

Stressors

- All families have stress. Caregiving and adoptive families have added stress as the family re-defines itself.
- Not all stress is bad. Families may be able to redefine stress in a positive way.



Burn Out, Secondary Traumatic Stress, and Parental Self-Care

Burnout: when the caregiver or adoptive parent finds the challenges of fostering or adoption to be overwhelming. Indicators include tiredness, health complaints, anger, or depression. A sense of empathy and commitment, use of self-care strategies, and a supportive agency can help combat burnout.



Secondary traumatic stress: Emotional duress resulting from hearing firsthand the trauma experiences of another. It mimics symptoms of PTSD – anxiety, anger or sadness, difficulty sleeping, overeating, and irritability. Awareness, agency support, self-care strategies and counseling can help prevent secondary traumatic stress.

The five rights of medication administration:

1. Right child
2. Right medication
3. Right dose
4. Right time
5. Right route

Know the medication's purpose, side effects, and expected response. Know your agency's policies.

List three ways you will use the information from this training.

- 1.
- 2.
- 3.

MODULE X: THE EFFECTS OF CAREGIVING ON THE CAREGIVER FAMILY

Self-Care Assessment

Select one item in each section in which you will actively work to improve your self-care habits.

Psychological Self-Care

<input type="checkbox"/>	Take day trips or mini-vacations	<input type="checkbox"/>	Make time for self-reflection
<input type="checkbox"/>	Have my own personal psychotherapy	<input type="checkbox"/>	Write in a journal
<input type="checkbox"/>	Make time away from technology or internet	<input type="checkbox"/>	Attend to minimizing life stress
<input type="checkbox"/>	Read something unrelated to work	<input type="checkbox"/>	Be curious
<input type="checkbox"/>	Notice my thoughts, beliefs, attitudes, feelings	<input type="checkbox"/>	Say no to extra responsibilities
<input type="checkbox"/>	Engage my intelligence in a new way or area	<input type="checkbox"/>	Be okay leaving work at work
<input type="checkbox"/>	Do something at which I am not expert	<input type="checkbox"/>	

Emotional Self-Care

<input type="checkbox"/>	Spend time with people whose company I enjoy	<input type="checkbox"/>	Love myself
<input type="checkbox"/>	Stay in contact with important people in my life	<input type="checkbox"/>	Allow myself to cry
<input type="checkbox"/>	Re-read favorite books, re-view favorite movies	<input type="checkbox"/>	Give myself affirmation and praise
<input type="checkbox"/>	Identify and seek out comforting activities and places	<input type="checkbox"/>	Find things that make me laugh
<input type="checkbox"/>	Express my outrage in social action or discussion	<input type="checkbox"/>	

Spiritual Self-Care

<input type="checkbox"/>	Make time for reflection	<input type="checkbox"/>	Spend time in nature
<input type="checkbox"/>	Find a spiritual connection and community	<input type="checkbox"/>	Be open to inspiration
<input type="checkbox"/>	Appreciate non-material aspects of life	<input type="checkbox"/>	Cherish my optimism and hope
<input type="checkbox"/>	Try at times not to be in charge or the expert	<input type="checkbox"/>	Seek out reenergizing or nourishing experiences
<input type="checkbox"/>	Identify what is meaningful to me	<input type="checkbox"/>	Be open to not knowing
<input type="checkbox"/>	Meditate	<input type="checkbox"/>	Find time for prayer or praise
<input type="checkbox"/>	Contribute to causes in which I believe	<input type="checkbox"/>	Have experiences of awe
<input type="checkbox"/>	Read and listen to something inspirational	<input type="checkbox"/>	Do some fun artistic activity

Physical Self-Care

	Eat regularly (breakfast, lunch, and dinner)		Exercise
	Get regular medical care for prevention		Eat a healthy diet
	Get medical care when needed		Get massages
	Take time off when sick		Take vacations
	Wear clothes I like		Get enough sleep
	Do fun physical activity		Think positive thoughts about my body

