

Self-Medicating vs. Self-Care

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Some days in alternative education, you leave believing you changed a life. Other days, you sit in the parking lot wondering what just happened. Both are real. So is the question that follows you home: Am I recovering from this day, or simply trying not to feel it?

The stress is real, and it is not a character flaw

In a 2025 RAND analysis, 46% of teachers reported that work left them too tired for activities in their personal lives, compared with 13% of comparable working adults. That is a national teacher comparison, not a rate specific to alternative schools. It nevertheless puts a number on a familiar experience: the workday can consume energy that should also belong to life outside school [1].

Alternative schools vary widely. Some specialize in credit recovery, others in therapeutic services, reengagement, or behavioral support. Students may have experienced disrupted schooling, exclusion, trauma, disability-related barriers, or difficult circumstances. Students are not the problem. The challenge is building conditions where they and the adults who support them can succeed.

Self-medication is not the same as rest

In clinical usage, self-medication commonly means using substances or medicines to manage symptoms without appropriate guidance. In ordinary conversation, the term is sometimes extended to numbing or avoidance behaviors. Not every distraction is harmful, and the same activity may be restorative for one person and disruptive for another. Watching a show, ordering dinner, or gaming with friends can be genuine rest.

Ask four questions: Why am I doing this? How do I feel afterward? Am I increasingly relying on it to avoid difficult feelings? Is it interfering with my sleep, relationships, health, or responsibilities? Self-care is not a performance of virtue. It is an honest relationship with your needs.

Three staff members, one demanding school

Case A: The veteran teacher who is still functioning

Ms. Johnson has fifteen years of experience and is everyone's first call during a crisis. Following a day of escalations, she drinks to unwind. Over months, the amount increases and her sleep worsens. She continues doing excellent work, so she tells herself everything is fine. The turning point is not public embarrassment; it is noticing that functioning at work no longer means feeling well. She chooses to speak confidentially with a qualified professional and examine what support she needs. Heavy, dependent alcohol use requires medical advice before abrupt cessation.

Case B: The newer educator who says yes to everything

Mr. Rivera stays late to rewrite lessons, takes extra duties, and answers messages all evening. He calls it commitment, but he is exhausted and resentful. His change begins when he requests protected planning time, consults colleagues, and establishes a reasonable end to his workday. He discovers that asking for

help is sound professional judgment, not weakness.

Case C: The instructional assistant who never gets a reset

Ms. Taylor helps manage a frightening incident, follows the safety plan, and is assigned another group almost immediately. At lunch she scrolls on her phone in her car. The scrolling is not the issue; the absence of recovery time and inclusion in safety planning is. Her school creates a relief-coverage and post-incident check-in process, without requiring staff to disclose private health information.

Self-care that fits inside instruction

An arrival reset: give students choices such as quiet music, drawing, or stretching for two minutes while staff settle too. Do not require personal disclosures or mandatory breathing. A movement transition: use supervised standing discussions or a brief walk when aligned with student plans and safety procedures. A reflection minute: invite private writing during independent work while maintaining supervision. A post-incident reset: follow individualized plans and arrange actual staff relief after serious incidents. Basic needs: protect bathroom access, hydration, meals, and appropriate sensory supports.

Research offers cautious encouragement. A randomized CARE for Teachers study involved 224 teachers across 36 elementary schools and found improvements in teacher emotional regulation, distress, and observed classroom emotional support. This was a substantial training and coaching program, not proof that a two-minute exercise produces the same outcomes in alternative schools [2].

The generational bridge

A twenty-four-year-old instructional assistant, a mid-career teacher, and a veteran administrator may disagree about boundaries, communication, and professionalism. None has a monopoly on wisdom. New staff may see emerging communication patterns; experienced staff may recognize early signs of escalation; support staff may know the student best. Ask: What does this colleague know that I have not learned yet? Respect beats stereotypes.

Leadership cannot outsource wellness

Maslach and Leiter describe six areas of worklife linked to burnout: workload, control, reward, community, fairness, and values [3]. School leaders should therefore review coverage, caseloads, incident procedures, decision-making, recognition, and equitable access to breaks. A wellness room cannot replace a safe staffing plan. A pizza party cannot repair a chronic workload imbalance. Trauma-informed school frameworks also include staff and organizational conditions, not only student interventions [4, 5].

Five questions worth taking home

What helps me recover after a hard day? What habit sometimes leaves me worse off? Which need have I been ignoring? Where could I ask for help? Which working condition needs organizational change rather than more personal endurance? These are private reflection prompts, not diagnostic tests or performance evaluation tools.

A better finish to the day

No educator is perfectly regulated. No single routine solves every difficult day. But schools can normalize support, protect autonomy, make recovery possible, and teach students that strength includes knowing when to pause. Self-care is a personal practice. A culture of care is an organizational responsibility. You deserve a life you do not have to escape from, and a workplace that does not make escaping feel like your only option.

Bring the sweetness.

Verified references

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