

School Crisis Aftermath: Care for the Caregivers

In the wake of a crisis, caregivers must take care of themselves as well as their charges.

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Angela was president of her senior class, a state champion volleyball player, an honors student, and a member of the school orchestra. She was looking forward to attending college as a pre-med student when she was killed by a drunk driver on New Year's Eve. Angela's counselor, her teachers, the school psychologist, and the school administrators all rallied and provided support for Angela's friends and family. They worked tirelessly to set up a "care room" at the school for those who were affected by Angela's death and frequently met with students in the weeks following her funeral to provide support. They planned a memorial service at the school and spent many hours helping the school return to a pre-crisis learning environment in addition to fulfilling their normal duties. A few weeks after the accident, many of those who had provided care began to experience fatigue and sleep disturbances, headaches, and depression. What was causing this?

How Caregivers Help

"Professional" crisis caregivers (e.g., emergency responders, mental health providers, medical professionals, victim assistance counselors, and faith leaders) are trained to handle exposure to images of destruction and loss and to help victims or survivors cope with the impact of a crisis. They try to help individuals, schools, and communities reestablish their balance in a world that seems radically different from what they previously knew; connect them to available resources in their communities, cities, and states; and deal with their feelings of guilt, helplessness, anger, fear, and grief.

Although most individuals will not require intensive services, caregivers sometimes are needed to provide ongoing support to individuals who are feeling anxious, stressed, or fearful about the crisis and its effect on their future. Caregivers may also help frontline responders who may have experienced the horror of death and destruction and the immediate aftermath of an event.

Administrators, teachers, and other school staff members play an essential role in helping adolescents cope with crises, in effect becoming crisis care-

givers when a tragedy affects youth in their care. This is particularly true when the crisis occurs at the school or directly affects students or staff members. Although school personnel play a key role in the lives of adolescents, they may not have had formal training in mental health or crisis support strategies, so they can become overwhelmed with the gravity of their work.

Principals are responsible for the well-being of their staff members as well as their students and should be vigilant of staff members who are thrust into the crisis caregiver role. In particular, they can ensure that staff members receive crisis training, guidance on stress management, and access to mental health supports if necessary. The school psychologist can be extremely helpful in providing or accessing these resources and supports.

The Potential for Burnout

Caring for the victims of crises is both physically and emotionally draining. The sense of normalcy is disrupted and the level of human need may be enormous. Need for care may continue for an extended period of time, as in the aftermath of a natural

disaster, school violence, or a student or teacher death. Answering this need can be particularly difficult because many crisis caregivers have other jobs that they are trying to fulfill at the same time. This is especially true for teachers, school mental health professionals, and administrators, who may be trying to meet the needs of students, staff members, and families in crisis while maintaining a normal learning environment.

The natural instinct when acting as a crisis caregiver is to put one's own needs aside and tend to students first, but no one who responds to a crisis is untouched by it. All caregivers who participate in a crisis response are at risk for burnout, also known as "compassion fatigue," which interferes with their ability to provide crisis assistance. This can result when caregivers experience a traumatic event through the eyes and ears of the survivors; many caregivers have empathetic reactions when listening to the story of the event. This can be true in the aftermath of an immediate crisis, such as a death or natural disaster, as well as during extended periods of stress and anxiety, such as a war. It is extremely important for caregivers to monitor their own reactions and take care of their own needs.

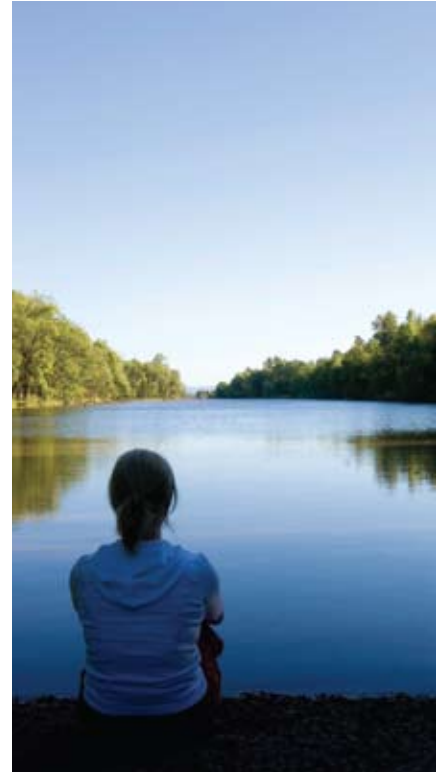
In the early stages of crisis response, caregivers may have abounding energy and motivation. As a crisis intervention continues, however, caregivers may find themselves experiencing physical or psychological burnout. Successes may be ambiguous or few and far between. Images of violence, despair, hardship, or continual concern over possible danger can contribute to feeling professionally isolated and depressed, particularly if caregivers do not have the opportunity to

