Employed Parents of Children Receiving Mental Health Services: Caregiver Strain and Work-Life Integration

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Special Acknowledgement

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- We also thank the family members who participated in the original study, sharing their experiences of work and family challenges and strategies.
Parents provide exceptional care for children with disabilities

- **Exceptional care**: differs from care given to children developing typically—more time spent, care coordination, coping with frequent crises, and care persisting through adolescence and even adulthood (Lero et al., 2007; Roundtree & Lynch, 2006; Stewart, 2013).

- Caring for children with **emotional or behavioral disorders** particularly difficult: arranging community supports, responding to crises, dealing with family disruptions (Montes & Halterman, 2011, Rosenzweig et al, 2002).
Employment for parents providing exceptional care

- Employment needed due to high levels of expense: Services for children with MH difficulties are costly, even in comparison to those with other disabilities (Lindley & Mark, 2010).

- Work provides respite for exceptional caregivers, especially for mothers of older children with intense needs (Morris, 2012).

- However, workforce engagement can be problematic (Lewis, Kagan, & Heaton, 2000; Brennan & Brannan, 2005).
Previous study linked child behavior to parent strain and workforce engagement (Brennan & Brannan, 2005)

- Mental health difficulties predict:
  - School absences
  - Perceived child care adequacy
  - Strain from missing work
- After controlling for:
  - Child age
  - Caregiver education
  - # of children in household
- SEQ model predicted workforce engagement of principal caregiver.

**Child**
- Symptom severity
- Frequency of school absences

**Parent**
- Child care adequacy
- Strain from missing work

**Work**
- Caregiver works outside home or not

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Child symptom severity

- Two types of children’s behavior difficulties
  - Internalizing—depression, anxiety, withdrawal
  - Externalizing—aggression, non-compliance, conduct difficulties. (Achenbach & Rescorla, 2001).

- Directly related to parents’ level of stress
  (McDonald et al., 1997; Vaughan et al., 2012).
Caregiver strain

Caregiver strain: observable and emotional impact of caring for a child with a disabling condition, including mental health difficulties (Brannan, Heflinger, & Bickman, 1997).

Three types of caregiver strain:

- **Objective**—observable occurrences directly linked to care of a person with special needs (such as disrupted schedules or financial problems);

- **Internalized subjective**—caregiver’s own personal feelings resulting from giving care (feeling sad, guilty, or exhausted).

- **Externalized subjective**—negative feelings from caregiving directed toward others (anger, resentment, and embarrassment).

Family interactions and access to support

- Family members can help the principal caregiver to provide support to the child with a disability (Chesley & Moen, 2006; Warfield, 2005).
- But family interactions may be negatively affected by the child’s problematic behavior (Kendall & Shelton, 2003; Li et al, 2015).
- Family life can be enhanced by social connectedness and support from friends and relatives (Cook & Kilmer, 2010).
- Time spent with family and friends may mitigate parental stress (Mendenhall & Mount, 2011)
Theoretical framework


- We consider demands of caring for a child with mental health difficulties, with accompanying caregiver strain, and the resources of positive family interactions and time spent with family and friends within the work-family-community mesosystem.
Specific aim:

- To explore the relationship between:
  - Child symptom severity, caregiver strain, family interactions, free time, and
  - Work engagement:
    - Months worked in past half year
    - Average hours worked per week
    - Days absent in past 6 months due to child’s behavior.

Method

Secondary analysis of baseline data collected as part of the national evaluation of Comprehensive Community Mental Health Services for Children and their Families Program in the United States (Holden, Friedman, & Santiago, 2001).

Data were collected in interviews and from records for the Longitudinal Child and Family Outcome Study (LCFOS) designed to examine the impact of system of care approaches on children and families served.

Our analysis included employed parents of children and youth between 6-18 years of age who had lived in their household at least 90 days in the past 6 months.
Participants \( (N = 3,546) \)

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<thead>
<tr>
<th>Caregiver Education</th>
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<tbody>
<tr>
<td>High school diploma/GED</td>
<td>31.0%</td>
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<tr>
<td>College without degree</td>
<td>27.5%</td>
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<tr>
<td>Associate’s, Bachelor’s Masters degrees</td>
<td>22.0%</td>
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<th>Annual Household Income</th>
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<tr>
<td>Below $35,000 US</td>
<td>68.3%</td>
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<tr>
<td>$35,000- $50,000 US</td>
<td>26.1%</td>
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<tr>
<td>More than $50,000 US</td>
<td>5.7%</td>
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| Biological Parents | 82.0% |

| Mean Hours Worked per Week | 34.6 \( (SD = 11.9) \) |
| Mean Work Days Missed Caring for Child—Past 6 Months | 5.8 \( (SD = 11.9) \) |
Participant Families \((N = 3,546)\)

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<tr>
<th>Race/ethnicity of Child Receiving Services</th>
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<tr>
<td>Non-Hispanic White</td>
<td>47.3%</td>
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<td>Non-Hispanic Black/African American</td>
<td>26.3%</td>
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<tr>
<td>Hispanic</td>
<td>15.9%</td>
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<tr>
<td>American Indian/Alaska Native</td>
<td>1.6%</td>
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<tr>
<td>Asian/Asian American</td>
<td>0.7%</td>
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<tr>
<th>Child Gender</th>
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<tbody>
<tr>
<td>Male</td>
<td>66%</td>
</tr>
<tr>
<td>Female</td>
<td>34%</td>
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| Mean Child Age     | \(12.1 \text{ (SD } = 3.2\) |
| Mean Number of Children in Household | \(2.5 \text{ (SD } = 1.4\) |
Instruments

- **Caregiver Strain Questionnaire** (CGSQ, Brannan et al. 1997). 21-item scale with 3 subscales: objective, subjective-internalizing, subjective-externalizing.


