

A qualitative evaluation of an innovative resilience-building camp for young carers

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ABSTRACT

Young carers are at increased risk of developing mental health and social problems. The objective was to pilot a camp-based resilience-building programme for young carers. Twelve young carers (12 to 14 years) recruited from Carers Queensland attended a 3-day resilience-building camp adapted from the Resourceful Adolescent Program. One month after the camp, carers participated in a semi-structured telephone interview. Thematic analysis was used to analyse the data. Two key themes emerged. The first, coping self-efficacy, included subthemes of affect regulation, interpersonal skills, and recognition of strengths and coping ability. The second key theme, social benefits, included opportunities for respite and social engagement. Overall, participants reported enjoying the camp and would recommend it to other young carers, yet they were able to provide some suggestions to improve future camps. Implementing an integrative resilience-building program such as the Resourceful Adolescent Program in a camp format shows promise as a way of both engaging and benefiting young carers, as well as selective populations more generally.

INTRODUCTION

Estimates from population-based data suggest that 109 399 young Australians aged between 15 and 19, and 98 802 aged less than 14 years provide care to an adult in the family home (Cass *et al.* 2009). While definitions may vary internationally, in Australia, a young carer is defined as a person aged between 10 and 24 years who provides formal or informal care for an adult with a chronic physical or mental illness (Cass *et al.* 2009), or substance dependence (Moore *et al.* 2009). Young carers may have additional responsibilities, including the provision of personal care, emotional support and supervising younger siblings (Cass *et al.* 2009). These additional responsibilities have been associated with an increased sense of stress and burden (Bolas *et al.* 2007), poor mental health outcomes and social isolation (Cass *et al.* 2009).

Despite these risks, not all young carers experience adverse outcomes. Cross-sectional research has concluded that young carers who appraise their situation as being manageable and who possess good social support

and coping strategies experience significantly lower distress and better adjustment than those without these protective factors (Pakenham *et al.* 2007). Despite this promising finding, no interventions have been developed to increase social support, coping self-efficacy and coping strategies in young carers. The purpose of this study is to pilot and qualitatively evaluate a resilience-building camp for young carers. The intervention is based on the Resourceful Adolescent Program (RAP-A; Shochet *et al.* 1997), which is a strength-focused resilience-building programme that is aimed at promoting coping. The programme has been successfully applied with community samples but has not previously been implemented with this selective at-risk population and in a camp format.

YOUNG CARERS' PSYCHOSOCIAL WELL-BEING

Young carers are exposed to increased stress as a result of their caring role and have a heightened risk for mental health issues (Cass *et al.* 2009). In a study sampling 61

young carers in the UK, the majority of participants reported regularly worrying about the physical health of the person they cared for (83%), the patient's behaviour (58%) and who would take care of them in the future (53%) (Cree 2003). In this same study, 34% of the young carers reported self-harm and 36% had experienced suicidal ideation. In an Australian population-based survey, young carers (aged 15 to 24; $n=96$) indicated significantly poorer mental health than non-carers, (Cass *et al.* 2009). These concerning statistics seem consistent with qualitative data suggesting young carers commonly experience an ongoing sense of burden and stress (Bolas *et al.* 2007).

Providing care may also prevent young people from participating in education, employment, extra-curricular pursuits and social activities (Cass *et al.* 2009). Data from population-based surveys reveal that carers aged 11 to 25 years had lower employment rates than their peers (Cass *et al.* 2009). Moore *et al.* (2009) found that 66% of a sample of young carers were unable to engage in extra-curricular activities because of their caring commitments. Qualitative interviews suggest school attendance may be particularly difficult because of financial and transport difficulties, lack of understanding from peers and teachers, and inflexibility around caring responsibilities (Moore *et al.* 2009). Failure to attend school and extra-curricular activities may lead to poorer academic and vocational outcomes and create a sense of social isolation (Moore *et al.* 2009). These findings are particularly concerning given social support predicts positive adjustment in young carers (Pakenham *et al.* 2007).

INTERVENTIONS FOR YOUNG CARERS

Worldwide, there have generally been limited interventions for young carers. There has, however, been some pioneering work done in the United Kingdom (Frank 2002). In the UK, at YMCA Fairthorne Manor, a Young Carers Festival has been held annually since 2000, with estimates that approximately 1800 young carers (aged 10 to 17) are expected each year (14 000 young carers have participated in total). At this festival, young carers are consulted in order to identify means of better meeting their individual and familial needs. In addition to gathering qualitative data to better meet family needs, the festival provides the young carers with opportunities for socializing and respite from their responsibility. A practical implication of the Young Carers Festival was that feedback provided from the young carers prompted discussion among government departments of how education policies can better support young carers. Thus, this forum provides a very important source of support,

a voice for young carers and an impetus for the change in social policy. This forum also provides an important prototype of more effective engagement strategies. To the authors' knowledge, there are no services comparable with the Young Carer's Festival conducted in Australia.

