

# Caregiver Assessment and Support: Two Ohio Projects

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# “A Caregiver Respite Strategy for the State of Ohio: Implementation and Evaluation”

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- Funded by an ACL Systems Integration grant through ODA
- Aim:
  - Test a model we designed in 2005 to explore the feasibility of incorporating **caregiver respite** into PASSPORT
- Objectives:
  - Design tools/methods
  - Evaluate tools, processes, and outcomes
  - How can we support caregivers using a respite strategy in the PASSPORT program?

# **“A Caregiver Respite Strategy for the State of Ohio: Implementation and Evaluation”**

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- Partnership with Ohio District 5 AAA
- 66 Caregivers (of 25 “New” enrollments and 41 “Ongoing” enrollments)
- 8 Case Managers; 9 Assessors (and other staff)
- August 1, 2013-September 29-2015 (allowed for up to Time 7 interventions)

# “Testing a Caregiver Assessment Tool with the Ohio Home Care Waiver Population”

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- Funded by ODM and OLTCRP
- Aim:
  - Revise, streamline and test the caregiver assessment designed and implemented in the PASSPORT Caregiver Respite Project
  - To be integrated into the Adult Comprehensive Assessment Tool for adults eligible for Medicaid nursing home level of care
- Objectives:
  - Evaluate assessment content and processes
  - Do the Caregiver Assessment content and processes capture information that can be used by case managers to enhance their work with waiver participants and their families?

# “Testing a Caregiver Assessment Tool with the Ohio Home Care Waiver Population”

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- Partnership with CareStar and CareSource, including CMs from Direction Home Akron Canton AAA
- 91 Caregivers (39 waiver participants also present)
- 21 Case Managers
- September 1, 2014-April 30-2015

# What is Respite?

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- “A break,” “time away,” “temporary relief or rest from caregiving activities” “temporary relief from caregiving responsibilities”
- Service... or OUTCOME?
- Each caregiver and family is different, and definitions of respite are personal and idiosyncratic.

# De Facto Respite

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- Much caregiver respite is “hidden in plain sight” in the consumer's care plan.
- Many services not designated as respite services are in fact experienced as respite. De Facto respite may be....
  - Incidental
  - Intentional
- Yet not driven by a thoughtful, thorough, person-centered caregiver assessment and support plan

# The Tools

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- Activities of Daily Caregiving
- Caregiver ADC capacity and limitations
- Caregiver self-assessment of stress and strengths
  - Rating *and naming*
- Informal/natural supports tool
  - Mobilize and/or shore up other informal supports
- Corresponding respite strategy (Caregiver Support Plan)



# Caregiver “Strain and Burden” Assessment Models

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- Use **common** items related to caregiver strain and burden
- Strengths absent
- Administer inventory or scale of those items
- Calculate score
- Categorize level of caregiver strain and burden

## THE ZARIT BURDEN INTERVIEW

Please circle the response the best describes how you feel.

	Never	Rarely	Sometimes	Quite Frequently	Nearly Always	Score
1. Do you feel that your relative asks for more help than he/she needs?	0	1	2	3	4	
2. Do you feel that because of the time you spend with your relative that you don't have enough time for yourself?	0	1	2	3	4	
3. Do you feel stressed between caring for your relative and trying to meet other responsibilities for your family or work?	0	1	2	3	4	
4. Do you feel embarrassed over your relative's behaviour?	0	1	2	3	4	
5. Do you feel angry when you are around your relative?	0	1	2	3	4	

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6. Do you feel that your relative currently affects our relationships with other family members or friends in a negative way?						
7. Are you afraid what the future holds for your relative?						
8. Do you feel your relative is dependent on you?						
9. Do you feel strained when you are around your relative?						
10. Do you feel your health has suffered because of your involvement with your relative?						
11. Do you feel that you don't have as much privacy as you would like because of your relative?	0	1	2	3	4	
12. Do you feel that your social life						

### Interpretation of Score:

0 – 21

little or no burden

21 – 40

mild to moderate burden

41 – 60

moderate to severe burden

61 – 88

severe burden

# OUR APPROACH:

From the common to the idiosyncratic

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- Guided self assessment
- Upside down or inside out assessment
- Start with a score, then *name* the items
- Getting to the personal and idiosyncratic
- Self-rated, self-identified, self-monitored, dynamic

# Caregiving Stress and Strengths

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- The caregiving situation creates a particular level of stress for the caregiver. **(Caregiving Stress)**
  - “On a scale of 1 to 10.....”
- Caregivers also bring a particular set of strengths to the caregiving situation. **(Caregiving Strengths)**
  - “On a scale of 1-10....”
- To achieve optimal care at home, caregiving stress should not exceed caregiving strengths. **(Keeping an optimal stress to strengths ratio)**



"And with 10 being the highest, you're sure you're only at a 6?"



