

The Modified Caregiver Strain Index (MCSI)

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WHY: Informal supporters provide the majority of long-term care to chronically disabled older adults. Caregiving has been recognized as an activity with perceived benefits and burdens. Caregivers may be prone to depression, grief, fatigue, financial hardship, and changes in social relationships. They may also experience physical health problems (Thornton & Travis, 2003). Perceived caregiver strain has been associated with premature institutionalization for care recipients along with reports of unmet needs. Screening tools are useful to identify families who would benefit from a more comprehensive assessment of the caregiving experience.

BEST TOOL: The Modified Caregiver Strain Index (MCSI) is a tool that can be used to quickly screen for caregiver strain with long-term family caregivers. It is a 13-question tool that measures strain related to care provision. There is at least one item for each of the following major domains: Financial, Physical, Psychological, Social, and Personal. This instrument can be used to assess individuals of any age who have assumed the caregiving role for an older adult. The Modified Caregiver Strain Index (MCSI) is a more recent version of the Caregiver Strain Index (CSI) developed in 1983. The MCSI was modified and developed in 2003 with a sample of 158 family caregivers providing assistance to older adults living in a community-based setting. Scoring is 2 points for each 'yes' and 1 point for each 'sometimes' response. The higher the score, the higher the level of caregiver strain (Travis et al., 2003; Thornton & Travis, 2003).

VALIDITY AND RELIABILITY: The internal reliability coefficient is slightly higher ($=.90$) than the coefficient originally reported for the CSI in 1983 ($=.86$). Two-week retest data for one-third of the caregiving sample ($n=53$) was available and resulted in a test-retest reliability coefficient of .88 (Thornton & Travis, 2003).

STRENGTHS AND LIMITATIONS: The MCSI is a brief, easy to use, self-administered instrument. Long-term family caregivers were not comfortable with the dichotomous choice on the CSI; the modified instrument provides the ability to choose a middle category response best suited to some situations (Travis et al., 2003). The MCSI clarifies and updates some of the items on the original instrument. The tool is limited by lack of a corresponding subjective rating of caregiving impact. Caregiver strain scores are not categorized as low, moderate, or high, so professional judgment is needed to evaluate by total score the level of caregiver strain. The tool effectively identifies families who may benefit from more in-depth assessment and follow-up.

FOLLOW-UP: The higher the score on the MCSI, the greater the need for more in-depth assessment to facilitate appropriate intervention. Additional items and further efforts to develop and test a set of subscales could enhance the applicability of the instrument for research and practice. The older adult care recipient's cognitive status and problematic behaviors should be assessed, as well as the caregiver's perception of role overload or deprivation in key relationships, goals, or activities. Family conflict, work role-caregiving conflict, financial strain, and caregiver social support are also important variables in the overall caregiving experience. Additional work with highly strained long-term caregivers who are receiving little or no formal services is indicated.

MORE ON THE TOPIC:

Best practice information on care of older adults: www.ConsultGerIRN.org.

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Modified Caregiver Strain Index

Directions: Here is a list of things that other caregivers have found to be difficult. Please put a checkmark in the columns that apply to you. We have included some examples that are common caregiver experiences to help you think about each item. Your situation may be slightly different, but the item could still apply.

	Yes, On a Regular Basis=2	Yes, Sometimes =1	No=0
My sleep is disturbed (For example: the person I care for is in and out of bed or wanders around at night)	_____	_____	_____
Caregiving is inconvenient (For example: helping takes so much time or it's a long drive over to help)	_____	_____	_____
Caregiving is a physical strain (For example: lifting in or out of a chair; effort or concentration is required)	_____	_____	_____
Caregiving is confining (For example: helping restricts free time or I cannot go visiting)	_____	_____	_____
There have been family adjustments (For example: helping has disrupted my routine; there is no privacy)	_____	_____	_____
There have been changes in personal plans (For example: I had to turn down a job; I could not go on vacation)	_____	_____	_____
There have been other demands on my time (For example: other family members need me)	_____	_____	_____
There have been emotional adjustments (For example: severe arguments about caregiving)	_____	_____	_____
Some behavior is upsetting (For example: incontinence; the person cared for has trouble remembering things; or the person I care for accuses people of taking things)	_____	_____	_____
It is upsetting to find the person I care for has changed so much from his/her former self (For example: he/she is a different person than he/she used to be)	_____	_____	_____
There have been work adjustments (For example: I have to take time off for caregiving duties)	_____	_____	_____
Caregiving is a financial strain	_____	_____	_____
I feel completely overwhelmed (For example: I worry about the person I care for; I have concerns about how I will manage)	_____	_____	_____

[Sum responses for “Yes, on a regular basis” (2 pts each) and “yes, sometimes” (1 pt each)]

Total Score =

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The Hartford Institute would like to acknowledge the original author of this *Try This*® issue: M. Terry Sullivan.

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