THE #FKLM FAMILY BLUEPRINT

Recognizing Overload Before It Becomes a Crisis

Caregiver Wellness & Support · Caregiver Check-In

Common early signals of caregiver overload, and lower-cost responses.

IN THIS GUIDE

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- Signals in mood and behavior
- Signals in the household
- What to do at each level
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- Your checklist

A free guide from My Fairy GodParents — for youth impacted by parental incarceration, justice-impacted youth, and the caregivers and families who support them.
myfairygodparents.org/resources/family-blueprint

Print, write on it, and share it with the people helping your family.

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THE DIFFERENCE THIS MAKES

Caregiver overload rarely announces itself. It looks like ordinary tiredness for a long time, then it looks like a short fuse with a child who did nothing wrong, then it looks like a missed appointment, a skipped meal, a prescription that never got refilled.

The people most at risk of missing it are the ones holding a family together through a separation, because there is always something visibly more urgent than their own state. When a child is struggling and a court date is coming, being tired feels like the least important fact in the house.

Learning the signals matters because overload is far easier to interrupt early. The response to a caregiver running low for two weeks is rest and one handed-off task. The response to a caregiver who has been running on empty for eight months is usually medical, financial, and disruptive to the children too.

SIGNALS IN THE BODY

Sleep changes first for most people: falling asleep instantly from exhaustion but waking at three in the morning, or lying awake running the same loop. Appetite follows, in either direction. Then come the physical complaints that have no clear cause and never quite resolve — headaches, a stiff jaw, stomach trouble, a cold that lasts a month.

Pay attention to what has stopped. Skipped meals, abandoned medication, no dentist in two years, a doctor's appointment you have rescheduled three times. Caregivers rarely decide to neglect their health. It quietly loses to whatever the household needs today.

SIGNALS IN MOOD AND BEHAVIOR

Irritability that surprises you is one of the clearest early markers, particularly snapping at a child over something small and feeling guilty about it afterwards. Another is emotional flatness — going through the day competently while feeling almost nothing, which many caregivers describe as being on autopilot.

Withdrawal is common and easy to justify. Declining invitations because you are too tired, letting texts sit unanswered, avoiding the friend who always asks how you are really doing. Each choice makes sense on its own and the pattern leaves you alone with the load.

Also watch for the thoughts that arrive uninvited: that you are failing the children, that anyone else would be doing this better, that there is no version of the future where this gets easier. Those thoughts are a symptom of depletion, not an accurate assessment of you.

+ SIGNALS IN THE HOUSEHOLD

Overload shows up in the systems before the caregiver admits it. Mail piling up unopened, a permission slip found after the trip, the same laundry moved between rooms for a week, meals reduced to whatever is fastest every single night.

Children notice earlier than adults think. A child who starts managing your mood, deciding not to mention a school problem because you seem stressed, is telling you something about the household's capacity. That is not a discipline issue and it is not the child's fault.

+ WHAT TO DO AT EACH LEVEL

Early signals — a few weeks of poor sleep, rising irritability: protect sleep first, hand off one recurring task, and tell one person the honest version of how you are doing.

Sustained signals — months of the same, with health slipping: this needs an outside adult. A primary care visit is a reasonable starting point even if the problem feels emotional rather than physical, because exhaustion, thyroid problems, anemia, and depression can look identical from the inside.

Serious signals — you cannot get out of bed, you are using alcohol or other substances to get through the evenings, you feel unable to keep the children safe, or you have thoughts of harming yourself: this is the point to contact a crisis line or your doctor the same day. In the U.S., 988 connects to the Suicide and Crisis Lifeline by call or text, 24 hours a day.

+ WHAT IT LOOKED LIKE BEFORE ANYONE NAMED IT

An uncle raising his nephew after a sudden arrest told himself the first three months were the hard part and after that things would settle. Six months in, he was sleeping four hours a night, had cancelled two of his own medical appointments, and had started snapping at his nephew about dishes in a way that did not match the offense.

The thing that broke the pattern was small. His nephew stopped telling him about school. When he asked why, the boy said, "You already have enough going on." That sentence landed harder than any of his own symptoms had.

He kept the doctor's appointment he had cancelled twice, told the doctor the truth about the sleep, and asked one neighbor to take the Wednesday evening practice run. None of it changed the family's circumstances. It changed how much of them he was absorbing alone.

+ WORDS YOU CAN USE

Telling a doctor what is actually going on

Use at a primary care appointment when it feels awkward to raise.

"Before we finish, I want to mention something. I've been the full-time caregiver for two children since March and I'm not sleeping, I'm irritable, and I've been getting headaches most days. I'd like to know whether this is stress or something you should test for."

Handing off one recurring task

Say to a relative or friend who wants to help but does not know how.

"The most useful thing right now would be taking one thing off my week permanently rather than a one-off. Could you own the Wednesday pickup for the next month? Knowing one day is covered every week would make a real difference."

Answering a child who is managing your mood

Say when a child holds something back to protect you.

"I want you to tell me things even when I look tired. Taking care of you is my job, not the other way around. If I'm short with you, that's about me being worn out — it's never because you brought something to me."

+ CHECK YOURSELF HONESTLY THIS WEEK

- [ ] Have I slept fewer than six hours most nights for two weeks or more?
- [ ] Have I skipped or rescheduled my own medical care in the last six months?
- [ ] Have I snapped at a child over something small more than once this week?
- [ ] Have I turned down contact with people who care about me?
- [ ] Is mail, laundry, or paperwork piling up in a way that is not normal for me?
- [ ] Has a child started protecting me from their own problems?
- [ ] Am I using alcohol or anything else to get through the evenings?
- [ ] If several answers concern me, what is the one call I will make this week?

+ REFLECT AND WRITE

Which signal on this list did I recognize immediately?

How long has it actually been going on, honestly?

What is one thing I will hand off, and to whom?

Who is the one person or professional I will tell this week?

YOUR NEXT STEP

> Identify one recurring obligation you can pause for 30 days.

WHERE THIS COMES FROM

Source: FindTreatment.gov (SAMHSA) — verified August 2026. Curated and summarized by MFGP.
https://findtreatment.gov/
This is general information and practice guidance — not legal advice, mental-health treatment, or a statement of any court, agency, or facility's rules. Policies differ by state, county, facility, school, and program, so always confirm details with the office involved.
For decisions with legal, medical, financial, or clinical consequences, work with a licensed professional or the organizations listed with each resource.

You do not have to do this alone.

More free guides, scripts, and checklists:
myfairygodparents.org/resources/family-blueprint