

Caregiver Risk Screen

Guberman, Keefe, Fancey, Nahmiash & Barylak

Caregiver Risk Screen

Guberman, Keefe, Fancey, Nahmiash & Barylak

Caregivers' name

Care Receiver's name

Caregiver code

Assessor's name

Date of interview

This tool was created as part of the project “Development of Screening and Assessment Tools for Family Caregivers”. This project was supported by a financial contribution from the Health Transition Fund, Health Canada.

Both the Caregiver Risk Screen and the Caregiver Assessment Tool are available in French. The final report is available from the authors.

All partial or total reproduction of the tool is authorized on condition of citing and notifying the authors.

Layout of the Caregiver Risk Screen:

Martine Jutras-Legault, Le Pupitre de Martine enr.

Research Coodinators:

Jennifer Beeman (Montreal)

Mary Lou Robertson (Halifax)

Lucie Vezina (Quebec City)

THE CAREGIVER RISK SCREEN

Introduction

The *Caregiver Risk Screen* was developed as part of a national research project - *Development of Screening and Assessment Tools for Family Caregivers*¹. The purpose of the project is to establish a more comprehensive method of determining the situations and needs of family caregivers.

The *Caregiver Risk Screen* is a tool designed for use by home care agencies at intake, to determine whether a caregiving situation is "at risk" and the level of urgency required for intervention. This document provides a description of the *Caregiver Risk Screen*, the actual screen itself, and an agreement for its usage.

"At risk" means: a caregiver's physical and/or mental well-being is in jeopardy

 the care being provided is deteriorating

 if the intervention is delayed it could result in abuse, family breakdown, or a sudden interruption in the care provided by the caregiver

The screening interview lasts about 15 minutes. To maintain consistency each intake worker must complete the *Caregiver Risk Screen* exactly as it is presented in Sections 1 and 2. To help you understand the situations of caregivers and how this may affect the screening interview, please refer to the next page.

Section 1 This section is designed to gather basic information from the caregiver to establish the characteristics of her/his situation. The information helps inform the data collected in the rest of the screening tool and provides a more comprehensive understanding of the caregiving situation.

Section 2 The scale is the key component of this screening tool. It contains 12 questions and is designed to gather information from the caregiver that can help to identify if the caregiver's well-being is at risk and the priority that this intake requires for further assessment.

Explain to the caregiver that there are 12 statements, and that you will ask her/him the level to which she/he agrees or disagrees with that statement. Read each statement to the caregiver as it is worded.

Following each statement ask the caregiver if she/he agrees or disagrees with the statement. After the answer is given, ask the caregiver if she/he agrees (or disagrees) completely or somewhat. Circle the one number which corresponds to the answer provided by the caregiver.

¹Both a screening tool and a multi-dimensional assessment were developed in the first phase of the project. This guide focuses on the testing of the screening tool only. For more information on the assessment tool please contact Nancy Guberman (guberman.nancy@uqam.ca) or Janice Keefe (janice.keefe@msvu.ca).

UNDERSTANDING CAREGIVERS' SITUATIONS

Before conducting the *Caregiver Risk Screen* with caregivers, consider some of the factors that may impact on their situations, their feelings about their role, and their feelings about participating in a screening.

Many people do not identify themselves as “caregivers.”

Care relationships are built on prior experiences and relations between the caregiver (CG) and care receiver (CR) that continue after the CR becomes ill. Many caregivers do not see themselves as a “caregiver,” but rather as the mother, partner, son, or friend of the person receiving care.

Many caregivers have difficulty differentiating their own situation and needs from those of the care recipient.

It is important not to diminish the value of the caregiver’s perspective on the care receiver’s situation, but at the same time reassurance can be provided to the caregiver that she/he may also have needs which require attention.

Caregivers are often hesitant to use formal services and may be resistant to the screening

Fear of being judged on their caregiving, negative past experiences with formal services, personal values can all lead to hesitation in using formal services and accepting a screening. It is important to discuss the purpose of the screening openly.

Caregivers often have trouble identifying their own needs and asking for help from services

Since caregivers are rarely approached about their needs and are often totally focused on caregiving activities, it can be difficult to change the focus of their concern from the CR’s needs to their own. Be patient as caregivers consider these questions.

