment, coordination and delivery of DSC services into a holistic disaster response and recovery effort within shared settings. The hope is that those responsible for organizing, assessing, coordinating and delivering needed human services in the aftermath of a disaster will find this beneficial.

SITUATION and ASSUMPTIONS

a. Situation

- Basic concepts of disaster spiritual care:** Spirituality is an essential part of humanity. Disaster significantly disrupts people’s spiritual lives. Nurturing people’s spiritual needs contributes to holistic healing. Every person can benefit from spiritual care in time of disaster (National VOAD DSC Point Of Consensus #1.)

¹⁷ Appendix D, Glossary and Acronyms, National VOAD Spiritual Care Guidelines

¹⁸ Ibid.

- ii. This section is primarily focused upon coordination of *intentional* spiritual care activities in shared settings.
 - 1. Through their very identity and compassionate presence, faith communities provide an *intrinsic* spiritual care as they respond to any type of disaster related need through their compassionate presence.¹⁹ Faith communities, spiritual care leaders and faith-based organizations also provide *intentional* disaster spiritual care gestures following disasters. Examples of intentional spiritual care gestures include appropriately offering prayer, familiar liturgy, ritual, services, music, sermons, religious tokens and symbols and other religious support.
 - 2. The heart of National VOAD is embodied in the “4 C’s” of VOAD – cooperation, communication, coordination and collaboration – in order to better serve people impacted by disasters. “National VOAD members affirm the importance of cooperative standards of care and agreed ethics. Adherence to common standards and principles in spiritual care ensures that this service is delivered and received appropriately.”²⁰

b. Assumptions regarding integrating disaster spiritual care

- i. Types of disaster spiritual care: Spiritual care in disaster includes many kinds of caring gestures. Spiritual care providers are from diverse backgrounds. Adherence to common standards and principles in spiritual care ensures that this service is delivered and received appropriately. (National VOAD DSC Point Of Consensus #2.)
- ii. Written guidelines regarding the coordination of disaster spiritual care require a delicate balance between the rights of all to the free exercise of religion and the covenant of National VOAD member organizations to protect disaster survivors from persons who might use their “position, influence, knowledge or professional affiliation for unfair advantage or for personal, organizational or agency gain.”²¹
- iii. Local community resources: As an integral part of the pre-disaster community, local spiritual care providers and communities of faith are primary resources for post-disaster spiritual care. Because local communities of faith are uniquely equipped to provide healing care, any spiritual care services entering from outside of the community support but do not substitute for local efforts. The principles of the National VOAD - cooperation, coordination, communication and collaboration - are essential to the delivery of disaster spiritual care. (National VOAD Disaster Spiritual Care Point Of Consensus #3.)
- iv. Local resources may not be prepared or may become overwhelmed and need additional support.

¹⁹ See Appendix D, Glossary and Acronyms for further definition of “intrinsic” spiritual care.

²⁰ See Appendix D, Glossary and Acronyms for considerations of “appropriate spiritual care” and the National VOAD Disaster Spiritual Care Points of Consensus #10 Ethics and Standards of Care.

²¹ National VOAD Disaster Spiritual Care Points of Consensus #9 Disaster, trauma and vulnerability

People impacted by disaster and trauma are vulnerable. There is an imbalance of power between disaster responders and those receiving care. To avoid exploiting that imbalance, spiritual care providers refrain from using their position, influence, knowledge or professional affiliation for unfair advantage or for personal, organizational or agency gain. Disaster response will not be used to further a particular political or religious perspective or cause – response will be carried out according to the need of individuals, families and communities. The promise, delivery, or distribution of assistance will not be tied to the embracing or acceptance of a particular political or religious creed.

- v. Whenever possible, DSC providers entering from outside of the local community should coordinate with and refer to local spiritual care providers.
- vi. The National VOAD Spiritual Care Points of Consensus define essential standards and operational principles related to various functions of voluntary organizations.
- vii. Because many National VOAD member organizations maintain active affiliation with local spiritual care providers and communities of faith, National VOAD member agencies support and do not usurp or interfere with existing relationships between other National VOAD members and their affiliated local spiritual care providers or communities of faith.
 - 1. Local spiritual care providers and faith communities are the primary source for spiritual care. When needed, additional support or guidance regarding disaster spiritual care should, if at all possible, come first from National VOAD faith-based organizations directly affiliated with those local spiritual care providers.
 - 2. Local communities of faith provide a sense of safety and normalcy to their community following disaster. In the same way, state and national level faith based organizations provide direct support, safety and services to their affiliated local faith based organizations and DSC providers.
- viii. National VOAD affirms the importance of various organizations to manage who provides services within their own operations/span of control.
- ix. A coordinated response within shared settings is crucial to care properly for vulnerable persons, avoid duplication of services, address unmet needs, protect the integrity of the organizations represented and facilitate appropriate disaster spiritual care by both local and deployed DSC providers.
- x. National VOAD recognizes that those affected by disasters are vulnerable in times of crisis. National VOAD organizations and their DSC providers have a duty to protect these disaster survivors while providing appropriate care.

ORGANIZATION, ASSESSMENT, COORDINATION, and DELIVERY of DISASTER SPIRITUAL CARE (DSC) in SHARED SETTINGS

- c. Organization
 - i. DSC is most effective when each municipality, county and state formally designates where DSC fits within written incident management plans.
 - ii. DSC is most effective when organized into a comprehensive disaster response and recovery effort by the collaboration of the following:
 - 1. A designated, experienced disaster spiritual care faith community representative to advise incident command on assets, needs and DSC providers in the affected community. Refer to Appendix B, “Job Aid for the Faith Community Representative” for more information.
 - 2. Leadership of existing ministerial/interfaith association(s) and other local faith leadership within the affected community.
 - 3. Appointed leadership of the established local or state VOAD Emotional and Spiritual Care Committee or equivalent (ideally comprised of representatives from multiple faith-based member organizations) with support of affiliated National VOAD member organizations as needed. VOADs are strongly encouraged to have an Emotional and Spiritual Care Committee or equivalent.

