

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.

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.

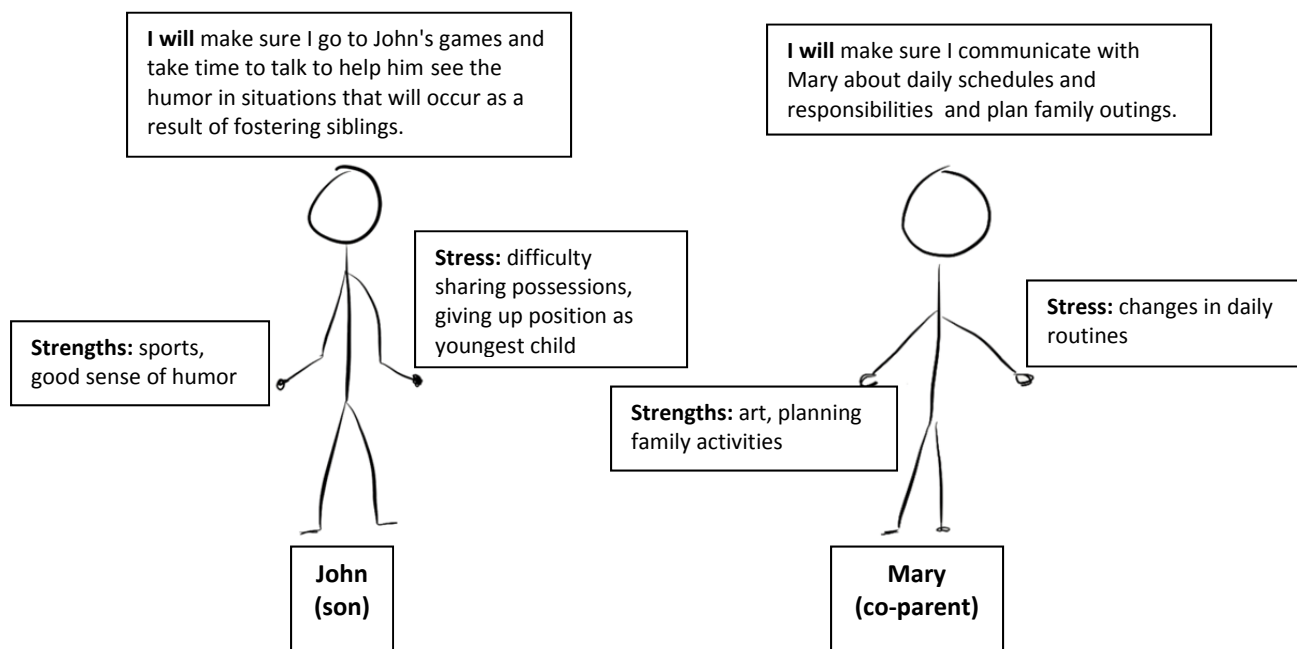
MODULE X: THE EFFECTS OF CAREGIVING ON THE CAREGIVER FAMILY

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”



Ohio Child Welfare Training Program
Preservice Module 10
The Effects of Caregiving on the Caregiver Family

County where training was held: _____

Trainer: _____

Date: _____

Please complete the survey and provide comments to help us improve this training.

1. Building and sustaining a relationship with the primary family is a common stressor for foster/adoptive families.
 - Yes
 - No

2. Which option is a realistic expectation for foster/adoptive families?
 - Our love will be enough.
 - It will take time to feel love and connection to this child.
 - The child's needs will be just like those of our biological children.

3. Which of the statements regarding self-care strategies is true?
 - It is important to find time for spiritual connection (reflection, meditation, prayer, time in nature)
 - The child's needs should be placed above self-care activities
 - Taking time for friends and favorite activities is not considered a self-care strategy

4. The trainer could improve this training if they (check all that apply):
 - Shared additional relevant personal examples
 - Managed the group more effectively
 - Gave clearer instructions for activities
 - Helped me better understand how to apply the information to foster care or adoption
 - Other _____

5. Have you been completing the reflection sheets?
 - Yes
 - No
 - I have completed some of them.

6. If you have completed reflections sheets, have you shared them with your worker?
 - Yes, I have.
 - Not yet, but I plan to.
 - No, I do not plan to share them.

7. What other information would you like to share that will benefit future participants of this training (use the back of this sheet if needed)?

Thank you for your feedback!