

Coping with Crisis: The Mental Health and Self-care of Crisis Leaders in Higher Education

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ABSTRACT: Increasing levels of human-made crises in postsecondary institutions require that educational leaders constantly respond to and manage the impact of these crises. These leaders provide direction and take critical decisions. They are sometimes exposed to the traumas associated with crisis response, especially, when responding to suicides, murders, and school shootings. This paper employed a qualitative study to explore the mental health and self-care strategies utilized by postsecondary leaders during and after crises response. Semi-structured interviews were conducted with nine postsecondary leaders. Findings from the study revealed that postsecondary leaders were not always as skilled or attentive to taking care of themselves. Without proper self-care and mental health, postsecondary leaders could be susceptible to emotional triggers that could activate depression, fear, mental health concerns, and sadness. Establishing protocols for personalized self-care and mental health care could prepare educational crisis leaders to deal with the next crisis they will most likely face.

RÉSUMÉ: L'augmentation des niveaux de crises d'origine humaine dans les établissements postsecondaires exige que les responsables de l'éducation réagissent et gèrent constamment l'impact de ces crises. Ces dirigeants fournissent une orientation et prennent des décisions critiques. Ils sont parfois exposés aux traumatismes associés à la réponse aux crises, en particulier, lorsqu'ils réagissent à des suicides, des meurtres et des fusillades dans les écoles. Cet article a utilisé une étude qualitative pour explorer les stratégies de santé mentale et d'auto soins utilisées par les dirigeants post-secondaires pendant et après la réponse à la crise. Des entrevues semi-structurées ont été menées avec neuf dirigeants post-secondaires. Les résultats de l'étude ont révélé que les dirigeants post-secondaires n'étaient pas toujours aussi compétents ou attentifs à prendre soin d'eux-mêmes. Sans soins personnels et santé mentale appropriés, les dirigeants post-secondaires pourraient être sensibles à des déclencheurs émotionnels susceptibles d'activer la dépression, la peur, les problèmes de santé mentale et la tristesse. En établissant de

protocoles pour les soins personnels et les soins de santé mentale personnalisés pourrait préparer les leaders de crise éducatifs à faire face à la prochaine crise à laquelle ils seront très probablement confrontés.

In recent years, the frequency and severity of many human-directed attacks such as shootings and killings have been multiplied. Postsecondary institutions are not immune to these shootings and killings as they have been beset by an increased number of crises and shootings that have seriously damaged their infrastructures, reputations and prestige (Mitroff, 2006; Wang & Hutchins, 2010). In the United States only in 2019, there were 22 different school shootings where someone was either killed or wounded. Canada has also witnessed a small number of campus killings and stabbings as well. These increasing levels of human-made crises in postsecondary schools have prompted the need to take a critical look at the mental health and self-care of postsecondary leaders as they respond to these crises in their institutions. Research publications on the self-care and mental health care of postsecondary leaders are limited, highlighting the need for this study. To make up for a dearth of literature surrounding crisis response and self-care for leaders in postsecondary institutions, the literature review for the section on mental health and self-care of postsecondary crisis leaders are a compilation of research conducted with leaders from a variety of different sectors.

Crises in Postsecondary Institutions

Crises can be sudden, disrupt routines of systems, and make significant lasting impact on people's lives and property. Core values or vital systems of a community such as safety and security, welfare and health, integrity, and fairness can come under threat (Boin, McConnell, & 't Hart, 2010). A situation that one region may face today will likely affect another community, country, or continent tomorrow (Gainey, 2009; Rosenthal, Boin, & Comfort, 2001). Recently, attention has been focused on incidents of shootings and mass murders on college and university campuses and it seems difficult to find a solution to this ever-growing threat that hinders academic life (Myers, 2017).

In a study conducted by Citizens Crime Commission of New York City (Cannon, 2016) on shootings in college campuses, they found 190 incidents where at least one person was shot in 142 colleges in the school years 2000 to 2016. In Canada, Chin (2017) reported that there have been several school killings. In January

2016, a 17-year-old boy shot and killed two brothers and two teachers and wounded seven others in a local school in northern Saskatchewan. In April 2014 in Calgary, five students were stabbed to death at a private party by an assailant who was an invited guest. Additionally, in the Dawson College shooting in September 2006, one person died and 19 were wounded; the shooting at Concordia University occurred in August 1992, where an engineering professor shot and killed four of his colleagues and at Montreal's École Polytechnique in December 1989, a student shot 28 people and killed 14 women. With heightened attention on college campuses as a result of an increase in shootings, the image of colleges and universities as safe and secure environments has been shaken (Myers, 2017).

