

DISASTER SPIRITUAL AND EMOTIONAL CARE TIP SHEETS

Topic:	Connecting with Survivors
Aim:	This tip sheet contains tips on connecting emotionally and spiritually with disaster survivors and responders.
General Information:	There are numerous ways that caregivers can support those who have been affected by a disaster. The following is a list of the principles of crisis intervention along with how to implement that particular principle.
Goals for Connecting:	 Don't argue. Don't minimize the problem. Find something to agree upon. Establish rapport. Use active listening techniques. Emotionally connect with them and provide a safe harbor. Provide strength, support, and guidance. Provide a safe place where people can tell their story and experience all the thoughts, feelings and emotions.
Qualities for Connecting:	 Being genuine. Showing accurate empathic understanding. Expressing unconditional positive regard. Conveying warmth. Being tactful and sensitive.
Factors which Prevent Connecting:	 Busyness. Being unengaged and inattentive to the survivor in front of you. Failing to start at a non-threatening place that is non-invasive. Being demanding; probing for emotional response. Conveying distance or coldness. Provoking guilt; blaming the person. Being judgmental and dogmatic. Responding to survivor anger with harshness, anger or disappointment.
Connecting in Practice:	 Be objective and meet the person "where they are" and with "what they are feeling." Facilitate access to social support systems (family, friends, neighbors, services). Help people recognize and draw on their own strengths. Affirm the uniqueness of each individual's situation and reactions.

	 Help them to understand that their stress response, while it may feel strange, is okay. "Reach out" and provide for practical needs: nourishment, heat/cooling, clothes, blankets, telephone, a place to rest. Provide accurate information on safety, where to get assistance. Preserve an interpersonal safety zone protecting basic personal space (e.g., privacy, quiet, personal effects). Minimize a person's exposure to gruesome images, morbidity, and traumatic scenes. Listen supportively to those who want to share their story. Avoid probing for details or pushing for emotional responses. Avoid giving advice (unless asked). Ask how they (and their loved ones) are doing, and what you can do to help. Meet them where they are, without judgment and your expectations.
Outreach:	 You do not always have to talk about spiritual issues, pray, or read scripture to minister to the spiritual needs of people. Meeting the practical needs is a part of spiritual ministry as well. Disaster mental health workers seem less threatening when they refer to their services as "assistance," "support" or "talking". The most effective interventions are usually done on-scene. It seems that people are most open to talking about things over a cup of coffee or a meal.
Rejection:	 Caregivers must be prepared for rejection and anger responses from people affected by the disaster. The emotional and spiritual caregiver should not personalize a refusal to talk or what may appear to be rejection.
Other Resources:	 Harding, S. (2007). Spiritual care and mental health for disaster response and recovery. New York: New York Disaster Interfaith Services. National Child Traumatic Stress Network. (2006). Psychological first-aid: Field operations guide for community religious professionals. Los Angeles, CA: Author. National Voluntary Organizations Active in Disasters. Light our way: A guide for spiritual care in times of disasters. Arlington, VA: Author. Roberts, S., & Ashley, W. (2008). Disaster spiritual care: Practical clergy responses to community, regional, and national tragedy. Woodstock, VT: Skylight Paths Publishing.

(Adapted from: Ellers, K.L. (2008). Emotional and spiritual care in disasters, Participant guide (Version 6.0), International Critical Incident Stress Foundation.)

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