Caregivers often provide care in isolation with little support

Cutbacks in hospital beds and community programs have meant that most caregivers have few resources outside of home care to turn to for support, additional respite, or education.

Caregivers are each unique individuals who cope with situations differently

Each caregiver will have unique pressures and rewards derived from the caregiving situation. Each will draw on and provide care according to certain cultural, religious, or family values or beliefs.

Potential stressors for the caregiver also exist outside of the caregiving relationship

These stressors can impact on a caregiver’s level of burden. For example, elderly caregivers frequently have health problems, while younger caregivers often have additional family/work responsibilities.

The authors:

- **Nancy Guberman**, School of Social Work, Université du Québec à Montréal, C.P.8888, Succ. Centre-ville, Montréal, Québec H3C 3P8.
Phone: (514)987-3000 ext. 4520#; E-mail: guberman.nancy@uqam.ca
- **Janice Keefe**, Department of Family Studies & Gerontology, Mount Saint Vincent University, Halifax, Nova Scotia, B3M 2J6.
Phone: (902)457-6466; E-mail: janice.keefe@msvu.ca
- **Pamela Fancey**, Mount Saint Vincent University, Halifax, Nova Scotia, B3M 2J6.
- **Daphne Nahmiash**, (retired), École de service social, Université Laval, Ste-Foy, Québec, G1K 7P4
- **Lucy Barylak**, Caregiver Support Centre, CLSC René-Cassin, Côte St-Luc, Québec, H4W 2T5

CAREGIVER RISK SCREEN

Section 1-

Ask CG for information as required to verify information you may already have.

Caregiver's name

Telephone

Age

Sex

F M

1.1 Care Receivers' Name: _____

1.2 a) Relationship with CR: The Care Receiver is the _____ of the CG.

b) How long CG has been caring for CR? _____ weeks/ months/ years

1.3 Does CR live CG: Y N

If no: does he/she live alone? Y N

1.4 How often is CG caring for CR all the time
_____ hours per day/ week/ month

1.5 Language spoken at home: French English
 Other

1.6 Is the CR cognitively impaired? Y N

1.7 What made CG ask for services now?

Additional Comments

Section 2- Complete with caller

Read to the caller

Taking care of someone ill (or with loss of autonomy) can have consequences on the caregiver and their family. This is perfectly normal. We would like you to indicate whether you are in agreement or disagreement with the following statements about your situation. There are no good or bad responses. We ask you to reply as honestly as you can to enable us to understand what kind of services or support should be available to meet caregivers needs.

| | | Totally disagree | Somewhat disagree | Somewhat agree | Totally agree |
|------|---|------------------|-------------------|----------------|---------------|
| 2.1 | Caring for my _____ has negative effect on my physical health. | 0 | 1 | 2 | 3 |
| 2.2 | I am not coping well with my present situation. | 0 | 1 | 2 | 3 |
| 2.3 | I am more cut off from my regular social activities than before. | 0 | 1 | 2 | 3 |
| 2.4 | Taking care of my _____ has put a strain on my family relationships. | 0 | 1 | 2 | 3 |
| 2.5 | I will not be able to continue caring for _____ much longer. | 0 | 1 | 2 | 3 |
| 2.6 | Taking care of my _____ has put a strain on my relationship with him/her. | 0 | 1 | 2 | 3 |
| 2.7 | I feel that meeting the needs of _____ is no longer worth the effort. | 0 | 1 | 2 | 3 |
| 2.8 | I don't have a minute's break from caregiving | 0 | 1 | 2 | 3 |
| 2.9 | I do more than my share of caring compared to other family members or other members of my support system. | 0 | 1 | 2 | 3 |
| 2.10 | I feel depressed. | 0 | 1 | 2 | 3 |
| 2.11 | I feel I am losing control over my life because of my present situation. | 0 | 1 | 2 | 3 |
| 2.12 | In the past few months, I have increased my intake of alcohol, drugs or cigarettes. | 0 | 1 | 2 | 3 |

Total score:

| | |
|---------------|--|
| Intake Worker | |
| Date | |

