

**British Columbia Foster Care
Education Program**

**CARING FOR CHILDREN:
EFFECTS OF CAREGIVING**

Ministry of Children and Family Development

July 2002

About the Author

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Acknowledgements

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INTRODUCTION



Introduction

A. RATIONALE

Following a report by the United States General Accounting Office that the foster care system was in a state of crisis, Denby, Rindfleisch and Bean (1999) conducted a study about foster parent satisfaction and intent to continue to foster. Findings suggested that what was needed to increase foster parent satisfaction and retention included support from government staff in terms of building and maintaining a working relationship with foster parents, training to help manage the extremely difficult experiences and behaviours that children bring with them into care, and recognition of the experiences and training that foster parents bring with them. These recommendations are similar to those of the British Columbia report of the Task Force on Safety for Child and Youth in Foster or Group Home Care (1997).

Between 1995 and 1999, the number of children in care has increased resulting in the need for skilled and compassionate caregivers. In the past, some caregivers have felt unsupported and undervalued. This has contributed to turnover of foster homes, resulting in changes in placement for some children in care.

In order to support and to retain caregivers, it is necessary to explore the effects of caregiving on foster parents. What are the impacts on natural families, extended families, neighbourhoods and communities? What are the sources of caregiver stress? How do caregivers cope and what are their sources of support?

Caregiving for children and youth can be very demanding for any parent. Caregiving for children and youth who have experienced removal from their homes and the abuse and/or neglect that led to that removal can be even more taxing. Hurt and lonely, some may lash out at caregivers, others may show no emotion, and still others may appear happy. The caregiver is the frontline person witnessing the struggles and triumphs of children and youth-in-care on a 24-hour, 7-day-a-week basis.

Looking at the realities of caregiving and the effects on self, family, extended family, neighbourhood, and community is important to retaining caregivers. Providing opportunities for caregivers to discuss what they value about their relationships with children and youth, their strengths and challenges, and to recognize and develop support systems that contribute to

strengthening the caregiving system in British Columbia is important.

B. CUSTOMIZING AND CORE THEMES FOR TRAINING

This training is a joint project of the British Columbia Federation of Foster Parent Associations and the Ministry for Children and Families. A set of core themes runs throughout all training modules. They are:

- Vulnerability of all children and youth-in-care
- Teamwork
- Child and youth development
- Communications
- Guiding children’s behavior
- Family support
- Diversity
- Inclusion
- The Ministry for Children and Families Guardianship Model.

C. LEARNING OUTCOMES

The caregiver can:

- compare the reasons that drew her to caregiving with the realities of caregiving to date.
- identify sources and signs of caregiver stress and impacts of caregiving on self.
- describe the possible impacts of caregiving on self, family, extended family and relationships within the caregiver’s neighbourhood and community.
- identify and describe resiliencies in her own life.
- identify formal and informal sources of support.

C. PREPARATION

The “Caring for Children: Effects of Caregiving” module consists of a single, three hour session. Foster parents should be familiar with the material in the course. Read it thoroughly and imagine yourself going through the various exercises and activities. Think of examples you might reflect upon.

INSTRUCTIONS



Materials:

Handouts

- Handout #1 Title Page “Effects of Caregiving”
- Handout #2 Learning Outcomes
- Handout #4 Participation Guidelines

Overheads

- Overheads #1 Title Page “Effects of Caregiving”
- Overheads #2 Learning Outcomes
- Overheads #4 Participation Guidelines

Note that the training is a joint initiative of the British Columbia Federation of Foster Parent Associations and the Ministry of Children and Family Development.

2. COMPARING REASONS FOR CAREGIVING WITH THE REALITIES OF CAREGIVING

(30 minutes)

Learning Outcome:

The caregiver can compare the reasons that drew her to caregiving with the realities of caregiving to date.

Materials:

paper
pens

Instructions:

In Pre-Service Orientation, you were asked to explore your reasons for wanting to foster. In exploring your reasons, you were asked to look at lifestyle changes, how your own needs would be met, what you knew about raising children, how your family felt about being a foster family, the impact on your own relationships, and how you felt about the child/youth's family.

Before completing this section, you may want to read the details of questions people were asked to consider in the Pre-Service Orientation which are included at the end of this section.

Keep in mind that what we believe and value about ourselves, other people, and the world influences our thoughts, feelings and behaviours as caregivers. Clarifying our values or what is important to us can provide an understanding of the basis for our actions.

Exercise:

Please reflect on the following questions:

1. What is important to you about being a caregiver?
 2. Why is that important to you?
 3. Have your reasons for caregiving changed and become clearer since you first became a caregiver?
-

Some examples you may have thought about could be: making a contribution, keeping busy, finding out what makes people tick, having things safe and secure, having a job, excitement.

- In your reflections, what, if any, changes have there been in your original reasons for becoming a caregiver?
- What has made your role as a caregiver worthwhile for you?

List comments on the paper and look for any themes in terms of value statements.

Sometimes our hopes and dreams about helping others may not be realized or evolve as we anticipated.

Pre-Service Orientation Questions

Is Caregiving For Me?

Here are some questions for you to consider before you decide whether or not you want to be a Foster Parent. Taking a child into your home and family is a very important decision and the following questions are designed to help you make a decision that is right for you.

How will my lifestyle change if I become a foster parent?

1. Do I have the time and energy to care for a foster child?
2. Am I willing to spend more time at home and socialize less?
3. Can I afford my own expenses, knowing that the compensation for having a foster child will be only enough for the child's needs?
4. Am I willing and able to take a child to counselling sessions, medical appointments, court hearings and other regular appointments, as well as participate in them?
5. Can I accept the additional "clutter" that will result from additional children in the home?

How can I benefit from being a foster parent?

1. Do I like doing things with children?
2. How will I view a child's different values and ideas?
3. Why do I really want to take a foster child into my home?
4. What satisfaction do I hope to attain (money, community approval, love, affection)? Is this realistic?

What do I know about raising a child?

1. How do I deal with my own frustration and anger? How do I handle other people's frustration and anger?
 2. Is it easy for me to show affection?
 3. What is discipline to me? Am I open to new ideas?
 4. What will I do if a child does not totally cooperate with me, or refuses to follow my rules?
 5. Can I keep the information that I learn about a child confidential?
 6. What are my greatest strengths that will be useful in caregiving?
 7. Can I really accept and respect differences in values and ideas?
 8. Can I maintain a positive attitude and continue to work with a child in the absence of positive change?
-

How does my family feel about being a foster family?

