



Predicting Health Outcomes And Occupational Limitations of Caregivers’ of Veterans with PTSD and mTBI: A Comprehensive Approach

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DCE Site

Program Name: OperationMEND
Location: UCLA campus, Westwood Plaza, Los Angeles
Program Duration: Dual-phase model consisting of:
•Brain1 (1 week)
•Brain Intensive Treatment Plan (Brain ITP) (2 weeks)
Participants: Veterans with mTBI and PTSD and their caregivers
Services Offered:
• Therapeutic interventions led by a multidisciplinary team (Neurology, Psychology, Occupational Therapy, Nutrition, Eastern Medicine)
• Reconstructive surgeries
• Cognitive skill training
• Peer support sessions
• Mindful movement practices
• Art therapy
Occupational Therapy Sessions:
• Sleep Hygiene 101 and 102 (developed by the capstone student)
• Wellness Recovery Action Plan
• Sensory Strategies for Self-Regulation
• Change in Roles
• Social and Leisure Participation
• Exercise After Injury

Summary of Needs Assessment

Aim: Identify key areas for improvement at OperationMEND and address them through the capstone project.
Key Areas Identified:
Identification of Caregivers’ Occupational Limitations:
• Understand specific occupational needs of caregivers through analysis of past assessments.
• Inform development of future interventions to address caregivers' challenges effectively.
Development of Sleep Hygiene Training Content:
• Develop two one-hour long sleep hygiene training materials for implementation in future group sessions.
Addressing Ambiguity Between Psychology and OT Departments:
• Clarify roles and responsibilities between departments to avoid duplicated efforts and confusion among participants.

Literature Review

Challenges Faced:

- Caregivers of veterans with mTBI and PTSD face role strain and overwhelming responsibilities, impacting their physical and mental well-being (Malec et al., 2017).
- Neglecting self-care needs worsens occupational challenges, leaving caregivers feeling isolated and unsupported, often leading to financial problems (Malec et al., 2017; Rady, Mouloukheya & Gamal, 2021).

Benefits of Caregiver Training:

- Interventions improve quality of life, reduce stress levels, and enhance cognitive functioning.
- It is crucial for alleviating perceived burden and enhancing support for caregivers of veterans with mTBI and PTSD (Sanjuan, Navarro & Calero, 2023; Malec et al., 2017).

Learning Objectives

By the end of 14 weeks, the doctoral student will:

- Analyze and select data collected from a variety of assessments to identify specific caregiver needs
- Develop a comprehensive Sleep Hygiene Training Program
- Improve leadership and effective interdisciplinary communication skills

Project Description

Objective: Investigate mental and physical health's impact on caregiver burden and occupational limitations among veteran caregivers.
Methods: Developed research questions and Null Hypotheses to examine predictive relationships between VR-12 and ZBI scores. Analyzed PROMIS questionnaires to assess occupational limitations.
Design: Retrospective data, Cross-sectional
Procedures: Participants completed assessments measuring mental/physical health, caregiver burden, and daily activity satisfaction. Data collected in person or electronically, and recorded in UCLA's encrypted system, CareConnect.
Data Analysis: Utilized JASP for descriptive, correlation, and regression analyses.

Outcomes

Table 1. Mental Health, Physical Health, and Occupational Limitations

Routines, IADLs, Leisure and Social Participation, and Sleep (OTPF-4)	Occupations	Significance of MCS (Pearson’s r)	Significance of PCS (Pearson’s r)
Routines	Perform daily routines	(r=.633; p<.001)	(r=.260; p>.068)
	Amount of time spent on performing daily routines	(r=.582; p<.001)	(r=.246; p>.085)
Care of others	Meet the needs of the dependents	(r=.622; p<.001)	(r=.103; p>.477)
Home establishment and management	Work at home	(r=.592; p<.001)	(r=.168; p>.244)
	Household responsibilities	(r=.712; p<.001)	(r=.205; p>.153)
	Household chores/tasks	(r=.692; p<.001)	(r=.158; p>.274)
Leisure Participation	Regular leisure activities	(r=.510; p<.001)	(r=.138; p<.338)
Social Participation	Family activities	(r=.496; p<.001)	(r=.238; p>.097)
	Activities with friends	(r=.400; p<.004)	(r=.281; p<.048)
Rest and Sleep	Sleep Participation	(r=-.156; p>.286)	(r=-.138; p>.343)

Table 2. Caregiver Burden and Mental Health

Table 3. Caregiver Burden and Physical Health

Conclusion

Age and Mental Health: Older caregivers exhibit better mental health outcomes, suggesting age-related resilience or coping strategies.
Racial Diversity: Race does not predict perceived burden or health outcomes, highlighting universal caregiver challenges.
Educational Attainment: Higher education doesn't shield against caregiver burden,
Mental Health and Satisfaction: Positive correlation found between mental health and satisfaction in daily life, emphasizing mental well-being's impact on engagement.
Physical Health and Burden: Lack of significant correlation between physical health and burden suggests multifaceted nature of caregiver stress.

Implications to Occupational Therapy

OTs should:

- Focus on mental health interventions to support caregivers in coping with the challenges of caregiving effectively.
- Address diverse caregiver needs, including respite care, social support networks, and caregiver training programs.
- Develop targeted interventions to address specific occupational limitations faced by caregivers
- Encourage collaboration with other healthcare professionals to fostering multidisciplinary approaches to care.

Future Directions

- Expand sample size for broader applicability.
- Include caregiving duration data for longitudinal insights.
- Continue research affiliation for publication opportunities.
- Investigate resilience and coping mechanisms of older caregivers.

Scholarly Deliverables

- Presentation and Sleep Hygiene Training Materials

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References