

Understanding the Needs of the Caregiver: Psychological treatment and intervention

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The FASD Learning Series is part of the Alberta government's commitment to programs and services for people affected by FASD and those who support them.

Why Do Parents Seek Help?

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Please Note:

There are children and parents who manage comfortably and as such they are not represented in the following list

Why Do Parents Seek Help?

- To reduce confusion as to why their child is presenting difficulties
- To establish a therapeutic relationship during the less difficult times in order to have a place to return to avoid or respond to crises
- To respond to a crisis that is different or more than they can handle alone
- To understand why the child is not functioning within the home or school

Why Do Parents Seek Help?

- To seek a solution to violence or aggression in the home
- The child is despairing and asking for help
- There is need to protect other children in the home
- The child is self-harming
- The child expresses or exhibits suicidal thinking
- There is evidence of alcohol and drug use

Why Do Parents Seek Help?

- The child is pregnant or refusing to deal with issues of safe sex
- The child is adjusting to sexual identity issues
- The child is involved with the legal system
- The child is running
- The child is involved in abusive relationships
- The child is dealing with adoption issues

Why Do Parents Seek Help?

- The parent(s) are emotionally isolated
- The parents are considering adopting a child with FASD
- The grandparent requires support in caring for his/her child and grandchildren
- Referral following diagnosis
- Referral by another professional
- Feeling misunderstood by the social service system

Why Do Parents Seek Help?

- Desire to have the young adult with FASD on disability
- Review of future planning for the adult child

Initially the parent may present as...

Initially the parent may present as...

- Exhausted
- Defensive
- Verbally Intense
- Anxious
- Obsessive
- Hopeless
- In marital conflict
- Easily tearful
- Cold and uncaring
- Stressed and overwhelmed
- Lost for words
- Overly organized
- Negative about professionals

Initially the parent may present as...

- Desperate
- Controlling
- Enabling
- Enmeshed
- Hostile
- Physically unwell
- Confrontational
- Negative about the child

If the parent(s) feels safe she may report presence of ...

If the parent(s) feels safe she may report presence of ...

- Poor memory
- Sleep difficulty
- Chronic pain
- Weight loss or weight gain
- Hair loss
- Loss of sexual interest
- Loss of motivation
- Sense of hopelessness and despair
- Social withdrawal
- Sense of shame
- Feelings of guilt

If the parent(s) feels safe she may report presence of ...

- Loss of interest in activities
- Feelings of rage
- Feelings of aggression
- Suicidal thinking
- Substance abuse
- Overuse of medication or resistance to taking medication
- Hypertension
- Unwanted disdain for their child
- Feelings of inadequacy and failure

Other Relevant Issues

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- Attachment issues
- Multiple placements
- Adoption adjustment
- Medical needs
- Family history of psychiatric disorder
- Early physical, emotional, sexual trauma
- Prenatal drug exposure
- Prematurity

Experience of Parent and Siblings

Experience of Parent and Siblings

- Vicarious trauma
- Secondary victimization
- Property damage/loss
- Loss of grandchildren/nieces/nephews
- Loss of safety of living in their home
- Loss of siblings
- Loss of friends and extended family
- Loss of family traditions
- Loss of primary relationship
- Loss of sense of safety in their community
- Fear for well-being of parent

Approach to Caring with the Parent

Approach to Caring with the Parent

- Actively acknowledge their presence and their need to be the anchor person/interpreter for their child
- Listen to their history including accepting past documentation
- Show acceptance
- Respect their level of commitment regardless of legal status ie. foster/adoptive or birth parent.
- Give them an opportunity to provide a reality check

Approach to Caring with the Parent

- Provide them with the benefit of the doubt
- Review their need in terms of physical and mental health
- Focus on maintaining their commitment if they are able to continue with caring for their child
- Accept their limitations which may even lead to providing an alternative resource for the child
- Support through issues of loss and grief

Approach to Caring with the Parent

- Assist the parent in delineating what difficulties are related to FASD and what are some of the other factors contributing to the child's difficulties
- Assist the parent in understanding and accepting where there is control and where there is not
- Assist the parent in understanding and accepting where there is control and where there is not

