

Relationships between caregiver stress and family supports for children with SED

Jennifer Taub Ph.D., UMass Medical School
Shannon Lewis, Clark University
Christina Breault, UMass Medical School

18th Annual Research Conference:
A System of Care: Expanding the Research Base, March 6-9, 2005
University of South Florida, Tampa, FL

Please direct any inquiries to the first author:
jennifer.taub@umassmed.edu
Center for Mental Health Services Research
University of Massachusetts Medical School
305 Belmont St., Room 8C-29,
Worcester, MA 01604
(508) 856-3522

1

Caregiver stress

- Family social support decreased child behavior problems and high parental stress (Tsagarakis, 1999).
- Family functioning and the severity of the child's disability were related to overall parenting stress (Smith, Oliver, & Innocenti, 2001).
- A wider array of community and family support services that target children with disabilities who have behavior problems are needed (Floyd, 1998).
- Parents of children with disabilities are more likely to experience greater stress when they are from lower income families (Smith, Oliver, & Innocenti, 2001).
- Caregivers of children with behavior problems and disabilities experience highly elevated levels of daily child-rearing stresses (Pelham, 1999; Tsagarakis, 1999; Dyson, 1997).

2

Maternal Stress and Support

- Greater maternal stress is associated with decreases in network size and social contacts. Mothers' perceptions of social support are negatively influenced by ongoing strain (Quittner, Gluekauf, & Jackson, 1990).
- Children's well-being is hindered by maternal stress and fostered by maternal positive network orientations. Family supports produce the largest contribution to the variance in children's adjustment outcomes (Shadmon, 1998).
- Non-family supports are important to compensate for insufficient family supports (Shadmon, 1998).

3

Research Questions

- No research to date has looked specifically at the relationships between social supports and parental stress in caregivers of children with severe emotional disturbances (SED).
- We were interested in examining these issues in the context of a wraparound service program for children with SED, as such programs aim to build on the family's natural support network.

Study Questions:

1. Is the program successful in increasing the support networks, both formal and natural supports, for children and caregivers enrolled in the program?
2. Are fewer social supports related to greater parental stress for the children in this program?
3. What is the relationship between parental supports and parental stress for parents of children with SED receiving wraparound services?

4

Coordinated Family Focused Care (CFFC)

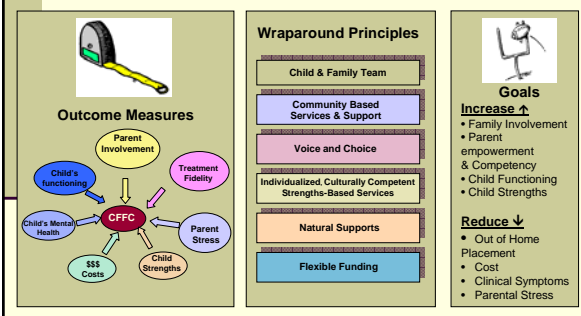
What is CFFC? It's a five site wraparound services program for children with Severe Emotional Disturbance (SED) at risk for out-of-home placement in Massachusetts.

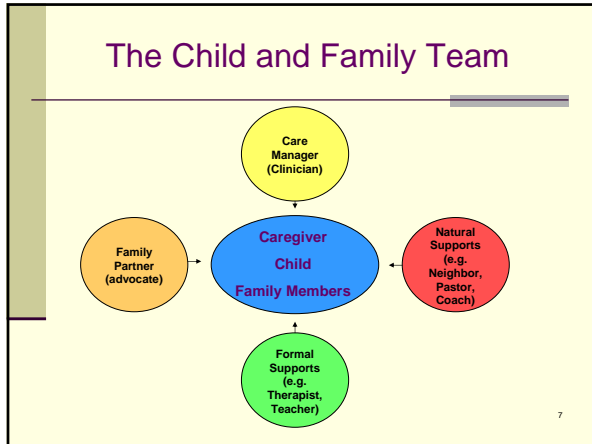
How are children eligible for CFFC?

- Ages 3-18
- Reside in one of the 5 cities where it is offered
- Child and Adolescent Functional Assessment Score of 100 or greater
- Presence of Severe Emotional Disturbance (SED)
- Caregiver willing to participate in team process
- Child and family have tried other, less intensive, services
- Medicaid Recipient

5

Coordinated Family Focused Care





Method & Participants

Data for this study were taken from an ongoing evaluation of the CFFC program. Consent for participation in the study is obtained by the child's care manager upon intake into services. The evaluation study consists of administration of a number of standardized measures and telephone interviews.

Participants:

- 3 - 18 years old (inclusive),
- at risk for residential or more restrictive placement,
- attain a score of 100 or higher on the CAFAS/PECFAS,
- reside in one of the CFFC designated communities and
- have a serious emotional disturbance
- a parent or caregiver must also agree to participate in the child's services and service team.

