Spiritually Oriented Disaster Psychology

Article *in* Spirituality in Clinical Practice · March 2014

DOI: 10.1037/scp0000008

CITATIONS
34

READS
2,310

5 authors, including:

Jamie D. Aten
Wheaton College Illinois
94 PUBLICATIONS **1,383** CITATIONS
SEE PROFILE

Kari A. O'Grady
Loyola University Maryland
25 PUBLICATIONS **316** CITATIONS
SEE PROFILE

Glen Milstein
City College of New York
40 PUBLICATIONS **865** CITATIONS
SEE PROFILE

David M. Boan
Wheaton College Illinois
27 PUBLICATIONS **216** CITATIONS
SEE PROFILE

Spirituality in Clinical Practice
2014, Vol. 1, No. 1, 20–28

2326-4500/14/$12.00 DOI: 10.1037/scp0000008

Spiritually Oriented Disaster Psychology

Jamie D. Aten
Wheaton College

Kari A. O'Grady
Loyola University Maryland

Glen Milstein
The City College of New York

David Boan and Alice Schruba
Wheaton College

According to Ronan and Johnston (2005) the number of people who will experience a disaster will double by 2050 from one billion people to two billion people. Since 1985 there has been an almost 400% increase in global natural disasters (Center for Research on the Epidemiology of Disasters, 2007). Researchers managing the global terrorism database report a similar increase in terrorist events over the last decade, with almost 5,000 events annually. Some of the worst disasters, such as Hurricane Katrina, Haiti Earthquake, Japan Tsunami, and Philippines Typhoon occurred in the past decade alone. Disasters are becoming more complex, with primary disasters (e.g., earthquake) often triggering secondary disasters (e.g., nuclear meltdown). Research shows that disasters often leave a significant psychological and spiritual "footprint" on affected communities. Thus, the purpose of this article is to introduce readers to empirical research on the psychology of religion/spirituality and disasters as well as to introduce a framework for spiritually oriented disaster psychology.

Keywords: disasters, disaster spiritual and emotional care, psychology of religion and disasters, disaster mental health

Over the last decade a growing number of researchers studied the potential benefits and drawbacks of faith on individuals and communities coping with disasters. This research has begun to shed light on the relationship between religion and spirituality and disaster mental health outcomes. We now review these relationships and their potential to improve mental health care.

Influence of Religious/Spiritual Appraisal on Reactions to Disaster

Research has demonstrated the relationships between religious and spiritual appraisal and disaster reactions. Kroll-Smith and Couch (1987) examined religious attributions and coping mechanisms of a community affected by a 23-year-long mine fire that eventually led to calamity. They found that most participants attributed this technical disaster to human failure rather than to God. Ai, Cascio, Santangelo, and Evans-Campbell (2005) found similar reactions to human-made disasters in their study of survivors of 9/11. However, their data revealed additional insight into another possible difference in how people respond differently to disasters. Some persons reported negative religious coping, characterized by spiritual discontent, punishing God reappraisals, and interpersonal religious discontent (Pargament, Smith, Koenig, & Perez, 1998). Ai, Cascio, Santangelo, and Evans-Campbell (2005) found

Jamie D. Aten, Psychology Department, Wheaton College; Kari A. O'Grady, Department of Pastoral Counseling and Spiritual Care, Loyola University Maryland; Glen Milstein, Psychology Department, The City College of New York; David Boan and Alice Schruba, Psychology Department, Wheaton College.

Correspondence concerning this article should be addressed to Jamie D. Aten, Humanitarian Disaster Institute, Psychology Department, Wheaton College, 501 College Avenue, Wheaton, IL 60187. E-mail: Jamie.Aten@wheaton.edu

that negative coping was associated with the defense or retaliation patterns of reaction that emerged in response to 9/11, in effect creating an "in-group" versus "out-group" difference based on religious ideology. Likewise, Pargament et al. (1994) conducted a longitudinal study of the Gulf War crisis in which they learned that negative religious coping was significantly tied to psychological distress. Conversely, survivors of natural disasters, which are sometimes referred to as "acts of God," appear to more readily incorporate spiritual and religious meaning into their interpretations of the disaster, as well as into their responses and coping mechanisms. This was found among survivors of the Haiti earthquake who referenced God as the author of the earthquake and cited prophetic references from the bible to make sense of the event (O'Grady, Orton, Schreiber-Pan, & Wismick, in press). Additionally, Smith, Pargament, Brant, and Oliver (2000) found that positive religious coping strategies had a positive effect on postflood spiritual growth, in addition to leading to the reduction of psychological distress for survivors of a Midwest flood.

