



U.S. Department of Education (ED)
Office of Safe and Drug-Free Schools (OSDFS)
Readiness and Emergency Management for Schools (REMS)



FY 2010 Initial Grantee Meeting ♦ Santa Monica, CA ♦ December 8 – 9, 2010

Plenary Session

CAREGIVER FATIGUE AND PSYCHOLOGICAL FIRST-AID FOR SCHOOLS

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MARLEEN WONG, PHD, LCSW is Assistant Dean, Clinical Professor and Director of Field Education at the University of Southern California (USC) School of Social Work. She is also Director and Principal Investigator for the SAMHSA funded Trauma Services Adaptation Center for Resiliency, Hope, and Wellness in Schools, a community based research partnership with RAND, University of California Los Angeles, USC, and the Los Angeles Unified School District (LAUSD). With her research colleagues, she is one of the original developers of CBITS – the Cognitive Behavioral Intervention for Trauma in Schools, an evidence based early intervention.

Formerly the director of mental health services, crisis intervention and suicide prevention at LAUSD, she is identified by the White House as one of the “pre-eminent experts in school crisis and recovery” and the “architect of school safety programs” by the Wall Street Journal. In response to the tragic school shootings across the U.S. and acts of terrorism in Oklahoma City and New York, she developed mental health recovery programs, crisis and disaster training for school districts, law enforcement and Department of Defense personnel in the United States, Canada, Israel, Europe and Asia (Taiwan, Japan and China) and is frequently a consultant for the U.S. Department of Education.

In addition to books and peer reviewed journal articles, she co-authored “Psychological First Aid (PFA) for Students and Teachers: Listen, Protect, Connect, Model and Teach” which is available on the public websites of the U.S. Department of Homeland Security, the U.S. Department of Education, and the State of California Department of Mental Health. Dr. Wong served on the Institute of Medicine (IOM) Board on Neuroscience and Behavioral Health, which was charged with assessing national priorities and approaches to public health and medical practice, public policy, research, education,



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and training. She was a member of the IOM Committee which produced the publication: "Preparing for the Psychological Consequences of Terrorism." In 2009, she was appointed to the American Psychological Association's (APA) Presidential Task Force on Posttraumatic Stress Disorder and Trauma in Children and Adolescents and the Education Subcommittee of the National Commission on Children and Disasters.

Dr. Wong is also an appointed member of the Education Subcommittee of the National Commission on Children and Disasters. Most recently, she was identified as a Subject Matter Expert (SME) in the area of at-risk populations by the Disaster Mental Health (DMH) Subcommittee of the National Biodefense Science Board (NBSB), a federal advisory committee mandated by the Pandemic and All-Hazards Preparedness Act (Section 402, P.L. 109-417) and tasked with providing expert advice and guidance to the Secretary of the U.S. Department of Health and Human Services on scientific and technical matters regarding current and future chemical, biological, nuclear, and radiological agents, whether naturally occurring, accidental, or deliberate.

CAREGIVER FATIGUE AND PSYCHOLOGICAL FIRST AID FOR SCHOOLS: LISTEN PROTECT CONNECT MODEL & TEACH



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New Role That Places Us At Risk for Compassion Fatigue: Vicarious Trauma

- Increase in Crisis Incidents
- Educators and Education Support Staff as First Responders to Psychological Trauma

“Most Susceptible” List

- Work in emergency/crisis settings
- New to the field
- New to trauma work
- Work in agency settings with more than 50% trauma clients
- Work with children in loss or death by accident or suicide
- Live everyday with traumatized children
- Work in systems under stress

The more you care about what you do, the more likely it becomes that you will experience “caregiver” or secondary trauma.

3 Symptom Clusters of PTSD Response: Re-Experiencing

- Recurrent, intrusive, upsetting memories
- Repetitive (traumatic themes) play, traumatic dreams or nightmares
- Acting or feeling as if the trauma were happening again
- Upset at exposure to traumatic reminders
- Physical reactions to cues and reminders

3 Broad Categories of PTSD Response: Avoidance/Numbing

- Avoid thoughts, feelings or conversations about the trauma
- Avoid reminders of the trauma (person, place, or thing)
- Amnesia for important aspects of the trauma
- Feeling detached or estranged from others
- Restricted affective (emotional) range
- Believing one will not live a normal life span (belief in a foreshortened future)

3 Broad Categories of PTSD Response: Increased Arousal

- Sleep difficulties
- Irritability and angry outbursts
- Difficulty concentrating
- Hypervigilance (On Alert)
- Exaggerated startle response
- Behavioral and Cognitive Regression

com-pas-sion (kəm-păsh' ən)

n.