process their reactions. In some cases, lack of sleep and limited opportunities for healthy nourishment break down caregivers' capacity to cope effectively. In addition, caregivers who have their own history of prior loss, psychological trauma, mental illness, or substance abuse or who lack social and family resources will be more vulnerable to burnout. These caregivers may find that their own memories of trauma and loss may resurface during a crisis.

Implications for Administrators

The first concern after a crisis affects a school is understandably meeting the needs of students—ensuring their physical and psychological safety, mitigating the stressors that can interfere with learning, ensuring that communication is clear and factual, identifying and monitoring those who are at the greatest risk for developing a serious trauma reaction, and restoring a sense of normalcy as soon as possible. Administrators also must be aware of the toll on their staff members, monitor the adults who have assumed a caregiving role, and note their needs. Like students, adults who may be at greatest risk are those who were particularly close to event (e.g., mentored a student who died or tried to help a colleague who had heart attack in class) or have recently experienced a loss or traumatic event in their lives.

Staff members, students, and parents all look to the principal for guidance on what to do and reassurance that they will be okay. Staff members in particular may need a clear sense of direction even as they respond instinctively to the needs of their students. It is often difficult for principals to recognize that their own history of



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trauma and loss may prevent them from fully taking on the leadership role during a crisis. Principals need to take stock of their own emotional capacity to cope and be realistic about the duties they can perform. These can be highly visible, such as speaking at student's funeral or managing a large parent meeting, or intimate and intense, such as offering support to a distraught parent.

Luckily, principals do not have to—and should not—be the only leaders in their schools. Having a trained crisis team in place makes it possible to respond in the moment and also to delegate ongoing caretaking tasks as needed to ensure that students and staff members are supported effectively. The school psychologist and other school-based mental health professionals are essential. Community mental health professionals may be needed to augment school personnel, but they should work closely with those who are trained to work in the school environment and understand the unique challenges and opportunities afforded by that context. Creating an atmosphere of open communication with and among staff members as part of the ongoing professional relationship makes it more likely that they will share their concerns, recognize the need for and seek help, and support one another.

Preventing Burnout and Minimizing Stress

Whether it is in the aftermath of a serious crisis or during an extended period of high stress, the repeated stories of crisis-affected individuals, as well as the unrelenting demand for support, may result in burnout for

crisis caregivers. Stress management is key to effective crisis response. Crisis caregivers can manage and alleviate stress by taking care of themselves while helping others. The following personal and professional suggestions will help prevent burnout (Brock, Sandoval, & Lewis, 2001; Mitchell & Everly, 1998; Poland & McCormick, 2000; U.S. Department of Health and Human Services, 2005).

KNOW YOURSELF AND YOUR ROLE

- Know your limitations and what situations you feel reasonably comfortable or uncomfortable handling.
- Know your own triggers for stress.
- Recognize that your reactions are normal and occur frequently among many well-trained crisis professionals.
- Understand when your own experience with trauma may interfere with your effectiveness as a caregiver.
- Recognize and heed the early warning signs of burnout—listen to your body.
- Be clear about your role in the crisis intervention and always work as part of a team.
- Remember your professional ethics. Set appropriate limits on your involvement with the students you are supporting.
- Know the crisis plan in your place of work.

TAKE CARE OF YOURSELF

- To the extent possible, maintain normal daily routines.
- Connect with trusted friends or family members who can

help support you.

