The Stress-Busting Program for Family Caregivers of Wounded Warriors: An Adaptation of an Evidence-Based Program

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Problem: Family caregivers are becoming an increasingly important part of our society and our healthcare system due to aging baby boomer, longer life spans, and the increased prevalence of debilitating chronic diseases. In addition, family caregivers are indispensable in the care of our military wounded requiring long-term care. Caregiving, however, can cause a great deal of stress and takes great toll on the physical and psychological well-being of the caregiving family member.

Evidence: The Stress-Busting Program (SBP) assists caregivers to help them better cope with the stressors of caregiving. Since 1995 it has provided evidence of decreased depression, anxiety, and caregiver burden and increased quality of life and sense of coherence among caregivers who participate in the 9-session, once/week psychoeducational offering held in a support group setting.

Strategy: After obtaining the evidence indicating the efficaciousness of the program with caregivers of dementia, the program was adapted to meet the needs of caregivers of those with Parkinson's disease, then began the dissemination of the dementia program throughout the state of Texas. It is now undergoing a feasibility study to adapt it for the caregivers of the wounded warriors and currently being implemented at a military medical center.

Practice Change: Stress-Busting Program care for these family caregivers consists of a 9-session program that addresses the holistic needs of the caregivers. The essential elements in helping them to cope with the stress of caregiving are education, stress management, problem-solving, and support.

Evaluation: Phase 1 of the program worked with individual caregivers of persons with dementia on stress management techniques. Phase 2 involved the development and evaluation of the multi-component program offered in a group setting. Adaptation of the program to meet the needs of caregivers of Parkinson's disease was the focus of Phase 3. Currently, Phase 4 involves using the master trainer/lay facilitator model to disseminate the program in Texas, while Phase 5 is the adaption of the program for military caregivers.

Results: The results of Phases 1 & 2 of the SBP, both quantitative and qualitative, indicate that caregivers showed meaningful improvement in their ability to relax and manage stress upon completion of the intervention. Phase 3 was a successful adaptation of the program to a different group of caregivers. In Phase 4 the caregiver evaluation measurements were decreased to the most significant
variables and efforts applied to the development of the training program for facilitators as well as program dissemination. Currently, 42 people have been trained in facilitating the program, and XXX programs have been held throughout Texas. In Phase 5 greater challenges were experienced than expected because even though caregiver stress characteristics are fairly universal, this adaptation is not only to a different type of care provided, but also in a different context. Preliminary quantitative data indicate a trend for improvement among caregivers and qualitative data reflect the same strong appreciation for the program as well as positive changes in self-care behaviors.

**Recommendations:** Development of an intervention program requires planning, testing, and evaluation at each stage of the dissemination. Different contexts may require modification of the recruitment efforts and program logistics, even as the stress management content remains the same.

**Lessons Learned:** Caregivers of wounded warriors benefit from the support that caregivers of chronic diseases of the elder do, but the context of the military environment provides particular challenges to both the caregivers and those who provide programs for them.

**Bibliography:**