While acknowledging that it is ideal that consultations with young carers lead to social and educational policy changes that address the complex issues that contribute to the challenges of young carers, policy change may not be immediate. A significant proportion of young carers do not get the help and support they deserve, which negatively impacts on their well-being. Therefore, there is a need to build on this work and design and evaluate adjunctive psychosocial interventions that help young carers to cope with and bounce back from challenging experiences.

One of the important findings from the qualitative data from the Young Carer's Festival in the UK was the importance of addressing young carer's concern about judgement and discrimination of their family and circumstances (Frank 2002). Some young carers report avoiding services because of stigma associated with having a physically disabled or mentally ill parent; avoiding embarrassing their loved one (Gray *et al.* 2008); fear of outsiders not believing them or devaluing their role (Aldridge 2006; Gray *et al.* 2008; Thomas *et al.* 2003); and fear of being removed from the family by child services (Aldridge 2006; Moore & McArthur 2007). In some situations, young carers view their role as 'normal' and therefore do not recognize a need to access formal support (Cass *et al.* 2009). Some young carers report feeling uncomfortable having a stranger in their home (Banks *et al.* 2002). Other young carers report services' inflexibility around the carer's family commitments is a barrier (Moore & McArthur 2007; Moore *et al.* 2009). Therefore, it would seem that positive strength-focused resilience interventions may better address the barriers to engagement.

RESILIENCE INTERVENTIONS

Resilience has been defined as 'a dynamic process encompassing positive adaptation within the context of significant adversity' (Luthar *et al.* 2000, p. 543). Young carers unquestionably face significant adversity. In the wider community, adolescent resilience-building programmes have produced encouraging outcomes, including increased resilience and decreased depressive symptoms (e.g. Allan & Ungar 2014; Brunwasser *et al.* 2009; Shochet *et al.* 2001). While resiliency building interventions have not been evaluated specifically in young carer populations, they have been shown to

improve depressive symptoms in young people in general. A systematic review of 24 evaluations of nine different school-based resilience programmes found that most programmes were associated with reductions in depressive symptoms immediately and at follow-up (Neil & Christensen 2007). Furthermore, a Cochrane Review of 53 studies found that, overall, universal resilience-building programmes were associated with immediate as well as sustained reductions (up to 12 months later) in depressive symptoms in adolescent school children (Merry *et al.* 2012).

RESOURCEFUL ADOLESCENT PROGRAM

One example of a resilience-building intervention is the Resourceful Adolescent Program (RAP-A); a universal resilience-building programme that aims to promote positive mental health and prevent adolescent depression (Shochet *et al.* 1997). It targets risk and protective factors at the individual, family and school level, and is underpinned by cognitive behavioural therapy (CBT) and interpersonal psychotherapy (IPT) and aims to assist adolescents in self-regulation and managing fluctuations in self-esteem. It is positively focused, with the emphasis on building and recognizing strengths, rather than focusing on remediating 'deficits'. It is traditionally run as an 11-session, weekly group programme with 12- to 15-year-olds.

The Resourceful Adolescent Program (RAP-A) has been shown to reduce depressive symptoms and prevent the development of depressive symptoms in non-symptomatic adolescents (Shochet *et al.* 2001). In an Australian study, Shochet and colleagues (2001) found that students ($n = 260$) randomly allocated to RAP-A showed significantly lower depression and hopelessness scores relative to the control group, both immediately and 10-months post-intervention. Importantly, at 10 months post-intervention, 75% of adolescents who did not have clinical levels of depression pre-intervention fell into the healthy category, compared with 41% of the control group (Shochet *et al.* 2001). These findings suggest that RAP-A may not only reduce current depressive symptoms, but also prevent future depressive symptoms from developing.

