

Transcript of Stress, Parenting and Your Relationships with Family

Rijelle Kraft: Good morning. I am Rijelle Kraft, Family Support Technical Assistance Coordinator with the Pennsylvania Family Support team based at the Center for Schools and Communities. I will be your moderator for today. It's my pleasure to welcome you to today's session, "Stress, Parenting, and Your Relationships with Family."

All right. Our presenters today are Jennifer Walker and Janine Castle. Jennifer Walker is a licensed social worker with Lancaster General Health Penn Medicine. For many years, she was a home visiting social worker with their Healthy Beginnings program. She now works as a therapist with the Moving Beyond Depression program, which provides mothers experiencing depression with in-home cognitive behavioral therapy.

Janine Castle, PhD received her doctoral degree from Syracuse University in 2001. After becoming licensed, she began working for Lancaster General Health, during which time she specialized in women's issues, working with women who were experiencing pregnancy-related and postpartum depression as well as pregnancy loss. She currently is working with Lancaster General Health's Healthy Beginning Plus, supervising social workers in the Moving Beyond Depression program.

It is my pleasure to welcome Jennifer and Janine this morning. Please be patient while I pass the presenter privileges to them. Jennifer and Janine, thank you for joining us, and the microphone is now yours.

Janine Castle: Thank you.

Jennifer Walker: Good morning. This is Jennifer, and Janine and I are really happy to be with you today to talk about stress. We want to talk about stress not only in the families that we serve, but also the stress that we experience as providers when we are face-to-face with a family experiencing multiple stressors and how we cope and deal with that in the most effective way.

So how about this mom? Does this look like anything anyone has seen before? Does this mom resonate at all? This mom has a lot of stress to deal with.

All right. So we have a scenario for you. How about have you ever been in a situation where you were all ready to meet with a family, and you had an activity for them that you felt was really going to be very, very helpful to them, and you'd gotten it all prepared, and then you are sitting face-to-face with them and they present with a whole host of problems and stressors that you did not have on your agenda to deal with? So wondering out there, how often do you feel like that happens to you? Would you say ... and this is a polling question, so you can put your answer in the answer box. Would you say that that happens to you in your

practice frequently, occasionally, just rarely, or are you never, I only work with families who have it all together? So let's see what we come up with here.

Janine Castle:

So this is no surprise. This is Janine speaking. So we frequently find that our parents are experiencing a ton of stress. So we do know this anecdotally. We know this from not only families that we work with but also in the workplace. We see it with our peers. We see it with our neighbors. We see it with family members.

But we also know there's some research. American Psychological Association routinely does surveys, and in 2010, they looked at stress in America, particularly parenting stress in America. They looked at a pretty large sample size, over 1,000 adults, 1,037 of whom had children between the ages of 8 and 17. They looked at four generations - the millennials, Generation Xers, Baby Boomers, and matures, which are age 65 and over.

Surprise, surprise, the study supports that parents in America are overstressed. Stress is affecting the wellbeing of their children. However, parents aren't really appreciating the impact that their stress has on their children. We know that there's stress that is affecting their children, and it looks something like this. You may have noticed it. Perhaps they're so busy with managing their own stressors or their finances or their relationship stressors, or they're working an extra job or two. So they're not able to spend as much time with their children.

Maybe they're snapping at their children. Maybe they're disengaged or unsupportive or even the opposite, where they're maybe overly worried about their children. They could be making their children feel guilty for having needs. Not intentionally, but indirectly. They could be physically lashing out, where you would need to be concerned about the potential for abuse. Or they might be putting their children in danger while using substances to decompress or to destress.

What is interesting, but again not surprising, is that most parents are living not with mild stress but with moderate to high levels of stress. The moderate, on a scale of 1 through 10 where 1 is the least amount of stress and 10 is the most amount of stress, they're experiencing a moderate level, which is a rating of 4 to 7 out of 10. Or a high level of stress, which is a rating of 8 to 10 out of 10. Moreover, 69% of those parents find it's important to manage their stress, but 32% find that they are not achieving stress management.

So if we go on to the next slide, you can see in this cartoon ... this also may resonate with you or with your families. So there's a woman sitting at her desk, and the caption says, "I can't worry about that now. I'm worrying about something else." This is probably not unique for the majority of us, but it's definitely something for parents, what parents experience, because not only are they worrying about their own stressors, but they have to take care of their families as well. So that could be not only their children, but it could also be parents that they're caring for, ailing parents.

By the way, generations ago, we had built within our daily lives a support system. So often, you would find extended family in the near vicinity, on the same block, even. Extended family members would live in the same home. So we had a natural support network for us. But our society has shifted to a spread-out society and also a very independent society. So we don't have that natural support.

So we know that our parents are super stressed. They don't have the support they used to, generations ago. I'm going to shift now back to Jennifer, because she's going to talk about how we can recognize this stress.

Jennifer Walker:

Okay. So let's think back to some parents and some families that we have as our clients and how they might present to us when they are experiencing a lot of stress. So we might see that physiologically, or we might see that behaviorally. They might tell us right away. They might say, "Oh, I have this going on and that going on" and list a bunch of stuff that they're dealing with right now.

Or they might do that a little bit more subtly. They might just sort of seem distracted when you're meeting with them. Maybe they're fidgeting. Maybe they're not focusing. Maybe they're looking at their phones or seem just distracted. Maybe they are sort of just rescheduling a whole lot or just not there, not showing up for the visit. So those are all cues to us that maybe there's some stress going on that we need to pay attention to.