Impact of Disasters on the Way Survivors View and Experience the Sacred

The way people view the Divine is influenced by a number of factors including traumatic life experiences. Likewise, certain views of God or the Divine have been demonstrated in the research have an impact upon psychological functioning during and following trauma events, including large scale disasters (Moriarty & Davis, 2012; O'Grady & Richards, 2008). After 9/11, Briggs, Apple, and Aydlett (2004) found that this tragic event appeared to increase participants' connection with transcendence. O'Grady, Rollison, Hanna, Schreiber-Pan, and Ruiz (2012) found that 80% of earthquake survivors agreed or strongly agreed with the statement, "My faith in a God/ higher power has grown since the earthquake." Additionally, 23% of participants agreed or strongly agreed that they felt more distant from God/a higher power since the earthquake, and 20% indicated that they were less spiritual since the earthquake. People's daily spiritual experiences with God, their perceptions of God's awareness of them, and their sense of "specialness" to God predicted their degree of spiritual transformation above and beyond the amount of loss they experienced in the earthquake. Aten, Madison, Rice, and Chamberlain (2008) found that Hurricane Katrina survivors often held a multifaceted view of God that existed upon a continuum from a loving and caring parental figure to a judging and even punishing figure. Newton and McIntosh (2009) found that Jewish survivors of Hurricane Katrina held more positive and benevolent views of God than Christian survivors, who were more apt to report feeling as though God was sending punishment via Katrina. According to the conservation of resources stress theory (COR), "loss is the primary operating mechanism driving stress reactions" (Hobfoll, Freedy, Green, & Solomon, 1996, p. 324). After Hurricane Katrina, Aten, Bennett, Davis, Hill, and Hook (2012) found that increased levels of resource loss were related to a more negative God concept, as well as viewing God as less in control.

Relationship Between Disaster Survivor Religion/Spirituality and Well-Being

Religion and spirituality may moderate the impact of disaster on individuals' well-being. Research suggests that religion and spirituality serve buffer for the potential deleterious effects of disaster and/or contribute to psychological distress following disasters. Following 9/11 Ai et al. (2005) discovered stronger faith, hope, and spirituality to be inversely correlated with depression and anxiety related to the exposure of direct and indirect 9/11 trauma. Further, researchers found that religious comfort helped to protect participants from negative emotional and physical health outcomes commonly associated with resource loss, and was also associated with posttraumatic growth. Religious strain however was linked to poorer emotional and physical health outcomes following disaster resource loss (Cook, Aten, Moore, Hook, & Davis, 2013). Likewise, Johnson, Aten, Madson, and Bennett (2006) surveyed approximately 600 residents of Mississippi who survived Hurricane Katrina. In this study, those individuals who possessed positive religious and spiritual beliefs (e.g., God concept, religious coping strategies, religious support, meaning-making) were less disturbed by the effects of exposure to hurricanes as well as less affected by the degree of resource loss (i.e., material and interper-

sonal). These individuals also experienced reduced rates of posttraumatic stress disorder symptoms, depression, and alcohol use. Taken as a whole, this body of burgeoning research may indicate that it is not so much how religious or spiritual one is, but rather how one uses their faith (e.g., positive religious coping vs. negative religious coping strategies) that appears to have the most significant impact on well-being outcomes. Of course, the reader must be cautious in drawing conclusions since much of this research is correlational in nature. It is equally likely, for example, that there is an underlying mental health or personality factor at work in both an individual's type of religious coping and that person's response to significant life events.

