Enjoying the Good Lice: Managing Crises

by Pauline Davey Zeece

“It is what we do rather than what we feel or say we do that reflects who and what we truly are.”


The first time I ever saw lice hopping from curl to curl on a small child’s head was over 15 years ago. The critters were so small and quick (the lice that is) that I had to blink twice before I could process what I was seeing. And when the realization finally struck me, I felt compelled to shift my weight, to scratch my scalp . . . and quite honestly to exit quickly.

To make matters worse, one of the other teachers who had also never seen lice but who believed that “such things only inflicted impoverished people” had systematically checked the heads of 22 children with the same comb. By the end of the week, the school was involved in a lice crisis of major proportions. Teachers, staff, children, and families had been afflicted and the local pharmacist had become wealthy.

I am pleased to report that the outbreak claimed no long term casualties; everyone did survive. In subsequent times and other places amidst a lice event, I have been more able to act effectively. I now am actually beginning to control my head scratching. You might say that I am learning from lice, or at least from their presence in early childhood programs.

With this in mind, how can administrators learn to manage this and other crises constructively and to use these as opportunities for learning?

Best Kept Crisis Secrets

■ Crises happen.

Crises are a predictable part of life, and therefore a predictable part of child care programming. Quality programming is not necessarily characterized by absence of crisis, instead it is identified by presence of effective crisis management. Accepting that crises will and do occur is the first step in dealing with them well.

Another important part of crisis management is understanding how crisis happens — this can be accomplished by actually charting crisis events. In doing this, a director can develop a crisis pattern or profile for a program. Such a profile typically consists of five W’s: what, when, where, who, and why.

What. Understanding the what of a crisis can be deceptively simple. This is particularly true when crisis is interpersonal rather than programmatic in nature. A cook who walks off the job 30 minutes before lunch or a child with a broken finger is a clearly recognizable crisis. But a group of parents who collectively...
decide not to support a teacher or a staff person who burns out is less specifically pinpointed.

Really understanding what happens in a crisis entails separating facts from interpretation. For example, “The cook left the building at 11:30 am today and said she was never coming back” is a fact. “The cook stomped out of the kitchen and quit because she was angry at everyone” is an interpretation. Both bits of information are useful, but in different ways. Collecting facts over time about programmatic crises enables a director to chart events and sometimes to predict and head off disaster before it strikes.

Interpersonal crises may be less easily charted. These may need to be monitored by attending closely to the interpretation of a fact or a collection of facts surrounding a crisis. For example, the fact that “Marba hasn’t smiled or spoken to anyone in the center for a week” may be less critical information in dealing with an interpersonal crisis than the interpretation that “Marba is burning out and has appeared depressed and withdrawn for some time.” Most times, crises are handled best when accurate facts and interpretation are considered.

**When.** It should not come as a surprise to learn that more accidents involving young children occur when adults and/or children are tired, hungry, bored, or under undue stress. When you think about it, this includes just about everything that happens to adults and children in a child care setting but sleep. And anyone who has spent time in a naproom can testify that this too can be a hazard area.

Crises then are affected by timing. Right before lunch and nap and late afternoon are prime times for children to get hurt. And hurt children precipitate crises of all sorts. Charting when crises occur in a program can help a director identify critical periods.

Adults can also have identifiable “down times” in child care settings. It would be helpful to learn what contributes to these times in your program. Take a few minutes to jot down the last five crises with which you have dealt. When did these occur? Do you see a pattern? Were these adult or child crises (or both)? What can you learn from understanding the timing of these events?

**Where.** As children and adults learn to live and work with each other in a child care setting, they construct cognitive maps about how the space around them is to be used. What this means for young children is that they develop ideas about where things should happen — this is where I play blocks, this is where I sleep when it is naptime, this is where I run. Crisis looms when there are unclear messages about space usage or when people live and work together for long hours each day in an overcrowded child care setting. Without clear boundaries, both children and adults are more apt to experience difficulties.