The effectiveness of RAP-A has also been demonstrated internationally. In a randomized controlled trial of 192 adolescents from New Zealand, those who undertook RAP-A showed reductions in depressive symptoms immediately and at 18 months follow-up (Merry *et al.* 2004). Similarly, in a sample of 160 adolescents from Mauritius, those who completed RAP-A showed immediate and sustained improvements in coping skills

and self-esteem compared with a control group (Rivet-Duval *et al.* 2011). Interestingly, there were immediate but not sustained reductions in depressive symptoms (Rivet-Duval *et al.* 2011). Collectively, these findings suggest that RAP-A is able to promote healthy adolescent development and reduce depressive symptoms, at least in the short term.

SUITABILITY OF RESOURCEFUL ADOLESCENT PROGRAM FOR YOUNG CARERS

Originally designed as a universal programme, evidence suggests that RAP-A can also provide benefits as a selective (i.e. targeting an 'at-risk' group) or indicated (i.e. targeting those with subclinical symptoms) intervention. A number of studies have shown that resilience-building programmes targeting individuals who are at risk for developing depression usually have larger treatment effects than universal programmes. Horowitz and Garber's (2006) meta-analysis of 30 studies revealed that while indicated depression prevention programmes had similar outcomes to universal programmes immediately post-intervention, they were associated with greater reductions in depressive symptoms 6-months post-intervention. Furthermore, selective interventions were more effective at reducing rates of depression than universal programmes both immediately and 6-months post-intervention.

The Resourceful Adolescent Program (RAP-A) may assist young carers to identify their individual strengths that help them to cope with the challenges of caring given its focus on building strengths and resilience (Bolas *et al.* 2007). Additionally, by implementing RAP-A with a selective group, the programme can be tailored to address the current service barriers as well as the unique challenges faced by the particular group. For example, RAP-A may assist in addressing the social isolation faced by young carers by connecting them with other young carers who have an understanding of their situation. Additionally, the programme's focus on building a support network and further developing interpersonal skills may assist young carers in making meaningful connections. Most importantly, RAP-A's strength-focussed content may help to acknowledge the significant unique contributions that young carers make to their families.

SUITABILITY OF A CAMP FORMAT

The Resourceful Adolescent Program (RAP-A) is typically delivered in a school setting, yet a camp format

was specifically selected and designed for this population to maximize engagement and address identified treatment barriers. Implementing RAP-A in a camp format eliminates the reliance on young carers attending school consistently while also providing a period of respite. A camp format also provides young carers with the opportunity to share their experiences and bond with other young carers, crucial given social support is a strong predictor of lower distress levels, higher life satisfaction and more positive affect among young carers (Pakenham *et al.* 2007). A camp format will avoid the perceived stigma that may be associated with a school-based selective programme where students may be removed from their regular classes to attend the programme. Having young carers come together for the programme also provides an opportunity to identify system issues that are uniquely relevant for young carers (as evidenced by Frank 2002), but also to teach young people the cognitive, interpersonal and problem-solving strategies that will allow them to progress through their role while maintaining their resilience in times of strain.

THE CURRENT STUDY

Although young carers experience significant stress and burden (Bolas *et al.* 2007) and face an increased risk of developing mental health issues (Cass *et al.* 2009) or becoming socially isolated (Gray *et al.* 2008; Moore *et al.* 2009), existing interventions do not adequately address their needs (Aldridge 2006; Gray *et al.* 2008; Thomas *et al.* 2003). This study aims to evaluate whether young carers benefit from a resilience-building camp by analysing their camp experiences using semi-structured interviews followed by thematic analysis. It is hypothesized that the RAP-A sessions will assist young carers to identify and develop strategies to cope with the demands of the caring role and that camp participation will provide social engagement and understanding from their fellow young carers. A secondary aim of this study is to maximize engagement for future camp attendees by identifying positive perceptions and areas for improvement. To the authors' knowledge, this is the first camp-based programme developed to build resilience and prevent adverse mental health outcomes in young carers.

METHOD

Design

This study collected qualitative feedback on the experience of 12 young carers (recruited through Carers

Queensland) who attended a 3-day resilience-building camp. Semi-structured telephone interviews were conducted approximately 1 month after the camp to provide insight into the carers' experiences and perceptions of the camp. A thematic analysis was conducted to identify patterns in the interviews and summarize the data.

Participants

Fifteen young carers attended the camp, with 12 adolescents (10 males, 2 females; 12 to 14 years) providing consent to be contacted afterwards for an interview. All participants were recruited through an Australian organization, Carers Queensland, which provides support and benefits to carers. As such, all participants were young people formally acknowledged as playing a primary or secondary caring role for either parents, siblings or grandparents with chronic illness or disability for between 1 and 5 years.

