

# Clinical Task Instruction

## Delegated Task

### D-SP03: Caregiver Strain Index (CSI)

#### Scope and objectives of clinical task

This CTI will enable the Allied Health Assistant to:

- accurately collect and record information using a standard screening/assessment tool and procedure i.e. the Caregiver Strain Index (CSI) and/or Modified Caregiver Strain Index (MCSI)
- support the delegating health professional and multi-disciplinary team's assessment process for carers presenting with, or at risk of, carer strain
- provide education on carer support options available, if part of the local service model.

#### VERSION CONTROL

Version: 1.1

Reviewed: (Profession) Directors of Psychology, Directors of Social Work Date: 18/10/2022

Approved: Chief Allied Health Officer, Clinical Excellence Queensland Date: 13/02/2023

Document custodian: Chief Allied Health Officer, Clinical Excellence Queensland Review date: 13/02/2026

Acknowledgements: Mackay Hospital and Health Service

The CTI reflects best practice and agreed process for conduct of the task at the time of approval and should not be altered. Feedback, including proposed amendments to this published document, should be directed to the Office of the Chief Allied Health Officer (OCAHO) at: [allied\\_health\\_advisory@health.qld.gov.au](mailto:allied_health_advisory@health.qld.gov.au).

This CTI must be used under a Delegation framework implemented at the work unit level. The framework is available at: <https://www.health.qld.gov.au/ahwac/html/ahassist>

Prior to use please check <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp> for the latest version of this CTI.

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### Note: terminology in D-SP03

This CTI will use the term 'client' to refer to a person that is receiving a service from the delegating health professional. The term 'carer' will refer to the client's caregiver. It is acknowledged that in some instances the delegating health professional may be providing a service to the individual who is experiencing, or suspected to be experiencing, carer strain i.e. the 'client' and 'carer' are the same person. However, for clarity the CTI will assume the client and carer to be separate people.

## Requisite training, knowledge, skills and experience

### Training

- Training Completion of CTI D-WTS01 When to stop.
- Mandatory training requirements relevant to Queensland Health / HHS clinical roles are assumed knowledge for this CTI.

### Clinical knowledge

- The following content knowledge is required by an AHA delivering this task:
  - common signs, symptoms and problems associated with carer strain
  - the purpose and process for assessing carer strain using a standardised tool including scoring and recording of results for tools in the service including the CSI and/or MCSI
  - common strategies to reduce carer strain
  - If part of the local service model, workplace instructions, protocols, eligibility criteria and client resources to support access to services e.g. Carers Queensland, condition-specific organisations such as Dementia Australia, Cancer Council and local organised support groups.
- The knowledge requirements will be met by the following activities:
  - complete the training program/s (listed above)
  - reviewing the Learning resource.
  - receiving instruction from an allied health professional in the training phase.

### Skills or experience

- The following skills or experience are not identified in the task procedure but support the safe and effective performance of the task and are required by an AHA delivering this task:
  - Nil

## Safety and quality

### Client

- The AHA will apply CTI D-WTS01 When to stop at all times.
- In addition, the following potential risks and precautions have been identified for this clinical task and should be monitored carefully by the AHA during the task:
  - The client or carer may become upset during the interview. This may include signs of crying, hostility, avoidance or providing incongruent information. Pause the task and implement D-WTS01. Consider interviewing the carer privately (away from the person being cared for). If the

carer is unwilling or unable to continue the interview cease the task and liaise with the delegating health professional.

- The carer’s ability to participate may be impacted by pre-existing conditions including intellectual impairment, mental illness, neurological injury (stroke/cerebrovascular accident, acquired brain injury), mental illness or a history of drug and/or alcohol abuse. This information, including any required compensatory strategies should be included in the delegation instruction. If the carer’s presentation does not match the delegation instruction or includes signs of confusion, an inability to follow directions, answer questions or poor concentration, cease the task and liaise with the delegating health professional regarding these observations.
- Non-English speaking carers should complete the interview with the use of an interpreter and this should be included as part of the delegation instruction. Confirm the language spoken by the interpreter is one the carer is familiar with i.e. same dialect. The interpreter should be instructed to relay the questions and answers in a simple and objective manner which offers no additional assistance to the carer. Request the interpreter advise of any subtle or unintended changes to the meaning due to language or cultural factors. Note any variances in the instructions provided and the use of an interpreter as part of recording test results.

## Equipment, aids and appliances

- If the carer is not looking after an older adult, the situation is temporary or the carer responsibilities have ceased, cease the task and liaise with the delegation health professional.

## Environment

- The carer should be interviewed in a private and quiet room. Carers may feel uncomfortable being questioned with the person being cared for present. The decision to include or exclude the person being cared for is based on who is required to provide consent for the task and is part of the delegation instruction, if unclear, liaise with the delegating health professional prior to commencing the task.

