In the wake of large-scale tragedies, such as school shootings, floods, or terrorist attacks, many helping professionals find themselves thrust into the role of a crisis caregiver. Typically crisis caregivers respond at the scene of a tragic event and are specially trained to assist victims or survivors in their efforts to cope with the impact of the event. Crisis caregivers usually include emergency response professionals, mental health providers, medical professionals, victim assistance counselors, and faith leaders. Teachers and other educators are also included in the caregiver category when a crisis affects children in their care.

When a crisis event has a long-term aftermath or when there is no immediate closure, all caregivers are at risk of burnout, even without direct personal contact with the crisis. Burnout is also known as vicarious traumatization, compassion fatigue, or empathetic strain. It is extremely important that caregivers monitor their own reactions and take care of their own needs. Failure to do so can diminish their ability to function and potentially lead to more serious stress reactions, such as Secondary Traumatic Stress Disorder (STSD). Moreover, caregivers who have not been trained in crisis recovery should seek the advice or assistance of a trained professional and/or get information on best practices in crisis response, particularly if they are serving in communities most affected by the crisis event. Well-intended individuals who lack the requisite skills run the risk of making a very difficult situation worse.

The following information can help caregivers understand the appropriate role of a crisis caregiver, normal reactions to the stress inherent in providing care, and methods for preserving their own emotional and psychological health.

The Caregiver’s Role

Crisis caregivers assist victims or survivors of a tragedy in their efforts to cope with the loss and destruction caused by the event, as well as the fracturing of life as they have known it. They seek to help individuals, schools, and communities reestablish a sense of balance in a world that seems radically out of kilter with what they previously knew and expected. When caregivers go to the scene of an event to help those most immediately affected, they should have formal training in crisis response and only go into the crisis situation if they are invited to do so by major authorities in the affected area. To presume to go into such settings without an invitation may be perceived as an intrusion or arrogant invasion of privacy. Effective crisis caregivers try to offer support and assistance in ways that maintain the integrity and freedom of choice of the individual(s) in need. They also coordinate their efforts with other crisis response activities at the scene.

Caregivers help to educate survivors with accurate information and connect them to available resources in their community, city, or state. They also help survivors deal with feelings of guilt, helplessness, anger, fear, and grief. The intensity and duration of care needed depend on individual circumstances. Some individuals will have an inordinate need for support; those with a pre-existing physical or emotional problem may find their situation exacerbated by the crisis. While most individuals will not require intensive services, caregivers sometimes are needed to provide ongoing support to individuals who are feeling anxious, stressed, and/or fearful about the event and its impact on their future. Caregivers serving severely affected communities are under greater stress to help victims, survivors, and their families, as well as frontline responders who may have experienced the horror of death and destruction and the immediate aftermath.

Tips for early stage support. After a disaster or major crisis, people yearn to get back to normal. Caregivers understand that life will stabilize and most people will be able to resume many of the
activities that took place before the crisis, but things will never be completely the same as they were before the event. Caregivers need to:

• Ask survivors how they are doing and listen carefully to the answers
• Allow people to talk but acknowledge their right to just listen
• Encourage people to share information about their losses or feel free to just communicate about whatever is on their minds
• Accept all feelings and reactions as valid
• Be prepared to hear worse-case scenarios related to the crisis
• Respect and confirm the confidentiality of the information shared (at least as it is related to individual contacts with survivors)

Potential for Burnout

Caring for the victims of crisis events is both physically and psychologically draining. The sense of normality is disrupted, the services we all rely on may not function, and the level of human need may be enormous. Need for care may continue for an extended period, as in the case of the September 2001 terrorist attacks or the Oklahoma City bombing of 1995. Caregivers may find that they spend significantly more time than they had anticipated offering support to those in need because of the scale of the tragedy and the inevitable expectations and pressures to be there for persons in pain. This can be particularly difficult since many crisis responders have other jobs from which they are taking a leave of absence or are trying to conduct at the same time. This is especially true for teachers, school mental health professionals, and administrators who are trying to meet the needs of students, staff, and families while maintaining a normal learning environment.

Monitoring caregivers’ needs. Caregivers must be aware of their own needs while at the same time attending to the many needs of others. We know that caregivers who do not heed some of the basic rules of good crisis response may find their effectiveness diminished and their personal health affected. At the early stages of crisis response, caregivers may have abounding energy and motivation to offer assistance. Their cognitive functioning, training, and resilience make them important assets to the disaster recovery. As time and the profound nature of the crisis continue, the responders may find themselves experiencing both physical and emotional fatigue or burnout. Scenes of overwhelming despair and hardship coupled with a lack of opportunity to process these reactions may contribute to feeling professionally isolated and depressed. Successes may be ambiguous or few and far between, and the lack of sleep and limited opportunities for healthy nourishment break down the caregiver’s capacity to be of help to others. At times, the caregiver may begin to feel more like the victim than the helper.

Warning signs of burnout. It is important to realize that 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 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 coworkers, 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

Poland and McCormick (2000) refer to some of the essentials that crisis responders need to know in order to maintain their effectiveness and strength in the midst of a crisis intervention:

- Crises will personally affect all participants including caregivers.
- Training and emotional discipline will help you function at desired levels in a crisis, but it will not eliminate the potential for personal reactions that can create problems at the scene or afterwards.
- History of personal losses or trauma may resurface and is often characterized as vicarious victimization.
- Although people expect you, by virtue of your title or professional background, to be available to assist, you may have been traumatized by the events and truly may be unprepared to render assistance to others.

*Considerations in entering crisis response.* The repeated stories and disclosures of crisis-affected individuals as well as the unrelenting demand for support may result in burnout for even the most seasoned crisis caregivers, particularly if they are feeling vulnerable owing to personal histories or current events. All crisis caregivers need to consider the following suggestions before entering into a crisis response:

- Know your limitations and with what you can feel reasonably comfortable or uncomfortable handling in a crisis.
- Ask for support from family and friends in terms of reducing pressures or demands during the crisis response.
- Be sure to maintain appropriate and healthy dietary and water intake.
- Take periodic rest breaks at least every couple of hours while on crisis response.
- Try to get some restful sleep, as much as possible, preferably without the use of sleep aids or alcohol.
- Consider brief intervals of vigorous exercise as a natural stress reliever.
- Connect with trusted friends or family who can help take the edge off of the moment.
- Take time at the end of each day while on a crisis call to process or debrief the events of the day with team members or colleagues.
- Seek out a mental health colleague or trusted other to talk about your experiences and feelings when back at home.

- Recognize that your reactions are normal and occur frequently among many well-trained crisis professionals.
- 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.

**Summary**

A crisis has the potential to highlight the worst and the best in the human spirit. As caregivers to the thousands of children, families, and school personnel across this country who need our counsel and support during and after tragic events, we must endeavor to take good care of ourselves so that we are able to take good care of those in our charge.

**Resources**


**Websites**

National Association of School Psychologists—www.nasponline.org

National Organization for Victim Assistance—www.trynova.org

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