The camp

The 3-day camp incorporated the eleven RAP-A sessions, as well as other recreational activities including circus workshops, campfires and sports. The overall aim of RAP-A in this context was to build upon the existing resources and strengths of young carers, enhance their resilience and equip them to manage difficult situations. The content of individual RAP-A sessions was modified to ensure examples were relevant to young carers to promote useful discussion around their unique responsibilities. Each RAP-A session targeted a specific skill or resource, with both CBT and IPT elements integrated throughout the strengths-based programme (Shochet *et al.* 1997).

On the first day of the camp (in addition to the non-RAP-A activities), the young carers engaged in the first three RAP-A sessions. These sessions began with activities to build rapport amongst the group members and facilitators, ensuring a solid working alliance (session 1). This was followed by exploration of the concept of self-esteem and reflecting on carers' personal strengths (session 2). The 'RAP model' was introduced (session 3), with participants considering the links between their own behaviour, physiological reactions, self-talk, and emotions and how their responses can be either 'risky' or 'resourceful'. This session is essentially an introduction to CBT.

The second day of the camp comprised the next five RAP-A sessions. In these sessions, the CBT-based RAP model is considered in closer detail. For example, in session 4, the young carers developed skills in recognizing their body clues and 'keeping calm'; in sessions

5 and 6, the group worked on identifying and evaluating their self-talk and changing thoughts from 'risky' to 'resourceful'. The second day also covered problem-solving techniques (session 7). The final session on this day (session 8) covered the importance of identifying and using a social support network, during both good and bad times. This was considered a particularly important session for young carers.

The third and final day of the camp covered the content of the remaining three RAP-A sessions. Participants developed skills in perspective taking in order to make more resourceful decisions in difficult interpersonal situations. They also learnt strategies to prevent and manage conflict, as well as moving forward after conflict (session 10). The young carers completed the programme (session 11) by reviewing how their newly developed skills and many existing strengths can help them be resourceful adolescents.

Data collection

The first author conducted semi-structured telephone interviews with participants 1 month following the camp. Phone interviews were selected due to geographical dispersion of participants. The 1-month follow-up time frame allowed the participants an opportunity to implement the skills learnt in RAP and is consistent with time frames used in previous qualitative research on RAP in community samples (Shochet *et al.* 2014). An interview schedule was developed to explore the young carers' experiences of the camp. To avoid potential response biases, the interviewer had no prior contact with the participants. The overall aim of the interview was to understand which elements of the camp the participants found most useful and applicable to their own lives. Questions were included to identify the RAP-A content recalled by participants and to gather examples of using new skills in real-life settings. To aid information gathering, participants were prompted to expand on their answers with short verbal encouragers.

Data analysis

The interviews were transcribed verbatim and a thematic analysis conducted to identify key themes. The first author conducted the thematic analysis consistent with the method described by Braun and Clarke (2006) with input from the second author. First, each transcript was read several times to gain a more thorough understanding of each individual's account, and responses for each question were grouped together. Next, the core message of each response was described in several words. Next, all the initial codes that were

similar were grouped together to form themes. After themes were developed, they were reviewed and rejected if they did not fit the raw data. This was done by the second author who re-read the transcripts without looking at the initial codes. The first and second author generated similar initial codes. After all the qualitative data were organized into themes, names for each theme were developed.

RESULTS

Two global themes emerged from the thematic analysis: (1) coping self-efficacy and (2) social benefits. Each of these themes is further broken down into subthemes, described in the succeeding section and outlined in Figure 1. General camp feedback and suggestions for improvement will then be reported.

Theme 1: perceived coping self-efficacy

Many participants were able to describe coping skills they developed through the RAP-A sessions and had since utilized to successfully manage difficulties. They also reported perceiving changes in themselves such as becoming more confident or finding themselves better able to stay calm when stressed. When questioned as to whether they could identify any positive changes in themselves since the camp, some participants reported that they had either noticed such positive changes or felt prepared to see a change when a difficult situation presented itself. Within this theme are three subthemes: (1) affect regulation; (2) interpersonal functioning; and (3) confidence and recognition of strengths.

Affect regulation

Participants commonly reported examples of how they were successfully managing their emotions and were able to remember and utilize skills that assist them in staying calm. Many of the young carers gave responses suggesting that RAP-A has been of particular assistance in managing their anger. Some illustrative examples include:

They [the RAP-A sessions] were quite useful because then I could learn new strategies to control my anger and stuff, 'My temper isn't as bad and I can ignore the bullies and stuff', and, 'When I'm angry I don't take it out on others. I just calm down and don't worry about it.

