

# School Safety and Crisis

## Care for the Caregiver: Tips for Families and Educators

Parents, teachers, and other caregivers play a critical role in helping children cope with crises, often ignoring their own needs in the process. However, caregivers must take good care of themselves so they are able to take good care of the children in their charge.

1. A natural instinct for parents and other caregiving adults is to put their personal needs aside in order to ensure the safety and well-being of the children in their care. It is extremely important, though, for caregivers to monitor their own reactions and take care of their own needs, because failure to do so can result in stress and burnout. This is particularly true for crisis situations in which normal support systems and routines have been severely disrupted and for which recovery will take a long time.
2. Burnout interferes with one's ability to provide crisis support and intervention assistance. This can be true in the aftermath of an immediate crisis like a natural disaster or terrorist attack as well as during extended periods of stress and anxiety like war.
3. In addition to burnout, caregivers also may experience secondary trauma or stress that results from learning about another's traumatic experience and/or helping someone who has been directly affected by such tragedy.
4. While any caregiver may exhibit signs and symptoms of stress and secondary trauma, caregivers who have their own histories of prior psychological trauma, loss and grief, mental illness (including substance abuse), or who lack social and family resources will be more vulnerable to these issues.
5. Some reactions are commonly experienced by caregivers after a crisis; however, others may warrant professional support or monitoring. These include:
  - a. *Cognitive reactions* such as an inability to stop thinking about the crisis, loss of objectivity, an inability to make decisions, or an inability to express oneself verbally or in writing.
  - b. *Physical reactions* such as chronic fatigue and exhaustion, gastrointestinal problems, headaches and other aches and pains, loss of appetite, or difficulty sleeping.
  - c. *Emotional reactions* such as excessive worry or anxiety, numbing, irritability, anger or rage, distressing thoughts or dreams, and/or suicidal thoughts and/or severe depression.
  - d. *Behavioral or social reactions* such as alcohol and substance abuse, withdrawal from contact with loved ones, or an inability to complete or return to normal job responsibilities.
6. All caregivers need to consider the following suggestions to prevent burnout:
  - a. *Physical self-care.* Maintain healthy eating habits and drink plenty of water; limit the use of alcohol or other substances; get adequate sleep.

- b. *Emotional self-care.* Know your limitations; recognize that your reactions are normal and occur frequently among caregivers, including many well-trained crisis professionals.
- c. *Social care and connection.* Maintain normal daily routines; connect with trusted friends or family; connect with systemic supports such as your faith and school communities; process or debrief the events at the end of each day with other caregivers or colleagues. This is especially important for crisis responders.
- d. *Adequate support resources.* Acknowledge that you and your family may need additional help. Access crisis support resources provided by community and volunteer services, including social-emotional and mental health supports.
- e. *Systems/procedural care.* Advocate for and set limits on the number of consecutive responses; promote policies that allow for crisis responders to step away from a response if the crisis hits too close to home; ensure that crisis team leaders establish a supportive atmosphere of self-care.

See *Care for the Caregiver: Guidelines for Administrators and Crisis Teams* for additional information for school staff, <http://www.nasponline.org/resources-and-publications/resources/school-safety-and-crisis/care-for-caregivers/care-for-the-caregiver-guidelines-for-administrators-and-crisis-teams>.

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## Student Resources

### **Elizabeth Hospice**

(760)796-3705

<https://elizabethhospice.org/>

### **YMCA**

760-721-8930

<http://www.ymca.org/yfs/counseling-services/counseling.html>

### **Palomar Family Counseling**

760-741-2660

<http://www.palomarfamilycounseling.com/>

### **Mental Health Systems**

Vista, CA (760) 758-1092

Escondido, CA (760) 747-0205

<http://www.mhsinc.org/>

### **For counseling referrals call:**

- **The Access and Crisis Line (24/7 support)** 1 (888) 724-7240 available 24/7 or live chat M-F, 4-10pm  
[www.optumsandiego.com](http://www.optumsandiego.com) or [www.up2sd.org](http://www.up2sd.org)
- **Rady Children's Hospital Customer Service & Referral Center** 1-800-788-9029
- **Vista Hill's SmartCare** (858) 956-5901 or [www.smartcarebhcs.org](http://www.smartcarebhcs.org)

