



AUTISM
HOME
BASE

CAREGIVERS 55+ SOCIAL WELLNESS PRACTICES REPORT

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Autism Home Base: Caregivers 55+ Social Wellness Practices Report

Autism Home Base (AHB) was established in 2012 as a social club for autistic adults and their caregivers. AHB provides social and recreational opportunities for these individuals in order to promote social interactions and relationships. However, aging parents, who are primary lifelong caregivers of their autistic children, face unique social barriers of their own. AHB would like to provide programs specifically designed for their membership of aging caregivers. The primary objective of this project is to empower these caregivers to prioritize their own mental and physical health by staying active and be socially engaged. This project marks the third time Trent University Durham-GTA has worked with AHB since 2017. This study consisted of three components:

- 1) Creation of a Caregivers 55+ Planning Committee.
- 2) A survey designed to provide information regarding the caregiver experience and used to guide the development of three sample programs that would promote social engagement, while increasing overall well-being in aging caregivers of adult autistic children.
- 3) Assessment of the effectiveness of four types of programs.

Methodology

Component 1: Caregivers 55+ Planning Committee

When this project was first announced in an AHB newsletter, nine AHB caregivers expressed interest in joining the Caregivers 55+ Planning Committee. Three additional individuals from outside the AHB membership expressed interest in joining the committee via the Caregivers 55+ Social and Wellness Practices survey (component 2). The final committee consisted of 12 caregivers over the age of 55 who met six times. The first three meetings involved reviewing the project and survey, discussing the survey results and planning project samplers. The final three meetings consisted of trying out the potential programs and providing feedback.

Component 2: Caregivers 55+ Social and Wellness Practices Survey

An online survey, consisting of 14 questions, was distributed to AHB members and other local older adult caregiver associations and groups via social media between November 2021 and January 2022. The 14 questions (see Appendix A) were comprised of five questions that provided information about the caregiver's gender identity, age, the age of the individual they cared for, how many years they had been a caregiver, and their relationship to the person they care for and nine questions that asked about physical activity, non-physical recreation, the level of independence of the person they cared for, and social connections. At the end of the questionnaire, three questions were added that allowed participants to express their interest in joining the Caregivers 55+ Planning Committee.

Participants

A total of 81 participants completed the online questionnaire. The majority of respondents (92.60%, $n = 75$) identified as female, five (6.17%) identified as male, and one individual (1.23%) did not wish to disclose their gender identity. With respect to age, 81.48% ($n = 66$) of respondents were 55-64 years of age, 17.28% ($n = 14$) were between 65-74, and 1.23% ($n = 1$) was between 75-84.

Component 3: Three Program Samples

Three program types were sampled by in-person and virtual attendees to study the impact on feelings of

connectedness and well-being. These programs were developed by the Caregivers 55+ Planning Committee in an effort to improve well-being and reduce feelings of social isolation in their members who are caregivers of adult autistic children.

The three program types were Wellness (supportive discussion seminar with a virtual facilitator), Mindfulness (drumming circle with a pre-recorded facilitator), and Physical (an introduction to boxing class with virtual facilitators). The Wellness Program included a variety of wellness exercises and discussion of a variety of topics led by an external virtual facilitator. The Mindfulness Program was a pre-recorded drumming session on YouTube that the members followed. Lastly, the Physical Program was run by an external virtual facilitator who taught the members a variety of boxing exercises.

Due to the ongoing COVID-19 pandemic, the participants were encouraged to participate virtually if in person attendance was not an option. The sample programs were chosen to provide aging caregivers with opportunities to be physically active, be socially engaged (i.e., reduce isolation), and improve overall well-being. Questionnaires and focus groups were conducted to assess the effectiveness of the sampled programs.

Participants

Different members of the Caregivers 55+ Planning Committee took part in each sample program. The Wellness Program included all 12 members whereas the Mindfulness Program included 10 members and the Physical Program included eight members.

Data Collection

A questionnaire was administered before and after each program, and a focus group was conducted at the end of each program, to assess program effectiveness. All focus group discussions were audio recorded and transcribed.

The pre- and post-program questionnaires consisted of four questions that measured levels of happiness, sense of connection to others, and physical and mental well-being. Response options ranged from 0 (not at all) to 10 (extremely), with higher scores indicating more positive levels. The post-program survey included two additional questions that measured level of engagement and how often caregiver members thought about the person they support as they participated in the program. Response options ranged from 0 (not at all) to 10 (extremely/all the time) with higher scores indicating more engagement and more frequent thoughts about the supported person.

