



# Work and Family Researchers Network 2016

RESEARCH & TRAINING CENTER FOR PATHWAYS TO POSITIVE FUTURES

## Factors Contributing to Employment Status over Time for Caregivers of Young People with Mental Health Challenges

Ana María Brannan  
Indiana University

Eileen M. Brennan  
Julie Rosenzweig  
Portland State University

Washington DC  
June 24, 2016



**INDIANA UNIVERSITY**

SCHOOL OF EDUCATION

Bloomington



**Portland State**  
UNIVERSITY



# Acknowledgements

- Our thanks go to the families who participated in this study for sharing their lives and experiences.
- The authors acknowledge the assistance of the Data Access Group of ICF International and the Center for Mental Health Services in making these data available. The study is based on data from the National Evaluation of the Comprehensive Community Services for Children and their Families Program.



# Acknowledgments/Funders



The contents of this product were developed under a grant with funding from the National Institute on Disability, Independent Living, and Rehabilitation Research, and from the Center for Mental Health Services Substance Abuse and Mental Health Services Administration, United States Department of Health and Human Services (NIDILRR grant number 90RT5030). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). The contents of this product do not necessarily represent the policy of NIDILRR, ACL, HHS, and you should not assume endorsement by the Federal Government.





## Specific Aims

Our study used a national sample of parents of children with emotional or behavioral disorders receiving services:

- To examine changes over time in employment of parents, using a conservation of resources theoretical framework (Hobfoll, 2002)
- To explore whether receipt of services led to better employment outcomes
- To identify other resources that contributed to workforce engagement for these parents



# Conservation of Resources

- Individuals seek to acquire and protect both tangible and intangible assets
- Depletion of resources leads to greater stress, and more resource loss
- Resource gains are particularly protective against stress at times of resource loss (Hobfoll, 2002)





# Exceptional Care

- Having a child with emotional or behavioral disorders (EBD) requires **exceptional care (EC)**
  - Heightened physical, emotional, financial demands
  - Spending extra time providing care
  - Frequent, intense response to crises
  - Obtaining specialized services (Lewis, Kagan, & Heaton, 2000; Stewart, 2013)





# Exceptional Care & Resource Loss

- Raising a child with EBD reduces a parent's workforce engagement (Brennan & Brannan, 2005; DeRigne & Porterfield, 2010), reducing family resources.
  - Reduced work hours
  - Lost jobs through firing, quitting, and retiring earlier
- EC impacts employment of men and women, but greater on women (Lahaie, Earle, & Heymann, 2012)
- Resource reduction heightens stress (Hobfoll, 2002)



# Caregiver Strain

Caregiver strain refers to the adverse impact and additional difficulties associated with the demands of caring for a child with emotional and behavioral challenges (Brannan, Heflinger, & Bickman, 1997)

- Objective strain – observable events experienced by the family
- Subjective externalized strain – caregiver feelings of anger, embarrassment and resentment
- Subjective internalized strain – caregiver feelings of worry, sadness, guilt, fatigue





# Mitigating Resource Loss through Service Use

- Families of children with EBD often use formal and informal services
  - To support child/youth
  - To protect against resource loss
- Caregiver strain linked with less workforce engagement (Brannan et al., 2016)
- Some preliminary evidence that service use can reduce risk of employment problems (Krivelyova & Stephens, 2004; Ronis et al., 2015)



# Caregiver Employment and Service Use

Research question:

**What family resources are related to change over time in employment among parents giving care to children with EBD?**

Specifically, we investigated whether services or other resources were associated with caregivers:

- Gaining employment
- Losing employment
- Remaining unemployed
- Remaining employed



# Methods - Participants & Data Collection

- 2,427 families enrolled in a national evaluation of systems of care across the US between 2004-2011 (Holden et al., 2001)
  - Most caregivers were women (93.2%) and biological parents (80.5%) with mean age of 40 years
  - 65% were White, 29% African American, 6% other or mixed race, and 17% were Hispanic/Latino of any race
  - Children were mostly boys from 5-20 years old ( $M = 11.8$  years).
  - 65% had household incomes  $< \$25,000$  US.
- Caregivers completed baseline and 6 month follow-up measures



