

HELPING HAND



Student
Assistance
Program

ROANOKE COUNTY PUBLIC SCHOOLS

Volume 16, Issue 8

The Challenge of Caregiving

It almost goes without saying that parents, teachers, and other caregivers play a critical role in helping children cope with problems, whether they are large or small. 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 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.

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.

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 coworkers, friends, and/or family.

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How Can We Make Schools Safer?

After at least three random shootings in the neighborhood around P.S. 21 in Brooklyn, NY, Principal Harold Anderson was forced to keep the entire school population inside the building for the whole day. This strategy protected students during school hours, but how can parents help keep their kids safe both before and after school?

Eminent psychologist and author Dr. Ken Druck, the nation's foremost authority on school violence says, "Parent involvement is one of the most significant violence prevention tools." He recommends the following five strategies:

1. **Learn safe and unsafe areas of your neighborhood.** If your child walks to and from school, help him or her to plan a safe route. Encourage them to walk with at least one other friend.
2. **Avoid places where physical confrontations often occur.** At most schools, there is a certain place nearby where students flock to settle a disagreement or to watch a fight, i.e., "the playground at 3:00." Often, these confrontations can escalate into more serious violence, such as shootings and stabbings.
3. **Support gang prevention programs in your community** to ensure safety on the streets. There are too many preventable instances in which kids are the victims of "drive-bys" or other gang violence.
4. **Get involved in school organizations** like the PTA or school board. Make your concerns about school violence heard.
5. **Support family, church and community programs** where kids can "belong" to groups or teams, not gangs, and earn respect.



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- 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

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, mealtime, and bedtime routines). Connect with

trusted friends or family who can help take the edge off of the moment.

- Give 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.

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Survey Shows Continued Decline in Drug Use by Students

Since 1975 the Monitoring the Future survey has measured drug, alcohol, and cigarette use and related attitudes among adolescent students nationwide. Survey participants report their drug use behaviors across three time periods: lifetime, past year, and past month. Overall, 49,347 students in the eighth, 10th, and 12th grades from 402 public and private schools participated in this year's survey. The survey is funded by the National Institute on Drug Abuse (NIDA), a component of the National Institutes of Health (NIH), and conducted by the University of Michigan.

Overall, the 2005 Monitoring the Future (MTF) survey showed good news. While there was no substantive change in any illicit drug use between 2004 and 2005, analysis of the survey revealed an almost 19% decline in past-month use of any illicit drug by eighth-, 10th- and 12th-graders between 2001 and 2005. This trend is driven largely by decreasing rates of marijuana use among these students. For example, since 2001, past-month use of marijuana has fallen by 28% among eighth graders and by 23% among 10th graders.

While the 2005 survey showed a continuing general decline in drug use, there are continued high rates of nonmedical use of prescription medications, especially opioid painkillers. For example, in 2005, 9.5% of 12th

graders reported using Vicodin in the past year, and 5.5% of these students reported using OxyContin in the past year. Long-term trends show a significant increase in the abuse of OxyContin from 2002 to 2005 among 12th graders. Also of concern is the significant increase in the use of sedatives/barbiturates among 12th graders since 2001.

"I'm pleased to see the decreased drug use noted in this survey; however, the upward trend in prescription drug abuse is disturbing," says NIH director Dr. Elias Zerhouni. "We need to ensure that young people understand the very real risks of abusing any drug."

"While cigarette smoking is at lowest levels in the history of the survey and overall drug use among teens and adolescents is continuing to decline, there remain areas of concern with specific drugs of abuse such as prescription painkillers," says Dr. Nora D. Volkow, director of the National Institute on Drug Abuse (NIDA), National Institutes of Health. "Prescription drugs are very powerful medicines that are effective when used properly and with a doctor's supervision. Using these drugs without a prescription is dangerous. It's imperative that teens get this message."

More information is available at <http://www.cdc.gov/nccdphp/dash/yrbs/index.htm>.