Measures

Parental Stress:
 Caregivers of children ages 11 and younger complete **The Parental Stress Index – Short Form (PSI)** (Abidin, 1995)
 Caregivers of children ages 12 and over complete the **Stress Index for Parents of Adolescents (SIPA)** (Sheras, Abidin, & Konold, 1998). Both measures have good psychometric properties.

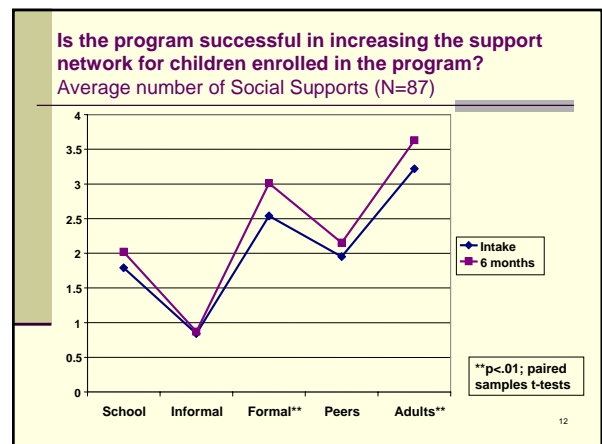
Child supports:
 Together with clinicians, caregivers complete information about the number and strength of their child's social supports in 5 areas: Peers, School, Adults, Formal and Informal. This information is recorded on Intake forms, and Update forms every 6 months while enrolled in the program.

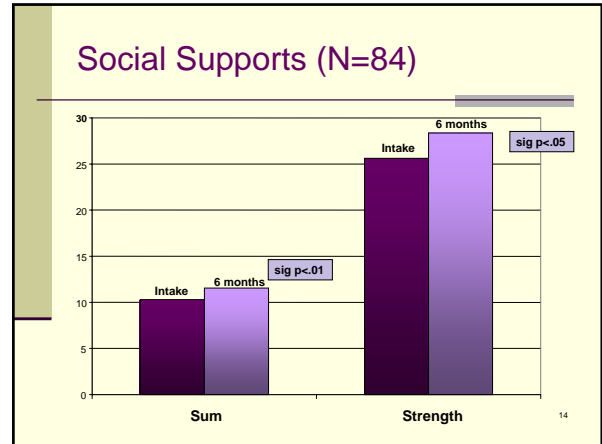
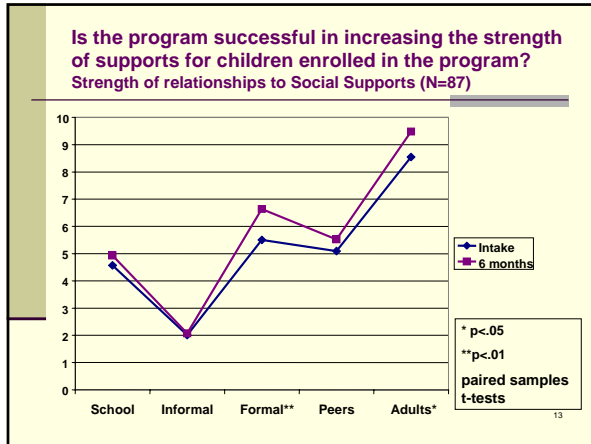
Measures, Con't

Caregiver Supports:
To assess supports, items from standardized measures completed in phone interviews with parents are used. These include items from the Wraparound Fidelity Index (WFI) (Bruns, et al, 2004) , and an item from the Family Empowerment Scale (FES) (Koren, DeChillo & Friesen, 1992)

1. Does the team help you receive support from your friends and family?
2. Does the team help your child develop friendships with other youth who will have a good influence on his or her behavior?
3. Does the team rely mostly on Professional Services?
4. How many members of your team are professionals?
5. Is there a friend or advocate of your family who actively participates on the team?
6. Does the team help your family develop or strengthen relationships that will support you when the team is discontinued?
7. When you need help with problems in your family, are you able to ask for help from others?

Results





Is the program successful in increasing support networks for children and their caregivers?

For caregivers, paired samples t-tests between 3 and 9 months interviews (N=30) were performed for each of the questions on the measures slide (above).

The only area of change was item #2, regarding the parent's perception of the team fostering positive friendships for the child (t=2.687; df = 25; p = .013).

None of the areas specifically regarding supports for the caregiver showed change.

What is the relationship between parental supports and parental stress?

A two-tailed Pearson's Correlation test compared each of the caregiver supports items with total score of the **Natural Supports** element of the WFI, with PSI and SIPA total and subscale scores.

Results: For the parents of adolescents, there was little relationship between the parental support questions and the ratings of parental stress.