So let's switch back to ourselves as providers of services, to how we react when we have that family in front of us that has multiple stressors going on in their lives. So some of the stressors that you might see ... and maybe these things will ring a bell for you.

Somebody just hands you an eviction notice. You're starting to suspect some domestic violence going on, or perhaps there's very clear domestic violence going on. Maybe somebody says that Children and Youth have just gotten involved with their family, and they're very frantic about that. Maybe there's a job loss, or there's a utility shutoff notice they have. Or there's not enough food in the home, or there's a problem at work or school. There's a toxic relationship going on. There's some kind of ... maybe they're new to the country, and there's a problem with assimilating and understanding systems here. Lack of transportation.

Sometimes these kinds of problems can feel to us like they're just intractable problems. We see the same thing over and over again, and that can be very difficult as providers. So let's get an idea of if you can picture a family that you've worked with that you saw a lot of stress going on for them and how you reacted, your reaction first thing when you were presented with the family with a lot of stressors.

This is going to be a polling question, so write your response in. So how do you react when a family presents with multiple stressors? Would it be A, I don't have time, there's too much to cover or B, I'm not equipped to handle this, panic, or C,

how can I get them to stop talking?, or D, Hold on, let me call my supervisor, or E, all of the above? By the way, we can't tell what your response is. We can't tag that back to an individual person, so feel free. It's confidential, anonymous, so feel free to really respond honestly.

Okay. So yeah, this is nice. So what it's showing here is that you're responding in a very typical way. This is what we would expect from care providers. So really, what this is boiling down to - if we can go to the next slide - you're having a fight or flight response. I was going to give you an image in your mind to help to clarify this fight or flight response, and I was going to bring you back to the Presidential debates the other night. But my eight-year-old daughter says that I'm not very good at delivering punchlines, so I thought I probably should get some humor.

But this is very basic to our biology. So we've evolved into beings that can either fight or run, or flight, in a stressful situation. This is for survival. So what happens is we have this stressor - and this stressor, by the way, doesn't have to be our own individual stressor. We're impacted beings, so it could be a stressor that somebody else is bringing to us, and we also, because we have the ability to empathize, and a true biological ability. There's a part in our brain that is a receptor for empathy, so we biologically experience empathy when we're presented with a stressor. When somebody brings in their stressful situation, we will respond. When we respond empathically, that elicits our biological flight or fight response.

So what happens is we get this alarm, like, "Something's wrong." Then our nervous system kicks in. Our sympathetic nervous system gives us a burst of energy in response to this stress, this potential danger. Then so our nervous system will communicate to our adrenal glands, and they'll release hormones into the bloodstream. So the hormones will cause an increase in heart rate. Our pulse and our blood pressure will increase. Breathing will become more rapid. Airways in our lungs will open up.

So this allows us to be able to have the energy to fight or run, if we need to run. We have a release of blood sugar and fat from temporary storage, so these often give us that energy that we might need. By the way, the increase in oxygen in our brain also allows us to problem-solve so we can figure out what we need to do in response to the stressor.

When the stressor is gone, then the parasympathetic nervous system just does the opposite of the sympathetic nervous system. It calms the body down. But if the stressor does not go away, then our body will continue to be aroused, and we'll have the release of cortisol into our body, which then can have a negative impact on our body.

So, again, because your families are presenting with stress and because you are an empathic being ... and most of you, if not all of you, in this profession, you've come to this profession because you're particularly empathic. So that part of your brain is well-developed. So the way you respond empathically is you have

families coming in, and they're telling you something stressful, and they're showing you by their facial expressions that they're stressed. Their behaviors are telling you that they're stressed.

Then you begin to mimic, because that's part of the empathic response. So your brain says, "Oh, somebody's stressed." You begin to mimic them behaviorally. Maybe not in the exact behavior, but in stress behavior. Then you also in your facial expressions will mimic them. So the nerves in your face actually end up communicating to your brain that there's a stressor. So your recognizing the stress in yourself will ... it's very similar to how your parents will recognize stress in themselves or how you will recognize stress in them, because have this physiological response - so again, the increased heart rate, increased pulse, rapid breathing, increased oxygen to the brain, the release of blood sugar and fat, and the release of cortisol.

Behaviorally, maybe you can think about a time when you've been stressed when you've been working with families. But maybe you are holding your breath. I mean, think about ... hearing some of the things that our parents will share with us are really a challenge. Just because we're providers, it doesn't mean we're not going to have a stress response, because that's a human response. So maybe we're holding our breath, waiting, "Oh my gosh, what's going to happen next?" Maybe we're gritting or clenching our teeth. Maybe we're swinging or crossing our feet, fiddling with our paperwork, our devices. We could also be zoning in and out of true focus on what they're saying, because we're thinking, "Oh my gosh, I need to talk to them about their parenting strategies or do what I'm supposed to be educating them on. I need to find a way to interrupt." So you might be distracted and not really tuning into them.

Then at the end of the session, maybe you feel like this. We can see this woman. I think we've all felt like that at some point in time.

So I want to sit with this slide for a moment, because we know that our parents are super stressed, and we know now that we empathize with that stress. So sometimes, I think, even for a very seasoned provider, we have expectations of ourselves, expectations to maybe be able to cope above and beyond the average person. We put that pressure on ourselves because we think that's what we as providers should be doing. We should be coping above and beyond.