1. Have I asked my partner if she wants to share her life with a foster child?
2. Are we secure and stable enough in our relationships to add a foster child to our family? Will this cause undue stress?
3. How will my children accept another child into their lives? Do they want to share their rooms, toys, friends and parents with another child?
4. How will I feel about a child being removed from my home?
5. How will my children feel/react if most of my attention is focused on helping children new to our home?
6. What if my children learn problematic behaviours from the foster children?
7. What if a foster child's anger is directed at my children or vice versa?

How do I feel about the child's parents?

1. How do I feel about the child's birth parents and the problems they may have?
2. Am I able to understand that a child still loves her parents and that I should support this relationship?
3. How will I feel about working toward reunifying the child and her parent?
4. What if I really don't like the parents and don't believe the children should return home and yet that is the plan?

3. SOURCES AND SIGNS OF CAREGIVER STRESS

(35 minutes)

Learning Outcome:

The caregiver can identify sources and signs of caregiver stress and impacts of caregiving on self.

Materials:

Handouts

- Handout #5 Responding to Stress
- Handout #6 Stress Response Cycle
- Handout #7 Balance
- Handout #8 Common Symptoms of Stress
- Handout #9 Readings About Stress and Self-Care

Overheads

- Overhead #5 Stress Response Cycle

A. Understanding Stress

Instructions:

This section looks at sources of stress, how stress impacts caregivers, and strategies for self-care. Some symptoms of stress are outlined in Handout #8, "Common Symptoms of Stress" and in preparation for the visualization which follows, the foster parent should be aware of the areas where symptoms may present: physical, mental, emotional, social and/or spiritual dimensions of self.

Exercise:

We would invite you to participate in a guided visualization. Please reflect on things in your caregiving relationships that annoy you, drain your resources and worry you. A few example triggers are (always on the go to appointments with ministry workers, therapists, schools; conflict between children; finding time to talk with your partner). Please pick one trigger and focus on a time when you were experiencing that trigger. As you think about that time, notice what was happening, who was there, noticing any sounds, sights, smells, etc. As you visualize the situation, pay particular attention to what is happening in your bodies and what feelings you are having. After a few minutes, please jot down some of their experiences in the appropriate spaces on Handout #5, "Responding to Stress."

Reflect upon the following questions:

- What were some of the triggers or sources of stress that you identified?
- As a result of the stress, what negative things happened?
- As a result of the stress, what positive things happened?
- Is what happened what you wanted to happen?

In summary, while recognizing stress is important, stress is not always negative. It is a non-specific body response to a demand. It is necessary to our survival. When stress becomes prolonged or frustrating, it can become distress. Humans are wired to fight, flee or freeze. Use Handout #6, "Stress Response Cycle," and Overhead #5, "Stress Response Cycle," to understand what typically happens when humans experience stress.

B. Responding to Stress

Instructions:

We all develop ways to cope with stress. Use Handout #7, "Balance." In order to take care of ourselves, we need to care for each of the dimensions of self. Draw a replica of the "Balance" handout on your paper. Think of a couple of ways for each dimension in which you take care of yourself. List these on the paper.

Summary Remarks:

Handout #9, "Readings About Stress and Self-Care" and Handout #10, "Pressures on a Caregiver." Should be read.

4. IMPACTS OF CAREGIVING

(20 minutes)

Learning outcome:

The caregiver can describe possible impacts of caregiving on self, family, extended family and relationships within the caregiver's neighbourhood and community.

Materials:

Handouts

- Handout #10 Pressures on a Caregiver
- Handout #11 Impacts of Caregiving

Overheads

- Overhead #6 Pressures on a Caregiver
- Overhead #7 Questions for Implications for Caregiving

Other

- paper and pen

Instructions:

We have highlighted some of the stresses for caregivers, as well as some of the ways used to cope with or manage those stressors. One of the keys to managing stress positively is to find balance in your life.

An individual's balance can be affected by other systems that interact with her, particularly family. Handout #10, "Pressures on a Caregiver" (Overhead #6, "Pressures on a Caregiver"). Relationships are two-way and each area of various relationships is affected by the foster parent.

Note the realities and the range of needs which exist for children experiencing care and the range of abilities required for caregivers to support and nurture a child or youth's healthy development. A caregiver's family's stage of development and the needs of natural family members may influence that ability. You may want to reflect on some examples of the needs of a family with pre-schoolers, school-aged children, and teens and how the needs of children in care may not be compatible with the family's stage of development.

Exercise:

Using Handout #11, "The Impacts of Caregiving," we invite you to brainstorm a list of events, behaviours or other circumstances related to caregiving for children and youth that impact your natural family members. List these on paper. A few examples (sharing toys and friends, name calling among children/youth, children/youth who have been a part of the family for a long time who are leaving, your natural child feeling you are spending too much time with the child or youth-in-care).

Summarize common impacts of family stress. Visualize a mobile. Families are like mobiles in that if one part changes or is impacted in some way, the other parts move to adjust to the change. The interconnectedness of family members means that the entire family is affected by what one member does.

By providing care for children and youth challenges caregivers to be aware of family roles, rules, boundaries, communication styles, ways of making decisions and solving problems. All of these may be impacted by providing care.

Refer back to Handout #11, "Impacts of Caregiving."
Brainstorm impacts you have noticed in the other areas of extended family, neighbourhood and community.

Reflect upon questions on Overhead #7, "Questions for Implications for Caregiving."

- Were the impacts mostly positive or negative?
- What are the implications of the impacts for your relationships with immediate family members, extended family members, neighbors, the community?
- As you consider the implications, how is your intent to continue to foster impacted?

Summary Remarks:

Reflect upon any insights or observations you may have had from the exercise.

Please remember that there are positive and negative impacts on self and relationships when working with other people. Being aware of what happens for us, paying attention to it, and taking care of ourselves is vital to our ability to provide a safe and nurturing environment in which children and youth can develop and grow.

5. RESILIENCE

(25 minutes)

Learning outcome: The caregiver can identify and describe resiliencies in her own life.

Materials:

Handouts

- Handout #12 Resilience
- Handout #13 Resilience Exercise

Overheads

- Overhead #8 Key Traits of Resilience

A. Personal Limitations

Exercise:

Invite participants to experiment with their limitations.