The focus groups were facilitated by AHB staff and allowed program participants to elaborate on their experience (Can you tell me a bit more about your experience in this activity or elaborate on any of your responses to the questionnaire?). Focus groups were hosted through Zoom so that virtual program attendees could participate. Each focus group was audio recorded and transcribed verbatim.

Results

Component 2: Caregivers 55+ Social and Wellness Practices Survey

The Aging Caregiver

Out of the 81 caregivers who completed the survey, 72.84% ($n = 59$) said the person they care for was between 21-34 years of age. Of the remaining caregivers, 13.58% ($n = 11$) said that the person they care for was 35-49 years, 9.88% ($n = 8$) said under 21 years, and 4.94% ($n = 4$) said over 50 years. With respect to the length of time spent as a caregiver, the majority of respondents (83.95%, $n = 68$)

reported being a caregiver for more than 20 years. The remaining respondents reported being a caregiver between 11 and 20 years (9.88%, $n = 8$), between 5 and 10 years (3.70%, $n = 3$), between 1 and 4 years (1.23%, $n = 1$), and less than one year (1.23%, $n = 1$). Most respondents (90.12%, $n = 73$) said that they were a parent to the individual they cared for. Out of the remaining eight individuals, two reported caring for their parent and sibling. One reported caring for their parent, another for their spouse, and a third was caring for their child and spouse. Two of the remaining eight individuals said they were an extended relative to the person they care for and the last individual did not specify their relationship.

In summary, the survey indicates that the vast majority of caregivers were female parents between the age of 55-64 years, who are caring for an adult child between 21-34 years.

The Aging Caregiver: Their Experience and Lifestyle

Overall, results showed that the majority of surveyed aging caregivers (61.73%, $n = 50$) were the only one in their circle of friends who was a primary caregiver of a dependent individual. The next largest group (32.10%, $n = 26$) had a few friends who were primary caregivers. Lastly, six individuals (7.41%) reported that most of the people in their social circle were primary caregivers.

When asked to describe the level of independence of the person they support, the largest group of respondents (34.57%, $n = 28$) disclosed that they had to provide direct care for several hours a day. This was followed by 19.75% ($n = 16$) who said that the individual they cared for had a basic level of independence (e.g., wash, dress, feed) but could not do household tasks alone, 18.52% ($n = 15$) who said the individual needed consistent supervision but not direct care, 17.07% ($n = 14$) who needed some assistance but was primarily independent, and 3.70% ($n = 3$) who said they provided less than an hour of support per day.

Most respondents (49.38%, $n = 40$) indicated that they are checking in on the person they support 10 or more times per day. A slightly lower number (45.68%, $n = 37$) stated they checked in several times per day. The remaining 4.94% ($n = 4$) said that they check in on the person they care for once a day.

When asked to choose the top three factors that contribute to their ability to care for the individual that they support in the future, caregivers chose aging (69.14%, $n = 56$), a desire to focus on personal quality of life (49.38%, $n = 40$), and declining health (41.98%, $n = 34$) most often.

When asked about participating in physical activity for recreation, 43.21% ($n = 35$) of respondents reported being active for less than one hour per week, 16.05% ($n = 13$) for an hour to an hour and a half, 22.22% ($n = 18$) between 2 and 3 hours, and 18.52% ($n = 15$) for 4 or more hours. When caregivers were asked if they were with others when being physically active 18.52% ($n = 15$) said they were never with others, 37.05% ($n = 30$) reported that they rarely were, 30.86% ($n = 25$) said they were occasionally with others, 9.88% ($n = 8$) were with others most of the time, and 3.70% ($n = 3$) were always with others.

When asked about participating in non-physical recreation activities (e.g., reading), 25.93% ($n = 21$) reported they did so less than one hour per week, 18.52% ($n = 15$) reported between an hour and an hour and a half per week, 14.81% ($n = 12$) reported between two and three hours per week, and 40.74% ($n = 33$) reported they did so for four or more hours per week. When caregivers were asked if they were with others when doing non-physical recreation activities, 16.05% ($n = 13$) of respondents indicated never, 43.21% ($n = 35$) said rarely or occasionally (32.10%, $n = 26$), 4.94% ($n = 4$) said most of the time, and 3.70% ($n = 3$) said they were always with others when participating in non-physical

recreation with others.