- Deep awareness of the suffering of another coupled with the wish to relieve it.

fa-tigue (f ətēg')

n.

- Physical or mental weariness resulting from exertion.

vi·car·i·ous (vī-kâr' ē-əs)

adj.

- Felt or undergone as if one were taking part in the experience or feelings of another.

Trau-ma (trau-ma) noun

- a: an injury (as a wound) to living tissue caused by an extrinsic agent.
- b: a disordered psychological or behavioral state resulting from severe mental or emotional stress or physical injury.
- c: an acute stress response that one experiences when confronted with sudden, unexpected, unusual human experience.

con·ta·gion (kən-tā'jən)

n.

- Medical: Disease transmission by direct or indirect contact.
- Psychology: The spread of a behavior pattern, attitude, or emotion from person to person or group to group through suggestion, propaganda, rumor, or imitation.

con·tain·er (k ə'teɪ'nər)

n.

- A receptacle, such as a carton, can, or jar, in which material is held or carried
- Bion – Psychoanalyst – Unconscious Projections into the Therapist or Person of Authority

STEPS TO RECOVERY

Awareness

Balance

Connection

Awareness – attunement to needs, limits, emotions, and resources

- Manage exposure – Empathic Attunement versus “Ownership”
- Manage your health
- Manage the meaning

Balance- Keep your priorities straight

- Set limits on work
- Schedule time for pleasant activities
- Leave work behind at home
- Develop a weird sense of humor

Connection – providing an antidote to the isolation that is hallmark of Vicarious Trauma or Compassion Fatigue

- Spend time with people who don't do the same kind of work?
- Keep your team healthy
- Have a “defusing partner”

Protective Factors

- Consultation and supervision – Reality checks
- Physical Self-care
- Training
- Spirituality
- Exercise
- Humor
- Satisfying personal relationships
- Context – Taking yourself out of it
- Guiding professional ethical principals

Organizational Factors

- Provide “downtime” for staff
- Provide regular times for “case” conferences/student study groups
- Provide continuing education
- Support therapy
- Make time for play

Set Limits on Trauma Behaviors

- Use of coercive measures with others especially when there is a power or authority or age differential
- Blaming
- Punitive and judgmental responses
- Lack of appropriate behavior
- Lack of consistent boundaries
- Excessive expectations of others
- Confrontative, controlling and abusive behavior that endangers or is destructive to others
- Re-enactment behavior