Spirituality/Religion and Posttraumatic Transformation Following Disasters

Disasters can create psychological and spiritual transformation in individuals. Depending on the resources in place in people's lives, the transformation can be toward decline, such as but not limited to posttraumatic stress disorder (PTSD), or toward growth (Roberts, 2005; Calhoun & Tedeschi, 2006). For example, Ochu (2013) studied 407 adult Liberian civil war survivors living in refugee camps. The study indicated that negative religious coping correlated with posttraumatic symptom severity, and that forgiveness and positive religious coping linked to posttraumatic growth. Similarly, a study of Haitian earthquake survivors found that those who relied upon their spirituality for meaning-making and coping evidenced greater resilience during and after the trauma than those who did not do so. Participants also attributed their description of posttraumatic growth to positive framing: the sense that there is a larger purpose or even order amid disaster. Some saw the disaster as a potentially growth-stimulating experience for Haiti (e.g., a chance to rebuild a better country: O'Grady, Orton, Schreiber-Pan, & Wismick, in press; O'Grady, Rollison, Hanna, Schreiber-Pan, & Ruiz, 2012). Walter and LaMendola (2007) studied 607 survivors of a major earthquake in Taiwan and found that survivor's spirituality had a direct link with posttraumatic growth, and that the community's collective spiritual narratives about suffering contributed to the psychological growth following the earthquake.

Resources for Disaster Spiritual and Emotional Care

It is best to respond to disaster through preexisting infrastructures or organizations. "Parachuting in" to a disaster zone is discouraged unless one is part of the community, has direct ties, or is working through an established organization. Those who spontaneously enter a disaster area, risk draining resources from the community rather than being a resource to the community they are trying to help (Milstein & Manierre, 2010).

Prior to a disaster, mental health professionals and their spiritual community stakeholders can familiarize themselves with helpful resources, such as *Light Our Way* (National Voluntary Organizations Active in Disaster [NVOAD], 2006), *Religious Responses to Terrorism and Catastrophe* (Koenig, 2006), and *Creating Spiritual and Psychological Resilience: Integrating Care in Disaster Relief Work* (Brenner, Bush, & Moses, 2009), in order to prepare in advance for their collaborative responses to local disaster. For helpful online resources, mental health professionals may want to visit Wheaton College's Humanitarian Disaster Institute resource page (www.wheaton.edu/HDI/Resources), which has numerous tip sheets, tools, bibliographies, and manuals for download on disaster spiritual and emotional care.

Mental health professionals interested in providing disaster spiritual and emotional care beyond their own communities, might consider becoming familiar with, as well as joining, local or national groups providing emotional and spiritual care services. One particular umbrella organization is the National Voluntary Organizations Active in Disaster (NVOAD). It consists of many emergency service organizations that collaborate with communities to orchestrate planning and services throughout the disaster cycle. The National Disaster Interfaiths Network connects and equips disaster interfaith organizations across the United States. Another way mental health professionals can get involved in disaster spiritual and emotional care is to work with and deploy through an established nongovernmental organization such as the Salvation Army or Green Cross.

Members of the American Psychological Association can find valuable tools for disaster

response, as well as how they can assist with disaster, by joining the APA's Disaster Response Network (https://www.apa.org/practice/programs/drn/fact.aspx). APA members may also find opportunities through one of their many state psychological association networks.

Practicing Disaster Spiritual and Emotional Care

Mental health professionals are in a unique position to help disaster survivors address both mental health and spiritual issues, as well as collaborate with spiritual communities in times of disaster. This section begins with some recommendations for how to respond to disaster spiritual issues.

General Guidelines for How to (and How Not to) Respond to Disaster Spiritual Issues

The following is a compilation of recommended strategies for responding to disaster spiritual issues that may surface in circumstances following crises:

- Use reflective listening and active listening techniques when working with victims/survivors;
- Be honest, with compassion, and do not assume you know what people will say or believe;
- If you do not feel comfortable discussing spiritual/religious issues, listen quietly and refer people to someone who can help them appropriately;
- Do not try to explain or give answers to spiritual questions;
- Do not argue with persons' beliefs or try to persuade them to believe as you do;
- Do not respond with platitudes or clichés to victims/survivors: "It will be okay." "It is God's will." "They are in a better place;"
- Let people tell you what their religious/spiritual beliefs are. Do not assume anything;
- Help people use their spiritual/religious beliefs to cope;
- People may need reassurance that it is "normal" to ask questions about God and/or their religious beliefs;
- Allow expressions of anger toward God or others, and assess that people are not a danger to themselves or others;
- Do affirm people's search for spiritual/faith-based answers. Do not impose your thoughts or beliefs on them;
- Do affirm the wrongness and/or injustice of what has happened, especially if people caused the trauma;
- Encourage people to turn to religious or spiritual writings within their culture that bring them comfort and help them in their search for meaning, or their search for spiritual answers;
- Emphasize that everyone has to find their own answers and way of understanding traumatic events.

When providing support, avoid saying the following phrases. On the surface, these phrases may be meant to comfort the survivors, but they can be misinterpreted. Basic statements to avoid:

- "I understand." In most situations we cannot understand unless we have had the same experience;
- "Don't feel bad." The survivor has a right to feel bad and will need time to feel differently;
- "You're strong" or "You'll get through this." Many survivors do not feel strong and question if they will recover from the loss;
- "Don't cry." It is okay to cry;
- "It's God's will." With a person you do not know, giving religious meaning to an event may insult or anger the person;
- "It could be worse," "At least you still have . . .", or "Everything will be okay." It is up to the individual to decide whether things could be worse or if everything can be okay (Adapted from Hacker, 1996).

Rather than provide comfort, these types of responses could elicit a strong negative response or distance the survivor from the listener. It is okay to apologize if the survivor reacts negatively to something that was said.

Disaster Spiritual and Emotional Care Interventions

This section builds upon the aforementioned general guidelines by providing examples of both micro (person focused) interventions and macro (community focused) interventions key to successful disaster spiritual and emotional care in professional psychology. The following

is meant to serve as an introduction to several helpful practices.

Disaster clergy–mental health professional collaboration. When mental health professionals take steps to engage key spiritual community stakeholders and build collaborative relationships, these relationships can be leveraged to improve community responses to disasters. Spiritual leaders often act as "gatekeepers" in their communities, and are more willing to refer members to professionals with whom they have an established relationship (e.g., Aten, 2004). When mental health professionals make a strategic effort to build partnerships with religious leaders in their community *prior to* disasters, then that relationship is already in place if and when disaster strikes (Evans, Kromm, & Sturgis, 2008; Roberts & Ashley, 2008) and will help ensure greater collaboration in response to disasters. Religious leaders are the experts about their communities; so mental health professionals must use a dialogical rather than a didactic approach to collaboration. When meeting with spiritual community stakeholders, mental health professionals will need to invite the stakeholders to educate them about the specific dynamics of their faith community members and cultural contexts, so that the mental health professionals and stakeholders can create a community-specific and culturally sensitive approach to disaster preparedness and response (O'Grady, Rollison, Hanna, Schreiber-Pan, & Ruiz, 2012).

Disaster planning for faith communities. Successful disaster response is often tied to level of preparedness. Mental health professionals can help engage faith communities in disaster planning. For example, Aten and Topping (2010) developed an online social networking tool to help faith communities prepare for disaster by partnering with a mental health professional who acts as a facilitator in developing and implementing the preparedness plan. The tool design was initially based on the researchers' own consultation experience helping a local faith community in preparation for Hurricane Gustav (see Table 1). This tool helped strengthen social networks within and between faith communities in preparation for the threatening storm by improving information sharing and gathering, communication, and support between congregational leadership and attendees.

A networking tool can be developed using an online cloud based service, such as Google Docs or SurveyMonkey and e-mailed out to participants. This allows for the leadership to share information in real time and can be accessed once the Internet is brought back online or from evacuation sites with an Internet connection. The tool can also be used to help members of the faith community to communicate with one another, leave messages, check-in to let others know that they are all fine, and to share needs and resources with one another. The tool can be used to collect such data as: (a) contact information, (b) disaster-related residence plans, (c) special-needs, and (d) "host-homes" volunteers (i.e., member who open their residencies for others to stay with them for shelter). For more on how to develop and implement this tool see Aten and Topping (2010).

