REQUIRING CHRONIC RESPIRATORY MANAGEMENT

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Objectives
The study was conducted to identify the characteristics of resilient caregivers of children with severe neurodisabilities who require chronic respiratory management. Differences in the psychological adjustment and coping styles of caregivers classified as resilient, overcontrolled and undercontrolled were also examined.

Methods
Design: Cross-sectional, correlational study.

Participants and Setting: 68 family caregivers of children receiving care at the Arkansas Center for Respiratory Technology Dependent Children outpatient clinic. All children had chronic pulmonary symptoms that required daily respiratory plans and all had either acquired or congenital neurodisabilities. Sixty-eight caregivers consented to participate in the study. All but one were women, and the sample ranged in age from 24 to 60. Over 75% of the participants were Caucasian; the rest were African-American.

Material and Methods: Consentng caregivers were given a packet containing the study questionnaires and these were returned to clinic staff. Study instruments included a personality measure of the Big Five Inventory of personality traits; the Connor-Davidson measure of resilience; the two-item depression screen on the Patient Health Questionnaire; and two measures of coping: the Family Crisis Oriented Personal Evaluation Scales (FACES) and the Coping Health Inventory for Parents (CHIPS).

Results
We conducted a cluster analysis of the Big Five personality measure to classify caregivers as a resilient prototype (N = 22), an overcontrolled prototype (N = 22) or as an undercontrolled prototype (N = 19), based on an a priori model of trait resilience. As depicted below, resilient caregivers were characterized by higher z-score averages on Agreeableness and Conscientiousness, and low z-score averages on Neuroticism. Undercontrolled caregivers had the highest z-score averages on Extraversion. Overcontrolled caregivers had the highest average z-scores on Neuroticism.

Resilient caregivers were significantly less Depressed on the PHQ2 screen (M = .05, SD = .22) than overcontrolled caregivers (M = 1.48, SD = 2.20). Resilient caregivers also had a significantly lower score on the PHQ item to screen for anxiety than undercontrolled caregivers (M = .38, SD = .59; M = 1.00, SD = .87; respectively). Resilient caregivers had a significantly higher score on the Conner-Davidson measure of resilience (M = 88.16, SD = 7.23) than Overcontrolled caregivers (M = 75.02, SD = 13.79). Resilient caregivers were significantly more likely to cope by maintaining social support, self esteem and psychological stability (as measured by the CHIPS; M = 32.14, SD = 7.73) than overcontrolled caregivers (M = 25.14, SD = 8.12). No other differences were found between the caregiver personality prototypes on the other coping measures.

Discussion
Results indicate that resilient characteristics may derive from common and normative personality traits. Resilient caregivers defined in this manner appear to have significantly lower levels of depression and anxiety than other caregivers. Resilient caregivers are also more likely to endorse resilient tendencies than caregivers who tend to have overcontrolled personality styles. Resilient caregivers are also more likely than overcontrolled caregivers to have supportive social relationships that help them cope and that maintain their self esteem. However, resilient caregivers may not differ from other caregivers in other coping behaviors, indicating that their ongoing and enduring personality style may have a greater influence on their ability to adjust than any single coping activity.

Conclusions
Although the study is limited by its cross-sectional nature and its reliance on self-report measures, the results indicate that trait resilience may be identified among family caregivers, and caregivers have characteristics associated with an overcontrolled personality style may be prone to distress and adjustment problems. This information may be useful in identifying family caregivers at risk for distress and for developing strategic programs for them.

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