Purpose

• Review the research literature on the role of caregiver strain in children’s mental health services research
  – Guided by family systems theory

• Highlight what is well-supported and where there are gaps in knowledge

• Recommend future directions
What is Caregiver Strain?

• Normative response to the additional caregiving demands associated with caring for a child with special needs
  – Disruption of family routines and relationships
  – Financial strain
  – Negative feelings (worry, sadness, anger)
  – Fatigue

• We’ve come a long way

• There are also benefits to care
What is Not Caregiver Strain?

- General parenting stress
- Family functioning
- Satisfaction with family life
- Family quality of life
How Measured?

• Several instruments emerged in the mid to late 1990s

• Global strain
  – Child and Adolescent Impact Assessment (Messer, et al., 1996)
  – Caregiver Strain Questionnaire (Brannan, Heflenger, & Bickman, 1997)
How Measured?

• Effects of the Situation (Yatchmenoff, et al, 1998)
  – Positive impact
  – Negative impact

• Caregiver Strain Questionnaire (Brannan, et al., 1997)
  – Objective strain – observable events
  – Subjective Internalized strain – sadness, worry, fatigue
  – Subjective externalized strain – anger, resentment, embarrassment
Article Selection Criteria

- Used a measure of caregiver strain
- Focused on families caring for children with emotional and behavioral disorders
- Published between 1995 and 2012
- Examined constructs identified in the conceptual model
Double ABCX Model

• Model of stress and coping
• Transactional model that illuminates family processes
• Focus on how families make treatment and service decisions for their children
  – Whether to enter services
  – How to use services
    • Service use patterns
    • Treatment experiences (e.g., adherence, completion)
  – What outcomes ensue
Modified Double ABCX Model

Child Challenges (A)

- Intra-family coping response
- Family Perceptions (C)
- Family resources (B)

Change in child challenges (aA)

Crisis (X)

Caregiver Strain

Child use of services (bB)

Family use of services (bB)

Child and family outcomes (XX)

Continual loop
**Intra-family Coping**

- Study of self-help strategies among families of children with ADHD
  - Change in parenting to modify behavior
  - Family adjustment (routines, expectations)
  - Manipulating diet
  - Religious practices
  - Over the counter medications

- Types of strategies used were associated with severity of caregiver strain

Bussing & Gary, 2001; Bussing, et al., 2006
Crisis (X)

Caring for a Child with EBD

• Great deal of evidence that caring for a child with EBD is a stressor
  – finance, family relationships, personal time, work
  – sadness, worry, fatigue
  – anger, resentment, embarrassment

• Child symptom severity is the strongest predictor of caregiver strain
  – Parent and child ratings of his/her own symptom severity

Angold et al., 1998; Brannan, Heflinger, & Bickman, 1997; Brannan, Athay, & Andrade, 2012; Brennan & Brannan, 2005;
Resources (B)

- Having adequate resources can be protective
  - Materials resources mediate the relationship between child symptom severity and strain
  - Increase in income was associated with a reduction in caregiver strain
- Strain may mediate the relationship between child symptom severity and caregiver employment

Brennan & Brannan, 2005; Brannan & Heflinger, 2001; Brannan, et al., 2006; Robbins, et al., 2008
Perceptions (C)

• African-American caregivers report less strain
  – Experience slower increase in strain with increases in severity of child internalizing problems
  – Not associated with increased social support
  – Partially explains differential service use across racial/ethnic groups

• Family empowerment negatively related to strain

• Strain related to parent identification of child depression

Kang, Brannan, & Heflinger, 2006; Logan & King, 2002; McCabe, et al., 2003; Shin & Brown, 2009; Yatchmenoff, et al., 1998
Caregiver Strain and Child Service Use (bB)

• Controlling for child clinical status, strain impacts child service use patterns
  – Increases risk of residential placement
  – Increases likelihood child will receive any mental health services
  – Positively related to amount of services received and costs of care

• Relationships varied across strain dimensions

• Influence of strain varies across service systems
  (e.g., managed care, fee-for-service, continuum of care)

Service Experiences and Caregiver Strain (BB to x)

- Strain increases with barriers to care
  - Family perceptions
  - Time and location
  - Provider/payer

Brannan & Heflinger, 2006
Caregiver Strain and Family Service Use

• Engagement in school-based family support service was not related to:
  – Caregiver strain (X)
  – Parent-reported need for support (B)
  – Parent self-efficacy related child mental health services (C)
  – Parent sense of hopefulness (C)
  – Child symptom severity (A)
  – Child academic functioning (A)

Kutash, et al., 2011
Caregiver Strain and Child and Family Outcomes

- Children of caregivers who reported more strain at intake were less likely to experience clinical deterioration

- School-based parent-to-parent peer support program realized
  - Reduced caregiver strain
  - Improved child reading achievement

- Effect was greater for highly strained caregivers

We’ve Come a Long Way, 

But......

• Studies are still emerging that use cross-sectional studies of parent psychiatric symptoms to make causal claims
  – Do not use clinical samples (parent or child)
  – Fail to consider the transactional (or bidirectional) nature of parent child relationships
  – Do not consider caregiver strain as a mediator between parent psychiatric symptomatology and child mental health problems
Conclusions

• Need no more studies demonstrating that child symptom severity is related to caregiver strain
• Need a better understanding of how resources protect families
• Great deal more work is needed on how perceptions operate
• Need a better understanding of what services systems can do to reduce strain to:
  – Meet service and treatment goals
  – Improve child outcomes
  – Improve family outcomes