Some participants were able to identify specific skills that they had remembered and applied to regulate their emotions. For example, one participant indicated they use relaxation techniques as a way of staying calm: 'I

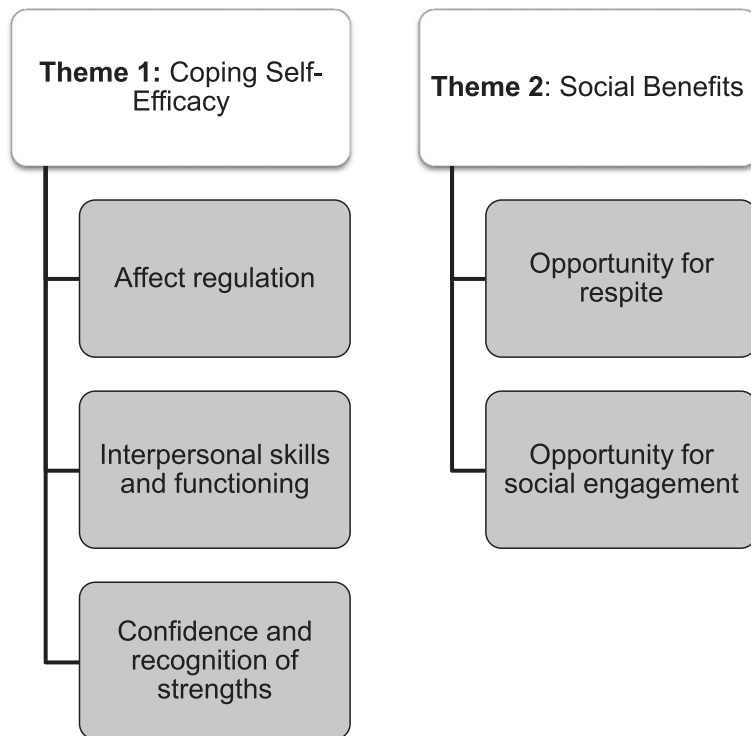


Figure 1 Themes and subthemes of camp benefits expressed by young carers.

do them (relaxation techniques) at school. Breathe in, breathe out, don't punch!

Interpersonal functioning

Many young carers gave responses related to interpersonal strategies they had learnt or reflected on during RAP-A sessions. For example, one young carer explained, 'It showed me how to calm problems down. Like to get along with more people without arguing'. Learning to see the perspective of others was a frequent response:

(The program helped me to) look at other people's point of view', 'I remember that when you're arguing, it's good to think about the other person's side', and '...thinking of other people and their sort of point of view.

A number of participants used their skills in handling potentially difficult school situations. The following two comments related to bullying in the school context:

During school there were boys picking on me. I used "oh well" and ignore.' and 'I was being bullied at school a couple of weeks ago and I used my keep calm book and a couple of other ones, thought court brick (a thought challenging technique covered in the program). Another interpersonal school situation involved a potentially difficult situation with a friend: 'When I had to do an assignment and a friend was doing it with someone else, I just said, OK maybe next time.'

Confidence and recognition of strengths

Participants commented that they perceived the programme to be focused on building their strengths and improving their confidence:

(I've noticed) a lot of confidence (in myself since completing the RAP program)", and 'definitely (other people have noticed a change in me). That I've been a lot more confident with myself. Challenging myself in new ways'. And 'I remember that we were building on our strengths and building up on our weaknesses'. 'We had to think of ways of using our strengths and stuff.

Interestingly, one participant commented that he could not think of a time when he had used the skills from RAP-A, but that he felt confident to use them when he next encountered a difficult situation:

I don't think I've changed very much, but I know when challenges and stuff come, it's not like I'm going to be completely lost with it. When the time comes, I'll know what to do.

Theme 2: social benefits

The second global theme identified was that the camp had a range of social benefits for the young carers in attendance. This theme comprises two subthemes: (1) the camp provided an opportunity for respite from daily

responsibilities and (2) the camp allowed young carers to engage with other young carers.

Opportunity for respite

Some young carers said that they valued the opportunity to gain some respite and be relieved of daily stressors. One carer summed up this experience, '*(the camp was) a lot of fun and it just helps you get your mind off a lot of stuff that's going on*'. Another said, '*I like to go on camps and be away from the house*'. Such comments highlight both the need these young carers have for respite, as well as the appropriateness of a camp format to provide that respite.

