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

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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 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)
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

<table>
<thead>
<tr>
<th>Used service</th>
<th>Gained N = 1,099</th>
<th>Lost N = 1,356</th>
<th>No Employment N = 2,427</th>
<th>Employment BL &amp; 6 N = 2,427</th>
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<tr>
<th>Intern. Symp.</th>
<th>Gained N = 1,099</th>
<th>Lost N = 1,356</th>
<th>No Employment N = 2,427</th>
<th>Employment BL &amp; 6 N = 2,427</th>
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<tr>
<th>Obj. strain</th>
<th>Gained N = 1,099</th>
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<tr>
<th>Male CG</th>
<th>Gained N = 1,099</th>
<th>Lost N = 1,356</th>
<th>No Employment N = 2,427</th>
<th>Employment BL &amp; 6 N = 2,427</th>
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<tr>
<th>Age</th>
<th>Gained N = 1,099</th>
<th>Lost N = 1,356</th>
<th>No Employment N = 2,427</th>
<th>Employment BL &amp; 6 N = 2,427</th>
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<th>Educ.</th>
<th>Gained N = 1,099</th>
<th>Lost N = 1,356</th>
<th>No Employment N = 2,427</th>
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<tr>
<th>Afr. Amer.</th>
<th>Gained N = 1,099</th>
<th>Lost N = 1,356</th>
<th>No Employment N = 2,427</th>
<th>Employment BL &amp; 6 N = 2,427</th>
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<th># Children</th>
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<th>HH income</th>
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## Regression Results – Type of Service Use

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<th>Employment Outcomes</th>
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<tr>
<td></td>
<td>Gained $N = 1,099$</td>
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<tr>
<td>Behav. aide</td>
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<tr>
<td>Residential</td>
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<tr>
<td>Formal Fam.</td>
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<tr>
<td>Intern. Symp.</td>
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<tr>
<td>Obj. strain</td>
<td>+</td>
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<tr>
<td>Male CG</td>
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<tr>
<td>Age</td>
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<tr>
<td>Educ.</td>
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<tr>
<td>Afr. Amer.</td>
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<tr>
<td># Children</td>
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<tr>
<td>Oth. CG in HH</td>
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<tr>
<td>HH income</td>
<td>-</td>
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</table>
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


References--Continued


