TOPIC 7: Taking Care of Yourself

2014

(From the: Trauma Informed Caregiving for Resource Families Series)

CREDITS:
Material originally used in the ACRF Rural Teleconference Series “Trauma Informed Caregiving for Resource Families and taken from the Participant Handbook developed by the National Child Traumatic Stress Network Curriculum for Resource Families

The following information packet contains several articles on the above topic. If you wish to receive training credit for reading this packet, please fill out the “Information Packet Questionnaire” at the back of this packet. Return the questionnaire to the Alaska Center for Resource Families for 1.0 hour of training credit. The articles are yours to keep for further reference.

Alaska Center for Resource Families
815 Second Ave Suite 101
Fairbanks, AK 99701
1-800-478-7307
479-7307 (Fairbanks/North Pole)

www.acrf.org

The Alaska Center for Resource Families, a project of Northwest Resource Associates, is under contract with the State of Alaska Office of Children’s Services to provide training and information to foster parents statewide.
Module 8: Taking Care of Yourself

Illustrations by Enoch Nonn, Jr. Used with permission.

Essential Element 9

9. Take care of yourself.

Caregivers Also Need Care

- We are all human.
- Caring for our children can be difficult, draining, exhausting, and frustrating.
- We all deserve a little TLC.
Yet, taught by time,  
My heart has learned to glow  
For other’s good  
And melt at other’s woe.  

—Homer  
(nct Sampson)  
900 BC–800 BC

Compassion Fatigue: Warning Signs

- Mental and physical exhaustion
- Using alcohol, food, or other substances to combat stress and comfort yourself
- Disturbed sleep
- Feeling numb and distanced from life
- Feeling less satisfied by work
- Moodiness, irritability
- Physical complaints—headaches, stomachaches

Self-Care Checkup
Self-Care Basics

- Get enough sleep.
- Eat well.
- Be physically active.
- Use alcohol in moderation, or not at all.
- Take regular breaks from stressful activities.
- Laugh every day.
- Express yourself.
- Let someone else take care of you.

Secondary Traumatic Stress (STS)

Trauma experienced as a result of exposure to a child's trauma and trauma reactions

Stress and Exposure to Trauma

Exposure can be through:

- What a child tells you or says in your presence
- The child's play, drawings, written stories
- The child's reactions to trauma reminders
- Media coverage, case reports, or other documents about the trauma
When Your Child’s Trauma Becomes Your Own

Exposure may cause:
- Intrusive images
- Nervousness or jumpiness
- Difficulty concentrating or taking in information
- Nightmares, insomnia
- Emotional numbing

(Continued)

When Your Child’s Trauma Becomes Your Own (Continued)

Exposure may cause:
- Changes in your worldview (how you see and feel about your world)
- Feelings of hopelessness and/or helplessness
- Anger
- Feeling disconnected from loved ones

(Continued)

When Your Child’s Trauma Becomes Your Own (Continued)

You may:
- Lose perspective, identifying too closely with your child
- Respond inappropriately or disproportionately
- Withdraw from your child
- Do anything to avoid further exposure

(Continued)
**Coping When a Child’s Trauma Is a Reminder**

- Recognize the connection between your child's trauma and your own history.
- Distinguish which feelings belong to the present and which to the past.
- Be honest with yourself, with your child, and with your caseworker.
- Get support, including trauma-focused treatment. It's never too late to heal.
- Recognize that what worked for you may not work for your child.

**Committing to Self-Care: Make a Plan**

- Maintain a balance between work and relaxation, self and others.
- Include activities that are purely for fun.
- Include a regular stress management approach—physical activity, meditation, yoga, prayer, etc.

**Committing to Self-Care: Daily (Group Activity)**

- Walk the dog
- Play with the cat
- Exercise
- Pray
- Meditate
- Read a romance novel
- Write in my journal
- Chat with my neighbors
- Deep breathe
- Listen to music in the car
Comitting to Self-Care: Weekly or Monthly (Group Activity)

- Play cards
- Go bowling
- Have a nice dinner out with my partner
- Get a manicure, pedicure, etc.
- Go out with a group of friends
- Attend a support group meeting
- Go to the movies
- Attend religious services

Putting It All Together

The Essential Elements of Trauma-Informed Parenting

1. Recognize the impact trauma has had on your child.
2. Help your child to feel safe.
3. Help your child to understand and manage overwhelming emotions.
4. Help your child to understand and modify problem behaviors.
5. Respect and support positive, stable, and enduring relationships in the life of your child.
6. Help your child to develop a strength-based understanding of his or her life story.
7. Be an advocate for your child.
8. Promote and support trauma-focused assessment and treatment for your child.
9. Take care of yourself.
Self-Care Checkup

It’s easy to lose track of your own needs when caring for children who have experienced trauma. But not taking care of yourself not only sets a bad example for your children, it also sets you up for compassion fatigue. To get a sense of where you fall on the self-care spectrum, try this highly unscientific little self-care checkup.