Opportunity for social engagement

Many of the young carers commented that they generally enjoyed meeting new people and making new friends:

My favourite part about it was meeting other carers. Meeting all the other carers and making friends', and, 'They'll (future camp attendees) meet new people and learn new things' And 'Yes I would recommend the camp to other young carers because it's fun and intriguing... you get into it a lot, and meet new friends.

Several young carers commented that connecting with other young carers over the unique and challenging circumstances they experienced was particularly valuable. One illustrative comment was,

Yeah [I would recommend the camp to other young carers]... because it's fun and plus you can be around other people that are kinda going through the same thing as you. Their life is just like yours... it's not a normal life, you have to do extra work and stuff because you've got a person that needs a lot of help in your family – just about all the time.

Another comment that touches upon the unique comfort when in the presence of fellow young carers is, '*Knowing that people the same age as you might have the same problems*'.

General feedback

Overall, many participants commented that their experience of the camp was positive and that they subjectively enjoyed the camp, with comments such as,

Camp was great. The surroundings and the way it was all set up. It was wonderful and I had a great time. All in general it was just great', 'It was fun, exciting and a little new', 'Fun – just fun!' and, 'I enjoyed it a lot. It was one of the best camps I've gone on, even though it was sort of learning as well.

When the young carers were asked whether they would recommend the camp to other young carers, 11 of the 12 interviewed participants indicated that they would.

Participants also reported that they enjoyed specific elements of the camp such as the food, the accommodation and activities such as a circus workshop, camp fire and singing, or sports:

I really liked the drumming workshop,' 'I liked the food. Food was really good – especially the burgers', and 'I definitely enjoyed the food – oh man the chef was so awesome and the activities that we had planned, they were great.

Enjoyment of the extra-curricular activities was quite common across the participants, with 11 of 12 participants commenting on their enjoyment at some stage throughout the interview.

Perceptions of Resourceful Adolescent Program process and content

With regards to the RAP-A sessions more specifically, many participants commented that they found them to be both fun and engaging, with comments such as,

They (the RAP-A sessions) were a lot of fun as well." (How come?) "Because everyone got a turn at what to say and a lot of talking and everyone getting involved and stuff." and 'I found them very pleasing and I was never bored in all the classes – I was never bored, I was always involved.

A minority of participants also provided useful feedback that they experienced that the programme was too similar to school-based learning. Participants reported enjoying the practical activities incorporated into RAP-A and some believed that the RAP-A sessions could be improved by incorporating more practical activities. For example, one participant expressed,

(I didn't like) how much time we had to actually learn and stuff', and another stated, 'Nah didn't like them that much; because they weren't... you didn't get that involved. (Q: How could they have been made better?). For each activity, there's some little demonstration. Because since we're on holidays, people wanna be doing things. Not writing on a book.

Overall, these findings suggest that some participants felt that the delivery of the material could have been improved by presenting it in a more hands-on and practical way.

DISCUSSION

This study presented an analysis of young carers' personal accounts of a resilience-building camp featuring RAP-A. Feedback from 12 young carers who attended the camp suggest that they developed strategies to

manage difficult situations and in some cases were able to apply these skills in their daily lives. As such, there is support for the first hypothesis of the study, that the RAP-A sessions completed at the camp would assist young carers to identify and develop strategies to cope with the demands of the caring role. The second hypothesis, that camp participation would provide social engagement and understanding from their fellow young carers, was also supported, with results revealing that the camp participants had experienced social benefits, particularly the opportunity to socialize with other young carers.

To the authors' knowledge, this research is the first to investigate using RAP-A in a camp format as a means of building resilience and potentially preventing depression and related mental health issues in young carers. This camp-based format is innovative in that it addresses a number of barriers to service provision for young carers that have previously been identified, such as difficulty in consistently attending school or after-school programmes, a preference for an intervention that occurs outside the home, and fear of stigmatization. By addressing these barriers and therefore making the service more accessible to young carers, such camps may be able to assist young carers to manage their challenging role, while promoting their own mental health and social well-being.

Coping self-efficacy

Many of the young carers believed that through the RAP-A sessions they gained new skills and perspectives to cope with difficult situations, citing examples such as relaxation techniques, interpersonal problem-solving, more resourceful thinking and the confidence to manage difficult situations that may arise in the future. RAP-A includes a number of components that may function to enhance a young carer's coping self-efficacy. For example, the strength-based nature of RAP-A, as well as specific components that focus on identifying personal strengths and resources, may have assisted young carers to interpret stressors as challenges that they have the ability to overcome, rather than insurmountable obstacles. An example pertaining to sessions utilizing CBT concepts is that in learning to identify and challenge dysfunctional thinking, participants may better manage negative emotions during difficult situations and consequently make more reasoned and resourceful decisions. Based on direct quotes from the participants, IPT-based modules may have contributed to coping self-efficacy by providing young carers with new skills

to help them avoid and/or successfully manage interpersonal conflict that does arise.