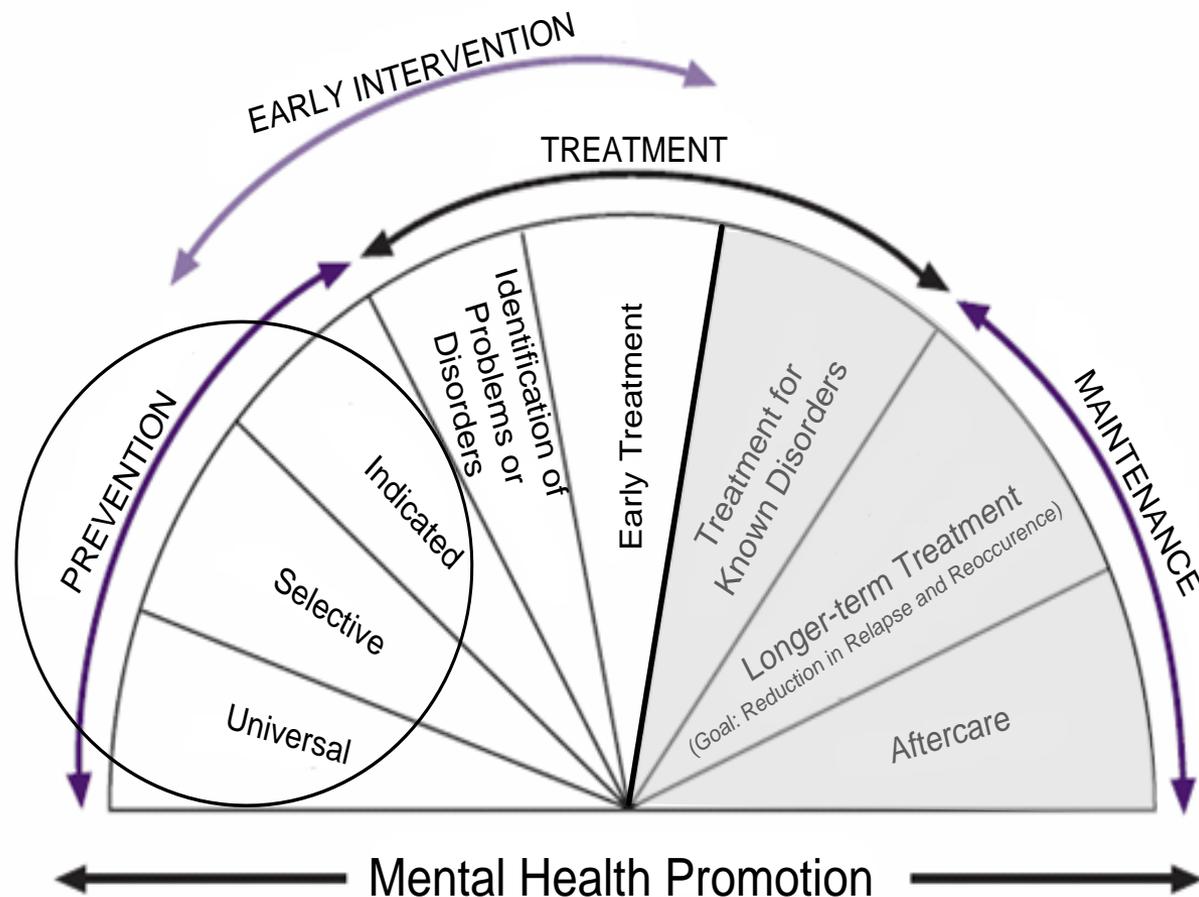
COMPASSION FATIGUE

“There is a cost to caring. We professionals who are paid to listen to the stories of fear, pain, and suffering of others may feel, ourselves, similar fear, pain and suffering because we care.”

“Compassion fatigue is the emotional residue of exposure to working with the suffering, particularly those suffering from the consequences of traumatic events.”

Charles R. Figley, Ph.D.

IOM Spectrum of Mental Health Interventions



Why Psychological First Aid?- When bad things happen children and adolescents are the most vulnerable victims

- “The day before I started high school my mom found my brother and his wife, dead.”
- “There was a man who had a gun and ran into our school. We had to put the school on lockdown.”
- “The water came through the house and I was drowning, and I didn’t see my parents nowhere.”

How do some adults deal with child trauma?

- “I don’t know what to say and I’m afraid I’ll make it worse”
- Resulting Student Perceptions:
 - “I had a couple teachers that did not get the point at all.”
 - “I don’t really talk to them because they don’t know where I’m coming from, like nobody understands my pain.”

How do students deal with trauma?

- “Sometimes I talk to some of my teachers because I have my favorites, they ones I feel comfortable talking to.”



With Psychological First Aid



Every Adult On Campus
Plays an Important Role



The Responsibility of Caring Adults

Psychological First Aid after School Crises

- Listen
- Protect
- Connect
- Model
- Teach



Listen

- Encourage children to share experiences and express feelings of fear or concern
- Be willing to listen and respond to verbal and nonverbal cues
- Give children extra reassurance, support, and encouragement

Listen: You want to convey your interest and empathy

- Where were you when this crisis happened?
- What was your first thought?
- What do you remember about that day?



Protect

- Maintain structure, stability, and predictability. Having predictable routines, clear expectations, consistent rules, and immediate feedback
- Keep your ears open and eyes watchful, especially for bullying
- Keep environment free of anything that could re-traumatize the child
- Validate the student's life experience

Protect

- What's the most difficult thing to deal with right now?
- Are you worried about how you are reacting?
- Are you worried about your safety?...
 - Around other students?
 - Around adults at school or outside of school?

Connect

- Check in with students on a regular basis
- Encourage interaction, activities, team projects with friends, and teachers
- Refer/take students to meet school counselors
- Keep track of and comment on what's going on in their lives
- Share positive feedback from parents, teachers and other adults

Connect

- What would make things easier to cope with?
- What can I do to help you right now?
- What can your teachers do to help?
- What can your friends do to help?
- What can your family do to help?