Spellings, Price, and Modzeleski (2009) observed that due to the increase in violent crimes, natural disasters, and other crises, colleges and universities have convened committees and task forces to re-examine and conduct a comprehensive review of policies, procedures, and systems related to campus safety and security. Regardless of the location, students, staff, and parents all count on higher education leaders to respond with haste and urgency and to move the organization forward in the event of a crisis by having contingency plans in place.

Crisis Response in Postsecondary Institutions

The extent of a crisis is typically one of immense destruction, unusual in the short term that may damage emergency response systems in terms of responding in normal ways (Kapucu & Van Wart, 2008). Crisis management considers the possible risks and warning signs an organization may encounter and creates a plan on how to handle them should they occur (Coombs, 2007; Lindell & Perry, 1992). Spellings et al. (2009) proposed that a crisis emergency management plan should be based on the framework of the four phases of emergency management: prevention-mitigation, preparedness, response, and recovery. They noted that all phases are highly interconnected, with each phase influencing the other three phases. Coombs (2015) extended the phases to include a fifth, which he called revision.

In this context, postsecondary leaders must, therefore, permanently plan, learn, and give feedback to reduce harm down to the lowest level of the organization (Hong-Cheng, 2014). Furthermore, these leaders are expected to help to reduce the

turmoil of crisis, reassert order and control, as well as become visible to the public and the media (Ulmer, Sellnow, & Seeger, 2015). They therefore become the rallying point for crisis management and control and are responsible for responding to threats, uncertainties, and worry. This is especially so, because people are cautious when it comes to crises, and may be guileless about its complexities and depend on their leaders for safety and direction. This begs the question: on whom do postsecondary leaders depend if the public and victims depend on them? It is then important, that in responding to these crises, contingency plans should include resources and provisions for comprehensive mental health and self-care for postsecondary leaders at the front lines, to avert of any psychological effects they may experience.

The mental health and self-care of these postsecondary leaders are important aspects of disaster recovery and of preserving continuity of critical community functions (Benedek, Fullerton, & Ursano 2007). Additionally, postsecondary leaders are subject to the same psychological responses as other people when confronted with a crisis or shocking news, although people generally expect leaders to control themselves and the situation (Fein & Isaacson, 2009). Crisis response is becoming more complex and challenging than at any other times in our history, and the reality is that these leaders need to be emotionally stable and ready to tackle crises.

Mental Health and Self-Care of Postsecondary Crisis Leaders

Mental health is conceptualized as a state of wellbeing in which individuals realize their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and are able to contribute to their community (World Health Organization, 2013). Additionally, self-care is described as the engagement in thoughts, feelings, and behaviors that maintain and promote physical, emotional, social, and spiritual wellbeing (Tan & Castillo, 2014). Self-care addresses those elements of life that allow one to be well in a variety of ways such as spiritually, emotionally, physically and mentally for renewal and personal growth (Charlescraft, Tartaglia, Dodd-McCue, & Barker, 2010). Mental health and self-care attend to the whole being to create a stable and healthy person and is important for the wellbeing of the postsecondary crisis leader.

Postsecondary leaders face and manage emotionally intense, stressful, and high-tension crises situations that may affect them adversely. Therefore, it is critical that these leaders practise mental health and self-care strategies to better manage the high stress levels they may go through, rather than leading at the cost of long-term harm to themselves. Benedek et. al (2007) explained that the potential for negative emotional consequences, resulting from exposures to traumatic events, high levels of work demand and work with disrupted communities, may be high. Consequently, the ability to respond in a clear and healthy frame of mind is essential to successful crisis management. Wilkinson (2014) suggested that leaders must be prepared to stay emotionally balanced during disaster situations, as repeated exposure to traumatic events strongly correlates with poor health outcomes. Mental health care and self-care for crisis leaders are important aspects of how leaders respond to crisis.