Relationship Self-Care

	Schedule regular dates with my partner		Make time to be with friends
	Call, check on, or see my relatives		Ask for help when I need it
	Share a fear, hope, or secret with someone I trust		Communicate with my family
	Stay in contact with faraway friends		Enlarge my social circle
	Make time for personal correspondence		Spend time with animals
	Allow others to do things for me		

Workplace or Professional Self-Care

	Take time to chat with coworkers		Make quiet time to work
	Identify projects or tasks that are exciting		Take a break during the day
	Balance my load so that nothing is "way too much"		Set limits with my boss and peers
	Arrange work space to be comfortable		Have a peer support group
	Get regular supervision or consultation		Identify rewarding tasks
	Negotiate and advocate for my needs		

Overall Balance

	Strive for balance within my work-life and work day		Strive for balance among my family, friends, and relationships
	Strive for balance between play and rest		Strive for balance between work, service, and personal time
	Strive for balance in looking forward and acknowledging the moment		

Areas of Self-Care that are Relevant to You

____ (Other) _____

____ (Other) _____

____ (Other) _____

Adapted from Saakvitne, Pearlman, & Staff of TSI/CAAP (1996). *Transforming the Pain: A Workbook on Vicarious Traumatization*. Norton. Adapted by Lisa D. Butler, PhD.

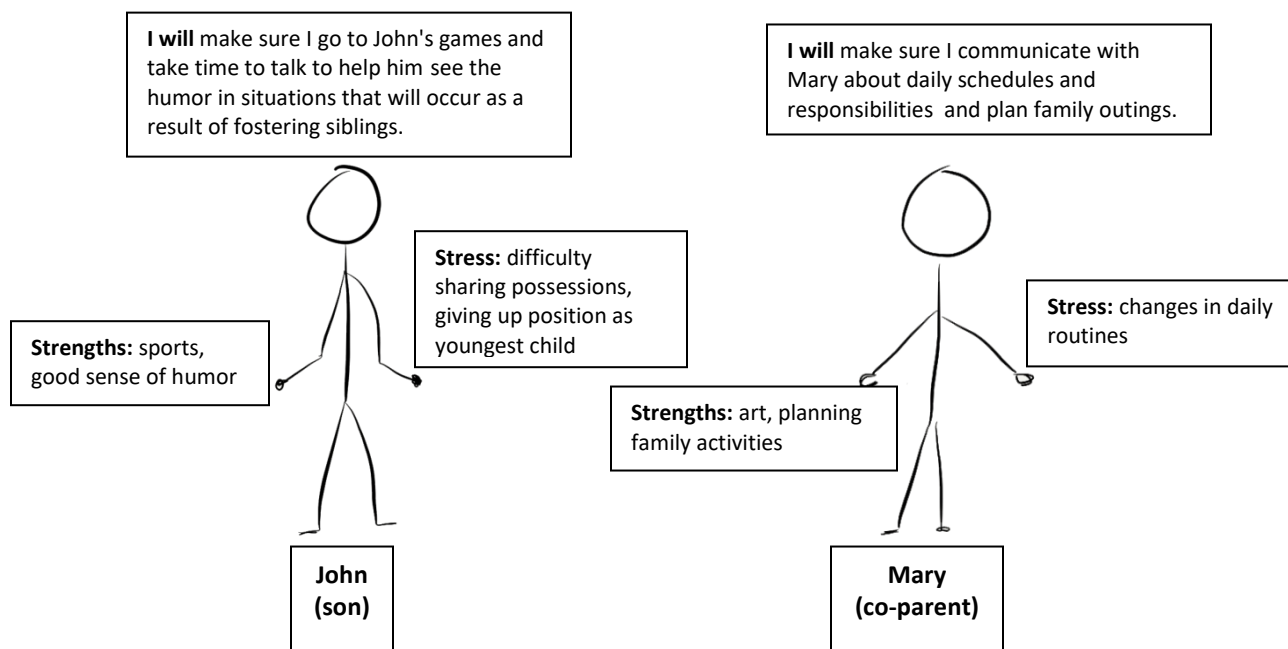
MODULE X: THE EFFECTS OF CAREGIVING ON THE CAREGIVER FAMILY

Individual Reflection

Please take a few minutes to reflect on what you have learned in the Preservice training and how it applies to you. Give this sheet to the agency worker who is completing your homestudy.

