# Care for the Caregiver: Guidelines for Administrators and Crisis Teams

Parents, teachers, and other caregivers play a critical role in helping children cope with crises. Following a crisis, teachers are often required to provide additional support to the students in their classes. While teachers provide daily care and support for their students, after a tragedy these demands may go well beyond their training or expertise. In addition, crisis responders and mental health professionals are tasked with providing crisis intervention and additional mental health support to the school community following a crisis event. Consequently, it is extremely important for caregivers to monitor their own reactions and take care of their own needs as failure to do so can result in stress and burnout. Therefore, schools must be prepared to support all the adults in the school setting following a crisis.

## Risks and Stressors for School Staff

Most students and school personnel will be able to get back to the typical school routine quickly and without formal mental health treatment; however, some individuals will require additional intervention and support. There are a variety of factors that increase the likelihood that a crisis event will have a traumatizing impact on both those who experience the event, as well as those who respond to it. One of those factors is the existence of personal vulnerabilities including preexisting risk factors. These include mental illness and a history of psychological trauma and/or loss. Preexisting mental health conditions can increase the vulnerability to traumatic stressors. This is true for both initial trauma symptomatology and longer-term difficulties. Other factors that can influence a person's individual reactions include witnessing or being otherwise personally affected by the trauma.

In addition, it is known that certain crisis variables can interact and influence reactions to it. Events that are somewhat predicable or have a gradual onset (for instance, a death after a long illness) are generally less traumatic than those with a sudden onset (such as an accident or shooting death). Natural disasters (such as floods or earthquakes) are typically less traumatic than violent man-made assaults. Those situations with fatalities will certainly be more traumatizing than those without fatal injury. Finally, as might be expected, those crisis situations with a high intensity and long duration (such as a hostage situation), and those with many individuals involved, will provide the most challenges with regard to traumatic aftermath.

## Burnout and Secondary Trauma

Secondary trauma is the stress that results from learning about another's traumatic experience and helping or wanting to help another person who has been directly affected by such tragedy. This secondary trauma shows itself with the same general range of symptoms as those who have been personally victimized by the event. School administrators, teachers, crisis responders, and mental health personnel who assist children and other adults in the school community are at risk for such stressors as they take on crisis intervention work to assist in times of tragedy.

## Warning Signs

The signs and symptoms of stress and secondary trauma can sometimes be observed by others and sometimes are only known to the individual who is affected. Some are common stress reactions, often seen or experienced after a crisis, and others may warrant seeking professional support or monitoring. They can come in the form of physical reactions, emotional symptoms and social or interpersonal signs.

*Physical reactions*, such as chronic fatigue and exhaustion are the most frequently reported. However, other signs may also be evident, such as trouble paying attention, confusion, constantly being on the "lookout" for danger, or startling easily. Sleeping and eating problems, headaches, stomachaches, or muscle tension may also be experienced. When these reactions significantly interfere with their jobs or personal functioning, additional support and intervention will likely be needed.

*Emotional symptoms* can include excessive worry or anxiety about the crisis victims, disconnection or numbing, extreme anger at the situation, or feelings of compassion fatigue, demoralization or resignation. Individuals may also find they have recurrent crisis thoughts or distressing dreams, or a constant replaying of the events, and even some confusion and difficulty making everyday decisions. Some may even experience extreme depression with hopelessness or suicidal thoughts. Some may self-medicate their emotional symptoms by increased drug or alcohol use.

Finally, *social or interpersonal signs* can include serious difficulties in relationships at home or work. Irritability, outbursts of anger, social withdrawal or isolation can sometimes be seen as extreme stress reactions. Attempts to over-control at work, compulsion to be a "rescuer" or part of every crisis situation. These social issues may increase absenteeism, may result in an increase in staff arguments, or may shorten adults' patience with students.

## Care for the Caregiver

Previous research suggests that school personnel are at risk for multiple long-term consequences including illness and burnout and often feel their needs are neglected following acts of violence and other crises. In addition, teachers may be expected to and/or feel responsible for meeting the mental health needs of students when they lack the necessary training and expertise to do so. It is important

that immediate reactions to a traumatic event be acknowledged and normalized by both school leadership and mental health staff. This includes having some awareness of their own reactions and limitations and taking care of themselves as needed.

Opportunities for school personnel to access assistance from crisis responders and/or mental health professionals must be planned for and provided. For example, the plan may call for substitute staff to come to the building to allow teaching staff to leave the classroom and receive support. Immediate support and action from administration in reducing posttraumatic stress in school personnel following a crisis is critical in terms of a quicker recovery. One of the best ways that administrators can support their staff is by ensuring that there are sufficient numbers of responders and mental health staff to both carry out the crisis plan effectively and to provide needed interventions in the days and weeks after the crisis. Administrators should promote a culture in which the adults in the building feel comfortable asking for help and/or to take a break. At the same time, school leadership needs ensure that this is not perceived as an inability to do their jobs. Administrators should also be aware of the potential stigma of school personnel accessing mental health services and Employee Assistance Programs (EAPs). Providing contact information and encouraging staff to meet their own mental health needs is an important first step in ensuring that staff are adequately supported.