- iii. DSC is most effective when a mechanism is built to develop local disaster spiritual care capacity (e.g. identify, train and incorporate local faith providers).
 - 1. A Local Faith Provider is typically a clergy person or other recognized faith group leader in the local community where the disaster has occurred - the formal religious leadership within some religions. Some faith or religious traditions do not employ a formal clergy group, but may include religious leaders who may be religious teachers, prayer leaders, spiritual care providers, or others who are designated to provide specific religious leadership, including leading certain rituals, teaching religious principles or guiding followers in the way of the religion. (See Appendix D: "Glossary and Acronyms")
 - 2. Spiritual Care Providers also known as DSC providers, are individuals who provide emotional and spiritual care and support from a faith-based perspective to affected populations and responders. They nurture and encourage spiritual perspectives as a source of strength in difficult times. Disaster spiritual care providers come from diverse cultural and spiritual backgrounds to provide sensitive, appropriate care for all persons and to acknowledge and respect every spiritual perspective.
 - 3. National VOAD Guidelines Section 4, "Disaster Spiritual Care Providers in Shared Settings," includes specific discussion of training, experience, credentialing, competencies, qualifications, identification, typing and accountability structures for the delivery of appropriate and effective DSC.
 - 4. National VOAD member organizations are encouraged to be prepared to provide a list of their qualified, deployable DSC providers available to a particular community.
 - d. Assessment
 - i. The organizational team listed in paragraph c.ii above completes community assessment of need for DSC. Appendix E contains additional information for conducting a community spiritual care assets and needs assessment. The questions offered will help guide the process.
 - ii. Prepared municipalities, counties and states are aware of the DSC capacity within their jurisdictions.
 - iii. National VOAD affiliates of local DSC providers may support DSC community assessment.
 - iv. Effective and appropriate DSC community assessment includes identifying and working with various and diverse faith traditions within the disaster-affected jurisdiction.
 - e. Coordination
 - i. The organizational team listed above coordinates DSC in collaboration with liaisons appointed by responding groups providing DSC.
 - ii. Local community faith leaders are included in all phases of a disaster from preparation to recovery.
 - iii. In the spirit of the National VOAD's "4 C's," inclusion of additional stakeholders (e.g. those listed in paragraph c.ii of this section) enhances coordination and delivery of DSC.

f. Delivery

- i. Each municipality, county, and state looks first to local capacity to meet the DSC need within an impacted area.
- ii. When local resources are exceeded and assistance from outside of the community is required, spiritual care services entering from outside of the community support but do not substitute for local efforts.
- iii. DSC resources entering from outside of the community extend mutual respect and observe the “4 Cs” of National VOAD-- cooperation, communication, coordination, and collaboration - in order to better serve people impacted by disasters.
- iv. The State VOAD ESCC is a helpful source of referrals for competent, trained and experienced DSC providers from municipal, county, state and national levels.

APPENDIX A: Disaster Spiritual Care Suggestions for Local Communities of Faith

Local communities of faith are uniquely skilled in providing support and care for one another. Faith community centers (churches, mosques, synagogues and other centers of faith) serve as gathering places for spiritual edification and a sense of belonging. Faith community leaders naturally provide spiritual care in a way familiar to their assembly that incorporates the symbols, rituals and traditions of their faith. National Voluntary Organizations Active in Disaster (National VOAD) member organizations believe that all disaster response starts and ends at the local level. Spiritual care resources entering from outside of the community support but do not substitute for local efforts.

National VOAD National VOAD DSC Points of Consensus #3 Local community resources

As an integral part of the pre-disaster community, local spiritual care providers and communities of faith are primary resources for post-disaster spiritual care. Because local communities of faith are uniquely equipped to provide healing care, any spiritual care services entering from outside of the community support but do not substitute for local efforts. The principles of the National VOAD - cooperation, coordination, communication and collaboration - are essential to the delivery of disaster spiritual care.

How Your Community of Faith can Prepare to Provide Disaster Spiritual Care Following Disasters

National VOAD affirms the value in local faith providers having access to their own community of faith whenever possible. Due to the unique nature of disaster spiritual care, agencies having jurisdiction over particular settings may limit local providers to serve only those from within their own communities of faith. To strengthen your community's disaster spiritual care response, consider how you might work with others:

- Consider partnering with experienced and credentialed disaster response spiritual care providers. If your faith community is affiliated with a member of National VOAD, contact your state or national level representatives.
- Talk with your local emergency management officials to determine if your community's emergency operations plan includes a Faith Community Representative. If so, make an effort to collaborate with this key liaison.
- See Section 5 of these "National VOAD Spiritual Care Guidelines" for more information about intentionally integrating and coordinating disaster spiritual care in your community.
- Become familiar with the National VOAD Spiritual Care Points of Consensus. This document defines how National VOAD member organizations agree to respectfully and appropriately respond to spiritual needs following disasters. National VOAD "Points of Consensus" are developed and approved through careful, collaborative and respectful conversation. Organizations choosing membership in National VOAD agree to abide by approved Points of Consensus. Many local, state and national disaster response organizations expect disaster spiritual care providers to agree to the standards established in this document.²²

²² The full text of the National VOAD Disaster Spiritual Care Points of Consensus can be found at:
http://www.nvoad.org/library/cat_view/4-emotional-spiritual-care

- Become familiar with referral resources for basic disaster response needs (food, temporary shelter, medication, etc.) as well as available mental health resources.
- Remember that spiritual care needs endure long after the early stages of disaster. Long-term spiritual care kindles important capacities of hope and resilience.
- Many faith-based disaster response organizations, particularly members of National VOAD, provide training and consultation regarding disaster spiritual care needs and response. For more information see the "Resource Section" of this document or go to www.nvoad.org.
- Connect with other faith-based organizations at local, state and national levels that can assist you in your disaster spiritual care planning and activities. Primary connections include your local ministerial/interfaith association, your local, state and National VOAD.

National VOAD DSC Points of Consensus #7 Planning, preparedness, training and mitigation as spiritual care components: *Faith community leaders have an important role in planning and mitigation efforts. By preparing their congregations and themselves for disaster they contribute toward building resilient communities. Training for the role of disaster spiritual care provider is essential before disaster strikes.*

When Disaster Spiritual Care Resources are Needed from Outside of the Community

Following disasters, particularly high-profile disasters, local communities of faith are sometimes inundated with many well-meaning individuals and groups offering to either volunteer or be paid for spiritual care services. When the ability of a community to respond is overwhelmed and outside assistance is needed, those affected by disasters deserve to have access to ethical, best practices in spiritual care that are sensitive to the unique needs of the community.