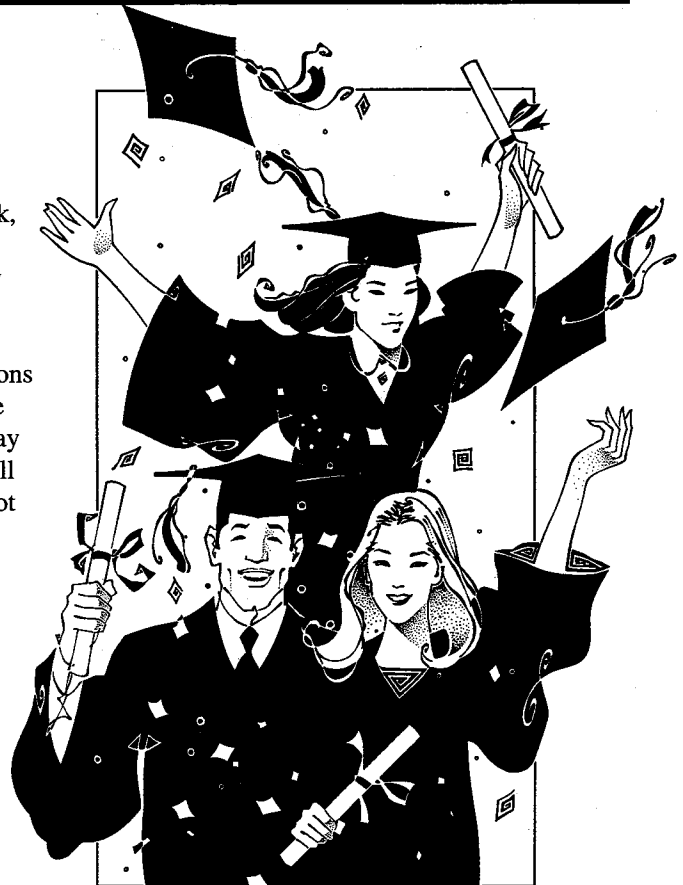
Protect Teens on Graduation

High school graduation is a time for teens to celebrate their achievements, but in some cases, those celebrations involve late-night drinking parties. A new fact sheet developed by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) helps parents prepare for their teen's graduation, by providing important facts about alcohol use and advice on how to talk to their kids about the dangers of drinking. The fact sheet is a useful resource for coalitions interested in educating parents about the dangers of underage drinking around graduation.

"Parents: Help Your Teens Party Right at Graduation," part of the NIAAA's seasonal outreach series, explains how alcohol impacts a teenager's still-developing brain.

"If your graduates drink, they may temporarily feel elated and happy, but they should not be fooled," NIAAA says in the document. "Their inhibitions and memory soon become affected — so they may say and do things that they will regret and possibly will not remember doing at all."

The publication also explains what happens with young people drink excessively, including tips on what to look for if a parent suspects that their teen has alcohol poisoning. The fact sheet can be downloaded at www.niaaa.nih.gov.



Listen, Don't Lecture, to Get Through to Children

Whether you are a parent, teacher (or both), you know you should talk to children about many topics important to their well being and future like drugs, friends, peer pressure, and dating. But talking is only half the job, suggests Dr. Amelie Ramirez, Associate Professor of Medicine at Baylor College of Medicine in Houston, TX. Ramirez says that concerned adults who listen to children and ask probing questions create a high level of closeness. She says "kids who feel close to their parents are less likely to engage in risky behaviors such as drug and alcohol use."

Dr. Ramirez offers the following suggestions to listen more effectively:

- Seize the opportunity to engage your child in conversation whenever your child asks to talk to you. Don't say "in just a minute," or "not right now."
- Frequently ask your child about his or her life, and the lives of his or her friends. What fashions, music, television, and movies do people their age follow? Why?
- Encourage your child with phrases such as "That's interesting" or "I didn't know that."

Establish regular weekly "together time" in which you and your child do something alone together that allows your child to talk. It doesn't have to be elaborate — just taking a walk or going out for ice cream can spark meaningful conversation.



For more information contact the Student Assistance Program Coordinator in your area:

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