### **MHHS Counselors:**

Ms. Baker (A-Ca), [cherryl.baker@smusd.org](mailto:cherryl.baker@smusd.org), 760-290-2749

Ms. Segal (Ce-Ga), [angela.segal@smusd.org](mailto:angela.segal@smusd.org), 760-290-2750

Ms. Montooth (Ge-La), [sara.montooth@smusd.org](mailto:sara.montooth@smusd.org), 760-290-2748

Ms. Martinez (Ol-Sa), [susan.martinez@smusd.org](mailto:susan.martinez@smusd.org), 760-290-2780

Ms. Rios (Sc-Z), [adriana.rios@smusd.org](mailto:adriana.rios@smusd.org), 760-290-2756

### **MHHS Social Worker:**

Ms. Diaz, [marisa.diaz@smusd.org](mailto:marisa.diaz@smusd.org), 760-2708

### **MHHS School Psychologists:**

Ms. Holcomb, [rana.holcomb@smusd.org](mailto:rana.holcomb@smusd.org), 760-290-2745

Mr. Lozano, [jaimelozano@smusd.org](mailto:jaimelozano@smusd.org), 760-290-2780

## 10 strategies for coping with grief

Grief is a personal experience, unique to each mourner and unique to each loss. Grief comes in waves, as times of peace and calm are suddenly shattered by overpowering emotion. The following strategies provide a few suggestions to help you cope with your grief.

1. Take time out. In many ways, the experience of grief is similar to recovery from a serious illness; some days will be darker, and some will be brighter. Recognize your limits, and separate the things that must be done from those that can wait.
2. Avoid making major decisions. Grief can cloud your judgment and make it difficult to see beyond the pain you're feeling at the moment. Impulsive decisions can have far-reaching implications for which you may be unprepared. If you must make an important decision, discuss your options with someone you trust, such as a friend or parent.
3. Talk. Painful feelings held inside are like an infection festering in a wound – they need to come out in order for you to heal. When friends ask how they can help, ask them to just be with you and listen. If you think you need more than the support of your friends, consider talking with a professional counselor.
4. Express yourself creatively. Writing is another excellent way to express yourself. Try keeping a journal or writing letters, whether you send them or not. When words won't come, artistic outlets like painting or sculpting can help you to communicate what's in your heart and soul. Creative expression can bring clarity to the turmoil you feel and insight into feelings you weren't aware of.
5. Honor your loved one's memory. Preserve your memories in ways that are comforting and meaningful. Enlarge and frame a favorite photo of your loved one, or compile a scrapbook of letters and mementoes from the good times you shared. Make a quilt from his clothing, or plant a tree or a bed of his favorite flowers to create a lasting tribute. Contributing time or money to your loved one's favorite cause or charity is also a noble way to honor her memory.
6. Take care of your physical health. Grief takes a physical toll as well as an emotional toll. Rest, exercise, and proper nutrition are essential to healing. Counteract a poor appetite by eating small amounts of healthy foods rather than large meals. If you have difficulty sleeping, try taking brief naps or just putting your feet up and relaxing whenever you can. And while you may not be motivated to exercise, just taking a brief walk now and then can lift your spirits and help you to sleep at night.
7. Avoid using chemicals to numb your feelings. Attempting to numb your feelings with alcohol, illicit drugs, or prescription medications will only prolong the pain. Eventually, one way or the other, you must come to terms with your grief.
8. Have fun. Grieving is difficult, but it doesn't mean you have to feel bad all the time; in fact, it's important to take a break from focusing on your grief. Have fun when you can, whether it's reading a good book, watching a movie, playing cards, or resuming other activities you enjoyed before your loss. Don't feel guilty about it.
9. Plan ahead for special occasions. Anniversaries and holidays can be stressful times when you've lost someone you love, and especially so in the first year or two. Talk with family members about your concerns; this may be a good time to introduce new traditions to mark special occasions.

10. Reach out. In the beginning, grief may be so intense that you just want to withdraw or isolate. Soon, though, you'll be ready to ease back into social contact. Make a date with an old friend, or invite a neighbor to lunch. Or try volunteering with your church or favorite charity – you'll make new social contacts while you help others, and you'll feel good about yourself.