Psychological first aid for community religious professionals. When disaster strikes, the impact may be moderated by early intervention. The purpose of psychological first aid (PFA) is to provide children, adults, and families with support that decreases their risk factors and increases their resiliency to trauma (Vernberg et al., 2008). PFA is an evidence-informed intervention. It is less clinically oriented in nature, and primarily focuses on addressing the immediate needs of disaster survivors. PFA consists of nine core actions: (a) contact and engagement, (b) safety and comfort, (c) stabilization, (d) information gathering, (e) current needs and concerns, (f) practical assistance, (g) connection with social supports, (h) information on coping, and (i) linkage with collaborative services (Forbes et al., 2011). PFA has more of a triage focus, with the goal of helping to secure and stabilize disaster survivors. As a result, PFA has been adapted for a wide range of community professionals to be able to deliver this intervention.

Of particular relevance to this article, PFA has also been contextualized for community religious professionals. In *Psychological First Aid: Field Operations Guide for Community Religious Professionals*, the authors introduce a variation of psychological first aid that addresses religious and spiritual themes, including: (a) clarifying religious, spiritual, and existential terminology; (b) how to worship with someone of a different faith; and (c) talking to children and adolescents about their spiritual/

Table 1
Sample Online Social Networking Disaster Preparedness Tool

Hurricane Gustav preparedness form

Please fill this out as best as you can. If you change your mind later on just return to this form and do another one. We will e-mail lists of host homes and bring lists of host homes etc. on Sunday night.

Name

Phone Number

If Hurricane Gustav comes to Hattiesburg/Gulf Coast will you:

- Stay in Hattiesburg
- Leave Hattiesburg to stay elsewhere

If you are leaving town is there a number or address where you could be reached?

If you are staying in Hattiesburg would you need or want to stay someplace other than your house?

- I would rather stay with someone else
- I will stay at my house

If you are staying at your house through the hurricane, would you be willing to open your house up for others if they need a place to stay?

- Yes we could host others
- Our house would not be good for hosting

If you would like to be a host home please type in your address below.

If you are staying in town and have any special needs you would like us to know about please indicate it below.

religious concerns and involving them in religious activities (Brymer et al., 2006). Mental health professionals could utilize this resource to work with clergy and other religious leaders in this intervention, thereby increasing a community's capacity to provide disaster spiritual and emotional care. Mental health professionals are encouraged to acquire this spiritually engaged resource to enhance their own practice. Mental health professionals will benefit by learning strategies for effectively integrating and addressing religious and spiritual issues in the immediate aftermath of a disaster.

Consultation, outreach, and advocacy. Mental health professionals can promote disaster spiritual and emotional care through consultation, outreach, and advocacy efforts. Aten, Topping, Denney, and Hosey (2011) developed a three-tier consultation and outreach model to provide mental health training for clergy and faith communities. In Tier 1, mental health professionals provide basic disaster mental health information to local clergy. In Tier 2, mental health professionals and religious leaders pair together to help educate their congregation members. In Tier 3, congregation members reach out to their local communities to provide information on topics like common reactions and problems, as well as when and where help can be found in the region (Aten, Topping, Denney, & Hosey, 2011).

Similarly, mental health professionals may advocate on behalf of religious and spiritual community causes by applying the best science and information available to address disaster needs and policy. In this role, mental health professionals can work with local faith communities and organizations to identify needs and gaps in services and help them bring those needs to light (Aten, 2008).

For example, after Hurricane Katrina, several faith communities were concerned that local

authorities were planning to use relief dollars to expand a local port used for industry rather than direct the money to fund low income housing. In this case, several local mental health professionals collaborated with faith communities to help them develop a "voice" and refine their message. Empirical data was provided to faith leaders to help support their arguments and help them influence policy.

Overall, successful consultation, outreach, and advocacy interventions: (a) establish relationships with local community and religious leaders; (b) are culturally appropriate; (c) foster bidirectional collaboration; (d) promote a cyclical approach (e.g., implementation, evaluation, refinement); (e) are community contextualized; and (f) help organize resources (Aten et al., 2013; Milstein, Manierre, & Yali, 2010).

