Managing Intense Emotions

When people are first faced with disaster and you first meet them, intense emotions are often present and appropriate. They are a result of intense fear, uncertainty, and apprehension.

**DO:**

**Communicate Calmly: Use SOLER**
- Sit squarely or stand using the L-stance (shoulder 90º to the other person’s shoulder).
- Open posture.
- Lean forward.
- Eye contact.
- Relax.

**Communicate Warmth:**
- Use a soft tone.
- Smile.
- Use open and welcoming gestures.
- Allow the person you are talking with to dictate the distance between you.

**Establish a Relationship:**
- Introduce yourself if they do not know you.
- Ask the person what they would like to be called.
- Do not shorten their name or use their first name without their permission.
- With some cultures, it is important to always address the person as Mr. or Mrs.

**Use Concrete Questions to Help the Person Focus:**
- Use closed-end questions.
- Explain why you are asking the question.

**Come to an Agreement on Something:**
- Establish a point of agreement that will help solidify your relationship and gain their trust.
- Active listening will help you find a point of agreement.

**Speak to the Person with Respect:**
- Use words like please and thank you.
- Do not make global statements about the person’s character.
- Lavish praise is not believable.
- Use positive language.

**If the Person Becomes Agitated, He or She May—**

**Challenge or Question Authority:**
- Answer the question calmly.
- Repeat your statement calmly.

**Refuse to Follow Directions:**
- Do not assert control. Let the person gain control of self.
- Remain professional.
- Restructure your request in another way.
- Give the person time to think of your request.

**Lose Control and Become Verbally Agitated:**
- Reply calmly.
- State that you may need assistance to help them.

**Become Threatening:**
- If the person becomes threatening or intimidating and does not respond to your attempts to calm them, seek immediate assistance. (1)

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(1) Adapted from “Psychological First Aid,” the Center for the Study of Traumatic Stress at www.centerforthestudyoftraumaticstress.org and used with permission.

(2) Adapted from “Nebraska Disaster Behavioral Health Psychological First Aid Curriculum” at www.mentalhealth.samhsa.gov/dtac/EducationTraining.asp.
When you work with people during and after a disaster, you are working with people who may be having reactions of confusion, fear, hopelessness, sleeplessness, anxiety, grief, shock, guilt, shame, and loss of confidence in themselves and others. Your early contacts with them can help alleviate their painful emotions and promote hope and healing.

Your goal in providing this psychological first aid is to promote an environment of safety, calm, connectedness, self-efficacy, empowerment, and hope.

**DO:**

**Promote Safety:**
- Help people meet basic needs for food and shelter, and obtain emergency medical attention.
- Provide repeated, simple, and accurate information on how to get these basic needs.

**Promote Calm:**
- Listen to people who wish to share their stories and emotions, and remember that there is no right or wrong way to feel.
- Be friendly and compassionate even if people are being difficult.
- Offer accurate information about the disaster or trauma, and the relief efforts underway to help victims understand the situation.

**Promote Self-Efficacy:**
- Give practical suggestions that steer people toward helping themselves.
- Engage people in meeting their own needs.

**Promote Help:**
- Find out the types and locations of government and nongovernment services and direct people to those services that are available.
- When they express fear or worry, remind people (if you know) that more help and services are on the way.

**DO NOT:**

- Force people to share their stories with you, especially very personal details.
- Give simple reassurances like “everything will be OK” or “at least you survived.”
- Tell people what you think they should be feeling, thinking, or how they should have acted earlier.
- Tell people why you think they have suffered by alluding to personal behaviors or beliefs of victims.
- Make promises that may not be kept.
- Criticize existing services or relief activities in front of people in need of these services.(1)