
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

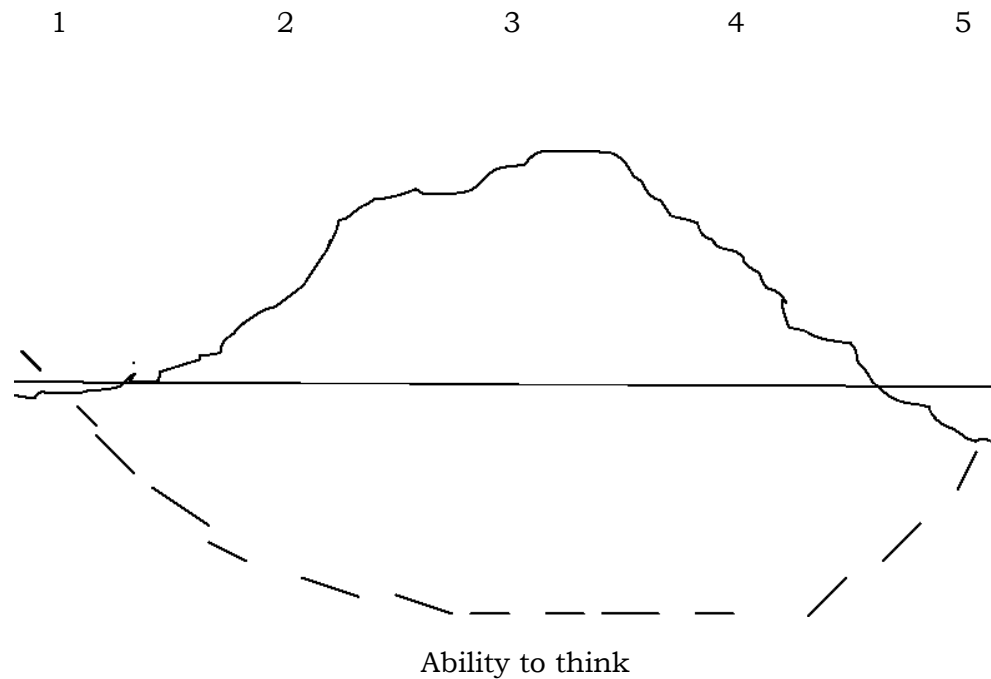
MY TRIGGERS

WHAT MY BODY DOES

MY FEELINGS

HANDOUT #6

STRESS RESPONSE CYCLE

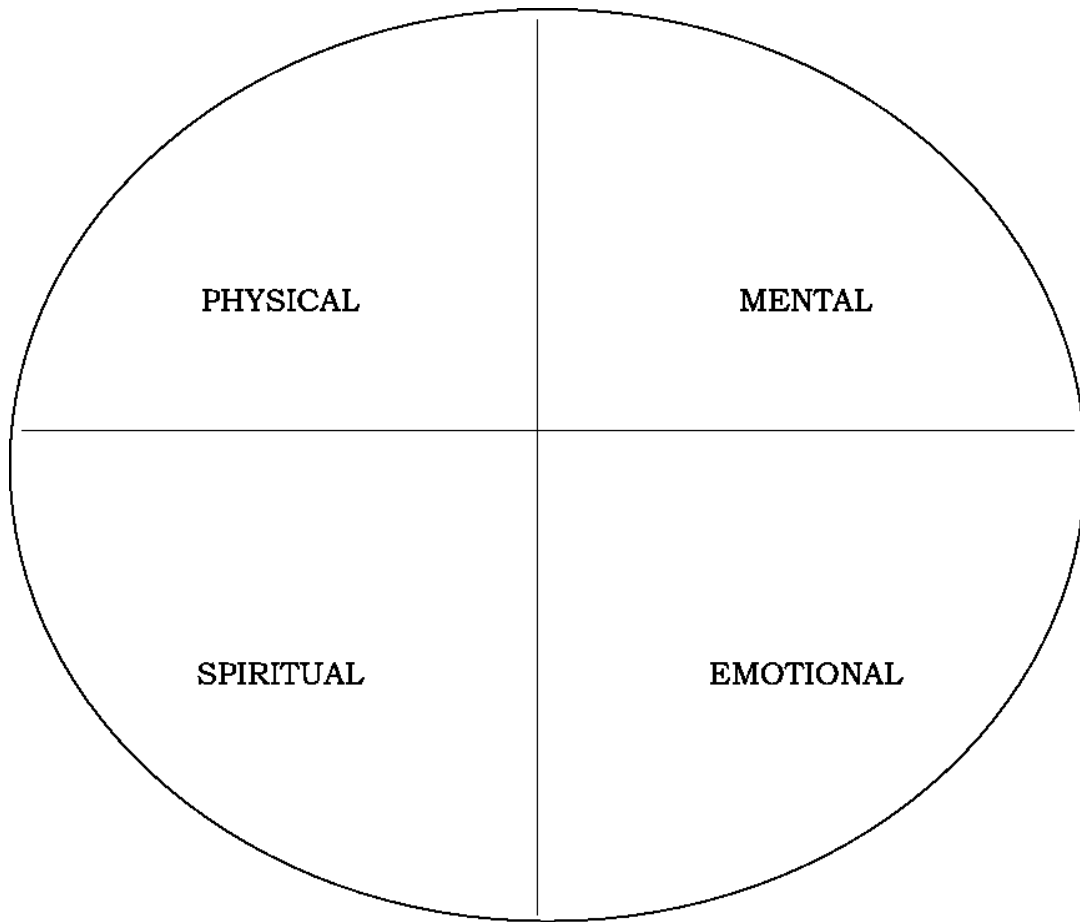


1. Trigger – an event triggers you, you feel threatened and your body begins to get ready to respond.
2. Escalation – your body prepares for a crisis by sending out adrenaline in order to either fight or to flee. Rate of breathing increases, heart rate and blood pressure increase, muscles tense, voice 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 un-organized 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.
