A Legacy of Balance: Sustaining Healthy Practitioners amid Crises

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Brief Program Overview

- Introductions
- The Elephant in the Room
- Definition and Prevalence of Campus Crisis
- Symptoms of Compassion Fatigue
- Fighting Fatigue
- Case Study Experience
- Tools You Can Use
The Elephant in the Room

Why don’t we talk about our concerns?

Today is your chance to talk about what you have experienced...
Why don’t we talk about our concerns?

- **Fear**
  - “What will they think of me?”
  - “Will they think I can’t handle it?”

- **Social Stigma**
  - Colleague 1: “Did you hear? ____ is seeing a counselor.”
  - Colleague 2: “Ohhh. ___ must have problems.”

- **Culture**
  - “We don’t tell people our problems.”
Goals for Today’s Presentation

- Objective #1: To provide an understanding of how the state of hyperawareness involved with constant preparation and response to crises and critical incidents can be exhausting, limiting efficient crisis management work.

- Objective #2: To help you learn skills and exercises that will assist you as you assist students and colleagues through crises and critical incidents.

- Objective #3: To share resources and strategies that institutions are offering crisis response teams and first responders in efforts to combat growing fatigue and stress.
What is a “Crisis”?  

- Accepted Definition of Crisis:
  
  “a traumatic event that seriously **disrupts** our coping and problem-solving abilities. It is typically **unpredicted**, **volatile** in nature and may even **threaten** our survival. A crisis can present a **drastic and tragic change** in our environment. This change is generally **unwanted** and **frightening**, and may leave us with a sense of **vulnerability** and **helplessness**” (Lerner, Volpe, & Lindell, 2004, p. 9).

- Zdziarski (2006) defined crisis as “an event, often **sudden** or **unexpected**, that **disrupts** the normal operations of the institution or its educational mission and **threatens** the well-being of personnel, property, financial resources, and/or reputation of the institution” (p. 5).
Why is this an SA Problem?

Crisis and Critical Events on Today’s Campus
The Prevalence of Campus Crisis

• Why now?
  • University and community officials are recently placing a stronger emphasis on their crisis response plans.

• Categories of Crises (Zdziarski, 2001)
  • **Natural** crises (abnormal weather patterns);
  • **Facility** crises (threats of damage or actual damage to campus buildings; infiltration by domestic and international terrorist groups, i.e. ALF, ELF, etc.; research interests, chemical labs)
  • **Criminal** crises (violent acts or threats inflicted on an individual or property by another individual or group of individuals; further implications for campus research, labs, etc.)
  • **Human** crises (accidental injuries and deaths, substance abuse, simple campus protests, natural deaths, etc.)

• All occur across our campuses each year, threatening the stability and mission of our institutions.
Reported Critical Incidents since 7/1/09

- Shootings, Armed Conflicts, Stabbings, Poisonings
- Bomb Related Threats
  - UNF, Newberry College, USC-Beaufort, Northern Maine CC, USF
- Facility Evacuations (Residence, Academic, etc.)
- Campus Evacuations and Lockdowns
  - Moorpark College, U. of West FL, U. of California – Santa Barbara, Trinity College, Navarro College
- Infectious Disease and Virus Threats
  - Fayetteville Tech, St. Louis University, UCLA, National H1N1 Threat, Fitchburg State
- Miscellaneous
  - Cho’s Records, Campus Norovirus Risk, U. of Louisville, UC-San Diego
Empirical Study: Findings

INSTITUTION-WIDE AND EXTERNAL RESPONSE:
- Campus Disasters
- Campus Crises

STUDENT AFFAIRS RESPONSE:
- Student Crises
- Student Emergencies

Defined by Person Affected and Division
Localized Impact, Individualized Response
Affects Individuals
Defined by Institution and External Agencies
Widespread Impact, Systemic Response
Affects Individuals and Property

Level of Campus Impact and Response

+
Empirical Study: Findings

- STUDENTS
- PARENTS
- FACULTY/STAFF
- LOCAL COMMUNITY
- ALUMNI/MEDIA

Student Affairs’ Partnerships

Student Affairs’ Level of Involvement
Empirical Study: Findings

STUDENTS

- Information Dissemination
- Safety and Security Reassurance
- Physical, Psychological, Spiritual and Academic

Communication Mediums

Facilitation of Protocol Comprehension

Shelter, Food, Medicine; Immediate and Sustained Counseling; Campus Ministries; Liaison with Academic Affairs
Empirical Study: Findings

- Information Dissemination
- Safety and Security Reassurance
- Psychological and Bereavement

Communication Mediums
Facilitation of Protocol Comprehension
Counseling; Funeral Attendance, Physical Assistance, Limitation of Irrelevant Communication
Empirical Study: Findings

- Information Dissemination
- Safety and Security Reassurance
- Student Behavior Education and Awareness
- Rest and Support

Communication Mediums
Facilitation of Protocol Comprehension
Workshops, Seminars, and Training
Additional Staff; Recognition; Counseling
What causes Fatigue?