Approach to Caring with the Parent

- Demonstrate intentional respect in front of the child
- Withhold judgment with parents who have marital discord related to the care or the effect of their child

Confidentiality Issues

Confidentiality Issues

- Discuss with the child that there is a need to be open with the caregiver
- Inform the caregiver of the child's issues in front of the child when possible and if the child chooses
- Inform the child if you need to talk with the caregiver alone and ask what the child does not want you to tell

Confidentiality Issues

- Indicate to the client that they can read your notes at any time
- Indicate your legal responsibility in terms of risk of danger to self or others
- Indicate the risk (if any) of subpoena of records (issues of confidentiality)

Informed Consent

Informed Consent

- Rework in language that the client can understand and retain
- Encourage referral to a lawyer when advisable
- Time limited
- Dual signature with caregiver when possible

Enhancing Care to the Caregiver



Enhancing Care to the Caregiver

- Access to diagnosis
- Access to psycho-educational assessment
- Access to psychiatric assessment
- Work together with the family physician, dentists and other health care providers
- Access to outpatient or residential mental health services
- Provision of supervised or semi-independent housing

Enhancing Care to the Caregiver

Enhance care to the caregiver by providing the following services to the individual with FASD (continued):

- Respite care
- Vocational training
- Employment programs
- Access to the members of the informed legal system
- Access to speech and language pathologist

Enhancing Care to the Caregiver

Enhance care to the caregiver by providing the following services to the individual with FASD (continued):

- Access to appropriate recreational and social activities
- Access to parent support and healthy baby groups

Enhancing Care to the Caregiver

Psychologists can facilitate care of the caregiver and the individual with FASD by:

- Communicating with the family physician and/or treating psychiatrist
- Complete medical leave and insurance disability forms
- Direct parent to the community health geriatric team if parents are also supporting their elderly parents

Enhancing Care to the Caregiver

Psychologists can facilitate care of the caregiver and the individual with FASD by (continued):

- Referring to support groups
- Assist in explaining their needs to extended family if requested
- Supporting in development of nutritional and exercise regimen

Thoughts to Promote Perspective



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- It is difficult to do emotional and spiritual healing with a dead body (Anne Wilson Schaff - Beyond Therapy, Beyond Science)
- Your child's life journey is his/her own
- Consider the possibility that your child has a higher power who is his/her caregiver
- Each person has a purpose regardless of our ego perceived definition of good outcome
- Modeling health self-care is also a form of caring for our loved one

Thoughts to Promote Perspective

- The mental health of the family unit is of equal importance to the well being of the child with FASD
- If your child was adopted by another competent parent(s) it is likely that his behaviour would be the same
- Adopted children may treat the mother differently than the father (relates to their own psychological issues) and this needs to be considered when assessing the parent's needs

Thoughts to Promote Perspective

- Seek ongoing support
- Find what soothes you
- Ambivalence is part of the human condition
- Denial digs a deeper hole; reality-facing eventually fills it
- Our children are not here to be a reflection of ourselves. Living our life through our children is giving our life energy away and creates a negative effect on the child

Thoughts to Promote Perspective

- We have the capacity to live through very difficult crises and recover
- Review what addictions we may be acting out under the guise of being the caring person
- You will not lose a sense of yourself if you do not take on the task of acting out another person's feelings
- It is our responsibility to lovingly care for ourselves first

Thoughts to Promote Perspective

- Setting boundaries is therapeutic and is not abandonment. (Even if the outcome is not that which you had hoped for, it is still your right to protect yourself)
- Complex kids can come from wonderful parents and wonderful kids can come from some of the most complex parents
- Adolescence is a complex time and is not foreshadowing of who a child will be for life
- We are all flawed - that is the human condition

Thoughts to Promote Perspective

- Reactive raging at that which is not personally directed to you will not change behaviour; it will however, likely increase your blood pressure, cortisol, adrenalin levels and contribute to other stresses within your body
- You have the right to be comfortable in life even if you cannot save your own child
- Working on our own life process is a responsibility to ourselves

Reference

- Contact Information

Contact Information

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