1. How often do you eat breakfast?
   A. Most days
   B. Once or twice a week
   C. Every month or so
   D. What’s breakfast?

2. When was the last time you had a really good laugh?
   A. Some time in the last couple of days
   B. Last week
   C. Last month
   D. 1972

3. How often do you spend social time with a friend (or friends)?
   A. Most days
   B. Once or twice a week
   C. Every month or so
   D. When I run into someone at the store

4. How frequently do you connect with other foster parent(s)?
   A. Most days
   B. Once or twice a week
   C. Every month or so
   D. Rarely

5. How often do you watch a movie or a TV show that YOU want to see?
   A. Most days
   B. Once or twice a week
   C. Every month or so
   D. Can’t remember

6. When was the last time you said “no” to something that you really didn’t want (or feel able) to do?
   A. This morning
   B. Last week
   C. Last month
   D. It’s never even occurred to me!

7. When did you last let someone else take care of you?
   A. Yesterday
   B. Last week
   C. Some time this year
   D. 1973

8. How often do you sleep enough to feel rested during the day?
   A. Most nights
   B. Once or twice a week
   C. Every month or so
   D. Too tired to remember
9. When was the last time you read something just for fun?
   A. Today                  C. Last month
   B. Last week              D. Third grade

10. How often do you meditate/pray?
    A. Most days             C. Every month or so
    B. Once or twice a week  D. Rarely

11. How often do you take time to be sexual?
    A. Most days             C. Every month or so
    B. Once or twice a week  D. What’s sex?

12. How frequently do you exercise or engage in a physical activity you enjoy?
    A. Most days             C. Every month or so
    B. Once or twice a week  D. Does housecleaning count?

**Scoring:** Give yourself 3 points for every A answer, 2 points for every B, 1 point for every C, and zero points for every D.

**36 to 24 points:** Congratulations, you seem to be maintaining a pretty good balance between taking care of others and taking care of yourself. Keep it up!

**23 to 12 points:** You’re definitely doing some things to take care of your own needs, but you could probably do more. It may be time to make a stronger commitment to yourself by developing a self-care action plan.

**>12 points:** Wow! It looks like you’re doing a lot for other people, and not much for yourself. All that time caring for others may be setting you up for compassion fatigue. It’s time to make a self-care action plan.
INFORMATION PACKET QUESTIONNAIRE

TOPIC 7: Taking Care of Yourself

NAME: ______________________________________________________________________________________ PHONE NO.: __________________________________________________________________________

Only one person per questionnaire. Feel free to make additional copies if needed.

ADDRESS: ______________________________________________________________________________________

Street or Post Office                                                                                      City/State                                                                                      Zip

EMAIL: ______________________________________________________________________________________

☐ YES! I would like to receive ACRF email. (Includes Training Tracks Newsletter, training reminders and community events or training of interest for Resource Families)

Are you a foster parent?  ☐ YES  ☐ NO  If YES, what is your Foster Home License #: ______________________________________________________________________

If NO, please check one:  ☐ Pending Foster Parent  ☐ OCS  ☐ Birth Parent  ☐ Adoptive Parent

☐ Residential Treatment Facility (License #: _______________________________)  ☐ Agency: ______________________________________________________________________

☐ Other (please specify): __________________________________________________________________________

Please read the information packet. Then fill out this questionnaire and RETURN TO: ACRF, 815 Second Avenue Suite 101, Fairbanks, AK 99701. Or fax it to: 907-479-9666, you will be credited with 1.0 hour for completion of this worksheet.

1. This packet presents concepts and ideas that may be useful to your foster parenting experience. Please list two (2) specific ideas or concepts which you learned or reaffirmed from reading this packet. Write a short sentence or two describing how you can use them in your family.

   a)

   b)

Please see reverse side
2. List each title in this packet. In a few sentences for each article, summarize the main purpose or key points for each article in this packet.