Lastly, when caregivers were asked to describe their feeling of belonging or sense of community, 36.10% ($n = 30$) reported feeling relatively isolated and 28.90% ($n = 24$) said they had few close connections. Fewer caregivers (13.58%, $n = 11$) reported having a large circle of acquaintances and a few close friends whereas 11.11% ($n = 9$) reported having a large circle of acquaintances and no close friends (11.11%, $n = 9$). Only seven individuals (8.64%) reported having one person who they regularly connect with.

In summary, the majority of caregivers were the only one in their circle of friends who was a primary caregiver of a dependent individual. Most also indicated that the person they support required direct care for several hours a day and needed to be checked on 10 or more times per day. Aging, declining health, and a desire to focus on personal quality of life were the top three factors that were considered most when caregivers thought about their ability to care for the individual that they support in the future. The majority of caregivers also engaged in physical activity for less than one hour a week and rarely did so with others. In contrast, many caregivers reported engaging in non-physical recreation (e.g., reading) for four or more hours a week but also, rarely with others. Finally, the majority of caregivers indicated feeling isolated or having few social connections.

Component 3: Three Program Samples

Wellness Program

Dependent samples t -tests were used to compare pre- and post-program questionnaire scores for the Wellness Program. See Table 1 for means and standard deviations. Analyses showed:

- *No significant difference*, $t(10) = -1.36$, $p = .20$, in levels of happiness with a small effect size (Hedge's $g = -.39$).
- *No significant difference*, $t(10) = -2.06$, $p = .07$, in feelings of connectedness to others around them with a medium effect size (Hedge's $g = -.60$).
- *No significant difference*, $t(10) = .00$, $p = 1.00$, in terms of physical well-being.
- *No significant difference*, $t(10) = -2.04$, $p = .07$, in term of mental well-being with a medium effect size (Hedge's $g = -.59$).

Note that due to the nature of this program we would expect no change in physical well-being after taking part in the Wellness Program. Moreover, it is important to highlight that although there were no significant differences pre- and post-program with respect to levels of happiness, connectedness, and mental well-being, scores *increased* across all three aspects.

Table 1. Mean scores for the Wellness Program

Question Regarding:	Pre-Program		Post-Program	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Happiness	6.18	2.14	7.27	2.24
Connectedness	6.09	2.12	7.55	1.21
Physical well-being	6.36	2.73	6.36	2.11
Mental well-being	5.73	2.57	7.36	1.57

Note. Scores range from 0 – 10. Higher scores indicate greater levels.

Mindfulness Program

Due to unequal sample sizes in the pre- and post-program groups ($n = 8$ and $n = 9$, respectively), dependent t -tests could not be computed. However, a comparison of the mean scores (see Table 2) pre- and post-program indicate:

- An *increase* in level of happiness.
- An *increase* in feelings of connectedness.
- An *increase* in physical well-being.
- An *increase* in mental well-being.

In general, committee members reported experiencing increased levels of happiness, connectedness, physical well-being, and mental well-being after participating in the Mindfulness Program.

Table 2. Mean scores for the Mindfulness Program

Questions Regarding:	Pre-Program		Post-Program	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Happiness	5.71	1.38	7.29	1.89
Connectedness	6.29	1.80	7.86	1.86
Physical well-being	5.71	1.11	7.14	1.86
Mental well-being	5.86	1.35	7.14	2.48

Note. Scores range from 0 – 10. Higher scores indicate greater levels.

Physical Program

Dependent samples t -tests were used to compare pre- and post-program questionnaire scores for the Physical Program. See Table 3 for means and standard deviations. Analyses showed:

- A *significant increase*, $t(7) = -3.07$, $p = < .05$, in happiness with a large effect size (Hedge's $g = -1.03$)
- *No significant difference*, $t(7) = -1.37$, $p = .21$, in connectedness with a small effect size (Hedge's $g = -.46$).
- A *significant increase*, $t(7) = -4.95$, $p = < .05$, in physical well-being with a very large effect size (Hedge's $g = -1.66$).
- A *significant increase*, $t(7) = -4.46$, $p = < .05$, in mental well-being with a very large effect size (Hedge's $g = -1.49$).