National VOAD suggests that congregations and communities screen care providers who enter from outside the community to adhere to a simple acronym: A.I.S.T.²³:

- Spiritual and Emotional care providers are Affiliated with and Accountable to an existing disaster response organization
- Invited to a...
- Specific Setting with...
- Training and competencies appropriate to the services they will provide.

An Important National VOAD Resource

National VOAD's Light Our Way: A Guide for Spiritual Care in Times of Disaster guides disaster relief workers as they assist victims and recover from difficult response efforts themselves. First published in 2006, this National VOAD resource covers basic concepts and types of spiritual care, long-term recovery, and collaboration with mental and emotional health personnel, self-care for providers, and community resiliency and preparedness training. Light Our Way also offers strategies such as listening to a disaster victims tell their story, providing a religious ritual or vigil, offering food and shelter to relief workers, supplying "spontaneous generosity," and more. Available as PDF document for viewing and download in English or Spanish at: <http://www.nvoadstore.com/light-our-way.html>

²³ Excerpts from United Methodist Committee on Relief material

APPENDIX B: Job Aid for the Faith Community Representative

Technical Specialist – Faith Community Representative Job Aid

Position: Faith Community Representative

Section: To be determined in consultation with the Liaison Officer. During Preparedness Phase, the Faith Community Representative could work directly with working groups as established by Emergency Management. During Response Phase, options could include the Incident Command – Command Staff or Logistics Section. During Recovery Phase, options could include working groups established in the community by Emergency Management or private sector.

Mission: The Faith Community Representative (FCR) serves as a faith community liaison in order to advise Emergency Management and Incident Command on assets and needs of the faith community in the affected region.

General: An FCR can be appointed by local and/or state authorities to serve for all phases from Preparedness through Mitigation. The FCR can be either appointed in a paid or volunteer basis to work in coordination with representatives of Emergency Support Function (ESF) #6 (Mass Care) and ESF #8 (Public Health and Medical Services), or as designated by local/state emergency management plans, and with FEMA Voluntary Agency Liaisons (VAL). Ideally, the FCR is a local faith provider with a leadership position in a local ministerial/interfaith group, or is endorsed by a faith group for specialized ministry (e.g. police or fire chaplaincy, health care, military) or serves as a disaster spiritual care provider certified by a regional, state or national VOAD member organization.

Duties during the Preparedness Phase:

- ☐ Participate in local FBO meetings (e.g. VOAD, ministerial alliances, interfaith partnerships) to establish relationships with faith leaders and to gain understanding of each organization's strengths, abilities and limitations, and to conduct outreach to unaffiliated local faith communities who intend to be active in disaster response.
- ☐ Encourage NIMS credentialing for responding Faith Based Organizations.
- ☐ Insure the faith-based community is represented during exercises.
- ☐ Working with Emergency Management and local interfaith alliance or VOAD, support development of a baseline community Faith Based Organization response plan. Typical requests for the FBO community are assisting with: spiritual care, food preparation, food serving, donation gathering, sorting and distribution, volunteer coordination and training, transportation, childcare, elder care, foreign interpreters from ethnic congregations. Facilities may include: auditoriums, classrooms, childcare facilities, adult-care facilities, food preparation and serving areas, emergency shelters, and parking areas. Service delivery sites may include Family Assistance Centers or Family and Friends Reception Center.
- ☐ Support building of local disaster spiritual care capacity and integration of the efforts of deployed VOAD partners and local faith providers.²⁴
- ☐ Understand how to use the EOC communication tools.

²⁴ Faith Community Representative typically develops a contact list with various types of faith-based resources available during the response

Duties during Response Phase:

- ☐ Check in at the incident command post.
- ☐ Complete check-in documentation.
- ☐ Obtain briefing from the Liaison Officer (LO) or his/her designee.
- ☐ Establish working location as directed by the LO or his/her designee.
- ☐ Establish 24/7 operations using alternates as required.
- ☐ Act as a point of contact for local faith community leaders.
- ☐ Create a contact list of local faith community leaders active in the disaster.
- ☐ Conduct an assessment of faith community assets, needs, and activities in the incident. See Appendix E.
- ☐ Advise the LO of any special faith community assets or needs.
- ☐ Establish contact with the local National Guard Chaplain representative and Regional FEMA Voluntary Agency Liaison.
- ☐ Facilitate as appropriate resource sharing among the faith community and incident command.
- ☐ Provide status reports as required to EOC staff.
- ☐ Facilitate as requested the services of faith community leaders in response sites.
- ☐ Working with the Public Information Officer, provide information on the faith based community response and share news releases and other information with faith community leaders.
- ☐ As requested, provide disaster spiritual care services for Incident Command staff
- ☐ Participate in EOC planning meetings.
- ☐ Out-process with the LO or his/her designee prior to departure.

Duties during Recovery Phase:

- ☐ Transition to supporting long-term recovery working groups as needed, in coordination with Emergency Management and recovery phase designated leadership.
- ☐ Act as a point of contact for local faith leaders and faith-based organizations active in recovery efforts.
- ☐ Continuously assess long-term recovery needs of faith communities.
- ☐ Prepare to transition to Mitigation Phase and return to normal operations.
- ☐ Provide input to local and regional lessons learned processes.