"Please be gentle. I have a very low threshold for pain."

# How do we achieve the optimal Stress/Strengths Ratio?

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- Develop a Caregiver Support Plan
- Assessors and case managers respond to caregiver-identified sources of stress and need for strengths with corresponding interventions
- Well suited to (and designed for) the case management process and relationship

# So what did we learn?

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- Caregivers could rate their stress and strengths on a scale from 1 to 10



# So what did we learn?

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# So what did we learn?

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- Caregivers could name their particular sources of stress and their strengths
- Assessors and case managers could use ratings and sources to respond with services, referrals or other interventions
  - Within resource and policy restrictions

# So what did we learn?

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- Caregivers could name their particular sources of stress and their strengths
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  - Within resource and policy restrictions
- Caregivers changed their ratings according to changes in stress and strengths

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- Caregivers changed their ratings according to changes in stress and strengths
- Case managers responded accordingly

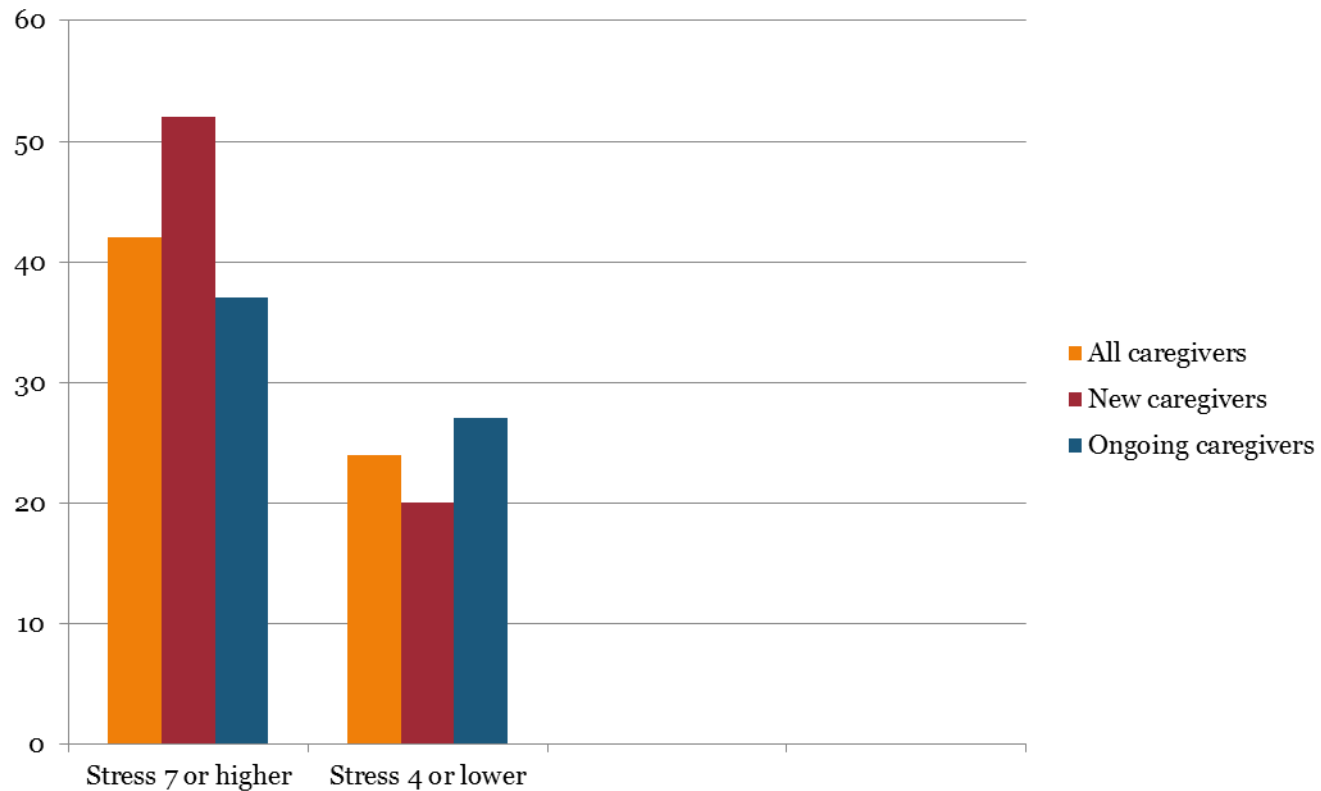
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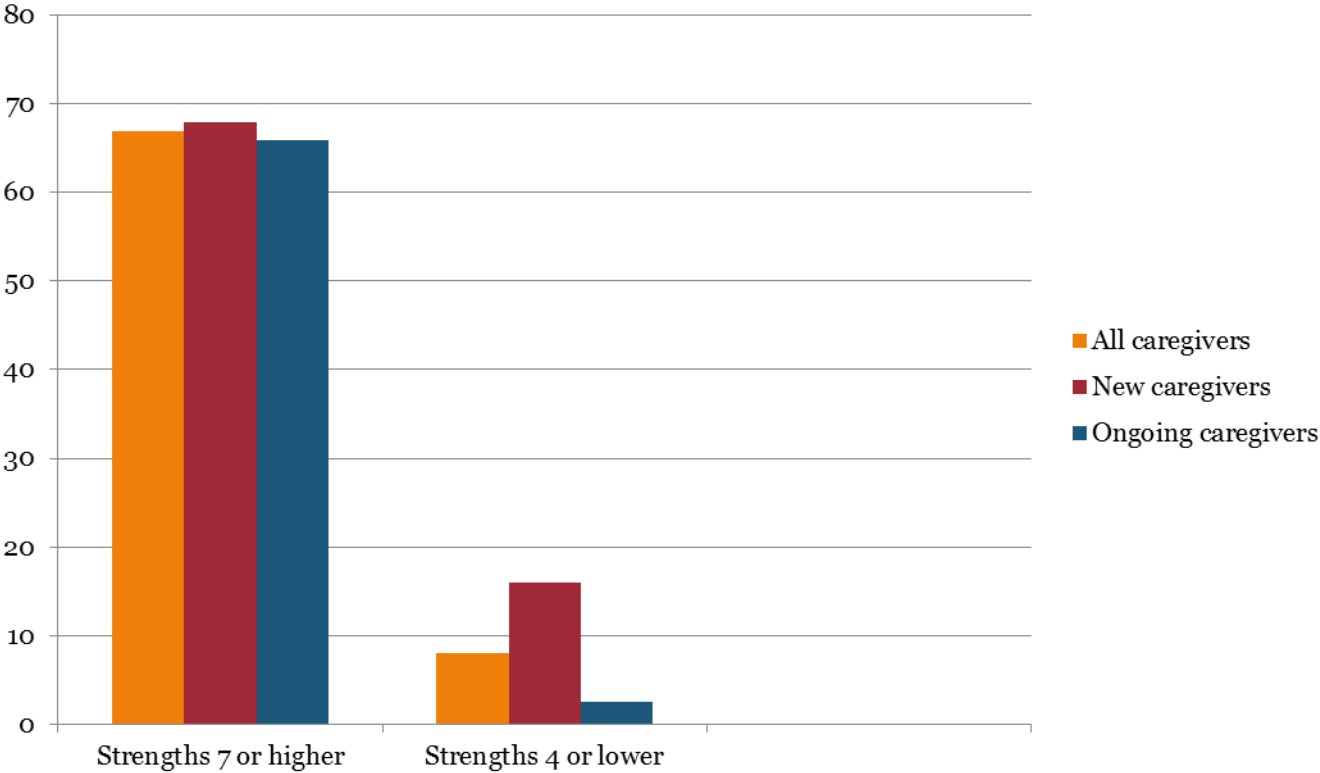
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  - Within resource and policy restrictions
- Caregivers changed their ratings according to changes in stress and strengths
- Case managers responded accordingly
- Caregivers experienced reduced stress and increased strengths

