

Parental Burnout Workshop

Part 1: Screening & Self-Assessment

Stay-at-Home Parents

Please complete the Parental Burnout Assessment at:

<https://www.burnoutparental.com/suis-je-en-burnout>

Working Parents

Please complete the Working Parent Burnout Scale below using the following response options:

Not at all | A little | Somewhat | Moderately so | Very much so

1. I get/feel easily irritated with my children.
2. I feel that I am not the good parent that I used to be to my child(ren).
3. I wake up exhausted at the thought of another day with my children.
4. I find joy in parenting my children.
5. I have guilt about being a working parent, which affects how I parent my children.
6. I feel like I am in survival mode as a parent.

7. Parenting my children is stressful.

8. I lose my temper easily with my children.

9. I feel overwhelmed trying to balance my job and parenting responsibilities.

10. I am doing a good job being a parent.

Scoring Instructions

For all items except 4 and 10:

Not at all = 0 | A little = 1 | Somewhat = 2 | Moderately so = 3 | Very much so = 4

Items 4 and 10 are reverse scored:

Not at all = 4 | A little = 3 | Somewhat = 2 | Moderately so = 1 | Very much so = 0

Interpretation:

0-10: No or few signs of burnout

11-20: Mild burnout

21-30: Moderate burnout

31+: Severe burnout

Scale Copyright: Gawlik, K & Melnyk, B.M. (2022).

Patient Health Questionnaire–2 (PHQ-2)

Over the last 2 weeks, how often have you been bothered by the following problems?

- Little interest or pleasure in doing things
- Feeling down, depressed, or hopeless

Scoring:

0 = Not at all | 1 = Several days | 2 = More than half the days | 3 = Nearly every day

Total Score Range: 0–6

A score ≥ 3 indicates need for further screening with PHQ-9.

Reference: Kroenke et al., Medical Care, 2003.

Generalized Anxiety Disorder–2 (GAD-2)

Over the last 2 weeks, how often have you been bothered by the following problems?

- Feeling nervous, anxious, or on edge
- Not being able to stop or control worrying

Scoring:

0 = Not at all | 1 = Several days | 2 = More than half the days | 3 = Nearly every day

Total Score Range: 0–6

A score ≥ 3 indicates need for further evaluation with GAD-7.

Reference: Kroenke et al., *Annals of Internal Medicine*, 2007.

Perceived Stress Scale–4 (PSS-4)

In the last month, how often have you felt the following?

- Unable to control important things in your life
- Confident about your ability to handle personal problems (reverse scored)
- Things were going your way (reverse scored)
- Difficulties piling up so high that you could not overcome them

Scoring:

0 = Never | 1 = Almost never | 2 = Sometimes | 3 = Fairly often | 4 = Very often

Reverse score items 2 and 3, then add all items.

Total Score Range: 0–16

Higher scores indicate greater perceived stress.

Reference: Cohen et al., *Journal of Health and Social Behavior*, 1983.

Part 2: Reflection & Growth Activities

Activity 2: Reflection Questions

What are you, as a parent, doing well?

What do you do well outside of being a parent?

What does your family do well?

What are your child(ren)'s strengths?

What are things you love (or used to love) to do?

Activity 3: Reframing Your Story

Write 3 things your parents/caregivers did that made you feel loved.

What could have been different?

Complete the following sentences: 'In my family, we often...'

'In my generation, I am choosing to...'

'Because of my childhood, I want my children to experience...'

Activity 4: 'Good Enough' Boundary Setting

List three things you have to do over the next 2 weeks. Define 'Good Enough' vs 'Perfect.'

- 1.
- 2.
- 3.

What is something that you can let go of or take off your plate? By what date can you make this happen?

Activity 5: Stressors & Resources

What are your current stressors?

What are your current resources?

What is one change you can and **will** make this month to find more balance?

Activity 6: Tracking Triggers

What are my risk factors for burnout?

What are my protective factors against burnout?

What drains you?

What energizes you and makes you feel alive?

Identify patterns, root causes, and create a response plan.

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