APPENDIX C: Fact Sheet for Emergency Management – Disaster Spiritual Care

Voluntary Organizations Active in Disaster (VOAD)

- Members of National Voluntary Organizations Active in Disaster (National VOAD) form a coalition of non-profit organizations that coordinate response to disasters as part of their overall mission. Founded in 1970, National VOAD currently includes 108 member organizations serving in all 50 states, 4 territories and the District of Columbia.
- State VOAD contacts can be identified at this link: <http://www.nvoad.org/states>

*NGOs such as community-based, faith-based, or national organizations (e.g. The Salvation Army, National Voluntary Organizations Active in Disaster, American Red Cross) play vital roles in emergency management and incident response activities. NGOs that have the capacity and desire to be involved should be fully integrated into a jurisdiction's preparedness efforts, especially in planning, training, and exercises. Furthermore, memorandums of agreement should be established with NGOs prior to an incident so that each organization is aware of the capabilities, expectations, and roles of others.*²⁵ NIMS 2008, p. 15

The Faith Community Representative

- The Faith community Representative (FCR) advises Incident Command on assets and needs of the faith community in the affected region (Ref. Appendix B)

National VOAD Disaster Spiritual Care “Points of Consensus”

- National VOAD Disaster Spiritual Care Points of Consensus are essential standard, ethical principles or operational principles specific to disaster spiritual care. To continue as a member of National VOAD, organizations are required to agree to abide by approved Points of Consensus.²⁶ A list of National VOAD members may be found at www.nvoad.org.
- Members of National VOAD's Emotional and Spiritual Care Committee developed the “Disaster Spiritual Care Points of Consensus.” The document outlines how National VOAD member organizations agree to respectfully and appropriately respond to spiritual needs resulting from disasters, particularly within the context of religious and cultural diversity.
- Approved unanimously by the Emotional and Spiritual Care Committee and the National VOAD Board of Directors, the full National VOAD membership formally adopted the Disaster Spiritual Care Points of Consensus in 2009.
- Full text of the Disaster Spiritual Care Points of Consensus is available at http://www.nvoad.org/library/cat_view/4-emotional-spiritual-care.

National VOAD Disaster Spiritual Care Guidelines

- National VOAD Guidelines relate closely to an approved Points of Consensus document and represent expanded operational, behavioral and/or ethical recommendations.²⁷
- The National VOAD Guidelines for Disaster Spiritual Care are provided for National VOAD members, partners in disaster response and the general public. These guidelines share the hallmarks of excellence to

²⁵December 2008 *National Incident Management System*, p. 15.

²⁶ National VOAD Committee Structure and Procedure 2010

²⁷ National VOAD committee Structure and Procedure 2010

which National VOAD members aspire in disaster spiritual care, promoting confidence among our partners and the general public.²⁸

The Role of Local Faith Communities and Disaster Spiritual Care Providers

- As an integral part of the pre-disaster community, local spiritual care providers and communities of faith are primary resources for post-disaster spiritual care. Because local communities of faith are uniquely equipped to provide healing care, any disaster spiritual care services entering from outside of the community support but do not substitute for local efforts. The principles of the National VOAD – cooperation, communication, coordination and collaboration – are essential to the delivery of disaster spiritual care.

National VOAD DSC Points of Consensus #5 Disaster spiritual care in response and recovery

Spiritual 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. Specific strategies for spiritual care during the various phases can bolster these strengths.

Coordinating Disaster Spiritual Care

- Refer to Section 5 regarding coordination of disaster spiritual care that includes guidance regarding organizations, assessment, coordination and delivery of disaster spiritual care (DSC).
- DSC is best organized into a comprehensive disaster response and recovery effort by the collaboration of entities outlined in Section 5 including a designated faith community representative, leadership of the existing ministerial/interfaith association(s) within the affected community and leadership of the local, State and /or National VOAD Emotional and Spiritual Care Committee.

Access and Credentialing

National VOAD has established recommended competencies and credentialing for disaster spiritual care providers deployed by National VOAD member organizations. Unaffiliated disaster spiritual care providers working in shared settings should:²⁹

- Read and agree to abide by all points of the National VOAD Disaster Spiritual Care Points of Consensus.
- Agree to comply with authority, ethics and accountability structures established by the organization or agency designated as holding primary responsibility for the shared setting.
- Pass a criminal background check consistent with Agency Having Jurisdiction (AHJ) over the shared setting or the designated state/local Incident Commander (whichever is stricter).
- Agree to designated policies protecting the safety of children, youth and vulnerable adults.

²⁸Section 1, page 1

²⁹ Presented as "Interim Operational Recommendations" at the 2010 AVC [sic] meeting of the National VOAD ESCC

APPENDIX D: Glossary and Acronyms

Annex: describes how a community will carry out a broad function in any emergency. Annexes describe the roles and responsibilities of departments and agencies as Emergency Support Function coordinators, primary agencies or support agencies. Annexes are categorized as functional and hazard-specific annexes.

Appropriate and Respectful Disaster Spiritual Care:

In harmony with the National VOAD Disaster Spiritual Care Points of Consensus 1 and 5 we believe that disaster can disrupt spiritual experience and that spiritual care can help rekindle hope and resilience. Spiritual care takes a variety of forms, including words of comfort and encouragement, use of prayer, sacred writings, ritual, written materials, worship services and so on. The privilege of using spiritual and religious resources in disaster spiritual care, however, involves certain responsibilities as stated in Points of Consensus 8 and 9; among them are:

- Recognizing the right of each individual and faith group to hold to their existing values and traditions.
- Refraining from manipulation, disrespect or exploitation of those impacted by disaster and trauma.
- Respecting the freedom from unwanted gifts of religious literature or symbols, evangelistic and sermonizing speech, and/or forced acceptance of specific moral values and traditions.
- Avoiding the exploitation of the imbalance of power between DSC providers and those being served in any way, including:
 - Not using position, influence, knowledge or professional affiliation for unfair advantage or for personal, organizational or agency gain.
 - Not using disaster response to further a particular political or religious perspective or cause.
 - Carrying out all activities according to the need of individuals, families and communities.
 - Not tying assistance to the embracing or acceptance of a particular political or religious creed.

Chaplain: A chaplain is typically a faith community leader (e.g. priest, pastor, minister, ordained deacon, rabbi, cantor, imam, master, teacher, other member of the clergy) or another representative of a specific faith or belief, providing spiritual care services to a group of people who are not organized as a mission, church, or religious community. Chaplains are typically attached to an agency or institution and provide spiritual care for persons of all faiths without imposing their own religious views or relinquishing their own identity. Chaplains receive specific training in spiritual care methodology that may vary by organization, institution or agency. The designation of “chaplain” is reserved for persons who provide spiritual care to everyone, regardless of one’s faith or no faith – outside the organized religious community, mission, temple, synagogue, or church. Chaplaincy in publically funded settings is legitimized by the First Amendment of the Constitution of the United States of America that states that all people have the right to “free exercise of religion.” Primary functions include presence, facilitating, caring, providing, and advising through crisis ministry, counseling, sacraments, worship, education, help in ethical decision-making, staff support, clergy contact and community collaboration. A chaplain in a disaster setting benefits from specialized training in providing disaster spiritual care. Additional training may be necessary to serve in specific settings (e.g. morgue, death notification, child care settings). See disaster spiritual care provider, clergy, local faith provider and spiritual care provider.

