Special Articles

"Pastoral Crisis Intervention": Toward a Definition

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ABSTRACT: *The pastoral community represents a large and often untapped resource in times of crisis. It possesses a unique aggregation of characteristics that makes it uniquely valuable amidst the turmoil of a psychological crisis. In critical incidents such as terrorism, mass disasters, violence, the loss of loved ones, and any events wherein human actions result in injury, destruction, and/or death, the pastoral community may possess especially powerful restorative attributes. Unfortunately, heretofore, there has existed no generally recognized and accepted manner in which the healing factors inherent in pastoral care have been functionally integrated with the well-formulated principles of crisis intervention. This paper represents an initial effort to elucidate how the principles of pastoral care may be functionally integrated with those of crisis intervention. The amalgam shah heretofore be referred to as "pastoral crisis intervention" and is defined herein ['International Journal of Emergency Mental Health, 2000, 2(2), 69-71J.*

The term *pastoral crisis intervention* is offered as a term that represents the functional integration of psychological crisis intervention with pastoral care. This paper shall examine the widely used definitions of both domains and will further seek to elucidate the foundations of functional integration.

Crisis intervention is best understood in the context of the term crisis. A *crisis* may be thought of as an acute *response* to an event wherein homeostasis is disrupted, one's usual coping mechanisms have failed, and there is evidence of significant distress or functional impairment (Everly & Mitchell, 1999). The stressor event that precedes the crisis response is commonly referred to as the *critical incident.* The term *crisis intervention* refers to the provision of acute psychological first-aid so as to progressively achieve 1) a stabilization of symptoms of distress, 2) affect a mitigation of symptoms, and 3) restore adaptive, independent functioning, if possible, or facilitate access to further support (Everly & Mitchell, 1999; Flannery & Everly, 2000).

Literally defined, pastoral care may be seen as the function of providing a spiritual, religious, or faith oriented leadership. Pastoral care is typically provided by someone (often ordained, but not always) who has been commissioned or otherwise selected by a faith-oriented group or other organization to provide interpersonal support, assistance in religious education, worship, sacraments, community organization, ethical-religious decision-making, and related activities of spiritual support. From a more formal perspective, pastoral care is commonly provided by congregation-based clergy (and sometimes formally trained laity), chaplains, pastoral counselors, and clinical pastoral educators, while recognizing that these terms and functions are not mutually exclusive.

One specialized form of pastoral care, which has emerged, is pastoral counseling. The process of pastoral counseling, in the generic sense, may be thought of as the utilization of psychological, spiritual, and theological resources to aid persons in psychological and/or spiritual distress (Clinebell, 1966; Hunter, 1990). The clinical pastoral education movement, beginning in the 1920s with the pioneering efforts of Richard Cabot and others, served as somewhat of a foundation for the outgrowth of the pastoral counseling emergence. In 1963, the American Association of Pastoral Counselors was formed. Thus, the integration of psychological principles and practices with pastoral care appears to be currently manifest in two formalized movements: pastoral counseling and clinical pastoral education.

It seems clear that anyone who serves the function of providing pastoral care will be confronted with the challenge of an acute psychological and/or spiritual crisis. Whether, in a house of worship, a hospital, a nursing home, at the scene of an accident or disaster, a funeral home or gravesite, a battlefield, or even in a formalized counseling office setting, the manifestations of a human being in a state of crisis can be in evidence. The crises may manifest themselves in concrete and tangible concerns regarding safety, security, and general welfare, or they may manifest themselves in less tangible concerns regarding self-identity, affiliative crises, existential, spiritual, or even theological crises (a crisis of faith). But, it is the viewpoint of this paper that, contrary to some commonly held pastoral perspectives, not all crises are spiritually or theologically based (Sinclair, 1993). For those who rise to meet such challenges, a solid grounding in theology, spirituality, and pastoral care is only the beginning. Also requisite will be skills in psychological triaging, basic crisis intervention, and finally, a familiarity with other supportive resources, including psychological, psychiatric, and even other pastoral resources.

This then is the practice *of pastoral crisis intervention. Simply stated, pastoral crisis intervention is the functional integration of any and all religious, spiritual and pastoral resources with the assessment and intervention technologies germane to the practice of emergency mental health* (Everly, 1999). Clearly, as is evident from the definition afforded earlier, crisis intervention is not the same as counseling and psychotherapy (Everly, 1999). Some psychotherapeutic tactics would even be contraindicated in crisis intervention due, in part, to the highly focused and time-limited nature of crisis intervention. Similarly, pastoral crisis intervention is not the same as pastoral counseling or pastoral psychotherapy. Thus, by way of summarial parallelism, as crisis intervention is to counseling and psychotherapy, so pastoral crisis intervention is to pastoral counseling and pastoral psychotherapy.

The mechanisms of action which support pastoral crisis intervention include all of the same mechanisms which support non-pastoral crisis intervention such as social support, problem-solving, cathartic ventilation, and cognitive reinterpretation (Everly & Mitchell, 1999). In addition, the pastoral crisis interventionist benefits from the ability to use, where appropriate, scriptural education, insight, and reinterpretation (Brende, 1991), individual and conjoint prayer, a belief in the power of intercessory prayer, a unifying and explanatory spiritual worldview that may serve to bring order to otherwise incomprehensible events, the utility of ventilative confession, a faith-based social support system, the use of rituals and sacraments, and in some religions, such as Christianity, the

notion of divine forgiveness and even a life after death. All of these factors may make unique contributions to the reduction of manifest levels of distress (Everly & Lating, in press). Finally, the pastoral crisis interventionist may also prosper from a truly unique ethos (the perspective of theological or divine credibility), as well as, the implicit belief in uniquely confidential/privileged communication exchange.

The two intervention processes closest to the extant definition of pastoral crisis intervention are crisis ministry and crisis chaplaincy. As commonly defined, crisis ministry has as its expressed goals, not only the restoration of functioning within a practical life schema, but also addressing the theological aspects and implications of the critical incident and corresponding crisis response, in all instances (Hunter, 1990). Crisis chaplaincy, in practice, is the closest operational formulation to the notion of pastoral crisis intervention. The greatest difference is perhaps lexical, in that a chaplaincy most often denotes either a specialized form of pastoral care, or more commonly, pastoral care provided to a specialized group or organization, such as law enforcement, fire suppression, hospitals, the military, etc. (Hunter, 1990).

In sum, the goals of pastoral crisis intervention, as defined herein, are fundamentally the same as those of non-pastoral crisis intervention, i.e., the reduction of human distress, whether or not the distress concerns a significant loss, a crisis of meaning, a crisis of faith, or some far more concrete and objective infringement upon adaptive psychological functioning. In the context of this paper, the pastoral orientation to crisis intervention brings with it a "value added" over and above the traditional non-pastoral approach to crisis intervention. This corpus of "value added" ingredients has been enumerated above as mechanisms of action, or agents of change, and appear to be unique to the pastoral perspective as it employs religious, spiritual, and theological resources in an effort to "shepherd" an individual from distress and dysfunction to restoration. As a result of these unique strengths, some form of pastoral crisis intervention option should be integrated within all critical incident stress management teams, community crisis response efforts, and other crisis intervention systems.

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