In addition to mental health intervention, there are a variety of informal strategies that can be helpful in supporting school staff following a school-based crisis. Such tactics include a back-to-school visit for school staff prior to the students returning and/or some type of open house where staff and students can return to the school in a safe and supportive context. It is important to have mental health professions/crisis responders present at these gatherings so that individuals who are impacted have the opportunity to discuss their feelings and reactions. This will also allow staff to receive appropriate support to address the stress and fatigue involved when caring for and teaching impacted students. Ongoing support should also be made available. Another way to assist staff following a crisis is to use a classroom buddy system. Giving teachers the option of having a school mental health professional assigned to their classroom sfor the first day or two that classes resume can provide them, as well as their students, the extra support the need to get through what is often the most difficult time. The "buddy" is there to help facilitate conversations about the crisis, provide large group/classroom interventions, offer mini breaks for the teacher, and to identify those students—and teachers—who have severe crisis reactions and escort them to where more intensive interventions are provided. Substitute teachers can also be arranged for those educators who have been significantly impacted (e.g., death of one of their students, witnessing a crisis in their classroom, etc.).

Finally, it is important to keep in mind the exhausting nature of crisis response work and the impact on those individuals who serve on the crisis team, especially those who provide mental health interventions to trauma victims. Participating as a crisis responder is a risk factor for burnout and invariably, crisis responders will experience some personal impact subsequent to their involvement in the response and this should be anticipated. The need for social support and the opportunity to debrief with other responders following the response are important to recognize, as often these folks will put their own needs on the back burner while tending to the needs of everyone else. These professionals can be supported in a variety of ways including allowing for shorter work shifts of crisis team members and allowing them to rotate between more intensive and less intensive crisis

response activities. Providing coverage of day-to-day duties of crisis response team members can also be helpful, so that there is not a big backlog of work once the response has wrapped up. Having a Mental Health Officer designated by the crisis response team Incident Commander can be assigned the duties of making sure the crisis responders' needs are being considered during the crisis response.

## Strategies for Self-Care

A diminished ability to function professionally may place students or the caregiver at risk. It is important that all school staff be encouraged to engage in self-care strategies and to ask for help as needed. Self-care strategies can come in many forms which interrelate, and can be thought of as preventing or addressing the signs and symptoms mentioned above.

***Physical self-care*** includes maintaining a healthy diet, getting adequate sleep and taking some breaks during the workday. Exercise can be very effective for stress reduction. Even taking walks or riding bikes, can help calm the physical body. Limited use of alcohol or other substances is also important as this can interfere with sleep and should not be relied upon to help cope or relax. Other stress management techniques such as using relaxation or deep breathing can be helpful.

To care for ***emotional health***, school staff should recognize that many reactions are normal and occur frequently among caregivers, but they should also be aware of and watch for the signs of secondary trauma. Knowing one's limitations and giving oneself permission to take on fewer responsibilities can be helpful. Similarly, the use of good time-management skills and priority setting can be beneficial, as they can help people focus on something practical to do right now to manage the situation. Practicing one's spiritual or religious faith can provide comfort and calming, as can engaging in hobbies and creative activities. Other strategies include using calming self-talk, soothing music, and/or visualization.

***Social care and connection*** is also important to self-care during times of stress. Maintaining normal daily routines and staying connected with trusted friends or family can be helpful. Stress can actually be reduced when people can turn to action, by engaging in activism or advocacy work. Debriefing the events with other caregivers or colleagues at the end of each day and when crisis response and recovery efforts wrap up is especially important for crisis responders.

## References

Brock, S.E., Nickerson, A.B., Reeves, M.A., Jimerson, S.R., Lieberman, R.A., & Feinberg, T.A. (2009). *School crisis prevention and intervention: The PREPaRE model.* Bethesda, MD: National Association of School Psychologists.

Brymer, M., Jacobs, A., Layne, C., Pynoos, R., Ruzek, J., Steinberg, A., & Watson, P. (2006). *Psychological first aid: Field operations guide* (2nd ed.). Rockville, MD: National Child Traumatic

Stress Network and National Center for PTSD. Retrieved June 25, 2013 from http://www.nctsn.org/nccts/nav.do?pid=typ_terr_resources_pfa.

Center for the Study of Traumatic Stress. (n.d.). Grief leadership: Leadership in the wake of tragedy. Bethesda, MD: Uniformed Services University of Health Sciences. Retrieved June 25, 2013 from http://www.cstsonline.org/grief-leadership-leadership-in-the-wake-of-tragedy/.

Crepeau-Hobson, F., & Kanan, L.M. (2013-14). After the tragedy: Caring for the caregivers. *Phi Delta Kappan, 95*4), 33-37.

Crepeau-Hobson, F., Sievering, K., Armstrong, C., & Stonis, J. (2012). A coordinated mental health crisis response: Lessons learned from three Colorado school shootings. *Journal of School Violence*, 11(3), 207-225.

Crepeau-Hobson, F., & Summers, L.L. (2011). The crisis response to a school-based hostage event: A case study. *Journal of School Violence*, 10, 281–298.

Reeves, M., Nickerson, Conolly-Wilson, C., Susan, M., Lazzaro, Jimerson, S., & Pesce, R (2011). *Crisis prevention and preparedness: Comprehensive school safety planning* (2nd ed.). Bethesda, MD: National Association of School Psychologists.

See also *Care for the Caregiver: Tips for Families and Educators*, http://www.nasponline.org/resources-and-publications/resources/school-safety-and-crisis/care-for-caregivers/care-for-the-caregiver-tips-for-families-and-educators.

---

---