Clergy: Clergy is a generic term often used to refer to the formal religious leadership within some religions. Some religious traditions do not employ a formal clergy group, but may include religious leaders who may be religious

teachers, prayer leaders, spiritual care providers, or others who are designated to provide specific religious leadership, including leading certain rituals, teaching religious principles, or guiding followers in the way of the religion. Clergy may be referred to as chaplain, priest, pastor, minister, ordained deacon, rabbi, cantor, imam, master, teacher or other member of the clergy.

Compassion: “Compassion is the cardinal virtue of the pastoral tradition, the indispensable quality that motivates and deepens all charitable, healing, and caring acts into events of moral and spiritual significance. The compassionate pastor is therefore one who exemplifies a deeply felt sense of solidarity with suffering persons transcending class and culture, yet one who maintains the distance necessary for sustaining suffering persons in their search for an authentic understanding of the meaning of their afflictions.” (J. Ezhanikatt et al., “Compassion,” in Dictionary of Pastoral Care and Counseling, ed. Rodney J. Hunter [Nashville: Abingdon Press, 1990], 207)

Congregation: An assembly of persons meeting for common worship, religious instruction and fellowship.

Credentialed and Credentialing: “The terms ‘credentialed’ and ‘credentialing’ mean having provided, or providing, respectively documentation that identifies personnel and authenticates and verifies the qualifications of such personnel by ensuring that such personnel possess a minimum common level of training, experience, physical and medical fitness, and capability appropriate for a particular position...” Homeland Security Act of 2002, as amended by the Implementing Recommendations of the 9/11 Commission Act of 2007, United States Code (U.S.C.) paragraph 311.

Crisis response: an informed response to the emotional and spiritual disruption that occurs after a critical event; also known as a crisis intervention – the urgent and acute psychological support sometimes thought of as “emotional first aid”

Deployed Disaster Spiritual Care Providers: National VOAD member or National VOAD member-affiliated organizations may deploy individuals from outside the impacted local community to provide disaster spiritual care following disasters and other crisis events. These individuals are defined as “deployed disaster spiritual care providers.” Deploying organizations provide training and/or vetting of training, supervision, credentialing and accountability, and insure appropriate invitation and context for deployed disaster spiritual care providers.³⁰

Disaster: A threatening or occurring event of such destructive magnitude and force as to dislocate people, separate family members, damage or destroy homes and injure or kill people; an unexpected event that causes human suffering or creates human needs that the victims cannot alleviate without assistance. Disasters may include both natural disasters or human caused disasters such as terrorist acts, transportation accidents and homicides.

Disaster Spiritual Care Provider: also known as spiritual care provider - individuals who provide emotional and spiritual care and support from a faith-based perspective to affected populations and responders. They nurture and encourage spiritual perspectives as a source of strength in difficult times. Disaster spiritual care providers come from diverse cultural and spiritual backgrounds to provide sensitive, appropriate care for all persons and to acknowledge and respect every spiritual perspective.

³⁰ For more information on coordination of disaster spiritual care providers, see Section 5 of this document.

Emergency Support Function: ESFs provide the structure for coordinating Federal interagency support for a Federal response to an incident. They are mechanisms for grouping functions most frequently used to provide Federal support to States and Federal-to-Federal support, both for declared disasters and emergencies under the Stafford Act and for non-Stafford Act incidents.

Faith Community Representative: Individual assigned to an incident to represent the faith community's group assets and needs. This individual should hold at least one of the following: a leadership position in a local ministerial/interfaith group; endorsement by a faith group for specialized ministry (e.g. police or fire chaplaincy, health care, military); chaplain or disaster spiritual care provider recognition by a National VOAD member. The faith community representative reports to the Liaison Officer, or as specified by the EOC/Incident Commander and is part of the Emergency Operations staff, paid or volunteer.

Intentional spiritual care: caring gestures provided by faith communities, spiritual care leaders and faith-based organization such as appropriately offering prayer, familiar liturgy, ritual, services, music, sermons, religious tokens and symbols and other religious support.

Intrinsic spiritual care: the attributes that belong to the faith community's spiritual care provision that are fundamentally part of their *being*, independent of context, need, training, or religious structure. An example of intrinsic spiritual care is compassionate presence.

Local Faith Provider: typically a clergy person in the local community where the disaster has occurred - the formal religious leadership within some religions. Some faith or religious traditions do not employ a formal clergy group, but may include religious leaders who may be religious teachers, prayer leaders, spiritual care providers, or others who are designated to provide specific religious leadership, including leading certain rituals, teaching religious principles, or guiding followers in the way of the religion.

National Guard: the oldest component of the Armed Forces of the United States and one of the nation's longest-enduring institutions. The National Guard has a dual mission - providing to the states units trained and equipped to protect life and property and providing to the nation units trained, equipped and ready to defend the United States and its interests, all over the globe.

National Response Framework: a guide to how the Nation conducts all-hazards response, from the smallest incident to the largest catastrophe. This key document establishes a comprehensive, national, all-hazards approach to domestic incident response. The Framework identifies the key response principles, roles and structures that organize national response. It describes how communities, states, the Federal Government and private sector and nongovernmental partners apply these principles for a coordinated, effective national response. And, it describes special circumstances where the Federal Government exercises a larger role, including incidents where Federal interests are involved and catastrophic incidents where a state would require significant support. It allows first responders, decision-makers and supporting entities to provide a unified national response.

Available online at <http://www.fema.gov/pdf/emergency/nrf/nrf-core.pdf> <http://www.fema.gov/national-response-framework>

NVOAD: National Voluntary Organizations Active in Disaster (National VOAD) is a non-profit, nonpartisan membership organization that serves as the forum where organizations share knowledge and resources throughout the disaster cycle—preparation, response, recovery and mitigation—to help communities prepare for and recover

from disasters. The National VOAD coalition includes over 50 of the country's most reputable national organizations (faith-based, community-based and other non-governmental organizations) and 55 State/Territory VOADs, which represent Local/Regional VOADs and hundreds of other member organizations throughout the country.