Livornese and Vedder (2017) encouraged leaders to know their personal issues regarding any crisis and have a good understanding of their own involvement in such an emotionally charged event. Staff management and approaches to interventions may take on a different complexity after a crisis and its response. As these issues may easily be overlooked in the turmoil (Cooper, Briggs & Bagshaw, 2018). Unfortunately, Wilkinson (2014) identified in her study that staff were sometimes reluctant to ask for help either because they did not think they needed it or did not want to be characterised as unable to cope. Fein and Isaacson (2009) suggested that the professional culture of educational leadership prizes stoicism and service to others at whatever cost to the self. They further suggested that this stoicism and service to others hindered leaders from expressing feelings that do not comply with these occupational displays. The findings from the two studies above highlight the need for leaders to be trained in assessing the risks and recognising the signs of Post-traumatic Stress Disorder (PTSD) after responding to any crises.

Benedek et al. (2007) recommended an early intervention of support for leaders called psychological first aid. Psychological first aid includes components such as facilitation of social connectedness, fostering optimism, decreasing arousal, and restoring a sense of self-efficacy through psychoeducation, basic relaxation training, and cognitive reframing. Additionally, Prati and Pietrantoni (2010) explained that social support structures might influence the leaders' emotional state and provide help in identifying adaptive coping

strategies. According to Lepore (2001), the nature and quality of social support may provide opportunities to gather information useful for the assimilation of trauma (e.g., through advice, new perspectives, or alternative interpretations) and influence the frequency of intrusive thoughts, and the tendency to avoid disclosing feelings, or thinking about the event. Livornese and Vedder (2017) suggested that the planning for provision of logistical support, and coordination, by institutions will demonstrate a commitment to keeping staff emotionally balanced through highly stressful situations. Fein and Isaacson (2009) believed that a more systemic type of support for crisis leaders would include the assessment, clarification, and implementation of structures of shared leadership which hold the possibility of easing the burden of the post-crisis human toll.

Methodology

This study focused on the mental health and self-care of senior leaders who responded to students' murders. The university that forms the context for this study is a public research postsecondary institution in western Canada with a student population of 31, 950. Postsecondary senior leaders responded to five student murders in morning hours of April 15, 2014. These students were stabbed to death at a house party in a quiet suburban neighbourhood. Three students were enrolled in this university and the other two students were from two other postsecondary institutions in the city. Although the crisis did not happen on campus, the devastating impact was felt by the campus community. The study employed a qualitative narrative inquiry methodology to explore the mental health and self-care strategies utilized by postsecondary leaders during and after the crisis response. First-hand accounts were gathered from key stakeholders in the institution's decision-making and crisis response team who were directly involved in responding to the students' murders.

Research Question

What mental health and self-care strategies did senior leaders in a large western Canadian postsecondary institution employ during and after responding to the crisis of student murders?

Research Design

The sample population for this study were eight senior leaders in a crisis management team and one senior member of the emergency response group. The crisis management team comprised of a provost/vice president academic, one vice provost, one associate vice president, and five vice presidents each handling different portfolios in the institution's crisis management team. The participants included seven female and two male senior leaders. The rationale for selecting these leaders was based on their positions as key stakeholders in policy and decision-making during crises response and their active involvement in the crisis management team. These participants are considered experts in their field and had prior experiences in handling different forms of crises.

I utilized a narrative inquiry approach to develop a deep, holistic, rich, and detailed understanding of the lived experiences of postsecondary leaders' mental health and self-care strategies during and after crisis response. Connelly and Clandinin (1990) described narrative inquiry as the study of ways humans experience the world, with a focus on the experience and the qualities of life and education. In expressing our experiences, we tell stories, thereby shaping our daily lives by making meaningful, personal interpretation of these stories (Connelly & Clandinin, 2006). In the context of this study, the use of narratives provided an opportunity to describe, using thick rich descriptions, the lived experiences of postsecondary leaders to obtain inspiration from them and resonate with their lives.