# Self-rated Stress

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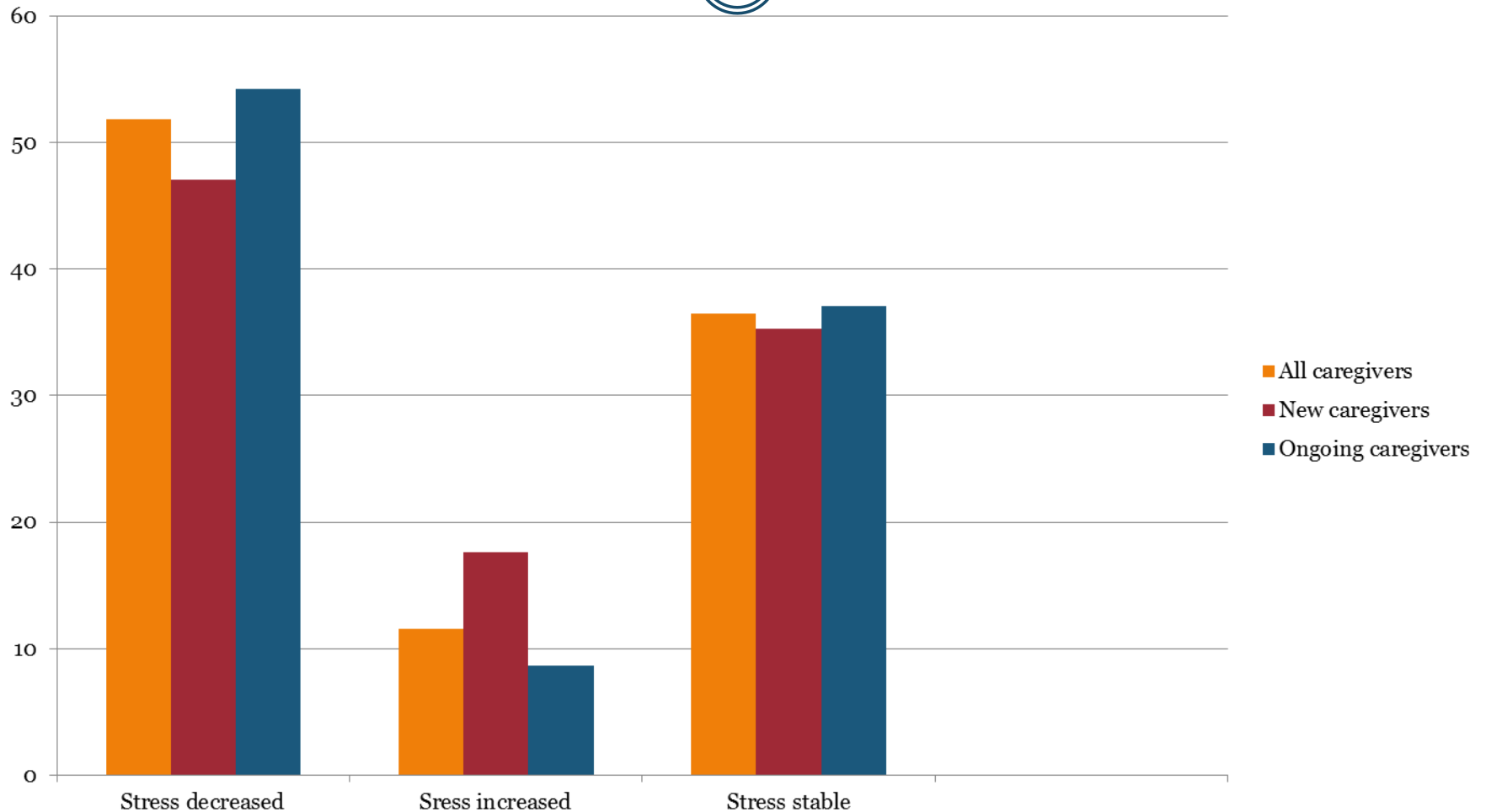