The thing is, we do probably have more tools to cope, and we know how to use those tools better than other people may if they haven't been educated in the way that we have been. However, the response in and of itself is completely normal. It is completely normal for when your family comes in stressed and they share stressful things for you to have a stress response. So while we're really good at taking care of others, we also need to pay attention to ourselves and use this information as a cue.

So our response is telling us, "Okay. What kind of stress is this for the family, how significant is the stress, and how can I go about helping this family?" So

what you'll then want to do with this cue is you'll want to listen to what they have to say. Listen to the cue that you're receiving from your own body, your own behaviors, your own thoughts. Then intervene.

So I just want to break down what we're going to be talking about in the next several sessions, and this is really what it will look like when you're interacting with families. You'll first listen to the client, and then you'll say, "Okay. How am I responding to this?" Then you'll assess the stress. So what kind of stress is this? How significant is this stress? How chronic is this stress? Then that will help you to figure out how to intervene. We will discuss that further in the upcoming slides.

Okay. So let me describe to you the different levels of stress. The National Scientific Council on the Developing Child has formulated these differentiating levels of stress. They've described positive, tolerable, and toxic. I don't want you to worry too, too much about getting this stress very specific. But this is maybe a guideline for you. It will help you figure out what technique you want to use when the time comes.

So if you're kind of saying, "Well, maybe it's a positive stress. Maybe it's a tolerable stress," there's overlap between the two. So you're not going to go wrong if you decide to do a specific technique. When you're providing supportive techniques for families, there really isn't a wrong thing to do. So it's just kind of, "Well, where does it mostly fit, and can I draw from the techniques that we use for positive stress vs. tolerable stress vs. toxic stress?"

Okay. So positive stress is a stress that's brief. It's short-lived. It's a low to moderate level of stress. There's a limited physiological reaction, because our parasympathetic nervous system can kick in. It occurs within the context of supportive relationships. It's an important part of healthy development.

An example of some positive stress might be a mom who delivers a baby. She has some baby blues, and you'd see some tearfulness, maybe some irritability. But she talks with you about it. You all have used some problem solving. You realize she has some support she can draw on. She says that she will do that, and she does. She asks for help. She accepts help. Then it resolves. This was actually something that you can draw on later on to show her and to remind her of how well she coped with the stress.

So we're looking at with these positive stressors the development of skills for coping and the development of self-efficacy. So when we have stresses in our lives, it doesn't really matter much that we're having the stressors. What's more important in terms of long-term functioning is how quickly and how well somebody can recover from a particular stressor. So we learn from moving through stressors - positive stressors, stressors that aren't toxic stressors - that we have certain skills that we can then generalize to other stressors.

We also learn a sense of self-efficacy, and that's where we say to ourselves, "Wow. That was pretty tough, but I can deal with that. I know what to do." So you

gain a sense of self-confidence. So when you're looking at research and self-efficacy, you would think that people with bad experiences would have a poor self-efficacy because they've had some bad experiences. But actually, if they've moved through those experiences and it becomes a positive stress and they have learned skills, they actually develop a sense of being able to cope in the future, and therefore their self-efficacy is higher.

So tolerable stress, you're not quite recovering as quickly. As such, with tolerable stress, you tend to have ... it's severe enough or lengthy enough that you tend to have disruption to your physiology and your brain. So this is where your parasympathetic nervous system hasn't kicked in, and you've got cortisol that's moving throughout your system. Your stressful situation may be buffered by supportive relationships, but it's a more significant stress. So the relationships are a buffer, but they're not going to take away that stress. However, it is short-lived enough to allow for recovery. Your body will recover as well.

An example might be a mother or a father who has clinical depression, is receiving professional treatment, and is responding positively to that treatment, is learning lots of new coping skills and education about depression, is using their support system, and that depression goes into remission.

Janine Castle: Okay. Now let's move onto toxic stress. Unfortunately, I think we see more families than not who have a toxic level of stress. This is severe and prolonged, a chronic stress. They don't have the supportive buffering relationship. Sometimes even their relationships are more problematic and add to their stress response.

This can have long-term effects on the brain, the physiology, development, particularly development of children, and their mental health. They are at increased risk for depression, health problems, relational problems. Really, these are individuals who have chronic social and mental health problems.

Jennifer Walker: An example of toxic stress might be the parent with chronic depression that is not treated, an unreliable support system. You'd see this negatively affecting both the parent and the child.

Janine Castle: Okay. So we've talked about the types of stress. So we're going to move into the session, and again we're looking at listening, assessing, and intervening. We're going to start again with listening. Now might be ... we've covered some particulars. Now might be a good time answer any questions. If anybody has any questions, feel free to put them in the question box. I'll keep talking, but I will look for some questions to come in.

Rijelle Kraft: Janine, this is Rijelle. There aren't any questions in right at this second, but I did want to point out that a few people made some comments during the polling question about what would they do if they were in a situation where a parent seemed really stressed. Several of them said, "I don't know. I don't think I would do any of these. I would try to connect them with information and referrals or

work with them." So I think you'll probably find some of the things that the folks were thinking about in the next couple of slides.

Janine Castle: Okay. Yes. I'm not able to see those. Maybe I will if I slow down just a moment. [inaudible 00:29:02] for this. Oh, yeah, I'm not able to see any comments from anybody. So if you can continue to communicate those from you, Rijelle, that would be helpful.