## Performance of clinical task

### 1. Delegation instructions

- Receive the delegated task from the health professional.
- The delegating allied health professional should clearly identify parameters for delivering the clinical task to the specific client, including any variance from the usual task procedure and expected outcomes. This may include:
  - the required consents for the task i.e. client, carer or both
  - the reason for carer support e.g. recent client diagnosis
  - nature of the relationship with the client e.g. parent/child, spouse, nephew/niece or friend
  - support provided to the client physically, practically, emotionally and socially
  - length of time support has been provided
  - additional relevant information, including if the interview should be undertaken with or without the client present, the use of compensatory strategies or an interpreter

- if providing education on carer resources and/or local support groups the name of the resource, eligibility criteria, group and location/contact details.
- Note: the delegation instruction for this task may be provided directly from a health professional or as part of a local work instruction or clinical protocol e.g. carers for a particular client groups (cancer, dementia, rehabilitation) or as a repeat measure for monitoring purposes.

## 2. Preparation

- Collect the local recording form and a pen.
- Private interview room (if required).

## 3. Introduce task and seek consent

- The AHA introduces themselves to the client.
- The AHA checks three forms of client identification: full name, date of birth, **plus one** of the following: hospital unit record (UR) number, Medicare number, or address.
- The AHA describes the task to the client. For example:
  - “I have been requested to work through a short assessment with you to find out more about how your (relationship e.g. father, wife etc.) illness is affecting you.”
- The AHA seeks informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care, 2nd edition (2017).

## 4. Positioning

- The client's position during the task should be:
  - sitting comfortably in a supportive chair.
- The AHA's position during the task should be:
  - seated opposite or beside the carer.

## 5. Task procedure

- Explain and demonstrate (where applicable) the task to the client.
- Check the client has understood the task and provide an opportunity to ask questions.
- The task comprises the following steps:
  1. Introduce the task to the carer. “This is a list of things that other people have found to be difficult when caring for someone. I am going to read the list and ask you to provide a response.”
  2. Read each statement and response option. For each statement record the carer's response as “yes” if this is their experience or “no” if it is not their experience. If using the MCSI provide “Yes, sometimes” as a response option.
  3. Assign a score for each response.
  4. Total the scores by counting each response as per the tool criteria.
  5. Review the responses, noting any additional comments or concerns.
  6. If part of the delegation instruction or local protocol provide education to the carer using agreed resources and information, for example on support groups. See Learning resource section for more details.

- During the task:
  - questions may be verbally presented to the carer (in person or via the telephone) or the carer may complete the written form independently. If responses are given verbally the AHA should speak clearly and be respectful and avoid personal judgements or opinions. There should be adequate time allowed for responses. If additional information is provided to the standard responses this should be noted as this may assist in identifying possible solutions to reduce carer strain. For example, sleep may be disturbed due to frequent overnight toileting or worrisome thoughts.
  - check that the carer understands the information provided by asking if he/she has any questions and by gauging whether they appear confused or concerned about the information.
  - if providing standard education note any questions that the carer has that are not covered by the printed resource or by the AHA’s training and indicate to the client that these questions will be provided to the relevant health professional for follow-up.
  - monitor for adverse reactions and implement appropriate mitigation strategies as outlined in the Safety and quality section above including CTI D-WTS01 When to stop.
- At the conclusion of the task:
  - encourage feedback from the client on the task.
  - provide summary feedback to client, emphasising positive aspects of performance and areas to work on for example, “Your score is XX. Scores can tell us about the level of strain that you might be experiencing. I will provide your answers and score to (the delegating health professional) who will talk with your further about things we might be able to do to help.”
  - ensure the client is comfortable and safe.

## 6. Document

- Document the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures. Include observation of client performance, expected outcomes that were and were not achieved, and difficulties encountered or symptoms reported by the client during the task.
- For this task, the following specific information should be presented:
  - tool used (CSI or MCSI) and score, including additional comments noted.
  - any standard education provided as part of the delegation instruction or local protocol including the name of the resource and/or support group.

## 7. Report to the delegating health professional

- Provide comprehensive feedback to the health professional who delegated the task.

# References and supporting documents

- Queensland Health (2015). Clinical Task Instruction D-WTS01 When to stop. Available at: <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp>
- Queensland Health (2017). Guide to Informed Decision-making in Health Care (2<sup>nd</sup> edition). Available at: [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0019/143074/ic-guide.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0019/143074/ic-guide.pdf)
- Ramasamy MS, Ibrahim R, Madon Z, Arshat Z (2017). A validity study of Malay-translated version of the Modified Caregivers Strain Index Questionnaire (M-CSI-M). Journal of Business and Social Review in Emerging Economics. Available at: [www.researchgate.net](http://www.researchgate.net)
- Thornton M, Travis SS (2003). Analysis of the reliability of the Modified Caregiver Strain Index (MSCI). The Journals of Gerontology: Series B. 58 (2): S127-S132. Available at: <https://academic.oup.com/psychsocgerontology/article/58/2/S127/557835>

