Addressing the Needs of Individuals with TBI and their Care Partners during the Transition from Hospital to Home through Problem-Solving Training

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Objectives

- Care Partners vs Caregivers
- Current needs of and supports for Care Partners and limitations of these supports
- Problem-Solving Training: what is it and what is the evidence to support it?
- Pilot study of early Problem-Solving Training for Care Partners
- Early Problem-Solving Training vs Education for Care Partners of Adults with TBI: ongoing randomized controlled trial
Care Partners
Caregiver vs Care Partner

• Definition: “a person who provides direct care” to another person

• Example sentence:
  – “When she got sick, her husband became her primary caregiver.”

Source: Merriam-Webster Dictionary
Care Partner

- **Definition**: individuals working together to make changes in the lives of both partners

Caregiver

• A person who provides direct care to another person

Care Partner

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Caregiver

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Care Partner

• Individuals working together to make changes in the lives of both partners
Care Partner Needs and Supports
Care partners often...

- Have no warning or time to prepare for changes or new roles
- Have no formal training or background in TBI or caregiving
- Manage challenging behaviors, mental health issues, and other health needs
- Experience emotional distress, physical symptoms, and caregiver burden
- Use maladaptive coping skills
Unmet Needs

• Educational and emotional needs across transitions of care and over time
• Needs change early vs after discharge
  – **Early**: information about condition itself, realistic expectations & prognosis over time, resources, and emotional support
  – **After discharge**: information about lifetime management, community integration, social belonging, and availability of resources
• Meeting needs gets more difficult over time
Current Care Partner Interventions

• Need to be sensitive to changes over time, especially across transitions of care
• Should address feelings of burden and distress
• Effective support strategies should include:
  - Early engagement in rehabilitation/recovery process
  - Addressing cultural needs
  - Keeping families together
  - Active listening and Active involvement
  - Education and Skills training
  - Community integration support
Adaptive Coping Skills

- Reduce burden, depression, anxiety, and substance abuse
- Self-management interventions for teaching adaptive coping skills
  - Goal-directed behavior
  - Goal attainment has emotional consequences
  - Empowers individuals to independently manage lives, emotions, and problems
Problem-Solving Training

1. **Assess the problem**
2. **Brainstorm solutions**
3. **Consider solutions & Choose one**
4. **Develop & Do it**
5. **Evaluate it**

Flex

Was the solution successful?

- **NO:** Change your solution
- **YES:** Flex to a new problem

New Problem
Feasibility study of early PST for Care Partners of adults with traumatic injuries or stroke
Objective
To determine the feasibility of delivering an evidence-based self-management intervention, Problem Solving Training (PST), to Care Partners of adults with TBI, SCI, Burn injury, or stroke during the care recipient’s inpatient hospital stay.

Design
• Single group, pre-post test intervention
• Started during inpatient hospital stay
• Follow-up 1-month post-discharge
Intervention: PST

- Up to 6 sessions (~30-60 minutes each).
- Only the final session could be completed post-discharge of the care recipient.
- Self-selected problems
- Delivered by a Rehabilitation Counseling student
Care Partners Approached (n=39)

Consented: n=12 (30.8%)
- Completed ≥3 PST Sessions: n=8 (66.7%)
- Completed 2 PST Sessions: n=2 (16.7%)
- Never began intervention: n=2 (16.7%)
- Completed 1-Month Follow-up: n=11 (91.7%)

Ineligible: n=7 (17.9%)
- Unable to self-consent: n=1 (14.3%)
- No smartphone: n=1 (14.3%)
- English fluency: n=5 (71.4%)

Refused: n=20 (50.3%)
- Did not perceive any benefit: n=6 (30.0%)
- Not interested in research: n=3 (15.0%)
- No time: n=2 (14.3%)
- Feeling overwhelmed: n=1 (5.0%)
- Length of stay too short: n=4 (20.0%)
- Other: n=3 (15.0%)
Care Partner Problems
What problems do care partners identify as ones they might like to work on during this time?

**Emotional function:** n=24 (sleep, stress, frustration and regulation of emotions)

**Major life areas:** n=9 (school and work)

**Domestic life:** n=6 (assisting with other’s health)

**Interpersonal interactions and relationships:** n=5 (regulation of behavior within interactions parent-child relationships)
Satisfaction & Engagement

Participants were very satisfied
CSQ mean=3.4, SD=0.6, 1-4 scale.
Participants were very engaged during PST sessions
PRPS mean=4.8, SD=1.4, 1-5 scale.
Participants reported strong working alliance WAI
item mean=6.8, SD=3.1, 0-7 scale.

Conclusions

PST to care partners of adults with traumatic injuries or stroke during the inpatient hospital stay is feasible and satisfying to care partners.
Randomized Controlled Trial of early PST for Care Partners of adults with TBI
Our Aims

• Aim 1: Is it feasible to deliver up to 6 PST sessions to care partners during the inpatient rehabilitation stay?
  • Can we do it?
  • Are care partners satisfied with the intervention?

• Aim 2: Does PST + Education compared to Education alone results in less burden and distress and in better coping skills?
  • Is PST more effective than just Education?
  • Do the effects last up to 6 months post-discharge?
Method

- Enrolling 172 care partners at three TBI Model Systems Centers
- Baseline, 1-month, 6-month assessments
  - Depression
  - Alcohol Use
  - Caregiver Burden
  - Caregiver Self-Efficacy
  - Positive Aspects of Caregiving
  - Coping Skills

• Progress to date: n=11 care partners enrolled. Planned completion by December of 2021.
Thank you!

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