- Stand and find a space where you can stretch your arms.
 - Face the front of the room with your feet about shoulder width apart and stretch out your right arm.
 - Turn to the right stretching back as far as you can, but don't hurt yourself.
 - Note where your head and eyes are by noticing a spot on the wall.
 - Ask yourself if that was the best you could do.
 - Please face the front of the room again.
-

- Move your head to the right, but turn your eyes to the left. Hold this position and turn your body as far to the right as you can.
 - Turn back to the front.
 - Move your head and eyes to the left. Turn your body to the right.
 - Turn back to the front.
 - Turn your head left and your eyes right. Hold this position and turn your body as far to the right as you can.
 - Turn back to the front.
 - With your right arm outstretched, reach as far to the right as you can. Note the spot on the wall that you can see now.
 - How far did you go this time? (most people go further than they did the first time).

Source: Fewster, G. (1996). Child and Youth Care Orientation, Nanaimo, BC.

B. Resilience

Instructions:

We can do more than we believe and all of us are capable of change. When we experience adversity, it can be difficult to believe that we can move forward. The ability to bounce back from adversity is called “resilience.”

The key concepts of resilience can be found in Overhead #8, "Key Traits of Resilience."

Self-esteem - a belief in your own ability to do difficult tasks and to continue when it appears impossible, a sense of your own worth as a person and a conviction that you can cope successfully with life's challenges.

A sense of control - a belief that we have control over positive outcomes in our lives and the ability to act, an internal locus of control.

A sense of hope or a positive attitude - a sense of hopefulness and positive temperamental characteristics, an enjoyment of life, a lively sense of humor, the capacity to forgive, a strong sense of belonging.

Availability of a support system - concern by others.

Ability to adopt a working style of detached concern - a blend of empathy and objectivity, being concerned about the well-being of others while establishing boundaries about whose life it is.

Refer to Handout #12, "Resilience," for more information.

Exercise:

Using Handout #13, "Resilience Exercise," take about 10 minutes to reflect on the questions in the handout.

Identify two resiliencies you might have in common with your partner or another caregiver. Record your comments on paper.

Summary Remarks:

In summary, developing resiliencies requires opportunities to practice the behaviours that are connected to resilience. That means having the opportunity to set goals, to work in collaboration with others, to solve problems, to make choices, to feel connected to others, to look at the consequences of behaviour, to be responsible for our own behaviour and to know that you truly matter. You are encouraged to look for ways to support and acknowledge your own resilience.

Resilience is important to children or youth-in-care. Identifying the conditions necessary for the development of resilience in children and youth is explored in detail in the "Guiding Behaviour" and "Child Development" modules.

6. FORMAL AND INFORMAL SOURCES OF SUPPORT

(25 minutes)

Learning outcome:

The caregiver can identify formal and informal sources of support.

Materials:

Handouts

• Handout #14 My Sources of Support

Overheads

•Overhead #9 My Sources of Support

Instructions:

Achieving what we hope for requires support from those we work with and from our family and friends. Forming relationships that give us a sense of belonging, being supported and being cared for is often left to chance.

Exercise:

Please refer to Handout #14, "My Sources of Support." Briefly respond to each area. You may want to give some examples.

Informal sources of support - list family and friends to whom you can turn to in getting your needs met (indicate what those needs are, for example, love, fun, a listening ear).

Formal sources of support - in your role as a foster parent, list those people to whom you turn to in getting your needs met (indicate what those needs are, for example, information about supporting the child or youth, paperwork).

Using the questions on Overhead #9, "My Sources of Support," Please jot your responses down on a piece of paper.

Summary Remarks:

Getting the support we want and need is not about complaining, but is about developing some workable strategies. Remember that one of the resiliencies is the availability of a support system. Research indicates that resilient people will look for support.

7. CLOSURE

(10 minutes)

Objective:

To bring the session to a close.

Materials:

Handouts

- Handout #15 Suggested Resources

Instructions:

Please take a couple of minutes and reflect on one thing that you learned today in relation to the effects of caregiving.

Refer to Handout #15, "Suggested Resources."

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APPENDIX I: HANDOUTS



HANDOUT #1

**British Columbia Foster Care
Education Program**

**CARING FOR CHILDREN:
EFFECTS OF CAREGIVING**

(3 hours)

Ministry of Children and Family Development

July 2000

HANDOUT #2

LEARNING OUTCOMES

The caregiver can:

1. compare the reasons that drew her to caregiving with the realities of caregiving to date.
 2. identify sources and signs of caregiver stress and impacts of caregiving on self.
 3. describe the possible impacts of caregiving on self, family, extended family, and relationships within the caregivers neighbourhood and community.
 4. identify and describe resiliencies in her own life.
 5. identify formal and informal sources of support.
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HANDOUT #5