Acute Traumatic Stress and Responder Fatigue
“Battle” Fatigue

- Constant coping forces practitioners to live with their response systems always in the “on” position.
  - Causes great amounts of emotional, mental, and physical exhaustion

- This strain on the body is related to the fatigue experienced by soldiers who must daily exist in hostile environments.
  - (Shay, 2002; Smith, 2004; Smith, Allen, Danley, 2007; U.S. Department of the Army, 1994)
Compassion Fatigue

Image: http://www.proqol.org/Compassion_Fatigue.html
Professional Quality of Life

- PQOL = Compassion Satisfaction (positive) + Compassion Fatigue (negative)
  - Compassion Fatigue =
    - Burnout: Exhaustion, frustration, anger, hopelessness, and depression (See effects of ATS).
      - “I’m not making a difference here. There is too much to do and I’m not getting any support from my employer and colleagues.”

- Secondary Traumatic Stress: Negative feelings driven by fear and work-related trauma
  - Develops from secondary exposure to trauma.
  - Feelings of fear, psychosomatic issues, recurring images, avoidance practices (See effects of ATS).

http://www.proqol.org/
Effects of Acute Traumatic Stress (ATS)

- Individuals suffering from ATS may experience debilitating recollections, dreams, flashbacks, difficulty concentrating, and avoidance behaviors.
  - Communication breakdown; Excessive blame
  - Decreased morale; Increased negative behaviors and attitudes
  - Strained relationships (teachers, students, peers)
  - Increased absenteeism
  - A disruption of the education process
  - Inability of teams to work well together
  - Lack of respect and flexibility among staff
How does ATS manifest in people?

- **Emotional Responses**
  - Panic, fear, intense feelings of aloneness, hopelessness, helplessness, uncertainty, terror, anger, irritability, depression, guilt, grief, etc.

- **Cognitive Responses**
  - Impaired concentration, confusion, inability to make decisions, forgetfulness, blaming of others, persevering thoughts of the event, etc.

- **Behavioral Responses**
  - Withdrawal, non-communication, impulsivity, pacing, inability to sit still, antisocial behaviors, etc.

- **Physiological Responses**
  - Rapid heart beat, difficulty breathing, chest pains, muscle tension, fatigue, fainting, dizziness, headaches, GI issues, etc.
Related Crisis Studies: Effects

- “Experiencing Trauma on a College Campus: The Impact of Witnessing Traumatic Events on the Lives of Mid-Level Housing Professionals and Paraprofessionals”
  - Social Development, Sense of Community, and Life Purpose

Research Questions

- What consequences occur when practitioners witness a traumatic event on campus?
- How does witnessing a traumatic event on campus affect the social development, sense of community, and life purpose of practitioners?
- What intervention strategies and policies, if any, were helpful to practitioners coping with a traumatic event?
Related Crisis Study: Effects

- Results indicated common themes of **internal** reactions:
  - Feelings of Self-doubt
  - Feelings of Intense guilt
  - Feelings of Family reflection
  - Recurring thoughts and images of the dead student and the incident

- Results also indicated common themes of **external** reactions:
  - Avoidance practices as a means of escape
  - Over-attention related to relationships with family, friends, and students

- Finally, the results indicated that the subjects developed a stronger appreciation for life after recovery period.
Internal Reactions: Self-Doubt

“I’d be a liar if I said I didn’t think about it, you know, when things like this happen, and I think about why I do what I do, and if I could do something else, where I wouldn’t have to deal with this as directly and, and not have to worry about students getting hurt and students dying and, you know, like whatever, every day, you know, there’s a lot of days you know, that stuff like this happens, you do think about that.”

“I thought about it that day...and you know I think a lot of it is part of that, that process of finding yourself and learning how to deal with struggle, that was the day that I really...I really considered leaving this field.”
Internal Reactions: Intense Guilt

“I had guilt for a long time about getting my staff out there to help me…I felt like I had put them in a position to see…I looked at it as they didn’t need to see that or you know.”

“Whether it’s…McWhorter, with a grad student and an RA actually discovering the student…I mean that kind of stuff, you know...(participant is visibly upset)...I don’t know if you get over it ever, you probably don’t, you don’t, it’s hard to...”