# How To Survive EARLY GRIEF

# 8

# SIMPLE ACTS FOR AN UNBEARABLE TIME

1

## STAY SAFE

Stay safe. Do it for yourself if you can. Do it for others if you must. If you are driving while crying too hard to see straight, pull over. If you are about to get in the car, help yourself calm down. Distraught driving is dangerous.

2

## TEND SOMETHING

Water the plants.  
Brush the animals.  
Send a care package.

Thinking of others, or giving love, or getting out of yourself for a while can help.

3

## GET OUTSIDE

Being outside in a non-human world is a relief. The trees will not ask - "How are you really?" The wind does not care if you cry. There's a lot to be said for being in places that don't need anything from you.

4

## DRINK WATER

Crying for months on end is really dehydrating. Please drink water.

Your body needs it.

The first weeks and months after someone you love dies are a world unto their own. Your usual survival tactics won't work. Words of intended comfort just grate. Encouragement from others doesn't feel good.

**POSITIVE THINKING AND PLATITUDES CAN'T HELP. THEY JUST CAN'T.**

5

## SHOWER

Really.

You will feel just the tiniest bit better clean. The same goes for sweeping the floor or any other seemingly tedious or irrelevant task of hygiene.

6

## MOVE

Moving your body is likely to bring a little measure of calm. Do yoga, go for a hike, or walk the dog. Even to the end of the block is a good start.

It won't solve anything but movement is good.

7

## SAY NO - SAY YES

You can't afford any big drains on your energy, and you can't afford to miss too many ways to replenish it. Say no to people, places, and events that are too much for you. Say an occasional yes to things that bring even a tiny bit of goodness.

8

## EAT

Some people eat under stress. Some lose all interest in food. Some experience serious, lasting physical challenges due to their "grief diet." Small doses of healthy, nutrient dense food might be more easily tolerated by your mind and body than full meals.

The core parts of you, the ways you find solace and connection - these have not completely changed, though they may feel irrelevant. Grief pares things down.

**YOU MAY JUST NEED TO EXPERIMENT A BIT.**

Adding to this list, or creating a whole new one of your own might just provide a road map inside this wholly disorienting time.



**REFUGE IN GRIEF**

Emotionally Intelligent Grief Support  
[www.refugeingrief.com](http://www.refugeingrief.com)

# DO THIS NOT THAT

## HOW TO HELP A GRIEVING FRIEND

While there is no one perfect way to respond or to support someone you care about, here are some good ground rules.

### DON'T

#### **DON'T COMPARE GRIEFS**

No one else has experienced their grief.

#### **DON'T FACT CHECK OR CORRECT**

Especially in early grief, facts and timelines can be confused.

#### **DON'T MINIMIZE**

Even if you might think their grief is out of proportion to the situation.

#### **DON'T GIVE COMPLIMENTS**

When someone is in pain, they don't need to be reminded how wonderful they are.

#### **DON'T BE A CHEERLEADER.**

When things are dark, it's OK to be dark.

#### **DON'T TALK ABOUT "LATER"**

Right now, in this present moment, that future is irrelevant.

#### **DON'T EVANGELIZE**

When something has worked for you, it's tempting to prescribe it for others.

#### **DON'T START WITH SOLUTIONS**

In most cases, people need to feel heard, not be "fixed."

### DO

### INSTEAD TRY

#### **ASK QUESTIONS**

You can connect by showing curiosity about their experience.

#### **RESPECT THEIR EXPERIENCE**

It's not important who's "more" correct.

#### **REMEMBER THIS GRIEF IS THEIRS**

Grief belongs to the griever. Your opinions are irrelevant.

#### **TRUST YOUR FRIEND**

All the things you love about the person will help them through this experience.

#### **MIRROR THEIR REALITY**

When they say, "This sucks," say, "Yes, it does."

#### **STAY IN THE PRESENT MOMENT**

Or if the person is talking about the past, join them there.

#### **TRUST THEIR SELF-CARE**

They know themselves best. What works for you may not be for them.

#### **GET CONSENT**

Before you offer advice or strategies.