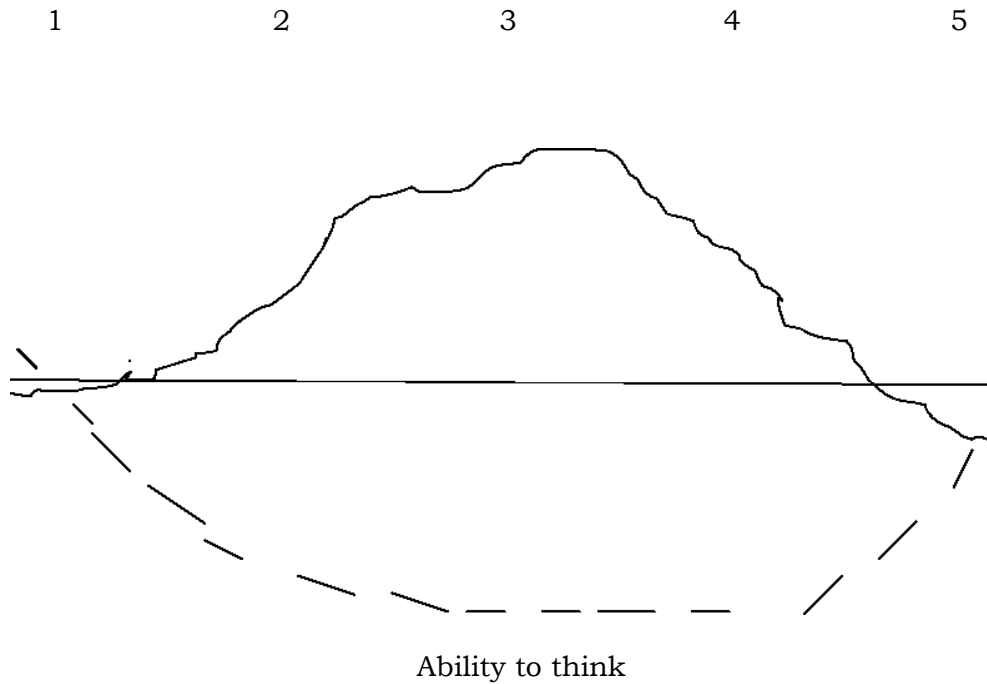
RESPONDING TO STRESS

MY TRIGGERS

WHAT MY BODY DOES

MY FEELINGS

HANDOUT #6 STRESS RESPONSE CYCLE

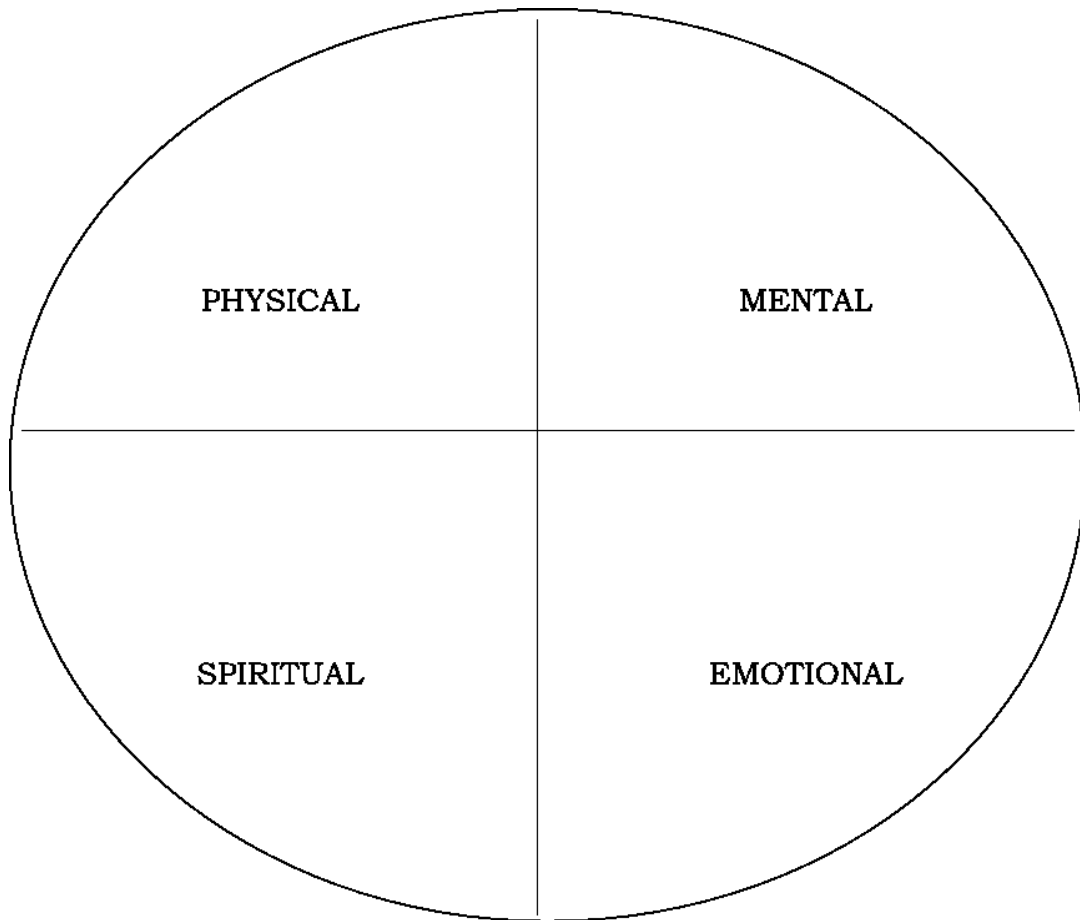


1. Trigger – an event triggers you, you feel threatened and your body begins to get ready to respond.
2. Escalation – your body prepares for a crisis by sending out adrenaline in order to either fight or to flee. Rate of breathing increases, heart rate and blood pressure increase, muscles tense, voice pitch changes, pupils enlarge.
3. Crisis – the body is ready, but the ability to think is impaired. You react and do not necessarily make good decisions.
4. Recovery – your body begins to recover and this takes time.
5. Post-crisis depression – awareness and energy begin to return but you may experience guilt and depression

Source: Adapted from Justice Institute of BC.

HANDOUT #7

BALANCE



HANDOUT #8

COMMON SYMPTOMS OF STRESS

Physical	Mental	Emotional	Social	Spiritual
<ul style="list-style-type: none"> • headaches • weight gain • weight loss • nervous stomach • aching muscles • inability to get to sleep or to stay asleep • restlessness • racing heart • general tiredness • susceptibility to colds and flu • increased smoking, drinking, drug use • tension in body 	<ul style="list-style-type: none"> • forgetfulness • boredom • putting self down • inability to concentrate • mind is constantly active • feeling spaced out • feeling unorganized not as productive as usual 	<ul style="list-style-type: none"> • unhappy • down • depressed • showing temper; blowing up • frustrated • generalized anxiety • worrying 	<ul style="list-style-type: none"> • isolated • lonely • resentful • overly quiet • lack of interest in sex • lack of interest in doing things with friends and family 	<ul style="list-style-type: none"> • no meaning to life • apathy • cynicism • sense of emptiness • feeling like a martyr • feeling unappreciated

Source: compiled from Figley, C. (1995). Compassion Fatigue: Coping with Secondary Traumatic Stress in Those Who Treat the Traumatized and Sussman, M.B. (1995). A Perilous Calling: The Hazards of Psychotherapy.

HANDOUT #9

READINGS ABOUT STRESS AND SELF-CARE

THE COST OF CAREGIVING

Figley (1995) coined the terms “compassion stress and compassion fatigue” to define what is also known as secondary traumatic stress: “... the natural consequent behaviours and emotions resulting from knowing about a traumatizing event experienced by a significant other - the stress resulting from helping or wanting to help a traumatized or suffering person” (p. 7).

Foster parents can experience compassion stress or fatigue when supporting a child or youth who shares with the foster parent the traumas experienced. The very skills that make for effective caregivers, particularly empathy, can be the very things that make caregivers susceptible to compassion fatigue. Other factors that have been identified as contributing to compassion fatigue are, past traumatic experiences of the caregiver, unresolved trauma in the caregiver’s life, and the impact of responding to the pain of children.

