Changing The Odds
Promoting wellness, strengths and improving access to services; A Case Study of resilience/happiness of CA-START East Bay Caregivers

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Abstract
Caregivers of children and adults with IDD/MH are at risk for caregiver fatigue and burnout. However, some caregivers reported being successful and happy as they demonstrate strength and coping known as resiliency. The aim of the study was to explore experiences of caregivers’ resilience and feelings of wellness. A qualitative examination of resilience/happiness using the Family/Member/Provider Interview Tool, the START Plan, the VIA Strengths Survey, and the Brief Resilience Scale (BRS) was provided. Findings include direction for START programs in targeting interventions that will meet the expressed needs of caregivers. Access, Appropriateness and Accountability as well as implications for START practice that fosters resilience and improved quality of life are discussed.

Introduction
START emphasizes the importance of caregivers’ strengths. These strengths are also often overlooked by service providers who tend to focus on the problems at hand. It is important to both identify strengths and encourage people to identify them in themselves. Caregivers of children and adults with IDD/MH are at risk for caregiver fatigue and burnout. However, some caregivers expressed feeling successful and happy as they demonstrate strength and coping known as resiliency. The process also involves actively and reflectively listening to concerns while providing hope that together, solutions can be identified, boosting the caregivers’ confidence in their ability to make positive change.

Six CA-START East Bay program caregivers were interviewed to assess the quality of life/resilience, and systemic/strengths at intake post-facilitated 3 months of START services were offered. Three assessments were used to interview the families.

1. The Resiliency System Stability Intensity (RSSI), which assesses the degree of intensity and stability of the START Action Plans at intake and following 3 months of START support and at most recent assessment.

2. Completed Brief Resilience Scale (BRS) after at least 6 months of START systemic support.

3. Completed Family Member/Provider Interview Tool after 6 months of START support.

Methods
Six CA-START East Bay caregivers were interviewed. The first completed the BRS and the second completed the Family Member/Provider Interview Tool. Six caregivers were included into the interview at intake, 12 caregivers into the intervention at 6 months, and 12 caregivers at post-intervention. The BRS was used to assess resiliency, and the Family Member/Provider Interview Tool was used to assess the quality of the participant's experience.

Results
When assessing System Stability/Intensity ratings on the 2021 START Plans for six caregivers selected, we found that overall system stability increased and intensity decreased at each quarter having the most statistically significant change from intake to 12 months. Additionally, as intensity decreased there was a correlation in reported improvement for the quality of life of that caregiver.

When we compared the number of strengths identified at intake to the number of strengths identified at the end of the START services, the average number of strengths identified increased, increasing from an average of 3.66 to an average of 5.5 strengths identified. We attribute this to an increase in resiliency and happiness when our general wellbeing improves. We can more clearly identify what’s strong.

Four caregivers completed the Brief Resilience Scale. The average BRS score being 5.04. Scores of 10-29 signify low resiliency, scores of 30-40 signify normal resiliency, and scores of 41-50 signify high resiliency.

From the Family Member/Provider Interview Tool, we were able to assess what services caregivers found most supportive; how START services impacted their wellbeing and resiliency, and the caregivers’ assessment regarding changes in their family member. Of the two caregivers interviewed, systemic, treatment planning, and therapeutic support were most highlighted. Overall, caregivers reported that START services made significant impacts towards stabilization, wellbeing, and creating a better outcome for their family members.

Conclusion
For START clinical teams, primary interventions consist of strengthening the caregivers’ ability to successfully engage individuals with IDD by focusing on wellness, strengths, improving access to services, identifying system gaps, and improving competencies. Before START involvement, caregivers reported life as tragic, unsafe, and traumatic. START services, such as psychoeducation, systemic outreach, treatment planning, and therapeutic support, were reported as critical and significant to creating a life where their family member was able to thrive. The data suggests that the START plan was a reporting measure to assess improvements in wellness, happiness, strengths, and resilience as evidenced by the increase in caregivers’ ability to support their family member and by an increase in reported quality of life as perceived by increased/decreased confidence. Through this study, it is complicated that access to appropriate services improves, collaboration between systems increase, and a positive therapeutic framework is implemented that caregivers experience increased happiness and resiliency over time.

Implications
When assessing for reported quality of life by caregivers, we utilized Question 5 under Section C: Perceived Support in the 2021 START Plan. This question became optional in the 2022 START Plan and, therefore, is not recorded in BRAT data. This made it difficult to track quality-of-life data reported by the caregiver utilizing the 2022 START Plan. It may be important to consider for the 2023 START Plan to update this question under the Level of Intensity Section or to make the three questions in the Perceived Support section in the 2022 START Plan mandatory for completion as it speaks to the therapist’s capacity to support. While our caregivers’ mean score on the Brief Resilience Scale indicated normal to high interpretation, it would have been beneficial to have obtained BRS scores at intake to determine improvement/baseline of resiliency.

We hope to further expand this study by including more participants, gathering BRS baseline scores at intake, and find more precise ways to measure the impact on happiness/resilience pre and post START Services.

Family Member Interview

Family Member Interview Tool Answer #2

Resiliency

 Seeing What’s Strong

Average Number of Strengths Identified by Caregivers

Methodology
Six CA-START East Bay caregivers were interviewed to assess the quality of life/resilience, and systemic/strengths at intake post-facilitated 3 months of START services were offered. Three assessments were used to assess the quality of life/resilience, and systemic/strengths.

1. The Resiliency System Stability Intensity (RSSI), which assesses the degree of intensity and stability of the START Action Plans at intake and following 3 months of START support and at most recent assessment.

2. Completed Brief Resilience Scale (BRS) after at least 6 months of START systemic support.

3. Completed Family Member/Provider Interview Tool after 6 months of START support.

Six of the six CA-START East Bay caregivers originally selected, four completed the Brief Resilience Scale (BRS) and two completed the START Family Member/Provider Interview Tool. All six caregivers’ START Plan assessments were used at intake, 12 Quarter, 24 Quarter, 36 Quarter, and 48 Quarter (if applicable).

References