Rijelle Kraft: I will do that.

Janine Castle: Okay. Thank you.

So, yes, we will be covering some of those topics, for sure. So, again, we'll kind of organize the next several slides by looking at how to listen to our families so that we can then assess where their stress is and then find a way to help them cope with that and also to help us to continue to do the work that we need to do with them, because oftentimes these stressors kind of bleed into our meeting times with families, and we're not able to do what we need to do with them because we're having to take care of these other stressful situations. So we have a way to help you move through that.

So, again, the first part is to listen. So recognizing that stress in your parents. So that is the physiological response that we talked about. That's the behavioral response that you can see in families. That also might be the time when we say, "They're not participating. They're difficult families" or "They're being resistant to what I'm sharing with them." Those are all cues that there's stress going on for them.

You also then want to listen to yourself as a provider, your physiological response and your behavioral. On this slide, there really should also be the behavioral responses listed - tapping your pencil, fiddling with your device, not being able to focus on what you're telling them because you're trying to figure out how to get back to the topic that you need to cover. But listening to what you're experiencing, and incorporate that into your understanding of what's happening with the family and in the room.

So we have this interdependent relationship going on with our families. This is different than what traditional psychology would say. So it's not just psychology. They were all about, "You have to be this blank slate. You can't impact your patient in any way. So what they bring into you needs to be all of what they're bringing into you." Everything was seen as completely independent. And relationships, there were a lot of really strong boundaries in relationships.

Not that we've relinquished boundaries, but I think over time, we've realized that interdependent relationship going on as the person coming into my room affects me, and over my lifetime, actually, I also will affect the other person. So I will affect the other person, hopefully over their lifetime, but also within the room when I'm meeting with them at that particular time.

So paying attention to what your families are bringing in to you and that experience, and then paying attention to how you're responding in kind will help you to move on to assessing where that family is with their stressor.

Jennifer Walker: So we're looking at this parallel process of what's going on with the families that we're serving as well as what's going on with us as providers who are listening to stories of stressful situations. Let's take a minute to think about what we tell ourselves. What is our own self-talk when we are working with families with a lot of stress? We looked at that a little bit earlier, and let's talk about what we could do with our own self-talk.

This really is ... if you have really positive self-talk and you're a kind of person that, when you're faced with a huge stress with a family, and you're able to say, "I know how to handle this. I can handle this," then you want to keep doing the same thing that you're doing that's sustaining you in your profession, that positive self-talk, that "I am equipped to handle this. I can do this."

If you're struggling with that and you're noticing that you're doing a lot of more of the negative self-talk about families, then this is a time that hopefully you can take a minute to think about the self-talk and try to make a positive statement, some kind of counterstatement, like, "I will break these problems down into manageable parts" or "I will ask my colleagues for help" or "I will look up resources for this problem."

So next we have a participant question. We are wondering out there if we can share some of the positive things that we tell ourselves as providers when we're presented with families experiencing toxic stress. If you want to put in the polling box, in the question box, put in some kind of positive phrase that works for you with some of the most difficult families that you see.

Rijelle Kraft: Okay. We have some coming in. One person said they tell themselves to grant me the serenity, or "Thank you" is another one that just came in.

Janine Castle: Yes, this is very important, focusing on strengths. That's very nice. I can't underestimate the importance of paying attention to yourself. We are in a very challenging profession, where we can get burned out. We're so good at taking care of other people that we often will forget or take care of ourselves as the last person to take care of because we're taking care of other people.

It really is important to pay attention to how you're experiencing things, how you're actively taking care of yourself, how you're seeking support from your colleagues.

Rijelle Kraft: So Janine, a couple more have come in here. "Focus on strengths." "I can do this." "There are resources available to help with this issue." "I can do this. I just need to find some resources for them." "I tell myself I can only do so much." "I am competent to handle this situation, and if I cannot handle it, I am competent to help them find the people and resources who can." "I'm not alone. I can talk to

others and get some information that might help my client." "Being grateful is being a helpful strategy." "I say that I am grateful for the opportunity to help someone today." "I try to put myself in their shoes and realize if I were in their shoes, I would want honest yet empathetic responses."

They're coming in really quickly now. I'm having a hard time keeping up.

"I can't fix everything, but I can help them to see the light, if possible."

Jennifer Walker: I love these. I think they're so beautiful. I would love to have just a list of these that I would post for myself. I don't know if maybe these can be put into a list.

Rijelle Kraft: I think we could do that and then post it with the archive. I can pull some of these together and post it with the archived webinar.

Jennifer Walker: That would be fantastic. Yeah.

Janine Castle: I love the "I have 100% success rate at making it through bad things." That's wonderful. This is fantastic.

So I always think of this example, because it was so significant for me. I was a student. I was a pre-doctoral student, so this is before I completed my dissertation. I was working under a psychologist as a student intern, and I had to make a report to Children and Youth. It was really awful, and it was my first experience with it. The parent became very distressed, and I did my best to work through it. I sat down with her and we made this all together in the end. She essentially did the report. I was there with her to support her, but she was kind of the front runner.