Caregivers need to consider how they find meaning in their own lives and should explore what they can do to restore themselves.

When providing care for children and youth, it can be difficult to see positive changes in their lives. This can make it difficult for caregivers to “hang in.” It may take considerable time before you can see that your care does make a difference.

TRANSFERENCE AND COUNTERTRANSFERENCE

Transference - feelings from earlier relationships transferred to a caregiver by a child or youth.

Countertransference - feelings triggered in the caregiver by the child or youth.

Sometimes a child begins to idealize a caregiver. As the caregiver tries hard to make things happen for the child, the child idealizes the caregiver even more. A cycle can start with the caregiver becoming exhausted from trying to meet the child’s needs. As exhaustion sets in, the caregiver is unable to be as effective and burnout may start to happen. As the caregiver spends more time trying to meet the needs of the child in care, her natural family may begin to feel shortchanged, thereby contributing to developing burnout. Individual and system factors are involved in burnout. As a caregiver, a strong sense of self is needed or it may be difficult to set boundaries with the child or youth and with other caregivers.

CONTRIBUTIONS TO BURNOUT Freudenberger

(1980) suggested three areas that contribute to burnout.

1. Factors within the individual:

- unrealistic expectations of saving children or youth or of changing them
- idealism
- high expectations of self
- taking on too much
- feeling pressured to succeed
- using work as a substitute for social life
- having unresolved issues from own childhood or adulthood
- developmental considerations - where you are in your own life development
- how you perceive stress
- feeling unappreciated.

2. Factors within the system:

- feeling powerless in the work setting
- the environment has a rigid or unrelenting work schedule
- little support
- cutbacks
- lack of adequate supervision
- lack of equipment to do the work
- top-heavy administration
- children or youth with great difficulties
- excessive bureaucracy and paperwork
- difficulty in finding a balance between combining compassion and distance
- low pay
- responsibility without authority
- high turnover of children or youth.

3. Interaction between individual and systemic contributions to burnout:

- The nature of the interaction is the key. Some people may have resiliencies that prevent them from feeling overloaded by systemic factors.
- Unresolved issues tend to get played out in the work people do. If a caregiver has unresolved family of origin issues, then those may get played on in her interactions with a child or youth-in-care.
- How helpers see themselves fitting into the work situation. How do foster parents see themselves in relation to other people on the guardianship team?

Source: Freudenberger, H, (1980). Burnout: the High Cost of High Achievement.
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PREVENTING BURNOUT

Grosch and Olsen (1994) suggested six steps necessary to preventing burnout. "...realistic self-assessment, investigation of the impact of one's family of origin, understanding one's own issues, utilizing support groups, finding effective supervision, and finally, finding balance in one's life" (p. 104).

1. Self-assessment includes asking yourself:
 - Is what you are feeling tension or tiredness or is it burnout?
 - How much enjoyment and satisfaction are you getting from the work you are doing?
 - Is there balance in your life?
 - How are your spouse and children doing?
 - Does time off restore you?
 - How aware are you of your own resiliencies?
 2. Family of origin work:
 - Completing a three-generation genogram of your family noting key events, major conflicts and triangles among family members.
 - Asking yourself what the rules were about conflict. Was it OK to disagree or argue or were you expected to be reasonable at all times? Were fights with siblings allowed?
 - Asking yourself what the values about work were (spoken and unspoken).
 - Asking yourself what your role in the family was - hero, rescuer, victim, persecutor, scapegoat.
 3. Assessing own need for appreciation and to be liked:
 - Asking yourself how much of your motivation to be a caregiver comes from a real concern for others or from a need to be appreciated by others.
 4. Finding support groups :
 - Accessing support groups where common vulnerabilities can be shared in safe, supportive environments.
 - Being able to find places of support rather than gripe sessions.
 5. Finding effective supervision:
 - Finding another caregiver who is not in a position to evaluate you, but who understands that supervision is a place for someone to learn and to explore her own learning goals in terms of becoming a more effective caregiver.
 6. Finding balance:
 - Letting go of "hurry sickness."
 - Attending to family of origin themes and their influence on you as a caregiver.
 - Taking care of the physical, mental, emotional and spiritual dimensions of self.
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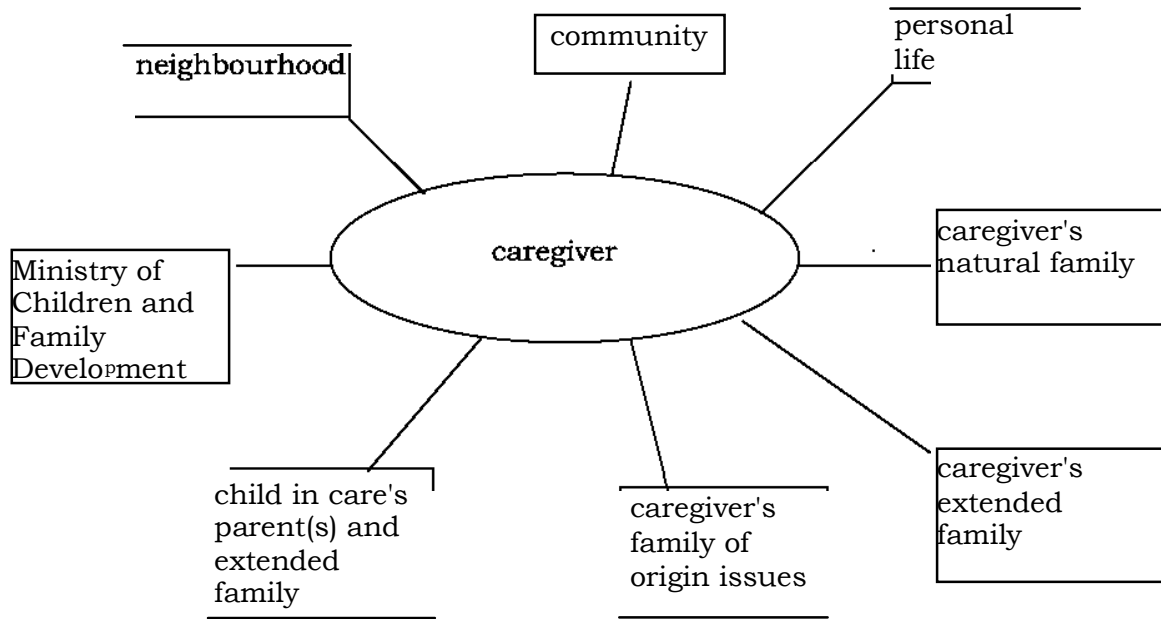
Source: Grosch, W. and Olsen, D. (1994) When Helping Starts to Hurt: A New Look at Burnout Among Psychotherapists. New York: W.W. Norton and Company.