# SHOW UP. LISTEN. DON'T FIX.

## ABOVE ALL, SHOW YOUR LOVE.

Be willing to stand beside the gaping hole that has opened in your friend's life, without flinching or turning away. Your steadiness of presence is the absolute best thing you can give.



## REFUGE IN GRIEF

Emotionally Intelligent Grief Support  
[www.refugeingrief.com](http://www.refugeingrief.com)

## Cómo sobrellevar un duelo: Consejos y datos breves (Addressing Grief: Brief Facts and Tips)

1. El duelo no solo está relacionado con la muerte de un ser querido. Los síntomas, las características y el proceso del duelo pueden ser similares a otros tipos de pérdidas (p. ej., divorcio, transición, mudanza).
2. El duelo es personal. No hay una manera correcta o incorrecta de hacer un duelo. La forma en que las personas hacen su duelo puede estar influenciada por el nivel de desarrollo, las tradiciones culturales, las creencias religiosas, la salud mental, las incapacidades, la familia, las características personales y las experiencias anteriores.
3. Por lo general, el duelo se caracteriza por la tristeza, el dolor emocional y la introspección en el caso de adultos. Sin embargo, las reacciones relacionadas con el duelo en el caso de los niños varían según la edad y el nivel de desarrollo:
  - **Educación preescolar:** comportamientos de regresión, menor verbalización, mayor ansiedad.
  - **Educación elemental:** disminución del rendimiento académico, la atención/concentración y la asistencia; irritabilidad, agresión y comportamientos disruptivos; manifestaciones somáticas; problemas para dormir/comer; aislamiento social; culpa, depresión y ansiedad; narrar repetidamente el evento.
  - **Educación media y secundaria:** disminución del rendimiento académico, de la atención/concentración y la asistencia; evasión, aislamiento, comportamientos de alto riesgo o abuso de sustancias, dificultad en las relaciones con compañeros, pesadillas, recuerdos recurrentes, insensibilidad emocional o depresión.
4. El duelo no sigue un orden cronológico. Las escuelas deberían conocer los aniversarios, los cumpleaños, los logros de desarrollo y otros factores que podrían afectar a los estudiantes meses o años después de la pérdida.
5. El duelo implica alcanzar etapas específicas. Es probable que las personas experimenten (y con frecuencia vuelvan a experimentar) algunas de las siguientes adaptaciones/respuestas o todas ellas:
  - Aceptar la muerte.
  - Experimentar sentimientos y dolor emocional relacionados con la muerte y la separación de la persona fallecida.
  - Adaptarse a cambios y a un entorno alternativo que ya no incluye a la persona fallecida.
  - Encontrar maneras para recordar o conmemorar a la persona fallecida.
6. El duelo es una respuesta normal a la pérdida, pero es posible que requiera algo de ayuda. Se debe proporcionar ayuda adicional cuando suceda lo siguiente:
  - Pérdida marcada de interés en las actividades cotidianas.
  - Cambios en los hábitos de alimentación y sueño.
  - Deseo de estar con el ser amado fallecido.
  - Miedo a estar solo.
  - Disminución significativa del desempeño y los logros académicos.
  - Aumento de manifestaciones somáticas.
  - Cambio en los patrones de asistencia (p. ej., ausentismo crónico).
7. Cosas que se deben evitar
  - Eufemismos para referirse a la persona fallecida, como “está durmiendo” o “se fue”.
  - Declaraciones que minimicen la situación, como “solo era tu bisabuela, (o perro, vecino, etc.)”.

- Predecir un plazo de tiempo para finalizar el proceso de duelo, como “ha pasado un mes, deberías estar superando esto” o “el dolor desaparecerá pronto”.
- Identificarse (p. ej., “Sé cómo te sientes”).
- Dar demasiada información sobre uno mismo (p. ej., mi madre murió de cáncer), ya que no todas las personas manejan ese tipo de información personal de la misma manera y el enfoque debería permanecer en el duelo del estudiante.