National VOAD Points of Consensus - Disaster Spiritual Care: more specific standards for disaster spiritual care providers as defined by National VOAD membership through specific committees (e.g. the Emotional and Spiritual Care Committee defines the Disaster Spiritual Care Points of Consensus to set a foundation for Disaster Spiritual Care).

Available online at http://www.nvoad.org/library/cat_view/4-emotional-spiritual-care

National VOAD Light Our Way: A Guide for Spiritual Care in Times of Disaster for Disaster Response Volunteers, First Responders and Disaster Planners – a National VOAD ESCC publication that guides disaster relief workers as they assist victims and recover from difficult response efforts themselves. Covers basic concepts and types of spiritual care, long-term recovery, collaboration with mental and emotional health personnel, self-care for providers, and community resiliency and preparedness training. Offers strategies such as listening to disaster victims tell their story, providing a religious ritual or vigil, offering food and shelter to relief workers, supplying "spontaneous generosity," and more.

Available online at <http://www.cert-kits.com/files/LightOurWay-English.pdf>

National VOAD member-affiliated organizations: Many National VOAD member organizations have local, state, judicatory, regional and territorial organizations that are directly affiliated with the national organizations. These are often called churches, conferences, conventions, territories or other names for houses of worship. In these Guidelines, they are referred to as National VOAD member-affiliated organizations. The relationship, accountability and authority of National VOAD member organizations with these affiliated organizations vary from organization to organization. Direct local, state, judicatory, regional or territorial affiliates of National VOAD member organizations may be responsible for their own deployed personnel. Affiliates should clearly identify if they operate in compliance with National VOAD Disaster Spiritual Care Guidelines, National VOAD Disaster Spiritual Care Points of Consensus, and their compliance with any additional guidelines of their affiliated National VOAD member organization.

Private Settings: Locations in which individual faith adherents or homogenous, local communities of faith have full jurisdiction and practice specific methods of disaster spiritual care according to their mission and faith tradition. Examples of private settings may include physical or virtual space in which formal religious activities typically occur, the community of faith has primary responsibility and/or specific communities of faith informally gather. (See Shared settings)

Proselytize: Across faith communities there are many differing and conflicting definitions of this word. Therefore, we direct you to the definition of "Appropriate and Respectful Disaster Spiritual Care" and to the National VOAD Disaster Spiritual Care "Points of Consensus."

Psychological first aid: PFA is an evidence-informed modular approach for assisting people in the immediate aftermath of disaster and crisis events to reduce initial distress, manage intense emotions, and to foster short and long-term adaptive functioning by promoting a safe, calm environment. It is used by first responders, incident command systems, primary and emergency health care providers, school crisis response teams, faith-based organizations, disaster relief organizations, and other care providers in diverse settings.

Religion: defines the operational system of personal or institutional beliefs and practices that intersect with the transcendent within a cultural or social setting. Religion guides the understanding, integration, and response to the transcendent through participation in and with an organized faith community with shared beliefs, practices, and rituals. (See Spirituality)

Resource typing: describes the level of the DSC provider's capability using job titles and standards for qualifying for various roles and job titles. Published NIMS Job Titles do not currently include disaster spiritual care. NIMS does, however, recommend that NGOs credential personnel and volunteers not covered by NIMS Job Titles based upon identity and affiliation with the NGO.

Shared Settings: Settings in which organized disaster spiritual care activities are provided by numerous and diverse organizations to support the spiritual care needs of diverse populations of impacted persons. Examples of shared settings include shelters, points of distribution or dispensing, emergency operations centers and other settings in which organized disaster spiritual support activities among diverse populations occur. Specific methods of disaster spiritual care provided in these settings may be selected by those designated with primary responsibility for these settings. (See Private settings)

Spiritual Care: A sustaining care that assists persons to draw upon own inner religious and/or spiritual resources. In the context of a disaster, spiritual care responds to the poignant need for spiritual meaning and comfort by providing accompaniment, compassionate care, individual and communal prayer and appropriate ritual. Spiritual care is sensitive to and aware of the varied expressions of faith and belief systems and traditions.

Spiritual Care Provider: also known as disaster spiritual care provider - individuals who provide emotional and spiritual care and support from a faith-based perspective to affected populations and responders. They nurture and encourage spiritual perspectives as a source of strength in difficult times. Disaster spiritual care providers come from diverse cultural and spiritual backgrounds to provide sensitive, appropriate care for all persons and to celebrate and respect every spiritual perspective.

Spirituality: describes each person's way of finding meaning in his or her life experiences and that which is held sacred. Based on beliefs and values, it is one's understanding of self, God, others, the universe, and the resulting relationships. Spirituality is the understanding, integration, and response to the transcendent. (See Religion)

Survivor/Victim/Impacted Person: someone who is adversely affected by disasters or circumstances, especially someone who experiences hardship or remains alive despite being exposed to a life-threatening event

Trauma: an event outside the usual realm of human experience that would be markedly distressing to anyone who experiences it; the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; APA, 1994) defines trauma exclusively in terms of the exposure to human suffering, i.e., personal or vicarious exposure to severe injury, illness, or death. A trauma, therefore, may be seen as a more narrow form of critical incident (a crisis event that causes a crisis response).

USNORTHCOM: U.S. Northern Command (USNORTHCOM) was established Oct. 1, 2002 to provide command and control of Department of Defense (DOD) homeland defense efforts and to coordinate defense support of civil authorities. USNORTHCOM defends America's homeland — protecting our people, national power and freedom of action. USNORTHCOM's specific mission: USNORTHCOM partners to conduct homeland defense, civil support and security cooperation to defend and secure the United States and its interests.