Clinical services. In addition to preparedness and community-level interventions, mental health professionals may have the opportunity to develop therapeutic relationships with individuals and families affected by disaster. Research has found that in most cases more traditional psychotherapy is better suited for helping disaster survivors in recovery settings (e.g., first few weeks or months after a disaster). In contrast to support interventions, this set of interventions seeks to explore and understand how survivors' ways of thinking, feeling, and behaving are affecting their adjustment. In many cases, these interventions are more change oriented than support oriented, seeking to help people either change or accept their circumstances. For example, research has shown a strong evidence for the usefulness and effectiveness of cognitive–behavioral therapy to treat disaster survivors (Aten, 2012). Although not within a disaster context, there is strong support for religious accommodative cognitive–behavioral therapy (Aten, 2012). In working with survivors' long-term situations, it is helpful to integrate spiritual and religious themes into treatment. Thus, mental health professionals may find it useful to merge elements from post-disaster cognitive–behavioral therapy and from religious accommodative cognitive–behavioral therapy when religious and existential issues present in the context of psychotherapy (Aten, 2012). To determine if such an approach would be beneficial to clients, mental health professionals may do a thorough assessment that includes inquiring about clients' religious and spiritual history and commitments.

Other researchers encourage the use of pastoral counseling for disaster survivors. For example, Harris et al. (2008) recommended that survivors utilize pastoral counseling and services when in a disaster and called attention to the need for additional strategies and guidance on the utilization of religious resources before, during, and after a disaster.

Conclusion

Research has shown that for many disaster survivors, religion and spirituality play important roles in the recovery process. The purpose of this article has been to review some of the current research on the psychology of religion/spirituality, provide some general practice guidelines, and introduce examples of disaster spiritually oriented interventions. Mental health professionals working with disaster survivors have the potential to facilitate individual and community healing in the aftermath of disasters by integrating spiritual care with the best of what professional psychology has to offer. When mental health professionals take both a micro and macro approach to their work, they are better positioned to provide more holistic care. Further, mental health professionals who integrate spiritual care into disaster mental health services will also be better positioned to encourage adaptive faith community preparedness activities and responses that will promote disaster spiritual and emotional care. Our hope for this article is that it will help raise interests among others to pursue the practice and research of disaster spiritual and emotional care in professional psychology.

References

Ai, A., Cascio, T., Santangelo, L. K., & Evans-Campbell, T. (2005). Hope, meaning, and growth following the September 11, 2001, terrorist attacks. *Journal of Interpersonal Violence, 20,* 523–548. doi:10.1177/0886260504272896

Aten, J. D. (2004). Improving understanding and collaboration between campus ministers and college counseling center personnel. *Journal of College Counseling, 7,* 90–96. doi:10.1002/j.2161-1882.2004.tb00263.x

Aten, J. D. (2008). The church disaster mental health project: www.churchdisasterhelp.org. *Applied Research in Economic Development, 5,* 56–57.

Aten, J. D. (2012). Disaster spiritual and emotional care in professional psychology: A Christian integrative approach. *Journal of Psychology and Theology, 40,* 131–135.

Aten, J. D., Bennett, P. R., Davis, D., Hill, P. C., & Hook, J. N. (2012). Predictors of God concept and God control after Hurricane Katrina. *Psychology of Religion and Spirituality, 4,* 182–192. doi:10.1037/a0027541

Aten, J. D., Boan, D. M., Hosey, J. M., Topping, S., Graham, A., & Im, H. (2013). Building capacity for responding to disaster emotional and spiritual needs: A clergy, academic, and mental health partnership model (CAMP). *Psychological Trauma: Theory, Research, Practice, & Policy, 5,* 591–690.

Aten, J. D., Madison, M. B., Rice, A., & Chamberlain, A. K. (2008). Post disaster supervisor strategies for promoting supervisee self-care: Lessons learned from Hurricane Katrina. *Training and Education in Professional Psychology, 2,* 75–82. doi:10.1037/1931-3918.2.2.75

Aten, J. D., & Topping, S. (2010). An online social networking disaster preparedness tool for faith communities. *Psychological Trauma: Theory, Research, Practice, and Policy, 2,* 130–134. doi:10.1037/a0019157

Aten, J. D., Topping, S., Denney, R. M., & Hosey, J. (2011). Helping African-American clergy and churches address minority disaster mental health disparities: Training needs, model, and example. *Psychology of Religion, and Spirituality, 3,* 15–23. doi:10.1037/a0020497

Brenner, G. H., Bush, D. H., & Moses, J. (2009). *Creating spiritual and psychological resilience: Integrating care in disaster relief work*. New York, NY: Taylor & Francis.