In summary, these findings indicate that committee members experienced a significant increase in happiness, physical well-being, and mental well-being after taking part in the Physical Program. Although not statistically significant, members also felt an increase in levels of connectedness after completing the Physical Program.

Table 3. Mean scores for the Physical Program

Questions Regarding:	Pre-Program		Post-Program	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Happiness	6.00	1.60	8.13	.99
Connectedness	6.44	1.50	7.38	1.19
Physical well-being	4.88	1.64	7.75	.46
Mental well-being	5.63	1.41	8.00	.54

Note. Scores range from 0 – 10. Higher scores indicate greater levels.

Program Comparison

Analyses were conducted to explore whether there was a significant difference among levels of engagement and thoughts of the supported person between the three sample programs. An analysis of variance (ANOVA) showed no significant differences, $F(2,23) = 2.29, p = .12$, in levels of engagement among the three sample programs. This indicates that committee members who participated in the Wellness Program felt as engaged as those who participated in the Mindfulness Program and those who participated in the Physical Program. However, a second ANOVA showed a significant difference, $F(2,23) = 4.92, p < .05$, in how often the committee member thought about their adult autistic child during each activity. This means that the sample programs acted differently with respect to how often the committee member thought about their child. Post-hoc analyses revealed that, on average, committee members who participated in the Physical Program thought about their adult autistic child significantly less ($M = 1.38, SD = 1.30$) than committee members who participated in the Wellness Program group ($M = 5.18, SD = 3.22$); the Mindfulness Program was somewhere in between ($M = 2.29, SD = 3.20$). This suggests that, if the purpose of the program is to help the caregivers focus on themselves and the activity, the Physical Program is a better choice than the Wellness Program. The Mindfulness Program would not be considered worse than the Physical Program or better than the Wellness Program.

Post-Program Focus Groups

Transcripts of the focus groups were analysed to determine the themes that characterized the committee member's experience in the three sample programs. First, the transcripts were reviewed and the topics that were discussed most frequently were identified. Then codes for these topics were created (e.g., immersion) and corresponding descriptors (e.g., focused, present in the moment) for the codes were created. These codes were further refined until there was a single code that represented the main theme in the transcripts: immersion. Each transcript was then reviewed a final time. Verbatim quotes were used to help illustrate committee member experiences.

Based on the transcripts, immersion was described as: focused, present in the moment, challenged, difficulty, introspection, self-reflection, self-awareness, self-interest, and concentration. The theme of immersion was prominent in the transcripts of all three of the focus groups when committee members discussed their experience when taking part in the sample programs.

Theme: Immersion

For many individuals, it can be challenging to focus on their immediate surroundings or be present in the moment. For aging caregivers, this may be related to the person they support. The initial survey

results indicate that the majority of respondents check on the individual they support 10 or more times a day. Thus, for the committee members, thoughts of their adult autistic child are frequent and a way to momentarily escape these thoughts is to be immersed in an activity.

One committee member said, “I find it's [...] almost like a [...] mindfulness exercise because you're so focused on trying to get - to keep the rhythm right that you [...] don't worry about other stuff” (Mindfulness Program Focus Group, Speaker 8).

This demonstrates that the Mindfulness Program (i.e., drumming circle) required focus and discipline to remain on rhythm and this kept the committee member from thinking about their adult autistic child and instead, allowed for a sense of immersion in the activity.

Similarly, another committee member said, “I was just focused on her and trying to follow her hands and what she was saying and that was all I was focused on, so it was good” (Mindfulness Program Focus Group, Speaker 5).

Again, this suggests that the committee member was entirely focused on the drumming circle activity, perhaps because it was challenging to follow the hand motions, and that this sense of immersion made them feel good. Another committee member indicated that activities beyond their skill level help them be immersed:

“It kind of takes everybody out of their element a little bit, so you [...] have to concentrate. You do have to think about it sort of thing, 'cause if it was just - I don't know what it would be like if it was just getting together and playing euchre. Well, yeah, we do that all the time and you can still do that and still have in the back of your mind all your worries and cares and concerns whereas with the boxing, it's something new that you need to concentrate on” (Physical Program Focus Group, Speaker 5).

