

BREAKING *POINT*

A formerly abusive daughter recounts her progression from caregiver to abuser – and shares her newly acquired awareness of how this could have been avoided.



DVD and Facilitators' Guide



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INTRODUCTION

Breaking Point generates much needed discussion about an unspoken issue. A formerly abusive daughter talks openly about her repeated abuse of her invalid mother. As she relates her story, a sensitive and emotional portrayal emerges of the progression of events from caring for her mother after a stroke to verbally and physically abusing her.

The situation which creates the victimization of the daughter as the abuser and the invalid mother as the abused is underscored. Nancy shares with us as she progresses toward eventual awareness and understanding of how she might have avoided such a predicament.

Breaking Point addresses issues of concern for all generations. The use of the video will enable participants to:

- *allow the acknowledgement of the existence of caregiver abuse of the elderly*
- *increase understanding of the experience of abuse from the perception of both the victim and the abuser*
- *stimulate participants to consider the factors which may lead to the abuse of older people*
- *promote problem solving discussion*
- *acknowledge and support the stresses of the middle years including the caregiver responsibilities*
- *encourage participants to re-evaluate repeating patterns of family behaviour*
- *encourage participants to consider their own aging process*
- *provide support for those who have felt alone as the abuser or the abused*

PRODUCED BY



Breaking Point

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TRANSCRIPT

The following transcript enables the facilitator to recall and identify specific issues for discussion and exploration.

DVD chapter references in the left column allow quick access to particular sections of the program.

**DVD Chapter 1:
Nancy's Story** The first time that I hit my mom, I wish I would have told someone sooner. We who abuse hide it.
(Narrator:) Nancy Hansen lived together with her mother for most of her life.

We had wonderful times together. We were close; we enjoyed the same things and we were a team; we were an unbeatable team.

Long before she died, Nancy's mother had a sudden stroke and Nancy became her caregiver. Nancy's life would never be the same.

The doctor told me that she would need 24-hour care... "Oh yeah, I can do it," you know, and we had a bedpan and we had washcloths and everything, and they said that they would send out nurse's aides.

**DVD Chapter 2:
Worsening
Situation** I wasn't too bad then. Actually, I thought I was doing pretty well. But as that time went on, something - I began to deteriorate. I deteriorated because when I would once get awake and the incontinence, both bowel and urinary, was getting ahead of me, I could not get back to sleep. And I started to do laundry at night and stuff and get her all cleaned up, sometimes my husband and I would just have to stick her in the bathtub because she had no... she would... my husband had... rigged up a bell where she could just press it, but she would press it after she was through with everything, so it was just a constant routine. It was like a squirrel's cage for me.

PRESENTING THE VIDEO

1. Preview the video and become familiar with its content
2. Plan for a generous amount of time for discussion
3. To familiarize the viewers with the essence of the problem you may wish to provide them with a copy of the general information included in these printed materials.
4. It may be necessary to plan for more than one discussion session
5. Always begin each follow-up session with at least an excerpt from the video to provide a catalyst for discussion. The Breaking Point transcript is provided to facilitate this process.



As a group leader it is important to note that this material may evoke a strong emotional response in some members of the audience.

Careful planning and the provision for adequate follow-up are essential to maximize the benefit of group discussion.

SUGGESTIONS FOR DISCUSSION

1. Compare the similar feelings of the victim with those of the abuser. What feelings do they share that they do not communicate to each other?
2. In the video, Nancy says, “If there are unresolved conflicts between the loved one and the caregiver - that is going to blow sky high.” What might Nancy’s unresolved conflicts be? In what ways do these remind you of any of your own?
3. How does unresolved conflict affect us at different stages in our lives?
4. What are some of the circumstances which affect our potential for becoming a victim or an abuser? What important life skills could we learn and practice to prevent such situations?
5. How do you think Nancy became an abuser? Can you describe what made it difficult for her to put an end to the abusive situation?

CONSTRUCTIVE EMPATHY

Empathy is defined as *the power of understanding and imaginatively entering into another person's feelings, situations and motives.*

Both the caregiver and the person depending on the care need empathy, compassion and patience. The dependent needs to be recognized as a person particularly in terms of his or her feelings, values and preferences. Caregivers need support and objective advice in order to help them provide the best possible care to loved ones. They also need time to attend to their own emotional and physical health.

While understanding the caregiver's feelings or point of view can be a first step towards a solution, it should not be used to excuse the abuse, explain it away, or allow it to continue. Family, friends, neighbours and professionals can let the person know what is happening is unacceptable but ask, "How can we help you out of this difficult situation?"

Constructive empathy can be either active or passive behaviour.

- *Understand that those in caregiving situations are neither saints nor monsters*
- *Offer the opportunity for both caregiver and dependent to express stressful feelings*
- *Offer a helping hand*
- *Listen attentively*
- *Give time, pitch in, offer respite*



For information or help:

Contact your local Caregiver's Association.

A 24-hour crisis line is available in most cities.

Your local Health Department, Continuing Care Program will refer agencies such as Social Services, Mental Health Community Care Teams and Family Services.