

# Helping Hidden Heroes

NURSING PROFESSOR  
RECEIVES \$655,000 GRANT  
TO STUDY MENTAL HEALTH  
AND WELL-BEING OF FAMILIES  
CARING FOR THOSE WITH  
TRAUMATIC BRAIN INJURY

*By Dr. Linda Garand and Meghan Tressler*



Recognizing the important and growing role family members play caring for veterans and service members in the United States, a nursing professor is studying the impact of problem-solving therapy on the mental health and well-being of caregivers—specifically, family members taking care of a loved one suffering from a traumatic brain injury.

Associate Professor Dr. Linda Garand’s work has been awarded a \$655,000 U.S. Department of Defense Peer Reviewed Alzheimer’s Research Program award from the Office of the Assistant Secretary of Defense for Health Affairs. The overarching challenge of the award addresses “the need for technologies, assessments, interventions or devices with the goal of reducing burden for caregivers of individuals living with the symptoms of traumatic brain injury (TBI) and Alzheimer’s disease and other forms of dementia.” (TBI and Alzheimer’s disease are related and caregivers of those affected by TBI or Alzheimer’s can have similar experiences—please see sidebar.)

According to Garand, family caregivers constitute the largest group of adult care providers in the United States. She has already worked on research that shows problem-solving therapy (PST) can ease the burden of and prevent depression in caregivers of family members with mild cognitive impairment or early-stage dementia. Now, she will focus on understanding the burdens associated with providing care and assistance to a veteran or service member with a TBI and if PST improves those burden levels, as well as the mental health and quality of life of caregivers.

“Since large numbers of our service members are returning from conflicts in Iraq and Afghanistan with TBI, PST has the potential to strengthen the capacity of our nation’s families to provide long-term, home-based care and assistance to our veterans with brain injuries,” says Garand.

Garand’s research will focus on nine weekly problem-solving therapy training sessions—which will be delivered face-to-face over the internet—with about 50 family caregivers. Over a one-year period, Garand will collect information about these and 50 additional caregivers’ (who will not receive PST) physical strain; mental health, caregiving burden levels and social pressures; satisfaction of social roles and activities; vigilance level and lifestyle restrictions; and feelings toward friends and family support.

If PST shows positive mental health effects in these caregivers, data from the study will be used to make a case for providing targeted mental health services to distressed military family caregivers through the U.S. Department of Veterans Affairs Program of Comprehensive Assistance for Family Caregivers.

According to Garand, the study may even have a wider impact.

“PST may also have the potential for reducing poor emotional outcomes in other distressed caregiving populations, such as family caregivers of veterans with post-traumatic stress disorder or family caregivers of children with autism spectrum disorder or developmental delays,” she says.

The Joint Forces Explosive Ordnance Disposal Warrior Foundation (EODWF), Elizabeth Dole Foundation, Semper Fi Odyssey Foundation and Boulder Crest Retreat for Wounded Warriors will collaborate on this important study. ♦



## TRAUMATIC BRAIN INJURY & ALZHEIMER'S DISEASE: RELATED SYMPTOMS FOR THOSE SUFFERING AND SIMILAR EXPERIENCES FOR THEIR CAREGIVERS

**Traumatic brain injury (TBI)** is considered the “signature injury” of recent conflicts in Iraq and Afghanistan, with about 1 out of every 5 returning veterans experiencing a TBI. After receiving hospital and rehabilitation services, veterans/service members with a TBI are often cared for at home by a family member.

Typical family caregivers are female (**79%**), a parent (**62%**) or a spouse (**32%**), and most receive little or no help with their caregiving responsibilities.

Not only is TBI a risk factor for Alzheimer’s disease later in life, there are similarities between the experiences of family caregivers of those with a TBI and caregivers of those with Alzheimer’s disease:

- **Symptoms of a TBI** are very similar to Alzheimer’s disease and include cognitive impairment (problems with memory, language, paying attention, and/or planning), difficulty communicating, impulsive or random behaviors, and no control over emotions, such as sadness or anger.
- **Both Alzheimer’s disease and TBI** require adjusting to emotional and behavioral changes in the family member as these personality changes can lead to relationship problems between the affected person and their family caregiver.
- Just like Alzheimer’s disease, **symptoms of a TBI do not get better over time**, are a burden to cope with, and can lead to depression and a poor quality of life.
- Family **caregivers of those with Alzheimer’s disease and TBI must constantly watch** for random or unpredictable behaviors by their loved ones.

Sources: *Institute of Medicine, National Alliance for Caregiving*