

## Exploring Psychosocial Dysfunction in Children of Caregivers with Chronic Disease

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### Introduction

Chronic diseases are defined by the Center for Disease Control (CDC) as conditions that last one or more years and require ongoing medical attention or limit activities of daily living or both. Caregiver mental illness has been identified as a risk factor for childhood traumatic experiences and childhood psychosocial dysfunction (CPD). However, not much has been reported on the impact of caregivers' chronic diseases such as diabetes, heart disease and cancer on CPD. Our project aims to explore the impact of caregivers' chronic disease on parenting and CPD.

### Methods

A pilot study surveyed patients of free clinics in the Inland Empire with chronic diseases who were caregivers of a child aged 4-17. To explore the impact of caregiver's disease burden on CPD, three validated measures were administered: 1) WHO Disability Assessment Schedule 2.0 (WHODAS-12) to measure parental disability, 2) FITS-P to measure parental toxic stress, and 3) the Pediatric Symptom Checklist to assess a child's psychosocial functioning. A regression analysis was used to determine whether CPD was related to parental toxic stress and chronic disease burden.

### Results

A total of 29 parents responded. The regression analysis showed the overall relationships between the variables were significant ( $R^2=.54$ ,  $f=15.48$ ,  $df=2(26)$ ,  $p<.001$ ), and indicated that 54% of the variance in scores on the PSC-17 were due to parental toxic stress and chronic disease burden. Parental toxic stress was uniquely predictive ( $p<.001$ ) of childhood psychosocial and behavioral disorders though chronic disease burden was not ( $p=.24$ ).

A comparative regression analysis was run to determine how scores on the PSC-17 were mediated by scores on the FIT-P and WHODAS-12. Patient responses were assigned to two groups: 1) Patients who scored above the mean ( $M=22$ ) were considered to be living with higher chronic disease burden, and 2) patients who scored a 3 or 4 out of 4 on the FITS-P were considered to have higher toxic stress. When disaggregated by scores, children of caregivers with high chronic disease burden and high toxic stress had high CPD scores. ( $R^2=.83$ ,  $f=9.96$ ,  $df=2(6)$ ,  $p=.03$ ).

### Conclusion

Our findings indicate that higher levels of caregiver chronic disease burden and toxic stress were causally related, and in turn causally related to CPD. These findings reveal a sequela of chronic disease that has not been explored, and suggests that holistic management of caregiver chronic disease burden should consider addressing its impact on their child's psychosocial functioning. Future studies are needed to better understand the complexities of the impact of caregiver chronic disease burden and their child's psychosocial development.



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