The Role of Caregiver in Supporting our Service Members & Veterans

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Hi Ya’ll!
“There are only four kinds of people in this world: Those who have been caregivers, Those who currently are caregivers, Those who will be caregivers, and Those who will need caregivers.”
Mission and Philosophy

The Rosalynn Carter Institute for Caregiving (RCI) establishes local, state, national, and international partnerships committed to building quality long-term, home and community-based services.

We believe this begins with providing caregivers with effective supports to promote caregiver health, skills and resilience. We also believe strongly in the need to provide greater recognition for professional and family caregivers. We focus on helping caregivers coping with chronic illness and disability across the lifespan.
For Advocacy:
• Reinforce the need for caregivers and the need to give support those that give care at local, state, national, and international levels.
• Advocate for the uptake of evidence-based research to address the strain and burdens associated with family, volunteer and professional caregiving.

For Education:
• Develop caregiving curriculum for multiple levels of educational need.
• Provide scholarship opportunities for both individuals in the caregiving field and family caregivers interested in obtaining skill knowledge for their caregiving situation.
• Provide training and certification in selected evidence-based caregiver programs.

For Research:
• Provide technical assistance related to translational research targeting evidence-based caregiver programs.
• Contribute to the caregiving field through collaborative partnerships that invest in and support caregiving research.

For Service:
• Provide caregiver support to individuals through education and advocacy through local, state, and national partnerships.
Identifying the Need
Official Casualty Statistics: OND/OIF/OEF

- Service member deaths – 6,749
- Wounded in Action – 51,410
- PTSD (diagnosed) – 131,341
- Traumatic Brain Injury – 253,330
- Amputations – 1,715
Self-report*

- One-fourth of all service members report PTSD symptoms regardless of diagnosis
- 5% of service members report diagnosed TBI
- 4% of spouses report their service member has exhibited symptoms of TBI
- 18% of service members and 9% of spouses have considered suicide, of those 30% of service members and 23% of spouses report not seeking suicide support services
- 59% of all respondents know someone personally who has committed suicide or considered it

*Blue Star Families 2013 Military Family Lifestyle Survey
Service Member/Veteran Issues

- Alcoholism, drug abuse, domestic violence and violent crimes are steadily rising.
- Military sexual trauma is running at 16-23%, single strongest predictor of PTSD in women, 80% fail to report.
- Military children and teens seeking mental health care at double the rate from before start of Iraq war.
- U.S. Bureau of Labor reports unemployment rate for post 9/11 vets 6 points higher than national average.
Service Member/Veteran Issues

- Many more Reservists & Guard than previous wars, (54%) families tend to be more distant from VA/DoD.
- DoD and VA facilities stretched, claims backlogged.
- Due to young age of many service members some post 9/11 military families lack life experience and maturity.
- Homefront stressors may be higher than combat stressors.
TOP

Military Family Concerns

- Pay/benefits and changes to retirement
- Military spouse employment
- Effects of deployment on children (emotional well-being and development)
- Military child education (EFMP)
- Financial issues
- PTS/TBI/Combat stress
- Military suicide
- Dissatisfaction with DoD/VA services
- Transitioning into civilian life once active duty servicemember retires
Gaps in Service Provision

- The VA acknowledges that only 50% of those **eligible** for services are receiving them.
- National Guardsmen and Reservists may not receive VA support.
- Those who left the service on administrative separation may have had undiagnosed conditions that led to their separation; they are **NOT** eligible for VA healthcare services.
- Stigma attached to mental health issues a barrier to families receiving services.
- Military caregivers must navigate a maze of policies, systems, eligibility requirements, information, and resources to care for their loved ones and are often not treated/considered part of their loved one’s care plan.
Where should this care & support be provided?

In the community where the Service Members & families live!

• Of the 2.4 million OEF/OIF veterans, 40% are still active duty
• 60% have been discharged
• 50% of those discharged are using VA care while the rest are using private healthcare in their local communities
Why is Military Caregiving Unique?

- Multiple and severe injuries or illnesses
- Complex systems of care
- Invisible wounds
- Around-the-clock care
- A lifetime of care
What do Military Caregivers Do?

• Health assistance
• Case management
• Mental and emotional support
• Legal, financial, advocacy roles
Recommendations from the Field

Support targeted research and dissemination of results, leveraging public/private partnerships (e.g. University, private foundations, military treatment hospitals) to examine the various aspects of caregiving for service members on their family, relationships, financial, mental health and well-being.

Leverage research to develop evidence-based training and resources specific to military caregivers.

Develop a community-based system of support for military caregivers.