#### 8. Cosas para hacer

- Mantener la rutina lo más normal posible.
- Hacer preguntas para cerciorarse de que el joven comprende el evento y su estado emocional.
- Darle permiso al joven para hacer el duelo.
- Proporcionar respuestas adecuadas para la edad y el nivel de desarrollo.
- Conectar a la persona afligida con profesionales útiles y otros mentores y adultos de confianza.
- Alentar a los estudiantes para que adopten estrategias de adaptación, en especial las que implican interacción con otros estudiantes (p. ej., deportes, clubes).
- Informar a los maestros y a las familias sobre lo que es un duelo saludable y cómo apoyar al estudiante.

#### Referencias y recursos

- The Dougy Center (Centro nacional para niños y familias en duelo)
  - <http://www.dougy.org/>
- Red Nacional para el Estrés Traumático Infantil (The National Child Traumatic Stress Network)
  - <http://www.nctsnct.org/resources>
- Sociedad Americana contra el Cáncer (American Cancer Society)
  - <http://www.cancer.org/treatment/childrenandcancer/index>
- Recursos para el manejo del duelo Sesame Street (Sesame Street Grief Resources)
  - <http://www.sesamestreet.org/parents/topicsandactivities/toolkits/tlc/griefresources>
- Alianza Nacional para Niños en Duelo (National Alliance for Grieving Children):
  - <http://childrengrieve.org/>
- Coalition to support Grieving Students
  - <http://grievingstudents.scholastic.com/>

**Para obtener más información sobre cómo ayudar a los niños a sobrellevar la pérdida, visite [www.nasponline.org](http://www.nasponline.org).**

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# **10 Things Grieving Children Want You to Know**

Pamela Gabbay, M.A., FT

## **#1 – Grieving children want to be told the truth.**

- Tell grieving children the truth with these considerations in mind:
  - The age of the child
  - The maturity level of the child
  - The circumstances surrounding the death
  - Answer questions as honestly as you can

## **#2 – Grieving children want to be reassured that there will always be someone to take care of them.**

- Grieving children spend a lot of time worrying about another person in their life who might die.
  - To help alleviate this fear, it's important to reassure them that there will always be someone in their life who will take care of them.
  - Enlist the aid of their parent or caregiver to determine a plan for the children. Let the children know what the plan is.

## **#3 – Grieving children want you to know that their grief is long lasting.**

- Children will grieve the person who died for the rest of their life.
  - Grieving kids don't "just get over it".
  - They will often be bewildered when other people in their life have seemed to move on.
  - Their grief changes over time as they grow and change over time.

**#4 – Children often cope with grief and loss through play.**

- Children grieve through play.
- Typically, they cannot sustain prolonged grief.
- Children use play as a way to cope with their grief and to take a break from the grief.

**#5 – Grieving children want you to know that they will always miss the person who died.**

- People die, but love doesn't die.
- Grieving children will miss the person who died for as long as they live.

**#6 – Often, grieving children want to share their story and talk about the person who died.**

- Having an opportunity to tell his or her story is often beneficial to a child's healing process.
- Sharing memories about the person who died is also very important.
- Grieving children don't want to forget the person who died – they are also worried that others will forget their person.

**#7 – Every child grieves differently.**

- Every child has his or her own grief journey and own way of grieving.
  - Some children might be more expressive with their grief.
  - Some children might keep it all in.
- Siblings grieve differently.
  - Just because children come from the same family doesn't mean that their grief will be the same.
  - It is important to honor each child's story, even if it is different than his or her sibling's story.

**#8 – Grieving children often feel guilty.**

- Grieving children will often feel pangs of guilt.
  - Even if the guilt is not justified and has no basis in reality.

**#9 – Even though I might be acting out, what I’m really feeling is intense emotions of grief.**

- Grieving children frequently feel sad, angry, confused, or scared.
- Since they might not know how to express all of these emotions, they often end up acting out instead.

**#10 - If you’re not sure what a grieving child wants, just ask him!**

- When in doubt, ask a grieving child how you can help.
  - Check in with the child – do they want to talk about the person who died? Maybe not. Expect a myriad of answers.
  - Do they want to write about their grief or do some other activity to express their grief?
  - What do *they* need?
- **You can help grieving children by:**
  - Listening
  - Really *hearing* them when you’re listening
  - Following their lead
  - Validating their feelings
  - Answering their questions
  - Seeking out additional resources, as needed

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