Briggs, M., Apple, K., & Aydlett, A. (2004). Spirituality and the events of September 11: A preliminary study. *Counseling and Values, 48,* 174–182. doi:10.1002/j.2161-007X.2004.tb00244.x

Brymer, M., Jacobs, A., Layne, C., Pynoos, R., Ruzek, J., Steinberg, A., Vernberg, E., & Watson, P. (2006). *Psychological first aid: Field operations guide for community religious professionals*. Los Angeles, CA: National Child Traumatic Stress Network and National Center for PTSD.

Calhoun, L. G., & Tedeschi, R. G. (2006). The foundations of post-traumatic growth: An expanded framework. In L. G. Calhoun & R. G. Tedeschi (Eds.), *Handbook of posttraumatic growth: Research and practice* (pp. 1–23). Mahwah, NJ: Penguin.

Center for Research on the Epidemiology of Disasters. (2007, March). Disaster data: A balanced perspective. CRED crunch, Issue No. 8, Brussels, Belgium.

Cook, S. W., Aten, J. D., Moore, M., Hook, J. N., & Davis, D. E. (2013). Resource loss, religiousness, health, and posttraumatic growth following Hurricane Katrina. *Mental Health, Religion & Culture, 16,* 352–366. doi:10.1080/13674676.2012.667395

Evans, D., Kromm, C., & Sturgis, S. (2008). *Faith in the Gulf: Lessons from the religious response to Hurricane Katrina*. Durham, NC: Institute for Southern Studies.

Forbes, D., Lewis, V., Varker, T., Phelps, A., O'Donnell, M., Wade, D. J., . . . Creamer, M. (2011). Psychological first aid following trauma: Implementation and evaluation framework for high-risk organizations. *Psychiatry, 74,* 224–239.

Hacker, C. L. (1996). How faith communities can respond in crisis and disasters. Retrieved: http://www.google.com/url?sa=t&rct=j&q=amp;esrc=s&source=web&cd=1&ved=0CCkQFjAA&url=http%3A%2F%2Fwww.lssnd.org%2Ffile_download%2F8bfc0ffc-1f66-4473-9e49-53ff143f9346&ei=AiUCU5W7KOW70wXb3oAw&usg=AFQjCNEOmUdKeH4_kbXTJdwQt5WJtsjBZQ&sig2=1_8FAeyH8nvsEnR8ofXN3A&bvm=bv.61535280.d.d2k

Harris, J. I., Erbes, C. R., Engdahl, B. E., Olson, R. H., Winskowski, A. M., & McMahill, J. (2008). Christian religious functioning and trauma outcomes. *Journal of Clinical Psychology, 64,* 17–29. doi:10.1002/jclp.20427

Hobfoll, S., Freedy, J., Green, B., & Solomon, S. (1996). Coping in reaction to extreme stress: The roles of resource loss and resource availability. In M. Zeidner & N. Endler (Eds.), *Handbook of coping: Theory, research, and applications* (pp. 322–349). New York, NY: John Wiley.

Johnson, T., Aten, J., Madson, M., & Bennett, P. (August, 2006). *Alcohol use and meaning in life among survivors of Hurricane Katrina*. Paper presented at the 2006 International Conference on Personal Meaning: Addiction, Meaning, & Spirituality, British Columbia, Canada.

Koenig, H. G. (2006). *In the wake of disaster: Religious responses to terrorism & catastrophe*. Philadelphia, PA: Templeton foundation Press.