# Self-rated Strengths



# Percent change in stress: Time 1 to Time 2

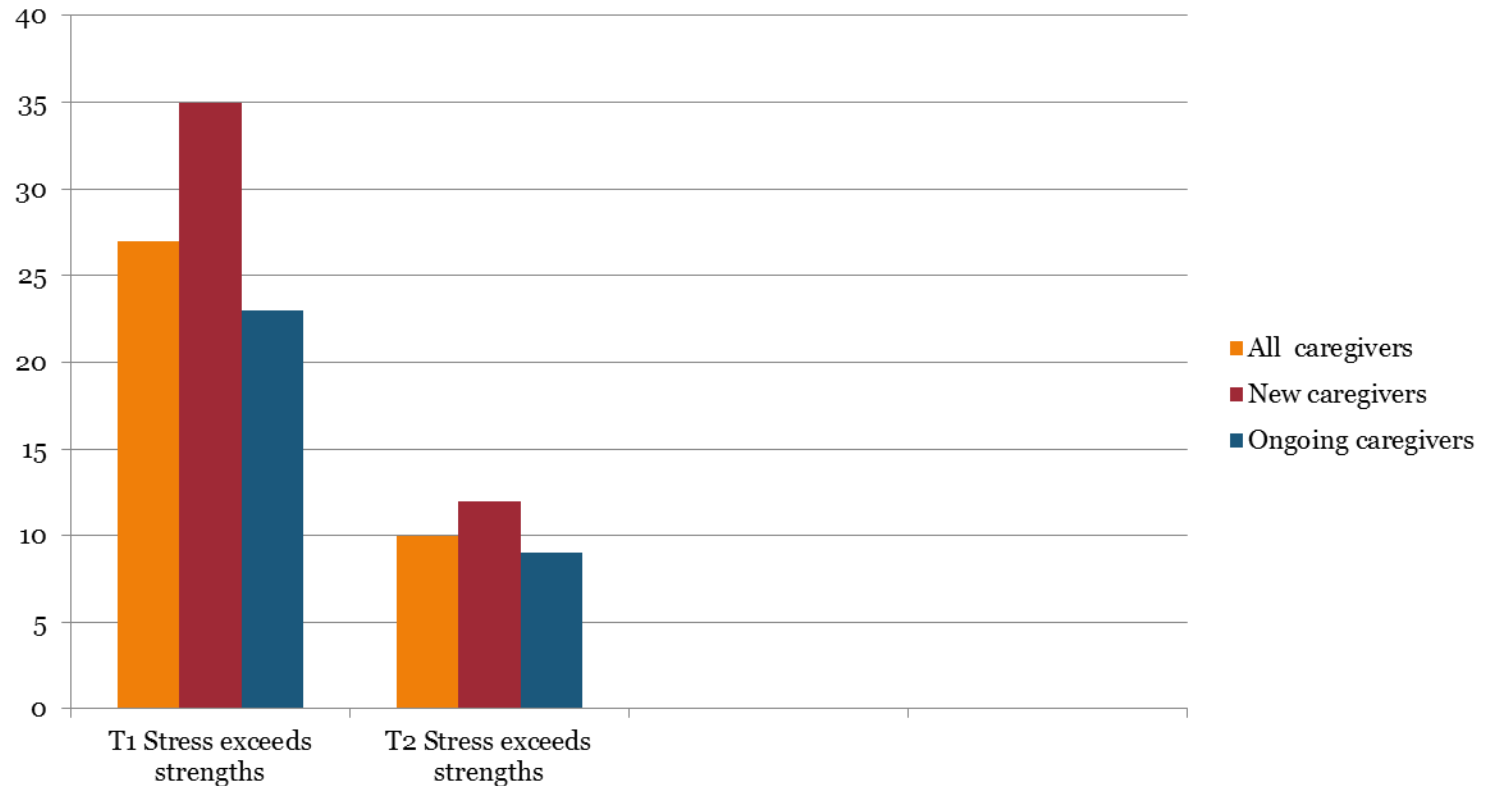