For parents of younger children, however, there were significant **relationships** between questions about parents' natural supports on their teams and all scales on the PSI:

- Total Stress (r = -.507; p=.001)
- Child Domain (r = -.367; p=.025)
- Parent Domain (r = -.417; p=.010)
- Parent-Child Interaction (r=-.534; p=.001)

Specifically, parents of younger children who reported that their teams relied more heavily on professional than natural supports reported greater parental stress.

Are fewer Child social supports related to greater parental stress?

Pearson correlations were done between the number and strength of social supports with the parental stress measures.

For parents of **younger children**, there were **no relationships** seen between child social supports and parental stress.

For parents of **adolescents**, there were **significant relationships** seen between parental stress in the Adolescent-Parent relationship domain and:

- Adult Supports (r = -.262; p=.022) at Intake
- School Supports (r = -.365; p=.001) at Intake
- Formal Supports (r = -.267; p=.02) at Intake
- Adult supports (r = -.329; p=.029) at 6 months
- School Supports (r = -.394; p=.009) at 6 months

That is, more supports in these areas were related to lower parental stress in the relationship between the parent and child (for parents of adolescents).

Relationships were not found between stress in the parent domain and child social supports.

Summary: Parental Stress and Supports

	Child Supports	Parent Supports
Stress: Parents of Children under 12	No Relationship	More natural supports on Team = less stress
Stress: Parents of Adolescents	More child supports = less stress (Parent-Adolescent relationship only)	No Relationship

What best accounts for reductions in stress in the adolescent-parent relationship?

To better understand the factors in stress reduction, the adult support items, age and child functioning (at intake and change from intake to 6 months) were entered into a stepwise regression with change in adolescent-parent relationship stress as the dependent variable.

Results indicated that a combination of child functioning factors and reliance on professionals on the Team accounted for 47% of the variance.

R	R Square	Adjusted R Square	Std. Error of the Estimate
.729(c)	.531	.467	7.22553

	Unstandardized Coefficients		Standardized Coefficients		t	Sig.
	B	Std. Error	Beta			
(Constant)	-7.201	7.369			-.977	.339
CAFAS Change from Intake to 6 months	-.207	.053	-.651		-3.883	.001
Professionals on Team	-3.897	1.643	-.352		-2.372	.027
CAFAS at Intake	.119	.056	.350		2.108	.047

Summary

- Results indicated increases in some areas of social supports, but only for children in the program, not for their caregivers.
- Children were reported to have increases in their adult support network, their formal support network, and their relationships with positive peers.
- Child supports and parental supports were related to parental stress for children with SED in wraparound services, although this varied by age of child.
- Child supports and adult supports were related to different parental stress factors.

20

Summary

- For younger children, having more professionals than natural supports on their teams were related to increased parental stress in all domains.
- A combination of child functioning scores and reliance on professionals on the child and family team is related to reductions in parent-adolescent relationship stress.
- For parents of adolescents, it was the child's support network which was related to lowered parental stress, particularly for school supports, formal supports and adults in general. This was related only to reduced stress in the parent-adolescent relationship.

21

References

- Abidin, R. R. (1995). *Parenting Stress Index Third Edition: Professional Manual*. Lutz, FL: Psychological Assessment Resources, Inc.
- Dyson, L.L. (1997). "Fathers and mothers of school-age children with developmental disabilities: parental stress, family functioning, and social support." *American Journal on Mental Retardation* 102, 267-279.
- Floyd, F. J., Gallagher, E.M. (1998). "Parental stress, care demands, and use of support services for school-age children with disabilities and behavior problems." *Journal of Applied Family and Child Studies* 46, 359-371.
- Pelham, W.E. Jr.; Lang, A.R. (1999). "Can your children drive you to drink?: Stress and parenting in adults interacting with children with ADHD." *Alcohol Health and research World*, 23, 292-296.
- Quittner, A.L., Glueckauf, R.L., & Jackson, D.N. (1990). "Chronic Parenting Stress: Moderating Versus Mediating Effects of Social Support." *Journal of Personality and Social Psychology*, 59(6), 1265-1278.
- Shadmon, O. (1998). "Family and non-family supports as contributors to adjustment in school-aged children with employed mothers." *Dissertation Abstracts International: Section B: the Sciences and Engineering* 59, 2-B.
- Sheras, P.L., Abidin, R.R., & Konold, T. (1998). *Stress Index for Parents of Adolescents*. Psychological Assessment Resources: Odessa, FL.
- Smith, T.B., Oliver, M.N.I., Innocenti, M.S. (2001). "Parenting Stress in Families of Children with Disabilities". *American Journal of Orthopsychiatry*, 71(2), 257-261.
- Tsagarakis, C.I. (1999). "Stress, resources, and coping in parents of children with externalizing and internalizing behaviors." *Dissertation Abstracts International: Section B: the Sciences and Engineering* 59, 8-B.

22