New York: Doubleday.

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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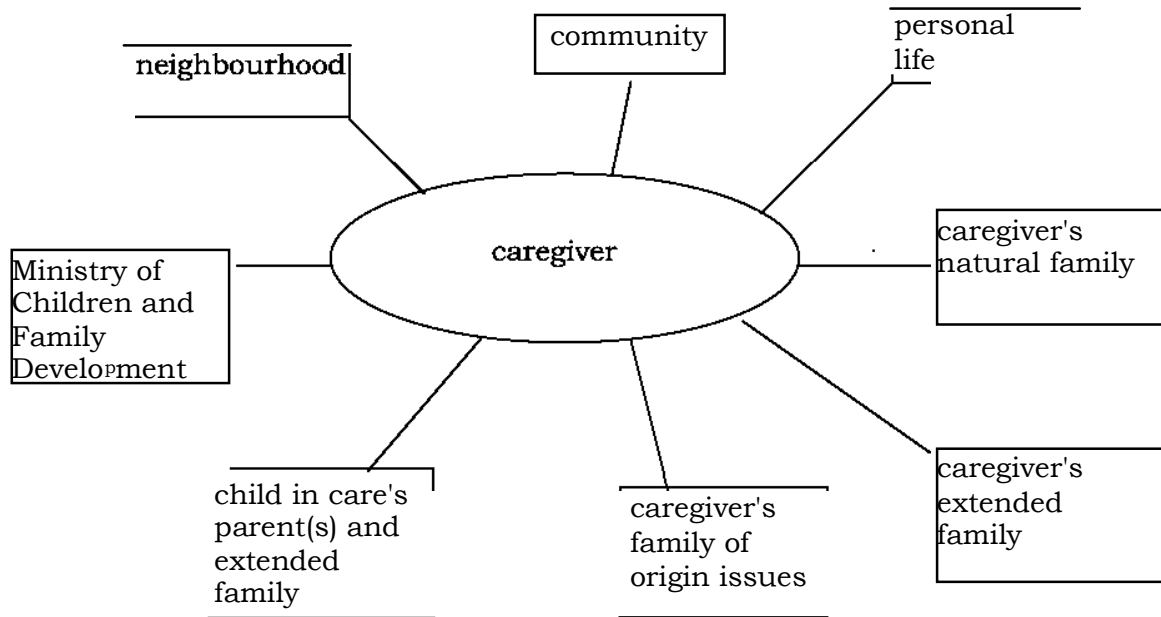
Source: Grosch, W. and Olsen, D. (1994) When Helping Starts to Hurt: A New Look at Burnout Among Psychotherapists. New York: W.W. Norton and Company.

**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.
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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 #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