In the lab school we have a wonderful patch of mature pine trees which children call the “forest.” When weather permits, teachers will often take tents and camp in this forest with children. A minor crisis evolved with the grounds department when the shrubbery around the camping area began to die . . . it appears some children were taking a rustic approach to toileting. Obviously, the cognitive map for camping at school and at home had not been clearly drawn.

On a more serious note, where may also contribute to interpersonal crises. Where do you speak with staff or parents when there is a problem? Is it always in the same place? What else happens there? Do you ask staff to trust and share openly in this same place? Is it on your turf or theirs? Or, better still, is it ever in a neutral location?

“No one is ever old enough to know better."

— Holbrook Jackson quoted by Jon Winokur in Friendly Advice, New York: Dutton, 1990

The last two W’s (who and why) fall under the next secret about crisis.

**Blame doesn’t work.**

**Who.** Blame for the sake of blame builds neither individual character nor strong early childhood programs. Equally important, it has never been demonstrated that self-flogging clears the mind or sharpens the skills of a child care administrator. Thus, the importance of understanding who rests in the power of unraveling the roles everyone plays during a crisis.

The work of child care is a collaborative effort; nothing happens in a vacuum. The good and bad, the successes and failures, the highs and lows of a program all contribute to its milieu. It might be useful to know who told the cook he was tired of burned food just five minutes before she quit and stormed out. But equally useful to understand would be how every person, as well as the demands of the cook’s job itself, contributed to an unmanageable situation for one person.

Charting the who of crises in a program allows an administrator to
see a different kind of worker profile. Over time it can be determined if one or two workers are always in the eye of the storm or if others are always the ones to calm the waters and pick up the pieces. Both groups of people need support in different ways.

As your profile begins to develop, look to see where you fit. What role do you typically play during crisis? How would workers categorize you if they were developing their own profile?

• take time to understand the role model they set within a program and to learn how their response matches those of others;
• set time for regular “crisis drills” to discuss the merits of solving hypothetical crises in a variety of ways;
• and recognize and reward effective crisis resolution in an ongoing way within their programs.

But this is not to say that every crisis can be accurately anticipated,

“Why. Asking why in the heat of a crisis is like demanding that a three year old explain why she stuck a grape up her nose. In both instances, why usually does little to solve the immediate situation or to shed light on a long term solution. Thus, why is best asked after the passion of the moment has subsided and after all the other W’s have been processed. This is so because why is the interaction among the who, when, where, and what of a crisis.

When management of crisis is approached in this way, the why of a difficult situation may actually be understood before anyone even poses the question. Understanding the why of a crisis also allows directors to polish their own panic and increase their own effectiveness in dealing with crisis. This occurs when directors:

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“Not all crises are bad.

The last best kept secret is that crisis is not always bad. Granted when children or adults get hurt, when people lose self-respect or self-esteem, when resources or circumstances dictate impossible decisions where no one feels good about the outcome, crisis injures a program. But in other instances, it may actually be instructive or even healthy.

Through effective crisis management, one can come to the understanding that all crises are potential opportunities for learning. As such, directors learn to assign and/or accept responsibility for error without condemning themselves or others and without giving up. They learn to put each crisis on a continuum and to ask themselves: “What is the importance and the consequence of this action today, tomorrow, next month, next year?”

And, finally, directors can learn to evaluate the full spectrum of crisis effects. When crisis damages beyond repair, it brings a special kind of challenge to an administrator. When crisis discourages, it is, at best, cumbersome. When crisis devastates people or programs, it is destructive.

But when crisis fosters close inspection of philosophy, policy, or practice, it is useful. When crisis requires

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collective ownership of a mutual problem and mandates collaborative solution, it is powerful. When crisis butts heads with apathy and paves the way for meaningful and effective change, it is worth the effort it engenders.

Crises can be crippling if they are not taken seriously. But competent administrators learn to monitor the pulse of a program so as to best understand the magnitude of a crisis and its fall out.

Effective managers then are able to use crisis to learn and to make their programs better and stronger and less vulnerable the next time around.

References


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