**TEN COMMANDMENTS
MENTAL HEALTH FOR CAREGIVERS**

1. Thou shalt not be perfect, nor try to be.
 2. Thou shalt not try to be all things to all people.
 3. Thou shalt occasionally leave undone those things that ought to be done.
 4. Thou shalt not spread thyself too thin.
 5. Thou shalt learn to say NO when it is best for you.
 6. Thou shalt schedule time for thyself alone.
 7. Thou shalt switch off and do nothing at regular intervals.
 8. Thou shalt be boring, inelegant and untidy at times.
 9. Thou shalt not ever feel guilty.
 10. Especially, thou shalt not be thine own worst enemy, but thou shalt be thine own best friend.
-

HANDOUT #10:

PRESSURES ON A CAREGIVER



HANDOUT #11**THE IMPACTS OF CAREGIVING**

RELATIONSHIP	IMPACTS	HOW YOU COPE/MANAGE
Family <ul style="list-style-type: none">• Partner • Children		
Extended family		
Neighbourhood (those living near to you)		
Community (church, physicians, school, stores, etc.)		

HANDOUT #12

RESILIENCE

Most Detailed Explanation of Aspects of Resilience

The literature on resilience identifies traits associated with resilient individuals. Five that stand out are self-esteem, a sense of control over one's life and work (an internal locus of control), a sense of hope or a positive attitude, availability of a support system, and the ability to adopt a style of detached concern.

Self-Esteem

Trying to remedy difficult and complex societal problems takes a belief in one's own ability to do difficult tasks and to continue when things appear impossible. The development of self-esteem allows this to happen. Self-esteem and an understanding of who we are appear to lessen the negative impact on many of life's struggles, both personal and professional.

The literature on resilience in children identifies self-esteem as an important protective mechanism. Vaillant (1993) concludes from his review of a longitudinal study of poor inner city children that "Resilience is also a product of self-esteem, self-efficacy and a stable sense of self... We are all more resilient when surmounting obstacles that we have surmounted before. We are all more resilient when we have a firm sense of who we are and that we are lovable" (p. 302).

Laub and Lauritsen (1994) cite studies that identify self-esteem as one of the factors that may protect children from criminal behaviour. Felsman's (1989) study of Colombian street children found that self-esteem was one trait that helped these children survive in extreme circumstances (Dugan and Coles, 1989). Werner's (1993) longitudinal study of children born in 1955 on the Hawaiian Island of Kauai found that the protective mechanisms, characteristics, and caregiving styles of the parents reflected competence and fostered self-esteem in the children.

Self-esteem remains a protective factor in the lives of adults. Rutter (1978) remarks that it is protective to have a well-established feeling of one's own worth as a person coupled with confidence and conviction that one can cope successfully with life's challenges (p. 327). Greenberg *et al.* (1992) conducted three studies that supported the hypothesis that self-esteem has an anxiety-buffering function. The belief in one's ability to cope with difficulties makes one less prone to anxiety, which can only increase ability to confront challenges in the human services field. Byrne (1994) found that self-esteem was a critical factor in determining whether teachers were predisposed to burnout.

In addition to having an important direct effect on perceptions of personal accomplishment, self-esteem appears to function as an essential mediator variable through which effects of environment-based organizational factors filter (p. 667).

A study of burnout among AIDS workers found that a worker's confidence in self and society has a greater impact on reducing burnout than the perceived difficulty of the work (Egan, 1993). Kadushin (1992) found that self-esteem was negatively related to burnout. Ben-Sira (1985) tells us that self-confidence is one of the elements of resilience for those working in the human services profession.

Locus of control, a sense of control

A belief that we have control over positive outcomes in our lives (possessing an internal locus of control) and the ability to act, both as children and as adults, are strong factors in developing resilience. Valliant (1993) identifies the attributional style that reflects an internal locus of control as a potent factor in resilience.

Daniels and Guppy (1994) found that an internal locus of control and the availability of some form of control in the workplace jointly buffer the effect of stressors and facilitate effective problem-focused coping (p. 1537).

Whitehead's work on burnout in the criminal justice field found that an external locus of control increased the likelihood of burnout. McNaughton, Patterson, Smith and Grant (1995) report that an external locus of control was related to depression and poor health in Alzheimer's disease caregivers.

Powerlessness is a crucial factor in burnout, according to Keane *et al.* (1985), who found that nurses who perceived that they had little control over their jobs were more susceptible to burnout. Brynes 1993 study found that teachers with more opportunity to be involved in decision-making were less likely to burn out.

Internality and perception of personal control over outcomes were positively correlated with job commitment, involvement, and satisfaction in a study of cognitive style and attitudes to work by Fumham, Brewin, and O' Kelly (1994). Rush, Schjoel, and Barnard (1995) studied the impact of psychological hardiness on public employees coping with pressure for change. The authors found that individuals with the characteristics of psychological hardiness, which includes a strong sense of control, experienced less stress and higher levels of satisfaction than less hardy individuals.

Duquette, Kerouac, Sandhu and Beaudet (1994) believe that commitment, one of the attributes of psychological hardiness, is the best predictor variable of burnout in the nursing profession. Commitment requires the ability to act when needed and the avoidance of passivity.

A sense of hope or a positive attitude

A sense of hopefulness and an optimistic cognitive style are seen as important factors in caregiving resilience. To be able to continue to act when faced with

challenges and setbacks require a belief that change can occur. This sense of hopefulness is one of the traits of children who overcome great adversity and is one of the traits that adults can develop to be able to continue to work effectively in the human services field.

In studies of resilience in children, positive temperamental characteristics and cognitive styles correlate with resilience. Hopefulness and a positive outlook on life reduced the impact of risk factors and added to the resilience of the child (Vaillant, 1993; Garmezy, 1991; Werner, 1993).

A lack of belief in one's ability to help and the overwhelming nature of the task are two cited causes of burnout (Kadushin, 1992). Hope is scarce if workers often feel that their responsibilities exceed their power and resources.