- Eat healthy foods and drink plenty of water.
- Take frequent rest breaks at least every couple of hours.
- As much as possible, try to get some restful sleep (but try to avoid sleeping pills).
- Maintain your typical exercise routine.
- Give yourself permission to do things that you find pleasurable (e.g., going shopping or out to dinner with friends).
- Avoid using alcohol or drugs to cope with the effects of being a caregiver.
- Ask for help from family and friends to reduce pressures or demands during the crisis response.
- Renew your spiritual connections.
- Avoid excessive news coverage of the event.
- Do the things that reduce stress for you (e.g., read, listen to music, take deep breaths, meditate, walk, laugh).
- Take time at the end of each day to process or debrief the events of the day with other caregivers or colleagues. It is helpful to spend time in the company of others who understand the stressors affecting the team.
- Use a buddy system so coworkers can monitor each other's stress reactions.
- Be kind and gentle on yourself and others because you have all shared exposure to a life-changing event. Everyone needs time to process the impact of these events on their lives.

The Warning Signs of Burnout

It is important to realize that burnout develops gradually, but its warning signs are recognizable beforehand. These include the following items (Figley, 2002; Mitchell & Everly, 1996).

Cognitive

- An inability to stop thinking about the crisis, the crisis victims, or the crisis intervention
- Loss of objectivity
- An inability to make decisions or express oneself either verbally or in writing
- Disorientation or confusion or difficult concentrating
- Personal identification with crisis victims and their families
- Constant replay of the incident described in the crisis intervention

Physical

- Overwhelming or chronic fatigue or sleep disturbances
- Gastrointestinal problems, headaches, nausea, or other aches and pains
- Eating problems, including eating too much or loss of one's appetite

Affective

- Suicidal thoughts or severe depression
- Irritability that leads to anger or rage
- Intense cynicism or pessimism
- Excessive worry about crisis victims and their families
- Upset or jealous feelings when others are doing crisis interventions
- A compulsion to be involved in every crisis intervention

- Significant agitation and restlessness after conducting a crisis intervention
- Frequent unexplained loss of emotional control after crisis intervention

Behavioral

- Alcohol and substance abuse
- Withdrawal from contact with coworkers, friends, or family members
- Impulsive behaviors
- Maintaining an unnecessary degree of contact or follow-up with crisis victims and their families
- An inability to complete or return to normal job responsibilities
- Loss of interest in one's own work after crisis interventions
- Attempts to work independently of the crisis intervention team without appropriate supervision

Source: Figley, C. R. (2002). *Treating compassion fatigue*. New York: Brunner-Routledge; Mitchell, J. T., & Everly, G. S. (1996). *Critical incident stress debriefing*. Ellicott City, MD: Cheveron.

Resources

American Red Cross www.redcross.org

Centers for Disease Control and Prevention
www.bt.cdc.gov

National Association of School Psychologists
www.nasponline.org/educators

National Institute of Mental Health www.nimh.nih.gov

Substance Abuse and Mental Health Services
Administration, National Mental Health Information
Center www.mentalhealth.samhsa.gov



As caregivers to those who need support after tragic events, all adults must take good care of themselves so that they are able to take good care of those in their charge.

- Ask your supervisor for temporary relief from some of your regular job responsibilities.
- Take advantage of employee assistance programs that might be available.

What Next?

School crisis response is a part of a comprehensive safe schools plan. Every year, administrators should inform staff members about the specifics of their school's crisis plan, staff members' potential role in the event of a crisis, the potential for burnout among those who support students and one another, and the warning signs of and strategies for minimizing burnout and stress. This information should be viewed as essential staff training and be conducted by crisis team members. Ideally, community service providers who might be called in to support the school should participate in these training sessions to enhance collective understanding and collaboration. Staff members should also be aware of the following important points before a crisis occurs (Poland & McCormick, 2001):

- When you participate in a crisis response, you will likely be personally affected by the crisis and may need just as much support as victims and survivors.
- Issues pertaining to your own personal history of trauma or loss may resurface during a severe crisis; those reactions can take you by surprise.
- When you become aware of a school crisis, you might feel

unprepared to deal with the situation and might experience such emotions as fear, denial, anger, and anxiety.

- Remember that your crisis reactions are normal. Give yourself permission to experience a range of emotions.
- Recognize when you should not provide crisis support to students because of your own reactions to the event.

Summary

Parents, teachers, administrators, and emergency professionals all play an important role in helping students cope with crises and return to the learning environment. As caregivers to those who need support after tragic events, all adults must take good care of themselves so that they are able to take good care of those in their charge. **PL**

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