This illustrates how novel activities are more challenging and require greater concentration, which may help with immersion because of the need to focus on the task at hand, which makes it difficult to think about the person they support. Taken collectively, the data indicates that when the activity is novel and caregivers found it challenging, greater focus was required which led to an overall sense of immersion in the activity. Even when reflecting on a Wellness Program, a committee member stated:

“You know, and I do feel better, and I think it's because we never think about ourselves, ever. So, this is an opportunity for us to think about just ourselves, not our kids, not our husband. Ourselves. So, I think that's really important because we never do it” (Wellness Program Seminar Focus Group, Speaker 6).

This suggests that any activity that requires self-reflection or focus from the caregiver may help to reduce time spent thinking about the person they support. As the committee member above suggests, they rarely have the opportunity to focus on themselves.

Conclusion

In conclusion, the creation of the Caregivers 55+ Planning Committee led to the sampling of three types of programs designed to increased levels of happiness, feelings of connectedness, and physical and mental well-being of participants in different ways. Our findings suggests that this was achieved.

Limitations

- The structure of the three programs was not consistent (e.g., live facilitators were not present at

each activity), which could result differences in quality and affect our measurement. For example, it is possible that committee members had higher levels of engagement in a program due to the presence of a live facilitator (introduction to boxing class) compared to those with a pre-recorded facilitator (drumming circle).

- The same committee members did not participate in each of the three programs so a true comparison across all three programs was not possible. As a result, our findings regarding the level of engagement and thoughts about the cared for individual across the three programs are not based on the same individuals' experiences and perspectives.
- As this was a pilot project, the sample sizes for each program were small, which can make it difficult to detect a significant difference (e.g., drumming circle) between pre- and post-program levels in our variables of interest. However, it is important to note that we did detect significant differences for the Physical Program despite the small sample size. This speaks to the effectiveness of this program in particular.

Summary and Recommendations

- AHB continues to demonstrate success in their efforts to improve the quality of life of their members by introducing effective programs.
- The Physical Program *significantly improved* self-reported feelings of happiness, connectedness to other members in the program, and physical and mental well-being for members who participated.
- Despite a lack of statistical significance, the Wellness Program and Mindfulness Program also *increased* self-reported feelings of happiness, connectedness to other members in the program, and physical and mental well-being for members who participated.
- Our qualitative findings also suggest a *great benefit* of the programs is the feeling of *immersion* by those who participated, which allowed them to experience a mental break from their role as a caregiver. In particular, the programs that were *novel and physically* challenging (Mindfulness Program and Physical Program) appear to be most effective in promoting a sense of immersion in the activity.
- Our findings also suggest that the Wellness Program served a useful purpose that was inherently different than the Mindfulness Program and the Physical Program. As a result, it is possible that the questionnaire did not accurately measure all the benefits experienced by the individuals who participated in the Wellness Program. Moving forward, it would be useful to further evaluate types of Wellness Programs with different goals in mind (e.g., benefits of sharing experiences with other aging caregivers of dependent individuals).

Appendix A

Caregivers 55+ Social and Wellness Practices Survey

1. What is your gender?
 - a. Female
 - b. Male
 - c. Would prefer not to say
 - d. Other
2. What is your age?
 - a. 55-64
 - b. 65-74
 - c. 75-84
 - d. 85-94
 - e. 95+
3. What is the age of the individual that you're caring for?
 - a. Under 21
 - b. 21-34
 - c. 35-49
 - d. Over 50
4. How long have you been a caregiver for the individual indicated above?
 - a. More than 20 years
 - b. 11 to 20 years
 - c. 5 to 10 years
 - d. Less than 1 year
 - e. 1 to 4 years
5. What is your relationship to the person you are caring for?
 - a. Parent
 - b. Extended relative
 - c. Sibling
 - d. Friend
 - e. Other: please specify below.
6. Thinking about your social connections, which of the following best describes you.
 - a. I'm the only one in my circle who is a primary caregiver
 - b. I have a few in my circle who are primary caregivers
 - c. Most of the people in my social circle are primary caregivers
7. Thinking about the person you provide care for, what's their level of independence?
 - a. Need direct support several hours per day
 - b. Wash/dress/feed themselves, but can't independently care for household things
 - c. Need consistent supervision, but not direct care
 - d. Some help with activities of daily living, but otherwise independent
 - e. Need someone checking in on them, fairly independent
 - f. Less than one hour of direct support a day
8. Thinking about the person you provide care for, how many times do you check in on them?
 - a. Once a day
 - b. Several times a day
 - c. 10 or more times a day
9. What factors do you think contribute to your ability to care for this individual in the future? Please choose your top three unless you've selected option (a)
 - a. No immediate concern, not something I'm considering right now
 - b. Aging
 - c. Desire to focus on personal quality of life
 - d. Declining health
 - e. Economics
 - f. New or other responsibilities
 - g. Other priorities (e.g., own aging parent)