“Those were my first two thoughts, it wasn’t me...It was...those two guys particularly, this is something that’s going to be with them the rest of their lives...this kid is 18, 19 years old. You don’t want your first year RA seeing stuff like that. So, I kind of beat myself up....”
Internal Reactions: Family Reflection

“I felt a lot more empathy for his parents being a new parent myself. You know and when that day was done I came home, my wife met me at the door and handed me our son...I just...I just knew what they were experiencing. You know because there was a time when they held him and wanted the best for him, and he was, he was probably happy. And um, you never...you never want to see that......yeah, I think as a parent I was probably more shaken...than anything...”
Internal Reactions: Recurring Images

“As far as how often do I think about it?...I don’t want to quantify it but it just, every time I see a situation on television you know where somebody’s unfortunately committed suicide, I kind of think back to myself, well, hey I had somebody commit suicide in my building. Or it’s not as frequent at all as it used to be. I probably say, probably about a month afterwards, I mean I used to think about it every day, like every few minutes.”
External Reactions: Avoidance Practices

- One participant stated that his schedule was simply overloaded signaling that he did not have a lot of free time to deal with his own emotions.

- Another participant indicated that he too was staying busy and was not able to effectively resolve any emotional issues because of his involvement with school, because “you’re just busy all the time, most of the time.”
External Reactions: Over-Attention

“I was the last one standing, I sent everybody else, because I insisted like I think that’s one of my roles like, I was the last one to be here you know so to speak like everyone else, go sleep, go rest, you know. If there’s a parent with a problem, you can get them later, I’ll be a zombie longer than anybody else you know.”

“I’m just trying to make sure I stay more, more on top of everything...I just, when I hear somebody even joking about doing something crazy, you know, I take more of a double take now. It’s just like, well this is what you need to do guys. We need to go ahead and nip this in the bud now because if we let these problems start they’re going to continue...It’s more of me trying to be more Dad now to everybody.”
Feelings of Increased Appreciation for Life

“And particularly, after the “STUDENT” situation, after my friend, it was just, you know, I just sat around, and I, not that I don’t do anything, I just value just walking down the road going to class and stuff. I mean you just think about certain things. I mean you just think about life and how minute some stuff that people argue about is just really not that big of an issue.”

“You know with things like that I tend to call my family and just tell them I love them...I mean at this point my son was just um, just barely, you know he was just over a month old, you know so. Um, just to go and I think my wife knew, she just kind of gave him to me and let me hold him and carry him around and which I do, I do that any way. But something different at that even, you know.”
Stress and Fatigue Assessments

- ProQOL: Professional Quality of Life Scale
- ACE’s Compassion Fatigue Test
- Life Stress Test
Scoring Procedures for ProQOL

- Complete all items and follow reverse scoring
  - Compassion Satisfaction Score
    - Add scores from Q: 3, 6, 12, 16, 18, 20, 22, 24, 27, 30
      - Sum = 22 or less, then score equals 43 or less, then CS level is Low
      - Sum = 23-41, then score is around 50, then CS level is Average
      - Sum = 42 or more, then score equals 57 or more, then CS level is High
  - Burnout Score
    - Add scores from Q: 1, 4, 8, 10, 15, 17, 19, 21, 26, 29
      - Sum = 22 or less, then score equals 43 or less, then BO level is Low
      - Sum = 23-41, then score is around 50, then BO level is Average
      - Sum = 42 or more, then score equals 57 or more, then BO level is High
Scoring Procedures for ProQOL

- Secondary Traumatic Stress Score
  - Add scores from Q: 2, 5, 7, 9, 11, 13, 14, 23, 25, 28
    - Sum = 22 or less, then score equals 43 or less, then STS level is Low
    - Sum = 23-41, then score is around 50, then STS level is Average
    - Sum = 42 or more, then score equals 57 or more, then STS level is High
Strategies for Fighting Fatigue

Finding the Balance: Taking Care of Ourselves While Taking Care of Others

Stress Reduction Kit

Bang Head Here

Directions:
1. Place kit on FIRM surface.
2. Follow directions in circle of kit.
3. Repeat step 2 as necessary, or until unconscious.
4. If unconscious, cease stress reduction activity.

Balance is the Key to Life
Strategies to Fight Fatigue

- **TALK** with those outside and inside the situation
  - Reflect and Keep a Journal/Blog

- Practice and Maintain **SELF-CARE**
  - Monitor sleep patterns, food/water intake, “Get Away”

- Find **SUPPORT** in those who strengthen you

- Encourage **Collegial Support** in the Workplace
  - Look for changes, increase staff “waves,” recognize expected stressors as natural occurrences, invite referrals when necessary

- Use the art of “**REFLECTIVE LISTENING**”

- **RELAX** – give yourself permission and space/boundaries

- What practices have worked for you?
Beneficial Resources

- Compassion Fatigue Awareness Project & Gift From Within
  - Compassion Fatigue Self Test
  - Life Stress Self Test

- Compassion Fatigue Self-Test from ACE
  - Self-Awareness Test

- NASPA Campus Safety KC, ACHA, ACPA

- Compassion Fatigue: An Introduction

- Figley’s (2002) Treating Compassion Fatigue and Figley’s (1995) Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those who Treat the Traumatized

- Patricia Smith’s (2009) Healthy Caregiving: A Guide to Recognizing and Managing Compassion Fatigue (Presenter and Student Guides, Level 1)
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References


References