But it was really awful. Despite doing that ... she recognized she needed to do it, but she was still very, very angry with me and stopped seeing me. It was really an awful experience, because I thought, "Gosh. I know I'm supposed to do that, but it felt really yucky. I don't feel like I've made an improvement in her life. I feel like I've complicated it," even though I knew it was the right thing to do. I was a student. I didn't have much experience, so I was like, "I'm not really good at this."

So I continued, and I continued to work at this place, and she had started with another therapist in the same place. It was a couple of years later, and I saw her in the waiting room. She came up and gave me a big hug and thanked me.

So I think the point about that is we don't often see some of the positive things, the really significant positive things, that we're doing for our families, because we're often planting seeds, little tiny seeds. So I think that some of these messages that you've added here are really helpful in giving you support and helping you to think about your work with your clients in a different way, a way that we don't always get that feedback. We need to give that feedback to ourselves.

So if we shift from ... actually, we're still in the assessing. So we're thinking about assessing the stress in the family. So during this process, as we're hearing their story, as we're asking them about how their body is feeling physiologically, as we're looking and talking to them about their behaviors that show that they're stressed, as we're thinking about our own behaviors and our own physiology, and, by the way, also sharing how we're responding, that is a way of validating their stress.

It's important to sit at this place and not move too quickly, because we're really, really good at helping people. So our knee jerk response is to step in and help them and to fix the problem. Even as a more seasoned clinician, we still have this urge to fix and to make it better. So we have to recognize that urge and sit with that urge for a little bit, long enough to say, "I hear what you're saying. I really appreciate how difficult this might be for you. I understand."

Then they're going to be free. Once they get to that place where they feel like you appreciate what they're experiencing and you understand what they're experiencing, then they're able to move on to an intervention.

So when we think about how to intervene, we'll go back to the positive, tolerable, and toxic stress. So we don't have many slides here, but this is the meat of it. So understanding the stress, being able to recognize it and understand what type of stress it is, really gives you the freedom to then use any form of intervention.

So you can have a whole host of interventions up your sleeve. There isn't any secret to those. You can make them up, which people have. We have resources at our fingertips. We can Google [inaudible 00:42:44] on it. We can Google stress reduction. We have any type of technique that we want probably at our disposal on the Internet these days, thanks to the Internet.

So we've given you some examples, and these examples I think will be a big help. Then as you're also thinking about the families that you are working with, you might have, because of your experience, your own ways of coping or helping them, your own interventions. Or you can also check out Google and see what you might be able to find.

So let's look at the interventions for positive stressors. So Jennifer, if you want to remind them what a positive stressor looks like?

Jennifer Walker:

So an example of a positive stress, let's go back to that mom that had the baby blues, who used her support system, who did problem-solving with you, who accepted help, and that problem resolved. Say you're still working with her, and another problem comes up. So you can refer back to how well she coped before. Use that strength that she had to try to apply to the next problem.

You want to try to stay focused, when people are talking about problems that resolved, on what they did. What was their part in helping that problem to get better? So rather than the external things that happened, try to have them focus

in on specific things that they did, like, "Look how well you accepted help. You didn't push help away, but you made a decision that you would accept help from other people."

Janine Castle:

So the big picture here is that these positive stressors are short-lived. There's positive coping. We want to praise our families for coping in a very genuine and specific way. So the research of self-efficacy and coping shows that just saying, "Oh, you did a great job" doesn't help as much, because it's general and it also doesn't generalize well enough to other situations. So if you can make a specific comment, like "When you were stressed and you called your mom and had her come over to help you with your baby, you did an excellent job. That was excellent coping," then you can take those skills, you can identify ...

Draw this from your families as well. Ask them, "What worked for for you?" and try to get as specific as possible. Then remind them that these skills can be used in other situations. Remind them of their positive coping and then that they can then feel good about their ability to manage similar stressors in the future.

So, okay, let's look at tolerable stress. Actually, for a moment let me go back to positive stress, because I want to remind you to incorporate their stresses into how you're helping them with their parenting or whatever lessons you're trying to teach them. If you can go back to something that was difficult and say, "You see when you had this stressor and you did A, B, and C, now in this situation with your child, then you can do A, B, and C to help them."

What you're doing is you're trying to make a connection between what they've experienced in the past and what they can do in the present and in the future. You're helping them to generalize.

Okay. So let's move on to tolerable stress. So the big picture here - and then I'll let Jennifer describe it in more detail - the big picture here is this is a more significant stress. The person has support, but because of the kind of stress or the degree of stress, it might not be as helpful. So they're going to probably need some resources from you. This is where people were saying, "I can give them some resources." This is really where that's going to come in handy for you. So let me pass over to Jennifer.

Jennifer Walker:

So having your resources ready or getting a list of questions and resources that you need to research if you don't know the answers, of course, are going to reduce your stress immeasurably as a provider. That sort of information comes with time and experience, if you're just starting out.

So it's okay not to know all of the resources, because they change frequently. But you can tell the client that, "I'm gonna write down the different questions that you have. I'm gonna go ask my colleagues for this information," and then get back to them.

Janine Castle: So in session with somebody who has a tolerable level of stress, you have your goals in mind for the session. So, ideally, you would want to address this specific stress but then go back to what your plan is for the day with them, so if you plan on doing parenting education or whatever that might be.

So when they have a tolerable stress, you can set the agenda. So recognizing that they're stressed, first of all. So you're at the point where you've recognized they're saying, "Yes, I'm stressed. I have this specific stressor." Set the agenda. So determine how much time you're going to focus on helping them to manage this stress, allotting enough time to do what you need to do as well, the education that you need to do.