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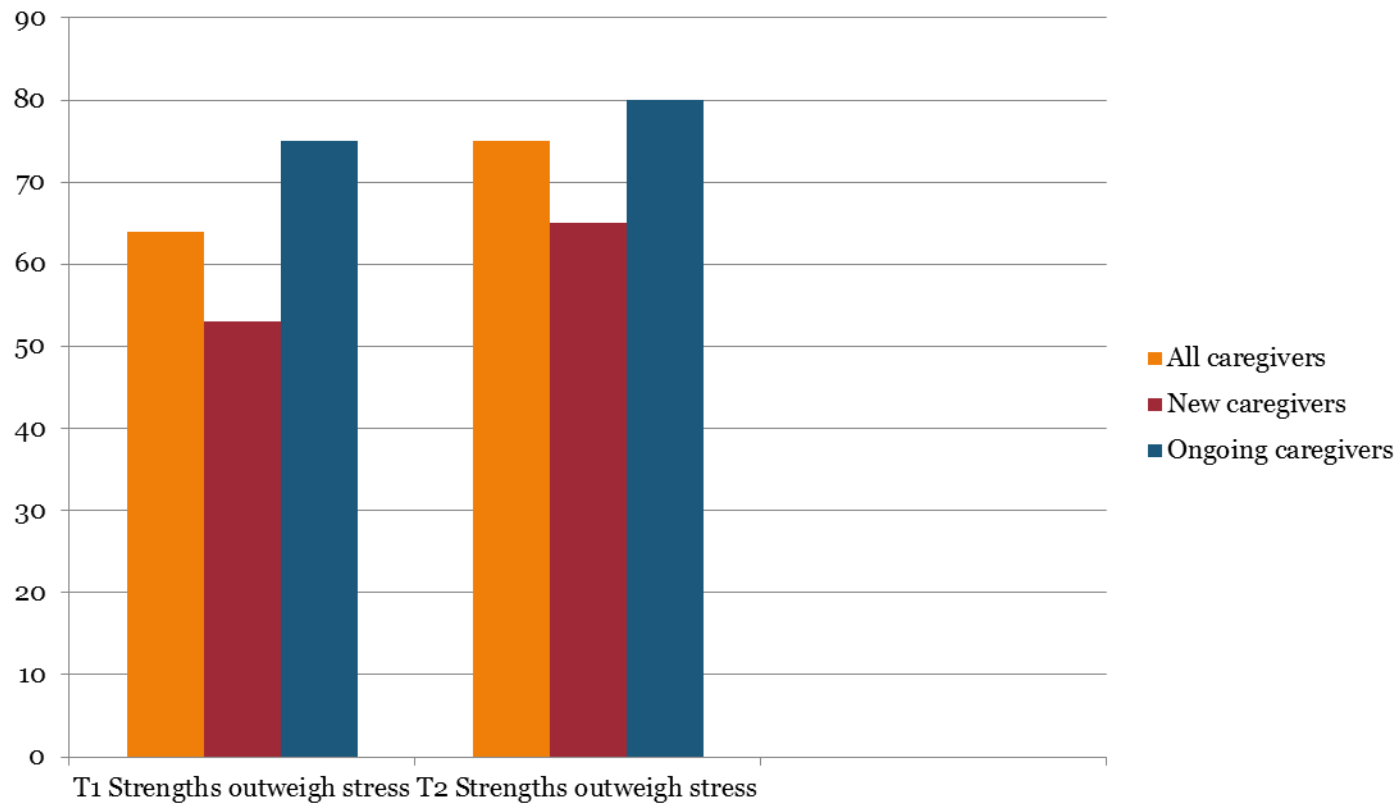
# Percent change in Stress/Strengths Ratio: Stress exceeds strengths