Data Collection and Analysis

Data collection occurred through face-to-face semi-structured interviews. These interviews lasted an average of 60 minutes. All interviews were audio-recorded and later transcribed for narrative analysis. Narrative analysis involved coding the interview questions into clusters of similar categories by identifying consistent patterns and relationships that resulted into themes (Reissman, 2018). The categories in the findings are consistent with the themes that emerged from the data. The identification of themes provides the complexity of a story (Creswell, 2015) and adds depth to the insight about understanding the mental health and self-care strategies of postsecondary leaders during and after crisis response.

Findings

The following provides descriptive data arranged in themes arising from the analysis of the data obtained from the nine study participants who were interviewed for the study. The research question guiding this study was what mental health and self-care strategies did senior leaders in a large western Canadian postsecondary institution employ during and after crisis response? All nine participants openly shared their thoughts and experiences about seeking self-care and mental health care.

Lack of Self-Care and Mental Health Care

A common theme from the responses of these postsecondary leaders was the lack of self-care and mental health care during and after crisis response. Six participants reported that they did not receive nor seek support or self-care for their mental health. Unfortunately, this lack of self-care and mental health care could result in unresolved traumatic pain. One participant Martha explained:

I didn't get any [support], I didn't ask for any. I think we are more in the caring mode looking after our staff ... [because] the staff took it hard. I was more anxious and concerned about others than myself ... [although] I was impacted. We did a debrief on the murders with the crisis management team and I went into the room, this was many months after and I went into the room where we had met as a crisis management team and I just had a wave of emotion come over me, because it was the same people at the table, same room and it sort of brought back the disbelief, the shock.

Crisis leaders may not always realize that a crisis, especially an emotional intense crisis, may leave deep emotional scars they may not be aware of, thereby making them more susceptible and vulnerable to PTSD.

Another participant Sheryl said:

I would say we [leaders] are probably not as good at that as we should be ... because am thinking, how do I make my team on the ground get turned over and get adequate care and rest for themselves....We [leaders] probably don't spend enough time thinking about how to look after ourselves.

Leaders often were not as good at their self-care instead provided care and support to others. They tended to forget that they were also

human and that a crisis may influence them negatively and emotionally.

A participant Esther explained:

There were five funerals that were set up, two of us went to all the funerals. That was really difficult, really tough. We met with the families, we met with the parents, it was really hard ... I don't think you're ever prepared to go to five funerals in one week, I don't think there's anything in my background that will prepare me for that.... We supported one another, we did not have counselors that were bought in for our team, we might have considered that in hindsight, but the counselors quite frankly were busy with students, could we have had someone [counselor] for staff come in and do something maybe, we didn't do that though. ... We identified that we had to take care of ourselves, because this was an issue, I would say related to mental health.

There is an expectation by victims and a certain level of dependence on their leaders for direction in a crisis and this often creates a situation where leaders assume they do not need help or support and instead become stoic or heroic. Doing this could lead to mental health challenges for leaders.

Another participant John explained:

I thought I was okay but probably not. But that's something we have talked about especially in mass casualty instance to ensure that we get that [support] in there for first responders, our volunteers for the emergency operations group and the crisis management at the executive leadership. We try to emphasize in our training, I've to admit we tell other people to do that and we don't do it ourselves, we need to make sure to take care of the people and the responders as well. ... Organizations that recovered after some horrific events do so at the cost of losing their staff, if they do not have a proper self-care plan.

It is imperative that postsecondary leaders have a good understanding of their own involvement in an emotionally charged event. Since self-care and mental health are so important, why then do crisis leaders neglect this aspect of crisis management knowing the implications, especially when they are at the frontline of response?

Inadequate Use of Available Support and Resources

Several leaders interviewed responded that they were aware of the resources provided by their postsecondary institution to support self-care and mental health, however, they did not use these resources because they felt they did not need them. They deemed providing support for others more important.

Andy a participant explained:

“I didn’t reach out to get external support ... but I know the support was there, it was offered. Support services at the university were around, we were all reminded of it, if you need it take it, if you need time off, days off, just let us know”.

Leaders did not reach out for help, although there were support services to help with their mental health.

Esther explained:

I think the people that properly needed it [support] the most were a couple of us that went to the funeral and we were great up until the fifth one and then on the fifth one we both had breakdowns in the car coming back. I had to stop the car because you recognize the enormity of the potential of five young lives, five people losing their lives in their early twenties ...