# Methods – Outcome Variables

- Employment reported by parents at **baseline** and at **6 months**: “At any time during the past 6 months, did you have a paid job, including self-employment?”
- **Changed status**
  - **Gained employment** (no at baseline) if yes at 6 mos. = 1; if no at 6 mos. = 0 .
  - **Lost employment** (yes at baseline) if no at 6 mos. = 1; if yes at 6 mos. = 0.
- **Stable status**
  - **No employment** (no at baseline; no at 6 mos.) = 1; all others = 0.
  - **Stable employment** (yes at baseline; yes at 6 mos.) = 1; all others = 0.



# Methods - Predictor Variables

- Service use at 6 months
  - 1 = Use of any service; 0 = No service use
  - Use of particular types of services—(e.g. behavioral aide, medication, residential care)
- Child measures
  - Child Behavior Checklist (CBCL) – symptom severity (Achenbach & Rescorla, 2001)
    - Internalizing
    - Externalizing
  - Age
- Caregiver measures
  - Caregiver Strain Questionnaire (CGSQ; Brannan, et al., 1997)
  - Age, education, race, ethnicity
  - Family characteristics—number of children in the home, family income



# Methods - Analyses

- Bivariate analyses to explore relationships between outcome and predictor variables
  - $\chi^2$  to test relationships between categorical predictor variables and outcome variables
  - T-tests to compare means across employment categories on predictor variables
- Regression analysis with model-building
  - Binary logistic regression to predict employment outcomes from service use in Model 1
  - Model 2 includes child symptom severity, caregiver strain
  - Model 3 added demographic variables



# Bivariate Results - Changed Employment Status

## Gained Employment

- Of 1,099 not employed at baseline, 178 (16.2%) were employed at 6 mos.
- Those who **gained employment**:
  - Younger caregiver
  - More education
  - More children living in the home
  - More likely to be White than of another race

## Lost Employment

- Of 1,356 employed at baseline, 172 (12.7%) were unemployed at 6 mos.
- Those who **lost employment**:
  - Younger child
  - Less education
  - More children living in the home
  - Lower household income at baseline
  - Greater objective caregiver strain
  - Lower HH income



# Bivariate Results - Stable Employment Status

## Remained Unemployed

Participants who reported no employment at baseline and 6 month:

- Higher child internalizing symptoms
- Older and less educated caregivers
- More children, lower HH income
- More likely to be women, single, Hispanic
- Less caregiver strain

## Remained Employed

Participants who reported employment at baseline and 6 months:

- Less severe child internalizing symptoms
- Younger and more educated caregivers
- Another caregiver in home
- More likely to be men, not Hispanic
- Fewer children living in the home, higher HH incomes
- Higher caregiver strain





# Regression Results – Any Service Use

	Employment Outcomes			
	Gained <i>N</i> = 1,099	Lost <i>N</i> = 1,356	No Employment <i>N</i> = 2,427	Employment BL & 6 <i>N</i> = 2,427
Used service	+			
Intern. Symp.			+	-
Obj. strain		+		
Male CG			-	+
Age	-		+	-
Educ.	+		-	+
Afr. Amer.	-			
# Children			+	-
HH income		-	-	+



# Regression Results – Type of Service Use

	Employment Outcomes			
	Gained <i>N</i> = 1,099	Lost <i>N</i> = 1,356	No Employment <i>N</i> = 2,427	Employment BL & 6 <i>N</i> = 2,427
Behav. aide	+			
Residential		-		
Formal Fam.				+
Intern. Symp.			+	-
Obj. strain		+		
Male CG				+
Age	-		+	-
Educ.	+		-	+
Afr. Amer.	-		+	
# Children			+	-
Oth. CG in HH			-	
HH income		-	-	+