# Assessment: performance criteria checklist

## D-SP03: Caregiver Strain Index

**Name:**

**Position:**

**Work Unit:**

Performance criteria	Knowledge acquired	Supervised task practice	Competency assessment
	<i>Date and initials of supervising AHP</i>	<i>Date and initials of supervising AHP</i>	<i>Date and initials of supervising AHP</i>
Demonstrates knowledge of fundamental concepts required to undertake the task.			
Obtains all required information from the delegating health professional, and seeks clarification if required, prior to accepting and proceeding with the delegated task.			
Completes preparation for the task including local recording template and pen, separate interview room if required.			
Introduces self to the client and checks client identification.			
Describes the purpose of the delegated task and seeks informed consent.			
Positions self and client appropriately to complete the task and ensure safety.			
Delivers the task effectively and safely as per delegated instructions and CTI procedure. a) Clearly explains the task, checking the client's understanding. b) Reads each statement and records the carers responses on the recording form, including noting any additional comments or concerns. c) Assigns the score for each answer. d) Totals the scores by counting each response as per the tool criteria. e) Checks responses, including additional comments or concerns. f) If part of the delegation instruction or local protocol provides education using agreed, local resources and information, e.g. support groups. g) During the task, maintains a safe clinical environment and manages risks appropriately. h) Provides feedback to the client on performance during and at completion of the task.			
Documents the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures.			
Provides accurate and comprehensive feedback to the delegating health professional.			

**Comments on the local service model and resources used during the training phase:**

- Caregiver Strain Index (CSI)
- Modified Caregiver Strain Index (MCSI)

Agreed local education resources that the AHA has been trained and assessed to deliver.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Workplace instructions and protocols that the AHA has be trained and assessed to use as part of the service model

- \_\_\_\_\_
- \_\_\_\_\_

**Comments:**

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**Record of assessment competence:**

Assessor name:		Assessor position:		Competence achieved:	/ /
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**Scheduled review:**

Review date:	/ /	
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# Caregiver Strain Index: Learning resource

## Background

The CSI and MCSI assess 13 aspects of physical health, family finances, social interactions, time demands and employment. The CSI was developed to screen carers after hospital discharge of an elderly family member. The MCSI was shown to have slightly better internal reliability compared to the CSI in a study of long-term family carers from diverse racial/ethnic backgrounds (Thornton & Travis, 2003). It has been translated and validated for the Turks, Chinese and Malaysian (Ramasamy, Ibrahim, Madon and Arshat, 2017). The tool has not been validated for other ethnic groups, short term carers or those who are looking after younger adults/children. The ethnicity of the carer should be considered as part of the interpretation of results by the delegating health professional and should be noted.

## Required reading

- Alzheimer's association (2023). Caregiver stress. Available at: <https://alz.org/help-support/caregiving/caregiver-health/caregiver-stress>
- Australian Government (2023). myagedcare. Useful contacts for carers. Available at: <https://www.myagedcare.gov.au/caring-someone/useful-contacts-carers>.
- Mayo Clinic (2022). Healthy Lifestyle: Stress Management. Caregiver stress: Tips for taking care of yourself. Available at: <https://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/caregiver-stress/art-20044784>.
- Sullivan MT (2004). Caregiver Strain Index. *Dermatology Nursing* 16(4). Available at: <https://www.medscape.com/viewarticle/488917>.
- Local agreed education resources for carers including services

## Example carer support resources

A range of services are available to support carers. Often support services are associated with particular conditions e.g. cancer, dementia, disability mental health, hearing difficulties. Specific resources related to the client groups and carer supports in the local area should be reviewed as part of the training phase and recorded in the Performance Criteria Checklist. The following list is provided for learning purposes only and should be tailored to include resources that reflect the needs of the clients and carers relevant to the local service.

### Addiction and Mental Health

- Metro South Health (2014). Metro South Addiction and Mental Health Services: Family and Carer Support. Available at: [https://qheps.health.qld.gov.au/\\_data/assets/pdf\\_file/0035/594917/rg\\_carer.pdf](https://qheps.health.qld.gov.au/_data/assets/pdf_file/0035/594917/rg_carer.pdf).

### Alzheimers

- Alzheimer's Association: caregiver stress check. Available at: <https://alz.org/help-support/caregiving/caregiver-health/caregiver-stress-check>.

## Cancer

- Cancer Council Queensland (2019). Caring for yourself. Available at: <https://cancerqld.org.au/cancer-information/learn-to-cope/carer-support/>.

## Dementia

- Dementia Australia: Support. Families and carers. Available at: <https://www.dementia.org.au/support/in-your-region/qld>.

## General

- Queensland Government. Myagedcare (2023). Caring for someone at home. Available at: <https://www.myagedcare.gov.au/carers/caring-someone-home>

## Stroke

- Stroke Association (2021). Stroke a carer's guide. Available at: <https://www.stroke.org.uk/resources/carers-guide-stroke>
- Stroke Foundation (2015). Support needs of carers. Available at: <https://strokefoundation.org.au/Blog/2015/05/14/Support-needs-of-carers>.
- Stroke4Carers. Support for you the carer. Available at: [https://www.stroke4carers.org/?page\\_id=791](https://www.stroke4carers.org/?page_id=791).