The emotional impact of attending several funerals eventually took its toll on these leaders. Emotional traumas may result from an intense emotionally impacting crisis, therefore, it is important to affirm to leaders that it is okay to seek support and acknowledge their vulnerability.

Ann explained:

I think [an] acknowledgment that it’s okay to seek help after crises, that there are residual impacts or posttraumatic impact after crises that may happen months even after the crises has taken place, so some acknowledgment, [of] what signs to look for in yourself. If you are having trouble sleeping or trouble eating that all of these could be signs of PTSD and that these are the services that are available to you through the university...

An encouragement from a colleague, or top administrators may enable leaders seek support. An understanding of the signs of PTSD and having open and private conversations around these signs could help leaders.

Self-Care and Mental Health Strategies

Of the nine participants, three leaders expressed that they did seek support and help and identified the types of support sought. Martha explained,

... I have peer support ... I have an excellent team ... and I just think that we are able to debrief and decompress as a team because we can talk about it. The other person that I talk a lot is the vice provost student experience, [she] and I, when we have these kinds of crises, we are a good team together because we can use each other to bounce off. And I find my self-care is ... outside the institution. My thing is physical activity, so I need to walk, to run, I need to do something that gives me some down time, where my brain isn't still running, so it's allows me to decompress and think.

Employing different forms of support for mental health and self-care could provide the downtime leaders need to process important decisions during crisis response.

Another participant, Jane explained,

I'm lucky to have a lot of people here that are safe spaces that I can blow off steam with. I'm pretty driven as you can imagine, sometimes, I need to step back a little bit. I also need people around me to kind of be a little bit of that poky person to say step back, get some perspective. I think that that helps me a lot with self-care and mental health. The hardest crises here for me to deal with are suicides and I actually talk them through. I am a faith based [person] I talk them through with someone from my faith base not with details but just my emotions, because they get wrapped up and I have trouble completely separating myself from a clinical aspect of a child dying to the emotional aspect of a child dying.

The importance of connections at home, open and responsive dialogue, professional psychologists, spiritual and physical activities and psychiatrists can form the support systems for mental health and self-care.

Andy explained:

I've got a great personal support network and because none of the stuff was confidential all of it was very public and I think for me because none of these [crises] were personal ... it was just about reconciling the grief of many and just coming to terms [with the situation].

A personal support network for leaders who respond to students' death could allow these leaders begin the process of grieving and hopeful lead to some form of healing.

John explained:

We did have staff wellness and counsellors... in the emergency operations group.... Probably more emphasis [was] to take care of their physical needs. With [a certain agency], you could book 10-minute massage and other things to get micro breaks.

Different forms of support were provided by the institution such as staff wellness and counsellors, opportunities to care for their physical needs and take micro breaks. These forms of support are important given the fact that these leaders suffer the same grief, trauma, stress, crisis response related burnout, compassion fatigue, and secondary stress trauma.

Discussion

The importance of self-care and mental health of postsecondary crisis leaders

The constant flux of crises has made it imperative to study the mental health and self-care strategies employed by postsecondary leaders during and after crisis response. Jones III, Haley, and Hemphill (2010) reported that during times of crises, leaders often neglected themselves resulting in physical, mental, emotional, and spiritual deficiencies. Responses from the leaders in my study revealed similar findings. Leaders interviewed indicated that they were not always as skilled or attentive to taking care of themselves or getting support for their mental health as they were at taking care of others. These leaders were focused on caring for others in their teams and the victims of the crisis, creating a sense of safety and security for others. Consistent focus on caring for others to the exclusion of themselves could lead to the consequence of operating at a subpar level thereby rendering leaders unable to provide optimal support to students or staff when they need them the most (Jones III, Haley, & Hemphill, 2010). When selfcare is attended to, then a leader can effectively help others. For leaders, the ability to care for themselves is one of the most important things that should be done in order to successfully support others.