Kroll-Smith, J. S., & Couch, S. R. (1987). A chronic technical disaster and the irrelevance of religious meaning: The case of Centralia, PA. *Journal of the Scientific Study of Religion, 26,* 25–37. doi:10.2307/1385839

Milstein, G., & Manierre, A. (2010). Normative and diagnostic reactions to disaster: Clergy and clinician collaboration to facilitate a continuum of care. In G. H. Brenner, D. H. Bush, & J. Moses (Eds.), *Creating spiritual and psychological resilience: Integrating care in disaster relief work* (pp. 219–226). New York, NY: Routledge.

Milstein, G., Manierre, A., & Yali, A. M. (2010). Psychological care for persons of diverse religions: A collaborative continuum. *Professional Psychology: Research and Practice, 41,* 371–381. doi:10.1037/a0021074

Moriarty, G. L., & Davis, E. B. (2012). Client God images: Theory, research, and clinical practice. In J. Aten, K. O'Grady, & E. Worthington, Jr. (Eds.), *The psychology of religion and spirituality for clinicians: Using research in your practice* (pp. 131–160). New York, NY: Routledge.

National Voluntary Organizations Active in Disaster. (2006). *Disaster spiritual care: National voluntary organizations active in disaster points of consensus*. Arlington, VA: National Voluntary Organizations Active in Disaster.

Newton, A., & McIntosh, D. (2009). Association of general religiousness and specific religious beliefs with coping appraisals in response to Hurricanes Katrina and Rita. *Mental Health, Religion & Culture, 12,* 129–146. doi:10.1080/13674670802380400

Ochu, A. C. (2013). *Forgiveness and religious coping as predictors of posttraumatic outcomes*. (Unpublished Dissertation).

O'Grady, K. A., Orton, J. D., Schreiber-Pan, H. & Wismick, J. C. (in press). International community trauma and the posttraumatic transformation model. *International Psychology Bulletin*.

O'Grady, K. A., & Richards, P. S. (2008). God image and theistic psychotherapy. *Journal of Spirituality and Mental Health, 9,* 183–209. doi:10.1300/J515v09n03_09

O'Grady, K. A., Rollison, D. G., Hanna, T. S., Schreiber-Pan, H., & Ruiz, M. A. (2012). Earthquake in Haiti: Relationship with the sacred in times of trauma. *Journal of Psychology and Theology, 40,* 289–301.

Pargament, K. I., Ishler, K., Dubow, E. F., Stanik, P., Rouiller, R., Crowe, E. P., . . . Royster, B. J. (1994). Methods of religious coping with the Gulf War: Cross sectional and longitudinal analyses. *Journal for the Scientific Study of Religion, 33,* 347–361. doi:10.2307/1386494

Pargament, K. I., Smith, B. W., Koenig, H. G., & Perez, L. (1998). Patterns of positive and negative religious coping with major life stressors. *Journal for the Scientific Study of Religion, 37,* 710–724. doi:10.2307/1388152

Roberts, A. R. (Ed.). (2005). *Crisis intervention handbook: Assessment, treatment, and research, 3rd ed*. New York, NY: Oxford University Press.

Roberts, S. B., & Ashley, W. C., Sr. (Eds.). (2008). *Disaster spiritual care: Practical clergy responses to community, regional, and national tragedy*. Woodstock, VT: SkyLight Paths Publishing.

Ronan, K. R., & Johnston, D. M. (2005). *Promoting community resilience in disasters: The role of schools, youths, and families*. New York, NY: Springer.

Smith, B., Pargament, K., Brant, C., & Oliver, J. (2000). Noah revisited: Religious coping by church members and the impact of the 1993 Midwest flood. *Journal of Community Psychology, 28,* 169–186. doi:10.1002/(SICI)1520-6629(200003)28:2<169::AID-JCOP5>3.0.CO;2-I

Vernberg, E., Steinberg, A., Jacobs, A., Brymer, M., Watson, P., Osofsky, J., . . . Ruzek, J. I. (2008). Innovations in disaster mental health: Psychological first aid. *Professional Psychology: Research and Practice, 39,* 381–388. doi:10.1037/a0012663

Walter, L. J., & LaMendola, F. (2007). Social work in natural disasters: The case of spirituality and post-traumatic growth. *Advances in Social Work, 8,* 305–316.

Received January 1, 2014
Accepted January 22, 2014 ■