So what you can do is you can set an agenda that might look like this. You can tweak it. It will be individual, depending on the family. But it might look like this. It might be for the first five minutes of the session, you kind of go through some of the really big stressors that are on their plate right now. Then you can make a plan that you're going to do your parenting education. Then maybe the last five minutes of session, you'll talk to them about some specific things that they can do to cope with that stress, or you can provide them with some resources.

You can incorporate mindfulness techniques and relaxation techniques for use in the session and out of the session. So you could set that agenda, talk for five minutes, and do a mindfulness or relaxation technique. These are so easy to come upon nowadays. You can Google "mindfulness script" or "relaxation strategy script" or "guided imagery script." They'll sit there. You can ask them if they feel comfortable to close their eyes, and you can just read the script. Then that will kind of ease them out of that stressful physiological response to a place where they can focus on your parenting education.

Jennifer Walker: Another technique is called the CBT triangle. I think we're going to pull up an example of a triangle here so you can see, but this is a way to help a family break down a problem into parts using a triangle. What you can do is have them name a problem, and you do want to have them give the problem an actual name so that it narrows it down so it doesn't become too overwhelming. Then you break it into parts - how they feel about it, how they think about it, and what their behaviors are.

The triangle, if it doesn't pop up on the ... it looks like maybe it's coming now. But it's also in your handout. So an example of ... there is is. An example of a problem that might be a typical problem would be "I can't pay my bill." Then a feeling that they would write down might be "overwhelmed." A thought that they might write down might be "I'm a bad parent." Then a behavior that they might write down would be "I stay in my room." Then they see the problem in a different way. You might ask them what they ... oh, gosh. You might be getting a little dizzy with the handout there.

But then you ask, "What consequences, what's the impact that this problem has on your life in the bigger picture?" Then I've found that the triangle is very helpful

for people to just see their problem in a different way. Then you can ask them if there's a different way that they might think about their problem or maybe something that they might do differently about their problem. Then you can ask them if they think they would feel differently then, if they changed their thought or behavior about the problem.

For example, if they wanted to change a thought about the problem, they might change the "I'm a bad parent" to trying to think of it in terms of "I'm doing the best I can right now." See if they're able to practice changing that thought, and see if that has an effect on them. Or instead of staying in their room for the behavior, would they consider taking a walk or doing a different activity? So that is an example of the triangle.

We can go back to the main slide now.

Another technique that can be helpful when you have a lot of problems that a family is experiencing and they're wanting to focus on the problems a lot, of course you want to validate the stress. If you feel like you've validated the stress and you've given the resources that you need to give and that you have available, some transition phrases to try saying are something like, "I'm wondering if we can change the channel right now" or "I'm wondering if we could move forward right now." You're just checking in with them to see if that's okay.

If they say no, then perhaps maybe you need to go back to validating. Maybe they need a little bit more validating or some more resources, or perhaps they're just not able to focus that day. But you could try and see, if you need to get your information, your parenting information or your lesson, across, you could try using some phrases like that.

Janine Castle:

Another strategy would be to discuss with your families stress management techniques. So this is management. So this is sleep, nutrition, exercise, time management, prioritizing. The list goes on with this. How many times have we probably talked to families about this? But it's always good to go back and revisit it.

I will describe this as "Let's go back and revisit this" because at certain times in our lives, we might decide, "Okay, our sleep's not so good." We might focus a lot on sleep, and then our circumstances might change, and then sleep is no longer an issue. But we're not doing the other things to help with stress management. So, depending on what the stressor is, where we are in our lives, there might be different stress management techniques that we want to incorporate. So revisiting that list, revisiting a discussion about that, will be helpful to your families.

Maybe they're doing everything that they can, and that's okay, too, but you might get that family member who says, "Oh, yeah. I haven't been sleeping so well lately." Then you can talk about the things they can do - chamomile tea, or not exercising too close to the time when it's time for sleep, or they can talk to their

doctors. Talk to them about their habits during the day. Are they napping and things like that?

Jennifer Walker: Of course, you'd want to try to identify what type of good, positive relationships they have and encourage any supportive relationship during stress. Another option is ... well, hopefully your community has a mental health providers list. But if you feel like your family needs professional mental health support, family therapy or individual therapy, you'll want to have some type of a resource list ready of places that they can call.

Years ago, when we tried to find a list of places that take Medicaid, we could not find a list. So we made our own list, which we update regularly, because it does change frequently. So I think we were going to pull that up as an example, to see what ours looks like.

Yeah, that's the one that we use here at Lancaster General Health and Medicine. Thank you. That's in your handouts as well, if you want to get an example.

Janine Castle: So the mental health resources I think are so important. I recognize I'm a psychologist and I want to keep working. However, I think that I try ... first of all, it's very important to me to reduce the stigma associated with getting mental health services. But I also think it's important that we recognize that, in our society, we've just changed as a society. More often, we need to seek support outside of our families and our friendship circle, because we're just a really independent society.

So I like to describe receiving supportive mental health services as similar to what you would do if you went to your family doctor, that if they have somebody that they have in mind, even if they don't feel like they need an extended amount of time in treatment, doing a couple of sessions is not ... I mean, that's definitely something that can be done. You might not need weeks upon weeks of therapy. You might just need a couple of sessions, to be able to connect with somebody. Then maybe a stressor comes up in several months, and you might need another couple sessions and to be able to go back to that person. So to have sort of like a family doctor, but a family mental health provider.