Government & Agency Acronyms	
ADA	Americans with Disabilities Act
AHJ	Agency Having Jurisdiction
CBRNE	Chemical, Biological, Radiological, Nuclear, Explosives
CDC	Centers for Disease Control
CERT	Community Emergency Response Team
COAD	Community Organizations Active in Disasters
DHHS	Department of Health and Human Services
DHS	Department of Homeland Security
DMORT	Disaster Mortuary Operational Response Team
DOD	Department of Defense
DOJ	Department of Justice
DSCM	Disaster Spiritual Care Manager
DSCP	Disaster Spiritual Care Provider
DSCTL	Disaster Spiritual Care Team Leader
EMS	Emergency Medical System
EOC	Emergency Operations Center
ERT	Emergency Response Team
ESCC	Emotional Spiritual Care Committee
ESF	Emergency Support Function
FAA	Federal Aviation Administration
FBI	Federal Bureau of Investigation
FBI OVA	FBI Office of Victim Assistance
FBI WMD/T	FBI Weapons of Mass Destructions / Terrorism
FBO	Faith Based Organization

FCR	Faith Community Representative
FEMA	Federal Emergency Management Agency
FFRC	Family and Friends Reception Center
ICS	Incident Command System
NDMS	National Disaster Medical System
NIMS	National Incident Management System
NGO	Non-Governmental Agency
NRF	National Response Framework
NTSB	National Transportation Safety Board
NVOAD	National Voluntary Organizations Active in Disasters
NVOAD ESCC	National Voluntary Organizations Active in Disasters Emotional Spiritual Care Committee
OEM	Office of Emergency Management
OSHA	Occupational Safety and Health Administration
PIV-I	Personal Identification Verification - Interoperability
POC	Point of Contact
POC	Points of Consensus
SAMHSA	Substance Abuse and Mental Health Services Administration
VAL	Voluntary Agency Liaison
Professional Chaplain & Crisis Intervention Cognate Groups	
AAPC	American Association of Pastoral Counselors
ACPE	Association of Clinical Pastoral Education
APC	Association of Professional Chaplains
CASC	Canadian Association of Spiritual Care
CPSP	College of Pastoral Supervision and Psychotherapy

FFC	Federation of Fire Chaplains
ICISF	International Critical Incident Stress Foundation
ICPC	International Conference of Police Chaplains
NACC	National Association of Catholic Chaplains
NAJC	National Association of Jewish Chaplains
NOVA	National Organization for Victim Assistance
Other commonly used acronyms	
CISM	Critical Incident Stress Management
MARC	Multi-Agency Resource Center
PFA	Psychological First Aid
PTSD	Post Traumatic Stress Disorder
PTSR	Post Traumatic Stress Reaction
SME	Subject Matter Expert

APPENDIX E: Community Disaster Spiritual Assessment

Proper assessment of assets and needs is a crucial step when responding in all disaster phases and functions. Ongoing assessments of disaster spiritual care assets and needs are crucial within the community impacted by a disaster throughout the life cycle of the disaster response.

The principle behind a Community Spiritual Assessment is simply to identify Spiritual needs for which the community may not have ready assets. It will help to identify these needs in a concrete way that can be articulated...A Community Spiritual Assessment could be performed by an inter-disciplinary group made up of community faith leaders, disaster response personnel and community volunteers. They could meet to discuss the community's needs and assets...³¹

The following questions will help guide the assessment process.

Questions related to the whole community

- Are survivors still in danger?
- Has there been loss of life as a result of the disaster?
- Is there an active interfaith/ministerial alliance? Has the alliance met to respond to the disaster?
- Is there a FCR (Faith Community Representative)?³²
- Has the local community provided for appropriate and respectful disaster spiritual care in their disaster response and recovery plan?
- Is there access to disaster spiritual care in all shared settings?³³
- Has the community responded to a similar event in the past? If so, what wisdom learned could be applied to this event?
- Has the community been able to plan for and gather for faith based community services such as prayer services, memorial services, etc.?

Questions related to the faith community

- Are all the various religious expressions of the community identified and included in the assessment?
- Are the local faith communities in communication with their state, regional and/or national affiliates?
- Have houses of worship been damaged and/or destroyed?
- Have faith group meetings, services, or fellowship been disrupted?
- Has the disaster had an impact on the community faith leaders? Are they also victims or survivors? Have community faith leaders been evacuated out of the community? Have they returned?

Thorough and thoughtful disaster spiritual care assessments will ensure that the appropriate assets are matched with the identified needs.

³¹Light Our Way page 30; for additional information refer to Section 4 of this National VOAD Emotional and Spiritual Care resource.

³² Refer to Appendix B for the Job Aid for the FCR.

³³ Refer to Appendix D for a definition of Shared Settings.

APPENDIX F: Resources

National Voluntary Organizations Active in Disaster , 1501 Lee Highway, Suite 170 Arlington, VA 22209-1109, Main Line: (703) 778-5088 Fax: (703) 778-5091, info@nvoad.org

Light Our Way, Available online at <http://www.nvoadstore.com/light-our-way.html>

National VOAD, Emotional Spiritual Care Committee, Disaster Spiritual Care Points of Consensus, Available online at http://www.nvoad.org/library/cat_view/4-emotional-spiritual-care

Links to National VOAD Emotional Spiritual Care Committee member websites: <http://www.nvoad.org>.

NATIONAL VOLUNTARY ORGANIZATIONS ACTIVE IN DISASTER

Emotional and Spiritual Care Committee

Disaster Spiritual Care Points of Consensus

In 2006 the National Voluntary Organizations Active in Disaster's Emotional and Spiritual Care Committee published Light Our Way to inform, encourage and affirm those who respond to disasters and to encourage standards insuring those affected by disaster receive appropriate and respectful spiritual care services. As a natural next step following the publication of Light Our Way and in the spirit of the NVOAD "Four C's" (cooperation, communication, coordination and collaboration), the Emotional and Spiritual Care Committee then began working to define more specific standards for disaster spiritual care providers. The following ten "points of consensus" set a foundation for that continuing work.

1. Basic concepts of disaster spiritual care³⁴

Spirituality is an essential part of humanity. Disaster significantly disrupts people's spiritual lives. Nurturing people's spiritual needs contributes to holistic healing. Every person can benefit from spiritual care in time of disaster.

2. Types of disaster spiritual care³⁵

Spiritual care in disaster includes many kinds of caring gestures. Spiritual care providers are from diverse backgrounds. Adherence to common standards and principles in spiritual care ensures that this service is delivered and received appropriately.

3. Local community resources

As an integral part of the pre-disaster community, local spiritual care providers and communities of faith are primary resources for post-disaster spiritual care. Because local communities of faith are uniquely equipped to provide healing care, any spiritual care services entering from outside of the community support but do not substitute for local efforts. The principles of the National VOAD - cooperation, coordination, communication and collaboration - are essential to the delivery of disaster spiritual care.

