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.

- 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

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.

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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

- Program
- Improve leadership and effective interdisciplinary communication skills

Project Description

Objective: Investigate mental and physical health's impact on caregiver burden and

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)	Occupational Linitation Occupations	Significance of MCS (Pearson's r)	Significance of PCS (Pearson's r)
Routines	Perform daily routines Amount of time spent on performing daily routines	(r=.633; p<.001) (r=.582; p<.001)	(r=.260; p>.068) (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

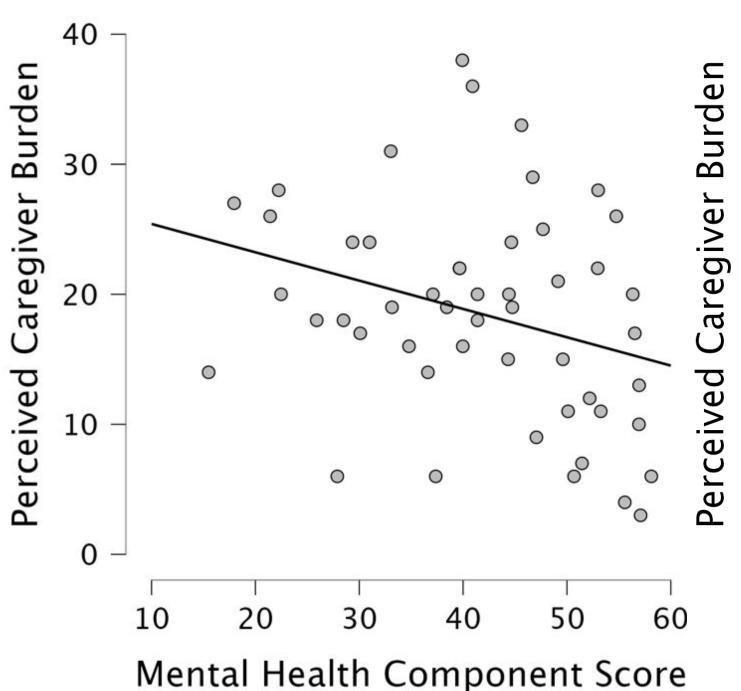
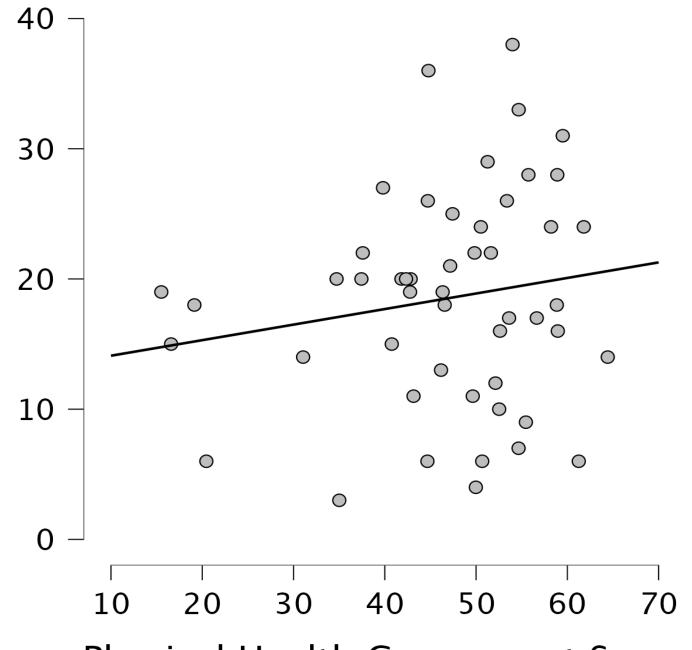


Table 3. **Caregiver Burden and Physical Health**



strategies. stress.

Implications to Occupational Therapy **OTs should:**

Future Directions

Scholarly Deliverables

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Physical Health Component Score



Conclusion

Age and Mental Health: Older caregivers exhibit better mental health outcomes, suggesting age-related resilience or coping

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 wellbeing's impact on engagement.

Physical Health and Burden: Lack of significant correlation between physical health and burden suggests multifaceted nature of caregiver

• 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.

•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.

Presentation and Sleep Hygiene Training Materials

References