Given that young carers are susceptible to experiencing increased stress (Pakenham *et al.* 2007) and poorer mental health (Bolas *et al.* 2007), increasing young carers' perceptions that they can manage difficult situations by providing them with concrete strategies (from both CBT and IPT domains) and by building on their strengths may have positive implications for their mental health. The benefits of equipping young carers with skills to cope with difficult emotions and situations may be immediately apparent, or may become more apparent as the young person ages and/or their carer role becomes characterised by greater levels of responsibility and stress. Given that the capacity to regulate one's affect is particularly important in preventing the development of psychopathology (Werner & Gross 2010) and that young carers may be exposed to more stressful situations in which affect regulation is critical (Bolas *et al.* 2007), the potential of RAP-A to promote affect regulation has important implications for young carers' mental health.

Social benefits

The current findings suggest that the young carers in this study experienced social benefits as a result of their attendance, including respite and social engagement with other young carers. Respite from daily responsibilities may be particularly important in preventing the stress, burden and poor mental health outcomes (Bolas *et al.* 2007). There may be value in running regular camps for young carers, to provide them with regular respite without requiring that a stranger enter their home, which has been identified as a barrier to seeking assistance (Banks *et al.* 2002).

The results also suggested that young carers experienced a sense of unique social engagement from being able to spend time with other young carers. Previous research has suggested that due to familial responsibilities, young carers may have difficulty accessing school settings and extra-curricular activities that may provide opportunities to form social support networks (Moore & McArthur 2007; Pakenham *et al.* 2007). Given that social support is a strong predictor of psychosocial adjustment in young carers (Pakenham *et al.* 2007), this lack of access to social engagement and support may have detrimental effects for the young carers. The resilience-building camp presented in this paper may have assisted young carers to develop social support networks, not only by allowing them uninterrupted time to build

relationships, but also by allowing them to connect with others facing similar challenges.

Perceptions of process and content

Overall, the interviews revealed that the participants were generally engaged with the RAP-A sessions and particularly enjoyed the parts of the programme where all the group members had the opportunity to be involved. The participants also provided some helpful feedback about ways to improve the resilience-building sessions. It was suggested that more practical activities could be included in the programme and that sometimes there was too much writing or the sessions were 'too much like school'. The feedback that RAP-A was 'too much like school' is useful to consider as this has not been identified in previous process evaluations (Shochet *et al.* 2001). It is possible that at the time of earlier evaluations of RAP-A technology was less advanced, with fewer alternative methods of presenting information. Programmes such as RAP-A should continue to include newer engaging technology (such as tablets and smartphones) as it becomes available. Finally, given that many young carers may miss a substantial portion of school to perform their caring duties (Moore *et al.* 2009), it is possible that their academic skills (including reading and writing) may in some cases be below average. Asking individuals who may already be struggling academically to complete work that is 'too much like school' may cause them to feel overwhelmed by the task, leading to disengagement with the material. It seems important for future work with young carers, and other vulnerable young people, to ensure resilience-building activities require minimal writing and instead incorporate more engaging experiential and practical activities.

Overall camp perceptions

Almost all (11 out of 12) participants reported positive perceptions of the entire camp. Participants also reported enjoying specific elements of the camp, including the accommodation, the food and the activities. This aspect of the camp may be particularly important given that young carers are more likely to come from low socio-economic backgrounds (Cass *et al.* 2009) and may not have access to these kinds of extra-curricular activities or desirable food. Therefore, these findings suggest that the extra-curricular activities incorporated into the camp were appropriate for the age group and that similar activities show promise for use in future resilience-building camps.

Practical implications

Choosing a camp format as a way of engaging participants in the delivery of a resilience intervention appeared to hold a number of benefits for young carers, including (1) an ongoing period of respite; (2) the opportunity for greater social engagement than other modes of programme implementation allow; and (3) the opportunity for continuity in the programme implementation, ensuring that all participants were able to attend each carefully constructed session of the programme in sequence. Such benefits of the camp format may pertain to other groups of at-risk adolescents. As such, a camp-based format for promoting resilience and well-being also seems useful to consider for groups with similar difficulties in programme attendance, or where participants experience a shared difficult experience (e.g. adolescents with a shared chronic illness, adolescents from a refugee background).