Additionally, responses from the study revealed that postsecondary leaders were under intense emotional stress having attended to the campus community's needs as well as attending the

funerals of the murdered students. At the time of their interviews in 2019, a few leaders became emotional as they recollected how they responded to five students' murders. These leaders experienced emotional triggers caused by "environmental cues or by speaking about their experiences" (Fein, 2001, p. 234). This reaction reflects that emotional triggers could activate unresolved emotional trauma and scars, which may lead to depression, stress, fear, mental health concerns, sadness and even PTSD. Therefore, leaders could seek help and support through confidential resources for their counselling, social and psychological needs. These supports could assist leaders to identify any underlying emotional trauma experienced during crisis response. Livornese and Vedder (2017) encouraged that allowing leaders verbalize their reactions, validate their feelings and acknowledge different reactions to the shared event could begin the process of healing. Providence Health Care (2015) encouraged leaders to show empathy and be compassionate to themselves, create personal boundaries, as well as confidential personal debrief sessions with trusted colleagues and friends.

Furthermore, the care and support displayed by a campus community in the aftermath of a tragedy reveals the strength, resolve, and true character of an institution (Jones III, Haley, & Hemphill, 2010). As Martini (2020, para. 8) noted "nobody is helped by a grandiose display of martyrdom". Projecting the importance of mental health and self-care by an institution as well as demonstrating leadership in this area sends the message that it is acceptable to seek support. Institutions can also model the behaviors they expect from others in the organization with regards to self-care. These behaviors could to a large extent influence how the culture of the institution will evolve. Additionally, postsecondary institutions could establish policies that draw boundaries around what is asked of individual leaders during crises. These policies could also include provision of special resources (financial and other) for leader support, a mandatory leave of absence after responding to a crisis and working with a crisis mentor in the immediate days after a disaster (Fein, 2001; Fein & Isaacson, 2009). Also, creating a mental health and wellness readiness plan is expedient, so that leaders can understand the types of resources available and how to access these resources in a confidential manner, how to identify the symptoms they might be experiencing, understand their mental state, and recognize the types of social support that they might seek.

Strategies for Mental Health

When leaders are given support for their self-care and mental health after traumatic events, they are better prepared to handle the next crisis. A finding from my study indicated that postsecondary leaders who took care of themselves recognized the need for self-care, and they sought external support rather than use the available resources on campus. These leaders developed different coping strategies, such as having social supports, trust and care within safe spaces outside the institution, and faith-based support. As well as engaging in some form of physical activity such as running or walking, talking through their thoughts and feelings with others, listening to music and reading inspirational quotes. Additionally, these leaders emphasized the importance of having their superiors encourage them to take a break and use the services available as an effective strategy for employee self-care. Leffler and Dembert (1998) and Regehr, Hill, and Glancy (2000) see social support as a protective and primary factor within the individual's personal and organizational network.

Something to note is that although the university provided several services for staff wellness, such as counselors, and psychologists, senior leaders did not see the need to take advantage of these services offered but preferred to seek external support groups. One possible explanation could be that senior leaders did not want to be perceived as weak but preferred to be perceived as strong leaders who could manage crises and look after others. The perception of weakness by leaders could occur because "the culture of leadership in schools promotes service to others and stoicism in a crisis" (Fein, 2001, p. 238). It is important to encourage postsecondary leaders to understand that they do not always need to be stoic and that there might be some residual or post-traumatic impact after crisis response.

Conclusion

This paper employed a qualitative narrative inquiry methodology to explore the mental health and self-care strategies utilized by postsecondary leaders during and after crisis response. Participants openly shared their thoughts and experiences about seeking self-care and mental health care. Three themes emerged from the findings which include: (1) lack of self-care and mental health care, responses from postsecondary leaders indicated a lack of self-care and mental health care during and after crisis response; (2)

inadequate use of available support and resources, leaders were aware of resources provided by their postsecondary institutions, however, they did not use these resources; and (3) some leaders sought support and help for their self-care and mental health, often employing different strategies.

Self-care during a crisis is more difficult but more vital. As we all know, the first rule is to put on your own oxygen mask before you assist anyone else (Jones III, Haley, & Hemphill, 2010). Therefore, establishing personalized self-care and mental health care could prepare postsecondary crisis leaders to deal with the next crisis they will most likely face. Importantly, the type of help and support required by postsecondary leaders might be different for everyone, because each leader's needs, past crisis experiences, and past traumas are different.

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