It will not be enough to make programs available to military caregivers, efforts will be required to ensure that the programs are accessible and tailored to their specific needs.
A Snapshot of What’s Available to Families

Since 9/11, many outstanding programs and services have been developed to assist wounded warriors and their families, such as those offered through:

1. **USO** (ex. NMFA Healing Adventures Retreats)
2. **Wounded Warrior Project** (ex. My Care Crew online community)
3. **Veterans Administration** (ex. Veterans Crisis Line)
4. **National Guard Youth Challenge Program** (mentoring program for at-risk youth)
5. **American Red Cross** (ex. Resiliency Training, I&R services)
6. **Blue Star Families** (Operation Appreciation)
7. **Social Media** (ex. FamilyOfaVet.com, the Caregiver’s Living Room)
Operation Family Caregiver

Eligibility Criteria: Caregivers and families of OEF/OIF/OND service members/veterans living with Post Traumatic Stress Disorder, Traumatic Brain Injury, and/or a physical disability

OFC is an in-home, tailored, caregiver support intervention:
- 4 in-home visits
- Monthly telephone availability
- Data collection at beginning and end
- Program length 4-6 months
- Must complete 75% of sessions to be considered a completer

Program Objectives:
1. Improve ability of family caregiver to utilize evidence-based problem-solving skills to reduce the burden of caregiving and enhance well-being.
2. Improve the utilization of problem-solving skills to lower family caregiver depression and health complaints.
3. Improve the management of anxiety of children located in the home.
Why OFC?

1. **Evidence-based** (has undergone rigorous scientific evaluation in a randomized control trial)
2. **Proven effectiveness** (has consistently demonstrated the ability to achieve outcomes of importance to family caregivers)
3. **Tailored** to each individual family’s needs
4. **Location** - program comes to the caregiver (their home or other location that caregiver chooses)
5. **Minimizes stigma** – a diagnosis of PTSD reflects a mental illness/defect; service members may be wary that seeking help may jeopardize employment or job promotion opportunities; privacy of OFC service setting ensures confidentiality
6. **Flexibility** – caregiver coach works around the family’s schedule
7. **Supportive adjunct to other services** – is not clinical in nature so does not compete with other counseling/psychological/rehab services the family may be receiving; by training the caregiver to effectively evaluate and respond to problems, OFC enables them to provide better care for their service member and helps to eliminate stress and emotional overload.
Operation Family Caregiver is NOT!

- Prescriptive
- Clinical in nature
- Therapy
Operation Family Caregiver IS:

"Give someone a fish and you feed him for a day. Teach someone to fish and you feed him for a lifetime." ~ Loa Tzu.
OFC Outcomes- Increased Satisfaction with Life

OFCG Pre/Post Sat with Life Analysis

T1: 18.67
T2: 20.33

www.rosalynncarter.org
Outcomes - Decreased Health Complaints

Pennebaker Inventory of Limbic Languidness
Pre and Post Analysis
Operation Family Caregiver

Posted by Lt. Col. Archie Bates on June 25, 2013 at 06:02 PM EDT

Deployment can be a life-changing experience; not just for the service member, but also for the service member’s family. To help families adjust, The Rosalynn Carter Institute for Caregiving grants personalized, free, and confidential support through Operation Family Caregiver to all post-9/11 veterans and their families. At any time after deployment, a veteran and their family can begin the 4-6 month program which offers the services of a trained caregiver coach to provide information and personalized tools designed to make the adjustment to post-deployment life more manageable. The program is completely confidential, and no medical records are accessed or shared with others.
Operation Family Caregiver

Conemaugh Memorial Medical Center
Organizational Experience with Veterans

- Community based healthcare services to over 3,000 TRICARE members.

- Department of Defense sub-contractor since 2001
  - Neuroscience clinical services, education, and research (Comprehensive National Neuroscience Program, CNNP)
  - Combat stress (Combat Stress Intervention Program, CSIP)
  - Healthcare information exchange (Military Interoperable Digital Hospital Testbed, MIDHT)
  - Army Regional Anesthesia & Pain Management Initiative (ARAPMI)
Accepting Referrals NOW!
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Training Institute

Honoring the Mission: Supporting Caregivers Through
Education, Skill-building, and Hope
October 24-25, 2013

Topics:
Assisting Military Caregivers
Caregiving and Trauma Spectrum Disorders
Supporting Caregivers of Individuals with Disabilities
Enhancing Resilience in Caregivers
Community Agencies Making a Difference

www.RCISummit.org
“When these guys and gals deploy, they come back home with PTSD, TBI, whatever the issue may be - a lot of the spouses I’ve talked to have all said the same thing – they do not know how to deal with their husbands or their wives when they return...their families, whether it’s their wife, their husband, or their children suffer because they’re not prepared for that change...yeah, they get the nice little brief from ACS and the FRG group; ‘your husband is gonna come back changed’, but they aren’t given any tools or resources...for when I didn’t sleep, for when I woke up from the nightmares and I was punching her in her sleep because I didn’t know where I was or what I was doing...”

For more information:

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