# Summary

- Use of services may mitigate resource but differs by type of service and employment outcome
  - Accessing any service helps employment gain
  - Use of behavioral aide supports employment gain
  - Residential services protects against employment loss
  - Formal family services associated with consistent employment



# Summary

- Other characteristics also related to work engagement

## **Positively**

- Being male
- Being younger
- Having more education
- Having more children in the home
- Having older children

## **Negatively**

- Greater child internalizing symptoms
- Greater objective strain
- Having another caregiver in the home
- Having higher HH income
- Being African American



# Study Limitations

- Receipt of services can help improve employment outcomes, but working caregivers can better afford to pay for services, so causal direction is unclear.
- Caregivers served as informants for all variables, including service use. Future research should use independent sources of data.



# Conclusions

- Families need support as they care for children with EBD, to mitigate downward cycles of resource loss.
- Behavioral health services and family supports may increase participation in the paid labor force.
- Service providers should work to reduce work disruptions for caregivers as they engage them in services.



# References

- Achenbach, T.M., & Rescorla, L.A. (2001). *Manual for the ASEBA school-age forms & profiles*. Burlington, VT: University of Vermont Research Center for Children, Youth, & Families.
- Brennan, E. M., Brannan, A. M., Sellmaier, C., & Rosenzweig, J. M. (2015, May). *Employed parents of children receiving mental health services: Caregiver strain and work-life integration*. Paper presented at the Sixth International Community, Work and Family Conference, Malmö, Sweden.
- Brannan, A. M., Heflinger, C. A., & Bickman, L. (1997). The Caregiver Strain Questionnaire: Measuring the impact on the family of living with a child with serious emotional disturbance. *Journal of Emotional and Behavioral Disorders*, 5(4), 212-222.
- Brennan, E. M., & Brannan, A. M. (2005). Participation in the paid labor force by caregivers of children with emotional and behavioral disorders. *Journal of Emotional and Behavioral Disorders*, 13(4), 237-246.
- DeRigne, L., & Porterfield, S. (2010). Employment change and the role of the medical home for married and single-mother families with children with special health care needs. *Social Science and Medicine*, 70, 631-641.



# References--Continued

- DeRigne, L., & Porterfield, S.L. (2015). Employment change among married parents of children with special health care needs. *Journal of Family Issues*, (OnlineFirst DOI: 10.1177/0192513X15572368)
- Hobfoll, S. E. (2002). Social and psychological resources and adaptation. *Review of General Psychology*, 6(4), 307-324.
- Holden, E. W., Friedman, R. M., & Santiago, R. L. (2001). Overview of the National Evaluation of the Comprehensive Community Mental Health Services for Children and their Families program. *Journal of Emotional and Behavioral Disorders*, 9, 4-12.
- Korabek, K., Lero, D. S., & Whitehead, D. L. (Eds.). (2008). *Handbook on work-family integration: Research, theory, and best practices*. London, UK: Elsevier.
- Krivelyova, A., & Stephens, R.L. (2004). Caregivers of children in systems of care: Economic outcomes. Retrieved from:  
<http://digitallibraries.macrominternational.com/gsd/collect/cmhsdigi/index/assoc/HASHa63f.dir/doc.pdf>





# References--Continued

- Lahaie, C., Earle, A., & Heymann, J. (2012). An uneven burden: Social disparities in adult caregiving responsibilities, working conditions, and caregiver outcomes. *Research on Aging, 35*(3), 243-274.
- Lewis, S., Kagan, C., & Heaton, P. (2000). Dual earner parents with disabled children: Family patterns of working and caring. *Journal of Family Issues, 21*, 1031-1060.
- Ronis, S. D., Baldwin, C. D., Blumkin, A., Kuhlthau, K., & Szilagyi, P. G. (2015). Patient-centered medical home and family burden in Attention-Deficit Hyperactivity Disorder. *Journal of Developmental & Behavioral Pediatrics, 36*(6), 417-425.
- Stewart, L. M. (2013). Family care responsibilities and employment: Exploring the impact of type of family care on work-family and family-work conflict. *Journal of Family Issues, 34* (1), 113-138.