Especially for families who are experiencing tolerable stress, I try to describe it in that manner, that we don't necessarily have the supports we used to. We do have stress. Our society's very stressed in particular at this time, and there are resources for you.

Then also going back and checking in and getting feedback from your families, asking them, "Is this helpful? What is not helpful? What else do you think you need help with?" So having an ongoing, open conversation will keep you joined with the family and able to help them in the future.

Okay. So now we're going to toxic stress. This is the tough place. This is maybe a lot of your families that you're meeting with. The big picture is their stress spills

over into your session, distracting you on a regular basis and only allowing you to be a percentage effective in what you're trying to do for them.

So keep in mind that, given their situation, whatever you're able to do for them is a success, and you're planting seeds. It is important. If they didn't have that, there'd be no way that their lives could change in the manner that you're able to help them to change.

So this is going to be a chronic, a very significant place of stress, and the most important thing is to join with your families. It's a delicate balance between helping them within session to manage stresses and then focusing on what you need to educate them on - parenting or whatever you're working with them on. But it's an important one, because if we just try to pull them out of their stress and into focusing on education, they're not going to be able to take in what you're trying to provide them with. So we do have to come into this sort of balance between managing their stress in session and educating them in session.

So the techniques are similar to the tolerable stress, but you're going to be using them more actively and more frequently.

Jennifer Walker: This is also a time when you're gonna want to do a lot of checking in for yourself and what your self-talk is and taking care of yourself with these families with intense, chronic, seemingly intractable toxic stress and setting the agenda with them collaboratively. You know, "Can we talk about whatever the stressor is for this amount of time, and then would we be able to change the channel and then do the parenting information that I have scheduled for today?"

This is really an art. I mean, there's not ... it's so unpredictable with families, with dealing with the toxic stress as far as, "How much am I going to get done today?" I try to keep my expectations a little bit lower with families that are managing a lot of stress, because I know we might not get as far with things that I need to do with them. It depends upon how their week was or what all's going on in their life.

Again, you want to have your mental health providers list ready and all of your community resources. If you do not know the resources available for them, just tell them that you will get back to them with that information.

Janine Castle: So in session, when their stresses are presenting and you'll go back to using the agenda that you use with tolerable stress, setting the agenda, changing the channel, strategies like that, but you're going to have to probably do a little bit more.

So if we look at a strategy like placing your stresses in an envelope ... so this is a cognitive behavioral technique, and it could be an envelope. It could be a box. It could be imaginary. It could be real. I like to, with toxic stress, make things as real as possible. So I use an envelope only because I usually have envelopes around.

So they can tell you what their stressors are. You can have that allotted time, so five minutes. List off the stressors. So they can just kind of talk, and you can write down the stressors at the end of five minutes. You can say, "Okay. It's time to shift, so we're going to change the channel. Let's take a look at the stressors that you've talked about."

You can have them in a list, one, two, three stressors. Then have the family fold up that piece of paper, put it in the envelope, and then set it aside on your desk. At the end, when you have that five minutes to talk about some resources that you might have for them, then you can pull that envelope back out again. Then they can take those stressors out, and they can take them home with them if they would like, in addition to the resources that you provide them.

You can use a box, or it can be imaginary. You can actually put ... if their stress is really coming into the session, you can put the box in a drawer and close the drawer. Or the envelope in a drawer and close the drawer.

You can use mindfulness techniques. So with toxic stress, it's not going to be as neat as with the tolerable stress. So when you set that agenda, it's going to be harder for them to stick to that agenda. So when they're looking stressed or looking like they're not paying attention or not really able to focus on what you're working on with them, then that's the time to kind of say, "Oh, you're looking a little bit stressed. Maybe we could do a relaxation strategy," or you can say, "Are you distracted again by your stressor?"

Then you can use a strategy like a "leaf down a river." So you can take that stress that's coming into your mind, put that stress in a leaf, and let it float down the river. Or a "floating cloud." So your stressful thoughts can float off into a cloud, and that cloud can float away. So this is when those stressors are interfering throughout the course of your session. At any time, you can say, "We need to get a leaf over here and take some of your stressors and float them down the river."

I'm seeing that our time is up, and so I'd love to talk more about this, but I think we need to shift. I'll shift the phone back to Jennifer.

Jennifer Walker: So I'm going go to our last slide, because we thought we would put something relaxing up. Thank you so much for the work that you do with families across our state, and, obviously, we know this is hard work.

Thank you for all of the positive things that you say to yourself, because I can't wait to get this list of positive self-talk that you do as providers, to have that.

Thank you so much for the time today.

Janine Castle: Yes, and thank you. Remember this is a starting point for you. If you can look at the big picture and then narrow it down - so starting with, "Okay. Let's listen. Let's assess. Let's intervene," looking at the big picture and then moving to something

more specific - I think you guys, hopefully this will be very helpful to you. There are handouts, too, that you can refer to.

Rijelle Kraft: Jennifer and Janine, thank you so much for this. I just wanted to take one second and see if you have another minute or two, if there are any questions, would you be able to answer a few questions?

Janine Castle: Of course.