4. Disaster emotional care and its relationship to disaster spiritual care³⁶

Spiritual care providers partner with mental health professionals in caring for communities in disaster. Spiritual and emotional care share some similarities but are distinct healing modalities. Spiritual care providers can be an important asset in referring individuals to receive care for their mental health and vice versa.

5. Disaster spiritual care in response and recovery³⁷

Spiritual 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. Specific strategies for spiritual care during the various phases can bolster these strengths.

6. Disaster emotional and spiritual care for the care giver

³⁴ See Light Our Way pp. 52-54.

³⁵ Ibid.

³⁶ Ibid.

³⁷ Ibid.

Providing spiritual care in disaster can be an overwhelming experience. The burdens of caring for others in this context can lead to compassion fatigue. Understanding important strategies for self-care is essential for spiritual care providers. Disaster response agencies have a responsibility to model healthy work and life habits to care for their own staff in time of disaster.³⁸ Post-care processes for spiritual and emotional care providers are essential.

7. Planning, preparedness, training and mitigation as spiritual care components³⁹

Faith community leaders have an important role in planning and mitigation efforts. By preparing their congregations and themselves for disaster they contribute toward building resilient communities. Training for the role of disaster spiritual care provider is essential before disaster strikes.

8. Disaster spiritual care in diversity

Respect is foundational to disaster spiritual care. Spiritual care providers demonstrate respect for diverse cultural and religious values by recognizing the right of each faith group and individual to hold to their existing values and traditions. Spiritual care providers:

- refrain from manipulation, disrespect or exploitation of those impacted by disaster and trauma.
- respect the freedom from unwanted gifts of religious literature or symbols, evangelistic and sermonizing speech, and/or forced acceptance of specific moral values and traditions.⁴⁰
- respect diversity and differences, including but not limited to culture, gender, age, sexual orientation, spiritual/religious practices and disability.

9. Disaster, trauma and vulnerability

People impacted by disaster and trauma are vulnerable. There is an imbalance of power between disaster responders and those receiving care. To avoid exploiting that imbalance, spiritual care providers refrain from using their position, influence, knowledge or professional affiliation for unfair advantage or for personal, organizational or agency gain.

Disaster response will not be used to further a particular political or religious perspective or cause – response will be carried out according to the need of individuals, families and communities. The promise, delivery, or distribution of assistance will not be tied to the embracing or acceptance of a particular political or religious creed.⁴¹

10. Ethics and Standards of Care

NVOAD members affirm the importance of cooperative standards of care and agreed ethics. Adherence to common standards and principles in spiritual care ensures that this service is delivered and received appropriately. Minimally, any guidelines developed for spiritual care in times of disaster should clearly articulate the above consensus points in addition to the following:

- Standards for personal and professional integrity
- Accountability structures regarding the behavior of individuals and groups

³⁸ Ibid.

³⁹ Ibid.

⁴⁰ Church World Service "Standard of Care For Disaster Spiritual Care Ministries"

⁴¹ Church World Service "Common Standards and Principles for Disaster Response"

* See Light Our Way p. 16

- Concern for honoring confidentiality*
- Description of professional boundaries that guarantee safety of clients* including standards regarding interaction with children, youth and vulnerable adults
- Policies regarding criminal background checks for service providers
- Mechanisms for ensuring that caregivers function at levels appropriate to their training and educational backgrounds*
- Strong adherence to standards rejecting violence against particular groups
- Policies when encountering persons needing referral to other agencies or services
- Guidelines regarding financial remuneration for services provided

Members of National Voluntary Organizations Active in Disaster (National VOAD) form a coalition of non-profit organizations that coordinate response to disasters as part of their overall mission. Founded in 1970, National VOAD currently includes 108 member organizations serving in all 50 states, 4 territories and the District of Columbia.

Thirteen National VOAD committees, covering a wide range of topical issues and programmatic activities, establish “points of consensus” through careful, collaborative and respectful conversation. Organizations choosing membership in National VOAD agree to abide by values and behaviors set forth in consensus documents.

The Disaster Spiritual Care Points of Consensus were developed by members of National VOAD’s Emotional and Spiritual Care Committee. The document outlines how National VOAD member organizations agree to respectfully and appropriately respond to emotional and spiritual needs resulting from disasters, particularly within the context of religious and cultural diversity.

Approved unanimously by the Emotional and Spiritual Care Committee and the National VOAD Board of Directors, the full National VOAD membership formally adopted the Disaster Spiritual Care Points of Consensus in 2009.

National VOAD members approving the Disaster Spiritual Care Points of Consensus included:

- Adventist Community Services
- American Baptist Men/USA
- American Radio Relay League/Amateur Radio Emergency Services
- American Red Cross
- Ananda Marga Universal Relief Team
- Billy Graham Rapid Response Team
- Brethren Disaster Ministries
- Catholic Charities, USA
- Christian Reformed World Relief Committee
- Church World Service
- Churches of Scientology Disaster Response
- City Team Ministries
- Convoy of Hope
- Episcopal Relief and Development
- Feed the Children
- Feeding America
- Habitat for Humanity International
- HOPE Coalition America
- Humane Society of the United States
- International Critical Incident Stress Foundation
- International Relief and Development
- International Relief Friendship Foundation
- Latter-Day Saints Charities
- Lutheran Disaster Response
- Mennonite Disaster Service
- Mercy Medical Airlift (Angel Flight)
- National Association of Jewish Chaplains
- National Emergency Response Team
- National Baptist Convention USA

- National Organization for Victim Assistance
- Nazarene Disaster Response
- Noah's Wish
- Operation Blessing
- Points of Light Institute/Hands On Network
- Presbyterian Disaster Assistance
- REACT International, Inc.
- Samaritan's Purse
- Save the Children
- Society of St. Vincent DePaul
- Southern Baptist Disaster Relief/North American Mission Board
- The Salvation Army
- Tzu Chi Foundation
- United Church of Christ – Wider Church Ministries
- United Jewish Communities/The Jewish Federations of North America
- United Methodist Committee On Relief
- United Way of America
- Volunteers of America
- World Hope International
- World Vision

Full text of the Disaster Spiritual Care Points of Consensus is available at
http://www.nvoad.org/library/cat_view/4-emotional-spiritual-care