The results of a worker's best efforts to help the client in the face of overwhelming odds or under conditions which are beyond their control can lead to a sense of impotence, frustration, and failure. A clear sense of achievement is hard to come by (Kadushin, 1992, p. 249). Nevertheless, some workers do approach their work with a positive attitude of hopefulness. These workers tend not to burn out as easily.

Zastrow (1984) conceptualizes burnout in the human services field as one of the reactions to high levels of stress. Burnout is caused by life experiences and by what people tell themselves about these experiences. Zastrow suggests that self-defeating, negative thoughts cause burnout, while more positive thoughts can prevent it.

In a study of the relationship of optimism, perceived control over stress, and coping, optimism was positively associated with the use of active coping, growth and positive reinterpretation. It also proved to be negatively correlated with the use of denial, behavioural disengagement and focusing on and venting of emotion (Fontaine, Manstead and Wagner, 1993).

Colby and Damon's (1992) study of exemplars of moral commitment (people who had dedicated a good portion of their lives to a moral and difficult cause) found that positivism and hopefulness were common attributes. They enjoyed life, especially the work they were doing. They were able to sustain this positivism in the worst of circumstances. Through interviews, the authors found that these people were able to be positive and hopeful because they made a conscious decision to react in a positive way. They had a lively sense of humor and a sense of perspective that allowed them to see their efforts as part of a long-term project, not an individual labor. They had the capacity to forgive. The researchers also found that a strong sense of community helped sustain these attitudes.

Availability of a support system

The availability of a support system plays a positive role in coping with the major problems of our lives (Vaillant, 1993; Garmezy, 1991; Werner, 1993). For children and adolescents, these support systems include concern by parents or a person, possibly

outside the family, who is accessed by the resilient child. This person could be a strong maternal substitute, a supportive teacher or institutional structure, a social agency, protection worker, school system, or church that serves to foster the child's ties to the larger community.

Social support also plays a role in resilience for adults, whether it is a formal support group in the workplace, informal peer support, or a perception of administrative support.

In a study of 244 accountants, Daniels and Guppy (1994) found that social support in the workplace buffered the effects of stressors upon well-being. Oktay (1992) found that belonging to a support group was one of three predictors of reducing burnout for hospital protection workers working with AIDS patients. Bramhall and Ezell (1981) recommended forming support groups for staff to prevent burnout. Krell, Richardson, LaManna and Kaiyrs (1983) found that a multidisciplinary support and training group for child welfare staff could help staff members cope with the high demands of the job. Zastrow (1984) recommends that organizations provide social events for staff and hold regular information meetings between administrators and staff to prevent burnout.

Duquette, Kerouac, Sandhu and Beaudet (1994) found that the more nurses perceive elements of support in the workplace, the less they burn out. A study of organizational and personality factors on burnout in teachers (Bryne, 1994) found that peer support significantly influenced positive self-esteem, which in turn was negatively correlated with burnout. Colby and Damon (1992) found that a support system was necessary to maintain the attitudes that prevent burnout.

Ability to adopt a working style of detached concern

Christina Maslach (1982) and other researchers in the area of worker resilience and burnout (Edelwich, 1980; Bramhall and Ezell, 1981; Pines and Aronson, 1981) recommend an attitude of detached concern. This phrase, first coined by Lief and Fox (as cited in Maslach, 1982), indicates a blend of compassion and objectivity for which many workers strive. The provider is genuinely concerned about people's well-being, but has some psychological distance from their problems (Maslach, 1982). Maslach sees detachment and concern as complements to each others. The benefits of one offset the possible pitfalls of the other.

By being close and concerned, the provider sees the recipient as a fellow human being, has a more sensitive understanding of the problems that person is facing, and is personally motivated to help. On the other hand, by being distant and detached, the caregiver appraises the problems objectively, implements solutions in an orderly and rational way, and is straightforward in assessing their success or failure (Maslach, 1982).

How one develops this healthy balance of detachment and concern is not as clearly defined. It is not halfway between truly caring for the client and total detachment.

Instead, it involves truly caregiving for the client, using interpersonal skills including listening, empathizing and genuineness, while holding realistic expectations regarding outcomes. Edelwich (1980) suggests that workers keep their own efforts in perspective. Failure and recidivism are part of the job in the helping professions (p. 215). Therefore, workers should focus on the process, not on the results. This kind of detachment has more to do with a healthy perspective and clear boundaries than with creating barriers between staff and clients. Aguilera (1994) tells us that "Nothing is more important in handling burnout than to know what responsibilities the individual does and does not have. The professional is not responsible for clients or for the institution but is responsible for himself ... it simply means he is responsible for his own actions, not theirs (patients and institutions) and remains responsible for his actions regardless of what they do or not do" (p. 312).

When workers clarify responsibilities and personal limitations, they are also role-modeling healthy behaviour for their clients.

Source: Annie E. Casey Foundation (1999). Family to Family: Tools for Rebuilding Foster Care. <http://www.aecf.org>
Permission granted.

HANDOUT #13

RESILIENCY EXERCISE

What aspects of resilience do you notice about yourself?

What aspects of resilience do you notice in your natural family?

What do you already have going for you that would help you build on your resiliencies?

HANDOUT #14

MY SOURCES OF SUPPORT

MY INFORMAL SUPPORTS (family, friends) _____

MY FORMAL SUPPORTS (job-related people) _____

HOW MY INFORMAL AND FORMAL SUPPORTS HELP ME

HANDOUT #15

SUGGESTED RESOURCES

Family to Family Publications (1999). Family to Family: Tools for Rebuilding Foster Care. <http://www.aecf.com>

Foster parent internet resources. <http://www.focis.com>

Foster parent news and articles. <http://www.fostercare.org>

Goddard, H.W. (1999). Taking Care of the Parent: Replacing Stress with Peace.
<http://www.lhumsci.auburn.edu/parent/stress/index.html>

Ministry for Children and Families (1999). Pre-service Training for Foster Parents Program. Victoria, BC: Province of British Columbia

Ministry for Children and Families (1999). Foster Parents Handbook. Victoria, BC: Province of British Columbia

APPENDIX II: OVERHEADS



OVERHEAD #1

**British Columbia Foster Care
Education Program**

**CARING FOR CHILDREN:
EFFECTS OF CAREGIVING**

(3 hours)