Drawing on Strengths of Your Family

1. Draw stick figures representing the members of your family as it is now.
2. Write each person's name under their figure.
3. On the left side of each figure, identify the strengths of the person.
4. On the right side of each figure, identify the areas of stress each person will likely encounter as your family begins to provide foster or kinship care or adopt.
5. Above each figure, write a sentence describing how you will help each person use their strengths to deal with the stresses.



“My Family”

MODULE X: THE EFFECTS OF CAREGIVING ON THE CAREGIVER FAMILY

Are Your Expectations Realistic?

Our love will be enough

Some caregivers and adoptive parents believe that they can erase years of maltreatment and mistrust by providing a child with love. Children who have experienced trauma need love, but they also need caregivers and adoptive parents who have the knowledge and skills to meet needs and start the healing process.

We will feel love and connection to this child quickly

Attachment develops over time, and many children protect themselves from rejection by refusing to allow themselves the vulnerability of attachment. When children are slow to connect emotionally, it is only human to anticipate other family members will likewise need time to develop attachment to the child.

This child will step into our family system and easily learn how to function within our rules, goals, and ambitions

Of course the child will be asked to make significant adjustments to a new family, but the foster and adoptive family will also be required to make significant adjustments as well. Those families who recognize the areas in which flexibility will be essential (e.g. scheduling, behavior management, diversity impacting life style and values) will be much more successful.

This child's needs will be just like those of our biological children

When children have experienced the traumas of child maltreatment as well as separation, of course they will have experiences that impact their feelings and behaviors. The parenting strategies that proved successful with children who have always been in stable, nurturing homes may not be effective with traumatized children. New skills and strategies, empathy, patience, and flexibility will be required of foster and adoptive parents.

Our biological children will embrace this new child as a sibling

Whenever a new child joins the family, whether by birth, foster or kinship care, or adoption, the existing children in the home will be affected by the changing family system. The “permanent” children in the family may be initially excited about the prospect of having a foster, kinship, or adopted sibling, but feel very differently after the child arrives.

Our child will fit into well into our extended family and be welcomed by them

Sometimes the extended family does not have the same commitment to the foster or kinship care or adoption plan of the caregiving family. If problems surface after the placement, the extended family may withdraw support. This can lead to disappointment and strained family relationships.

Our friends and acquaintances will validate our role as parent in the child's life

Like the extended family, some friends may withdraw support from the foster, kinship, or adoptive family, leading to feelings of isolation. The friends may even question why the family should have to deal with challenges: “why don’t you just send him back? You’re not the ‘real’ parent anyway.”

Our child will forget about his birth family and his past

Moving into a new family does not erase a child’s past attachments. Even if the child has no memory of the birth family, the birth parents are “psychologically present” for the child.

We can do for this child what was not done for us, or we will not do to this child what was done to us

Parenting a traumatized child can trigger a parent’s own painful memories of victimization or abandonment. Sometimes a foster or kinship caregiver or adoptive parent is motivated to rescue a child from a difficult family situation that is possibly very similar to his or her own. Providing a safe haven for a traumatized child can release long-buried feelings from a parent’s own past.

We will never feel any second thoughts or ambivalence about providing a foster, kinship, or adoptive home for a child with a traumatic past

It is not uncommon for children to test the stamina and commitment of their caregivers or adoptive parents, and it is only human to anticipate this testing will lead to moments of doubt or ambivalence. These feelings are normal and should be expected.

Schooler, Jayne; Keefer Smalley, Betsy; Callahan, Timothy. (2009). *Wounded Children, Healing Homes: How Traumatized Children Impact Adoptive and Foster Families*. NavPress. Colorado Springs, CO.