Model Calm and Optimistic Behavior

- Maintain level emotions and reactions with students – Stay in the middle – no highs or lows – to help them achieve balance
- Take constructive actions to assure student safety
- Express positive thoughts for the future
- Help students to cope with day to day problems

Teach About Normal Stress Symptoms and How to Cope

- Acknowledge the normal changes that can occur in people who are traumatized or grieve
 - Physical Changes
 - Emotional Changes
 - Cognitive Changes
 - Changes in Spiritual Beliefs
- Help students to problem solve: How to go to school every day/How to stay in school every day/How to do well in school, with friends and family



Adjustment Over Time in Crisis

A = baseline functioning

B = event

C = vulnerable state

D = usual coping mechanisms fail

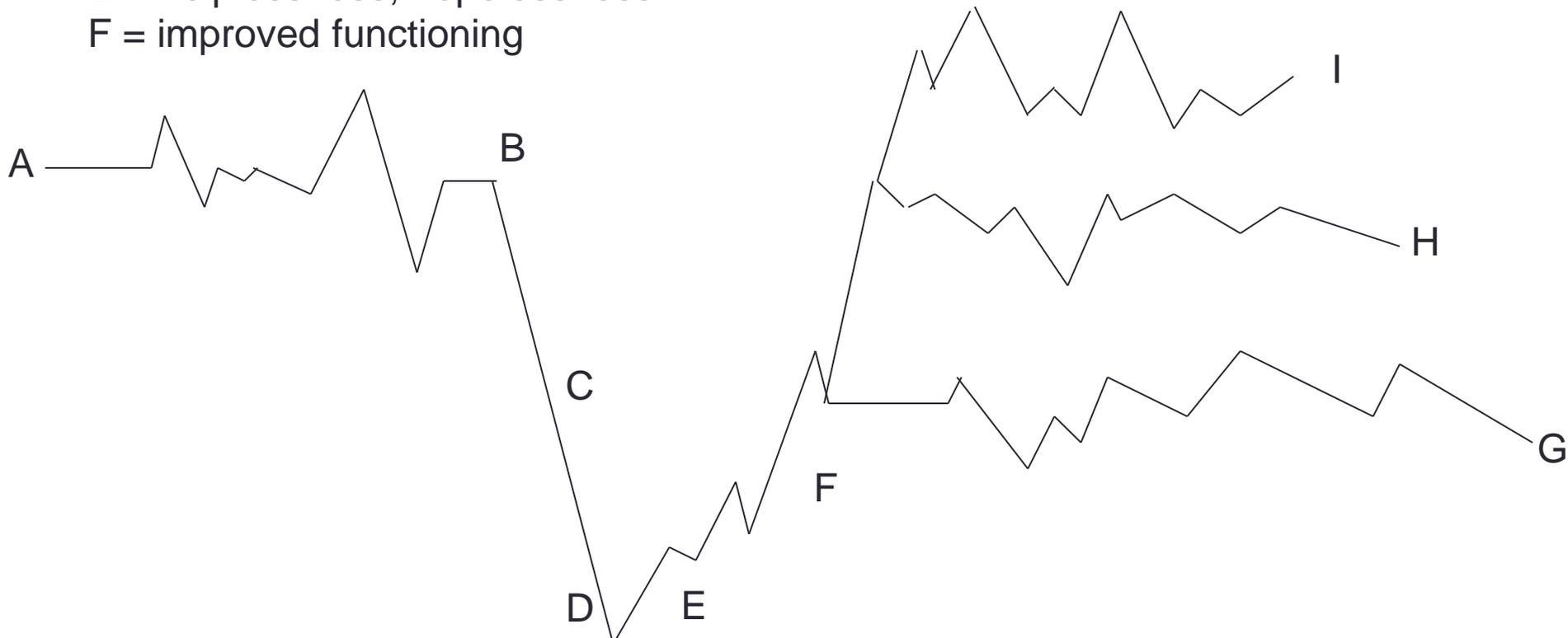
E = helplessness, hopelessness

F = improved functioning

G = continued impairment (PTS)

H = return to baseline

I = post-traumatic growth



Post Traumatic Stress vs. Post Traumatic Growth

- Post-traumatic growth is the experience or expression of positive life change as an outcome of a trauma or life crisis



Hallmarks of Post Traumatic Growth

- New and greater strength (psychological toughness/resilience)
- Greater compassion and empathy for others (for those who have illness/disabilities, for one's parents/siblings)
- Greater psychological/emotional maturity (and greater than their age-peers)
- A recognition of vulnerability and struggle, and a deeper appreciation of life
- New values and life priorities (often not so materialistic, heightened intimacy in relationships)
- Greater existential or psychospiritual clarity (who am I, what is my purpose in life)

In order to recover

- Students need friends and caring adults to work through trauma and grief

Adult Issues That Affect Children

- Adults may not recognize distress in children
- Adults may be preoccupied with their own issues
- Adults may deny children's reactions
- Children may be compliant in the aftermath of an event



develop



hope



trust

To the world, you may be just
one person,



...**But to one person,**
you just may be the world