- **Family Life Questionnaire** (FLQ, Holden et al., 2001). 10-item instrument assessing family interactions.

- **Caregiver Information Questionnaire** (CIQ, Holden et al., 2001). Single items assessing:
  - Time spent with family, with friends
  - Demographics
  - Work engagement
Results—Descriptive and Bivariate

- Compared with community samples, children in the LCFOS samples had significantly higher scores on CBCL subscales.
- Parent reports of children’s behaviors were generally significantly and directly related to caregiver strain, and inversely related to quality of family interactions.
- Parents with older children had higher levels of subjective caregiver strain, and poorer family interactions.
- Time available to spend with family and friends was positively correlated to quality of family life and negatively associated with caregiver strain.
Work engagement—Months worked

In a hierarchical multiple regression analysis predicting months worked within the past half year, 11% of the variance was accounted for when all predictor variables were included, $F(14, 3527) = 30.99, p < .001$.

Unique and significant contributions to the prediction were made by CGSQ subjective externalizing ($\beta = .089, p < .001$), CGSQ objective ($\beta = -.125, p < .001$), FLQ ($\beta = .039, p < .05$), time for family ($\beta = -.162, p < .001$), and family income ($\beta = .260, p < .001$).

There was a trend for CBCL scores to predict months worked.
Work engagement—Hours worked per week

- Hierarchical multiple regression, focused on the prediction of average hours worked per week, also accounted for 11% of variance $F(14, 3532) = 30.29, p < .001$.

- Key variables made unique and significant contributions: CGSQ subjective externalizing ($\beta = .054, p < .05$), CGSQ objective ($\beta = -.071, p < .01$), FLQ ($\beta = .065, p < .001$), time for family ($\beta = -.159, p < .001$), time for friends ($\beta = -.057, p < .001$), and family income ($\beta = .287, p < .001$).

- Additionally, being a Non-Hispanic White caregiver significantly predicted fewer work hours ($\beta = -.057, p < .05$).
Work engagement—Days absent past 6 mos.

Days absent in the past 6 months due to the child’s mental health problems, was predicted by the multiple regression which accounted for 12% of the variance $F(14, 3532) = 33.22, p < .001$.

Unique contributions were made by CGSQ subjective externalizing ($\beta = -.075, p < .001$), CGSQ objective ($\beta = .406, p < .001$), FLQ ($\beta = .042, p < .05$), and time for friends ($\beta = -.040, p < .05$).

There were trends for higher CBCL scores and being a non-Hispanic White caregiver to predict absenteeism.
Discussion: Workforce engagement

- Child mental health difficulties have an impact on caregiver strain and family interactions, even for family members who are able to maintain employment.

- This effect is pronounced for parents of children who were older at service intake, reflecting the differing impact of disability across developmental stages (Brennan, Rosenzweig, Jivanjee, & Stewart, 2015).

- Additionally, caregiver strain and quality of family interactions are substantial predictors of workforce engagement, even controlling for demographic characteristics.
Discussion: Workforce engagement

- Our findings on the relationship between exceptional caring responsibilities, workforce engagement and caregiver strain are similar to other studies examining this intersection of work and family of employed parents raising children or youth with disabilities (Brown, 2014; Earle & Heymann, 2012; Brennan & Brannan, 2005; George, Vickers, Wilkes, & Barton, 2008; Li et al., 2015; Stewart, 2013; Warfield, 2001).

- While employment provides essential resources, our analyses suggest that they are not adequate enough to mitigate the demands of exceptional care and/or buffer caregiver strain.
Limitations

- Analysis was conducted on cross-sectional data at service enrollment.
  - Does not reflect changes over time as children/youth receive services.
  - Does not represent experiences of parents who have not found assistance for their children.
- Data from self-reports, with limited work engagement measures.
Future Directions

- Track and analyze relationships between improvement in child symptoms over time, caregiver strain, and workforce engagement.

- Examine the trajectory of parental work-family experiences as children/youth transition from early to middle childhood, to adolescence and emerging adulthood (Brennan et al., 2015).

- Study the impact of secondary stressors, and of moderator variables on work-life integration (Breevaart & Bakker, 2011; Sörensen & Conwell, 2011).
Future Directions

- Examine the experiences of families from different racial and ethnic backgrounds as they attempt to integrate work and family responsibilities.

- Investigate the impact of inclusion of work-life information in the preparation of clinical and support service providers on exceptional caregiver and family outcomes.
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Slides are available at our project website: http://www.rri.pdx.edu/Project/875