10. How many hours per week do you spend being physically active for recreation, as opposed to caregiving or household duties (e.g., cleaning house)?
 - a. Less than 1 hour
 - b. 1 to 1.5 hours
 - c. 2 to 3 hours
 - d. 4+ hours
11. When spending time being physically active for recreation, are you with others?
 - a. Never with others
 - b. Rarely with others
 - c. Sometimes/occasionally with others
 - d. With others most of the time
 - e. Always with others
12. Other than social media, how many hours per week do you spend on non-physically active recreational activities (e.g., reading, crafting, writing, knitting, games, etc.)?
 - a. Less than 1 hour
 - b. 1 to 1.5 hours
 - c. 2 to 3 hours
 - d. 4+ hours
13. When spending time on non-physically active recreational activities, are you with others?
 - a. Never with others
 - b. Rarely with others
 - c. Sometimes/occasionally with others
 - d. With others most of the time
 - e. Always with others
14. How would you describe your “feeling of belonging” or “sense of community”?
 - a. I feel pretty isolated
 - b. I have a few close connections I spend time with
 - c. I have a large circle of acquaintances but no one I’m very close with
 - d. I have a large circle of acquaintances but a few close friends
 - e. I regularly connect with one person

Appendix B

Pre-Program and Post-Program Questionnaire

Please respond to the following questions using the rating scale below. Circle the response that best applies to you, right now.

1. How happy do you feel in this moment?

0	1	2	3	4	5	6	7	8	9	10
Not at all					Neutral					Extremely

2. How connected do you feel to those around you or with the other individuals in the group?

0	1	2	3	4	5	6	7	8	9	10
Not at all					Neutral					Extremely

3. How good do you physically feel right now? You may want to consider any aches, tension, fatigue, or other bodily sensations that you experience.

0	1	2	3	4	5	6	7	8	9	10
Not at all					Neutral					Extremely

4. How good do you mentally feel right now? You may want to consider feelings of relaxation, calmness, restoration, etc.

0	1	2	3	4	5	6	7	8	9	10
Not at all					Neutral					Extremely

Questions added to the post-program questionnaire

5. How immersed or engaged were you during this activity?

0	1	2	3	4	5	6	7	8	9	10
Not at all					Neutral					Extremely

6. How often did you think about the individual you care for (child) in the last half hour?

0	1	2	3	4	5	6	7	8	9	10
Not at all					Neutral					All the time

Appendix C
Immersed Code
Total number of references: 5

Code description: Focused, present in the moment, challenged, difficult, introspection, self-reflection, self-aware, self-interest, concentration

Focus Group	Speaker	Reference
1	6	You know, and I do feel better, and I think it's because we never think about ourselves, ever. So this is an opportunity for us to think about just ourselves, not our kids, not her husband. Ourselves. So I think that's really important because we never do it
1	8	The focus is always on my son and you get so used to being able to respond to those kind of questions and categorizing things of you know what's going on with him or whatever that to try and like Julie said, put a list together or to write something about me. It's hard. You know? So I I actually found that one challenging. So I think it's good, it's worthwhile. You know?
2	8	I find it's it's almost like a a mindfulness exercise because you're so focused on trying to get to keep the rhythm right that you you don't worry about other stuff
2	5	I was just focused on her and trying to follow her hands and what she was saying and that was all I was focused on so it was good.
3	4	I enjoyed the the drumming and this boxing session and even though one was physical and the other was was not, I found they were both very engaging, very. They made you focus and get away from your own worries and that's what I liked about them.
3	5	So it kind of takes everybody out of their element a little bit, so you you have to concentrate you do have to think about it sort of thing 'cause if it was just I don't know what it would be like If it was just getting together and playing euchre. Well, yeah, we do that all the time and you can still do that and still have in the back of your mind all your worries and cares and concerns whereas with the boxing, it's something new that you need to concentrate on
3	5	We were really working out because you're busy thinking 5-6, step. You're not really thinking oh that hurts and my arms are tired, oh, how much longer?