ENHANCING RESILIENCE IN CAREGIVERS

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TODAY'S TALK

- What is resilience?
- Individual and family factors for protection and recovery
- Applications to caregiver resilience
- “Honoring the Mission”; fostering positive meanings
- Caregiver transcript
Karen

- 60-year-old widow
- History of domestic violence, divorce, financial struggles
- Caring for 82-year old father with dementia in her home
- Provided care for 4 other family members
- Stressed but gratified by role
- Resilient
What is Resilience?

“He appears to have lost all of his resilience.”
Resilience (cont.)

- “Pattern of positive adaptation in the context of past or present adversity” (Hayslip & Smith, 2012)
- More than just “bouncing back”
- Term used variously:
  - Protection from acute stress
  - Ability to recover
  - Capacity to grow from the experience (“bounce forward”)
Resilience (cont.)

- Multi-dimensional factors: neurobiology, gene-environment interactions, psychosocial factors (e.g., support), mental features (e.g., sense of agency, planning) (Rutter, 2013)
- Negative experience may have a sensitizing or “steeling” effect in relation to later episodes of adversity (Rutter, 2012); “turning point effects” (Rutter, 1999)
Psychosocial components of individual resilience

- **Southwick & Charney** (2012):
  - Optimism
  - Facing fear
  - Moral compass
  - Social support/role models
  - Physical & brain fitness
  - Cognitive & emotional flexibility
  - Meaning, purpose/spirituality
Family resilience

- Coping and adaptational processes in the family as a functional unit (Walsh, 2006)
“How a family confronts and manages a disruptive experience, buffers stress, effectively reorganizes, and moves forward with life will influence immediate and long-term adaptation for every family member and for the very survival and well-being of the family unit” (Walsh, 2006, p.15)
Walsh’s Components of Family Resilience (2006)

- **Family belief systems**: making meaning of adversity; positive outlook; spirituality
- **Organizational patterns**: flexibility, connectedness, social and economic resources
- **Communication processes**: clarity, open emotional expression, collaborative problem-solving
A Model of Family Stress (1958)

Reuben Hill’s ABC-X Model

A Stressor Event
- Normative-developmental or Exceptional;
- Acute or Chronic

B Family Resources

C Interpretation of Stressor

X Crisis
ABC-X of CAREGIVING

- A—functional decline due to physical, cognitive and/or behavioral impairments
- Different illnesses and disabilities pose different challenges to families, depending on severity and course of condition and developmental stage of family
ABC-X

- B—family’s material resources (money, insurance, availability of local programs)
- External psychological resources (support from extended family members, neighbors, social service/healthcare professionals)
- Internal psychological resources (capacities to communicate, agree on decisions, solve problems, take concerted actions, tolerate emotions, etc.)
C—Meaning (personal, spiritual, cultural, community-sanctioned) that family members attribute to loved one’s illness/disability and to caregiving endeavor

Example: “Caregiving is an opportunity for growth” vs “Caregiving is a trap”
ABC-X

- Some beliefs act as barriers to caregiver coping (Losada et al., 2006):
  - “I should set aside my interests and dedicate myself completely to the care of my relative”
  - “A caregiver should only seek help from others when she doesn’t know how to solve a problem”
Family Caregivers

- Great heterogeneity in background, situations and coping styles
- Range of emotional reactions to caregiving: 31% highly stressed; 25% not at all stressed
- Most caregiver research focuses on how to avoid negative outcomes (medical and psychological), not on how to create positive experiences or build resilience (Coons, 2012)
“The majority of caregivers...readily endorse caregiving gains or positive aspect of caregiving [including] having the opportunity to serve as a role model, having the chance to give back to care recipients..., experiencing an enhanced sense of purpose..., feeling appreciated, and helping to maintain the identity and well-being of the family (Coons, 2012, p. 233)
How do caregiver support programs promote resilience?

- **Direct Emphases**
  - Social and economic resources
  - Collaborative problem-solving
  - Connectedness (e.g., support groups)
  - Flexibility (e.g., planning)

- **Indirect or Absent**
  - Making meaning of adversity
  - Spirituality
Addressing Caregivers’ Meanings

In my opinion, addressing meaning is the missing component of caregiver support programs

- Assess meanings
- Make subconscious/unspoken perceptions, beliefs and goals more visible and modifiable
- Foster conscious, positive, realistic beliefs to increase resilience
4 Categories Of Meanings/Beliefs

- Beliefs about **nature and cause** of loved one’s illness (attributions) (Why is this happening?)
- Beliefs about one’s **sense of purpose** and **responsibility** in making sacrifices on behalf of a loved one (“Why caregive?”)
- Beliefs about **setting limits** and **receiving help**
- Beliefs about healthcare and social service **professionals**
Honoring the Mission

- Solicit the story of giving care
- Avoid premature advice-giving
- Inquire about meaning of caregiving in caregiver’s life
- Identify and honor caregiver’s sense of mission
- Raise issue of sustainability
- Inquire about sources of sustenance
- Karen’s transcript
Bolstering Karen’s Resilience

- What are the positive meanings that increase Karen’s resilience, even though she is stressed?
- Which meanings would increase her willingness to use resources and promote flexible, collaborative problem-solving?
References

References (cont.)

References (cont.)


- For info on Reuben Hill: [http://www.sagepub.com/upm-data/38638_Chapter4.pdf](http://www.sagepub.com/upm-data/38638_Chapter4.pdf)