



DATA TRENDS: #2

Summaries of research on mental health services for children and adolescents and their families



Caregiver Enrichment and Stress

Source: Angold, A., Messer, S.C., Stangl, D., Farmer, E.M.Z., Costello, E.J., Burns, B. (1998). Perceived Parental Burden and Service Use for Child and Adolescent Psychiatric Disorders. *American Journal of Public Health* 88(1), 75-80.

Brannan, A.M., Heflinger, C.A., & Bickman, L. (1997). The Caregiver Strain Questionnaire: Measuring the Impact on the Family Living with a Child with Serious Emotional Disturbance. *Journal of Emotional and Behavioral Disorders*, 5(4), 212-222.

Yatchmenoff, D.K., Koren, P.E., Friesen, B.J., Gordon, L.J., & Kinney, R.F. (1998). Enrichment and Stress in Families Caring for a Child with a Serious Emotional Disorder. *Journal of Child and Family Studies*, 7(2), 129-145.

The preference for utilizing in-home care for children with serious emotional disorders means that more families are coping daily with the serious mental health problems of their children and are engaged in seeking and using community-based services. Caregivers' ability to cope with the stress and strain of caring for a child is crucial for the child's ultimate outcomes. While several studies have examined the experiences of caregivers of adults with physical and mental health problems, studying the impact on caregivers of children is fairly recent. This research brief outlines three different approaches to measuring the impact on caregivers who have children with emotional, behavioral, or mental disorders.

Angold, et al. (1998) examined data from The Great Smoky Mountains Study, which assessed parental burden using the Child and Adolescent Burden Assessment (CABA). The CABA asked parents about 20 potential perceived burdens (see definition in the box), including problems with finances, relationships, restrictions on activities, and feelings of well-being and social competence. When there was no perceived burden (i.e. when parents did not feel that problems in their lives were being exacerbated by their child's psychiatric symptoms), there was a very low rate of specialty mental health service use. Caregivers appear to be much more likely to be getting services for their child if they perceive difficulties associated with their child's psychiatric condition.

In the second approach, Brannan et al. (1997) surveyed caregivers as a part of the Fort Bragg Evaluation Project. They examined data from the Caregiver Strain Questionnaire (CGSQ), a 21-item self-report instrument that measures caregiver strain (as defined above). Factor analysis showed three dimensions of strain related to both objective (observable) and subjective (felt) strain. These are (1) Objective caregiver strain, or *observable* occurrences of strain due to the family member's mental health problems; and (2) Internalized subjective caregiver strain, feelings internalized by the caregiver such as sadness, worry, and tiredness and (3) Externalized subjective caregiver strain, or negative feelings directed towards the child such as resentment, anger, and embarrassment.

Third, Yatchmenoff, et al. (1998) developed and tested the Effects of the Situation Questionnaire, which allows for the possibility that impact on caregivers may be associated with system demands as well as aspects of the child's behavior or disability. While measuring caregiver stress (as defined above), it also surveys enrichment, or positive aspects of living with and caring for a child with an emotional disability. The authors found that the more severe the child's disorder, the higher the level of stress by the caregiver. Enrichment was not associated with the severity of the child's disorder. More empowered caregivers (the degree to which they expressed a sense of competence and confidence in their ability to deal with problems), reported less stress and more enrichment. One service system characteristic, caregiver's perception of service coordination, was associated with lower levels of stress in caregivers.

In all three studies, the level of the child's impairment was the greatest predictor of the caregiver's level of stress/strain/burden. Each of the approaches defines stress in slightly different ways, and explores different aspects of difficulties encountered by caregivers. Exploring the relationships of caregiver stress to other elements, delineating the factors it consists of, and examining the potential positive counterparts to stress are useful in developing programs which support families of children with serious emotional disorders. Taken together, these three approaches add to the knowledge available for researchers, program developers, and families as they work toward improving services and supports for the entire family.

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