Ministry of Children and Family Development

July 2002

OVERHEAD #2

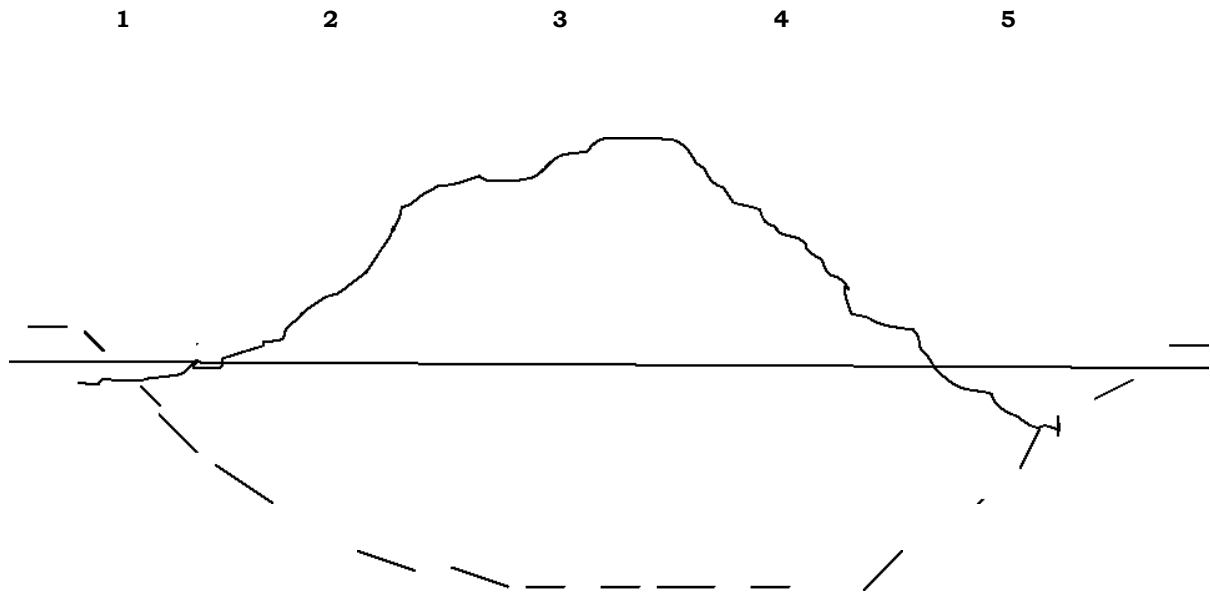
LEARNING OUTCOMES

The caregiver can:

1. Compare the reasons that drew her to caregiving with the realities of caregiving to date.
 2. Identify sources and signs of caregiver stress and impacts of caregiving on self.
 3. Describe the possible impacts of caregiving on self, family, extended family, and relationships within the caregiver's neighbourhood and community.
 4. Identify and describe resiliencies in her own life.
 5. Identify formal and informal sources of support.
-

OVERHEAD #5

STRESS RESPONSE CYCLE

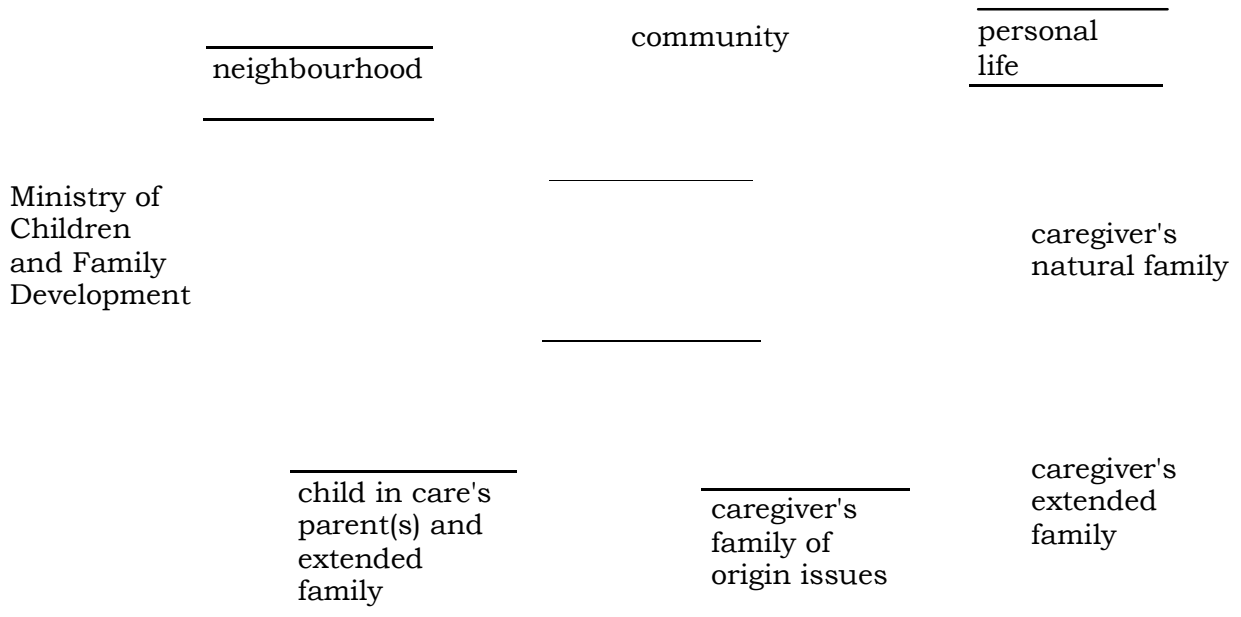


Ability to think

- 1. Trigger**
- 2. Escalation**
- 3. Crisis**
- 4. Recovery**
- 5. Post-crisis depression**

Source: Adapted from Justice Institute of BC.

OVERHEAD #6 PRESSURES ON A CAREGIVER



QUESTIONS FOR IMPLICATIONS FOR CAREGIVING

1. Were the impacts mostly positive or negative?

2. What are the implications of the impacts for your relationships with:

- **immediate family members?**
- **extended family members?**
- **neighbours?**
- **the community?**

3. As you consider the implications, how is your intent to continue to provide care impacted?

OVERHEAD #8

KEY TRAITS OF RESILIENCE

- Self-Esteem
 - Sense of control over one's life and work (internal locus of control)
 - A sense of hope or a positive attitude
 - Availability of a support system
 - Ability to adopt a working style of detached concern
-

OVERHEAD #9

MY SOURCES OF SUPPORT

What did you discover about yourself during the exercise?

What is it like for you to ask for support?

With whom do you most often share your concerns about caregiving?

With whom do you most often share your joys and successes about caregiving?