Rijelle Kraft: Okay. So if anyone has any questions, they can go ahead and put those into the question box now. I didn't know, do we want to pull up that last handout? The memo one? Did you guys want to talk about that while you're waiting for questions to come in? Because I know that was one that you really wanted to show.

Jennifer Walker: Yeah. Yeah, that's a great idea.

So we have a number of [inaudible 01:09:30] in our agency that have worked together to build partnerships with places in our community that can offer some help with stress reduction for our families. We put together a flyer of some of the options that we can give to families.

For example, our library offers free knitting classes. We have the YWCA. We partner with the YWCA to be able to offer some free exercise classes for clients. We have a nutritionist here that does work with doing education about nutrition. These are really things that you would want to look in your community and pull together a list for people in your county of things that might be helpful to families.

Rijelle Kraft: All right. Well, I didn't see any questions come in, but it does ... oh, great. Just some feedback about, "Great stress management information."

Oh, this is a good question. Okay. "In some cases, children are present. So how would you suggest to help parents without stressing the children further than they already are?"

Janine Castle: Well, the children do know their parents are stressed. So we want to protect the children, but at the same time, they know. So talking to parents about how to ease stress is going to be beneficial to the children.

So you might not want to talk about specifics. Perhaps the parent can write down a couple of stressors and then you can communicate that way. But the actual techniques that you're going to provide them or how you're going to talk to them about stress management will be beneficial to the child, and it will communicate, "Here we are to help, and there's hope. There's hope for the future that things will change." So children are very perceptive. They know that there's stress going on.

On the other hand, if it's something that they really need to talk about more, you can perhaps see if you can arrange a time when they can have childcare and you can meet with them without their children. So that's an option. I know that's very,

very, very challenging. So you have to weigh the pros and the cons. So you want to help them as best you can, but they might not be able to meet with you without their child present.

Another option is maybe if there's an older child or another relative who can come. Even if they're there together, maybe they can distract the child. If you're in their home working with them, they can take them to another room, or maybe the child can ... I know I'm going to probably get a lot of moans and groans, but they can watch TV or be on a device a little bit further away while you're talking quietly.

So, yeah, I mean that's just the balance that we have to try to find. It's certainly not ideal.

Rijelle Kraft:

All right. Well, thank you. I have one more question come in if you have another second, and then after this question we will close, because I know everyone has other places to be. But this last question is, "How can we help our families who feel stressed out because we are not going to be the case manager anymore, when they do not want to let you go. So then there's transition points, helping parents who are maybe moving on or graduating out of a program."

Janine Castle:

Okay. So this is ... hopefully, I'm assuming that this is more predictable and that you can kind of move them in a predictable way. I guess there are times when it might not be. But having a conversation about how, with positive coping, we have relationships that form, and then they end. While there's a loss with ending a relationship, and that doesn't feel so good, there's lots of things that are a benefit to moving through that relationship and things that they can take with them.

So just because you are not going to be present with them, that doesn't mean they can't think, "Well, what would Jennifer have told me in this situation?" So they can take you along with them, even though you're not going to be meeting with them on a regular basis.

The other thing is to really emphasize what they have learned, the skills they have learned, and that they can take those skills with them. So you're helping to build a self-efficacy for them, for when you're not there.

Also reminding them, if they're in need of services, "Here are some other services for you." Even if you're not available to them through case management, if they feel like, something comes up, that they have a resource to call somehow so they can get extra assistance.

But you're trying to remind them that they're leaving your service for a reason, or you're not continuing with them for a reason, because they've learned these skills. They've grown. They have the ability to cope. They can do it. But if something comes along the way that they're not expecting that throws them off a little bit, then here are the resources that you can call.

Jennifer Walker: I would also add that you want to prepare for termination well in advance so that you're reminding them how much time we have left. You're doing goal-setting around that so that you're preparing for that for a long time.

You can also do some kind of interesting, fun, tangible things, like writing a word on a rock that you would give them, like some strength that you saw in them. Then they would have that rock as a transitional object that they would keep.

Also, you want to share your own ... how they influenced you. You want to tell them that they meant a lot to you, and be specific about how they did. You're doing that with however months or weeks leading up to the end of your visit so that you're having just a really nice experience at the end.

Janine Castle: What Jennifer's talking about is actually elevating them to an equal status to you. So, ideally, we want to not have a hierarchy. We want to be equal status to the families we're working with. But, by default, because we're teaching them, we're at slightly elevated status, just because we're the teacher.

So at the end, when you're finished teaching them, bringing them back up to your level, reminding them that they're just like you are in whatever way, if it's saying how you benefited from them, that kind of evening the playing ground. Or in some way, sharing something personal with them that's appropriate that helps them to feel like they're like you. That will be very helpful to them.

Rijelle Kraft: All right. Well, thank you so much for all of your answers to questions. We are going to conclude now. Just a couple of reminders on your screen there. Please complete our survey. That does really help us to improve our professional development sessions. We do appreciate you hanging in with us today for our first 75-minute webinar. Webinars will be 75 minutes moving forward.

Registration information for November 2nd, 2016, for our webinar on "Child Development: Language Acquisition" will be available soon. It will be sent out in an email and be available on the PA Parents as Teachers website. Also, just a reminder, there are multiple ways to join these webinars. Don't forget that you can join on laptops. You can join on mobile devices as well.

That is all that we have for today. Thank you again so much, Jennifer and Janine, for your time. That concludes today's webinar.

Jennifer Walker: Thank you all. Bye bye.