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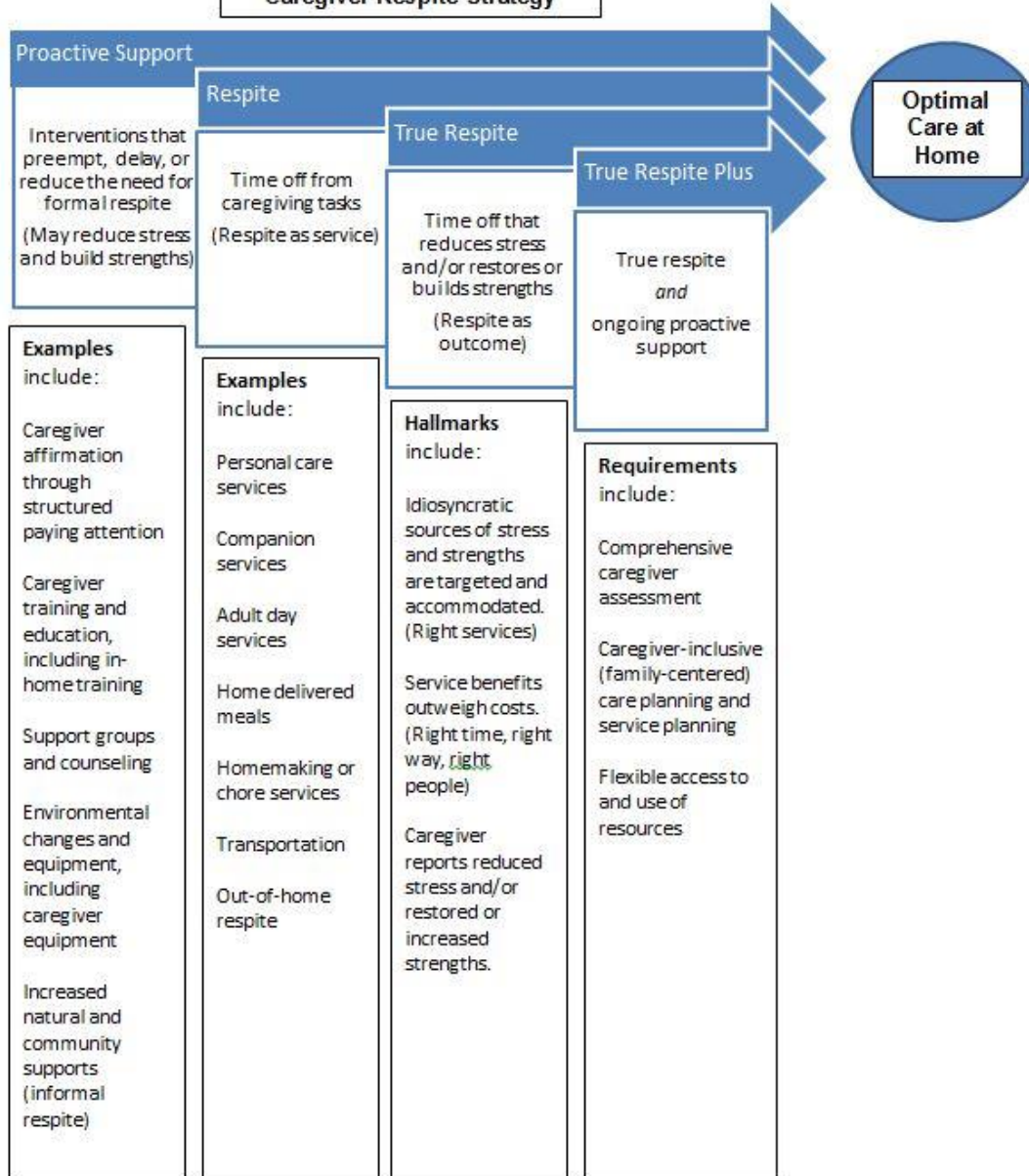


# Percent change in Stress/Strengths Ratio: Strengths outweigh stress

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## Caregiver Respite Strategy



# Caregiver Assessment with OHCW

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- Significant streamlining
- An added component
- Self-administered
  - Addresses privacy and time issues

# Concerns

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- Especially among OHCW case managers, strong concerns expressed:
  - Impact on workload
  - Caregivers not their clients
  - Adds another client
  - Responsible for outcomes they can't meet
  - May raise unreasonable expectations

# Now what?

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- AAA 5
  - Sustaining the approach with their PASSPORT consumers
    - ✦ Using streamlined tools
  - Proliferating to other AAA 5 programs
  
- Caregiver Assessment training

# Contact Information

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We'd love to hear from you.

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# References

Ciferri, W., McGrew, K., Mehdizadeh, S. (2005) Real Choices: A Caregiver Respite Strategy for the State of Ohio

<http://sc.lib.muohio.edu/bitstream/handle/2374.MIA/98/fulltext.pdf?sequence=1>

Zarit, S. H., Reever, K.E., & Bach-Peterson, J. (1980). Relatives of the impaired elderly: Correlates of feelings of burden. *The Gerontologist*, 20, 649-655.