Another practical implication is the apparent suitability of RAP-A to be successfully adapted for use with selective populations, in this case, young carers; as well as adapted from an 11-session typically classroom-based programme to a camp-based format. However, with regards to implementing RAP-A on other camps, participant feedback highlighted the importance of ensuring that any programme implemented at a camp has a strong focus on maximizing participant engagement with the programme content (e.g. more practical activities and less writing).

Limitations

First, the study did not include any objective outcome measures, nor were any baseline measures established prior to the camp. Therefore, it is important to recognize that solid conclusions cannot be drawn about any significant reductions in adverse mental health outcomes or improvements in well-being outcomes that may have resulted from camp participation. Nonetheless, this study still provides valuable information about which elements of the resilience intervention were seen as most valuable by the participants themselves and which elements of the camp could be improved. This information can act as a pilot for effective development of resilience camps for future efficacy studies.

Second, there are a number of limitations related to the sample size and composition. The study only obtained the perspectives of 12 young carers, thus representing a small sample. Despite this, understanding the experience of a small number of young carers does allow the camp to be more finely tuned before future camps are implemented on a larger scale. It is also

important to note that the sample included a relatively narrow age range of 12 to 14 years, and may therefore not necessarily reflect the views of young carers more globally. However, this age range was selected to ensure the group members were close enough in age to be able to relate to one another and be facing similar developmental challenges. In addition, the selected programme in this study, RAP-A, is designed for 12- to 15-year-olds. Moreover, given that the transition into adolescence can be a stressful period, even without the burden of caring for a family member, we believed that this age range might be particularly susceptible to stress and therefore appropriate to target. Another limitation relates to the lack of information about the long-term outcome of the intervention given the 1-month follow-up period post-intervention. A final limitation of the current study's sample is that the majority of the young carers were male, which is not reflective of the gender distribution in the general population, where the majority of carers are females. However, this qualitative account provides a unique perspective of male carers, which is often difficult to obtain, and therefore valuable.

A final limitation is that our intervention does not address the social and policy issues that bring about so many children in young caring roles. While there is a need for interventions to be implemented in Australia that seek to gain feedback from young carers about how government policies can be changed to better meet their needs (such as the National Young Carers Festival described by Frank 2002), this was not within the scope of our study. Instead, our study chose to focus on developing an intervention parallel to this that may give young carers psychological strategies to be resilient to the challenges they face, until such time as public policy more effectively eliminates the need for children to act as carers. We acknowledge that this intervention is brief and that future research is required to evaluate the immediate and long-term efficacy. However, preliminary qualitative data from participants suggest that, although the intervention was brief, they were able to recall it and times that they had used and benefitted from the interventions.

Future directions

Future research incorporating quantitative measures (including those at baseline) and a larger sample is necessary to ascertain whether resilience-building camps could lead to clinically and statistically significant improvements in mental health outcomes, affect regulation and coping self-efficacy for young carers. Qualitative data remains important, however, as it allows

participants individual experiences of the intervention to be heard, and thus informs fine tuning of the programme content and style of implementation. Follow-up data collection is also recommended for future research, to determine the longer-term effects of camp participation.

Conclusion

To the authors' knowledge, this study is the first that reports on using a camp-based format to promote resilience in young carers. Building resilience in young carers is important given their increased risk for higher levels of stress (Bolas *et al.* 2007), social isolation (Pakenham *et al.* 2007) and poor mental health outcomes (Cree 2003).

Overall, this study provides preliminary evidence that young carers perceived a resilience camp based on RAP-A to be engaging and enjoyable and that they believed that they experienced benefits from attending. The results of this study suggest that the camp format fostered a sense of connectedness and social engagement for participants, and provided much-needed respite. The camp format also ensured participants could attend the sessions in their entirety, thus maximizing the opportunity for programme engagement and effectiveness. Indeed, participants reported developing a range of new skills through their participation in the RAP-A sessions. A combination of the camp setting, specific focus on young carers and the strengths-based nature of RAP-A may have contributed to young carers feeling that their challenges were validated and the unique circumstances of their lives recognized, acknowledged and understood by their peers and the facilitators. These preliminary insights into young carers' perceptions of an innovative resilience-building camp provide guidance for future programmes that aim to create and measure meaningful improvements in well-being for young carers and other groups of at-risk adolescents.

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