Helping Children Cope With Crisis:
Care for Caregivers

The Challenge of Caregiving

It almost goes without saying that parents, teachers, and other caregivers play a critical role in helping children cope with crises. The natural instinct is to put one's own needs aside and tend to children first. **It is extremely important, however, for caregivers to monitor their own reactions and take care of their own needs.** Failure to do so can result in burnout, which interferes with one's ability to provide crisis intervention assistance. This can be true in the aftermath of immediate crisis like a natural disaster or terrorist attack as well as during extended periods of stress and anxiety like the war in Iraq. Following are some suggestions that help caregivers maintain their own well-being even as they support the needs of children in their care.

Role of the Caregiver

Traditional crisis caregivers include emergency response professionals, mental health providers, medical professionals, victim assistance counselors, and faith leaders. They are trained to handle exposure to images of destruction and loss and to assist victims or survivors to cope with the impact. Teachers and administrators are key stabilizing elements in the lives of children, but most have had no formal training in mental health or crisis response and intervention. **Educators who lack the requisite skills need to be careful not to go beyond their training because they run the risk of making a very difficult situation worse.**

The Potential for Burnout

At the early stages of crisis response, caregivers may have abounding energy and motivation. Their cognitive functioning, training, and resilience make them important assets to the children under their care. However, as a crisis intervention continues, caregivers may find themselves experiencing physical or psychological "burnout." Images of violence, despair and hardship and/or continuous concern over possible danger can contribute to feeling professionally isolated and depressed, particularly if caregivers do not have the opportunity to process their reactions. Successes may be ambiguous or few and far between, and, in some cases lack of sleep and limited opportunities for healthy nourishment breakdown the capacity to cope effectively. Caregivers can begin to feel more like a victim than a helper. Additionally, caregivers who have their own history of prior psychological trauma, mental illness (including substance abuse), or who lack social and family resources will be more vulnerable to burnout.

Signs of the Burnout

Burnout develops gradually, but its warning signs are recognizable beforehand. These include:

Cognitive
- An inability to stop thinking about the crisis, crisis victims, and/or the crisis intervention.
- Loss of objectivity.
- An inability to make decisions, and/or express oneself either verbally or in writing.
- Personal identification with crisis victims and their families.

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

Affective
- Suicidal thoughts and/or severe depression.
- Irritability leading to anger or rage.

- Intense cynicism and/or pessimism.
- Excessive worry about crisis victims and their families.
- Being upset or jealous when others are doing crisis interventions.
- A compulsion to be involved in every crisis intervention.
- Significant agitation and restlessness after conducting a crisis intervention.

Behavioral
- Alcohol and substance abuse.
- Withdrawal from contact with co-workers, friends, and/or family.
- Impulsive behaviors.
- Maintaining an unnecessary degree of contact/follow-up with crisis victims and their families.
- An inability to complete/return to normal job responsibilities.
- Attempts to work independently of the crisis intervention team.

Preventing Burnout

Whether it is in the aftermath of a serious crisis or during an extended period of high stress, unrelenting demand for support may result in burnout for even the most seasoned crisis caregivers, particularly if they themselves are feeling vulnerable due to the circumstances. The risk may be even higher for teachers and other caregivers who are not trained crisis responders. Consequently all caregivers need to consider the following personal and professional suggestions to prevent burnout:

- Know your limitations and with what you feel reasonably comfortable or uncomfortable handling.
- Recognize that your reactions are normal and occur frequently among many well-trained crisis professionals.
- To the extent possible, maintain normal daily routines (especially physical exercise activities, meal-time, and bed-time routines). Connect with trusted friends or family who can help take the edge off of the moment
- Giver yourself permission to do things that you find pleasurable (e.g., going shopping or out to dinner with friends).
- Avoid using alcohol and drugs to cope with the effects of being a caregiver during times of crisis.
- Ask for support from family and friends in terms of reducing pressures or demands during the crisis response.
- Be sure to maintain healthy eating habits and drink plenty of water.
- Take periodic rest breaks at least every couple of hours.
- As much as possible, try to get some restful sleep, preferably without the use of sleep aids or alcohol.
- Take time at the end of each day to process or debrief the events of the day with other caregivers or colleagues.
- Be kind and gentle on yourself and others, as you have all shared exposure to a life-changing event. Everyone needs time to process the impact of these events into their lives.

References and Resources

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For further information on helping children cope with crisis, visit www.nasponline.org.