Military and Veteran Care Giving

Military and Veteran Caregiver Network
Tragedy Assistance Program for Survivors

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Profile of all Caregivers

- 43.5 million adults provided unpaid care to an adult or child in the US (May 2014 - June 2015)
- 34.2 million provided unpaid care to an adult age 50 or older (May 2014 – June 2015)
- 60% are female, average age: 49 years old
- 82% are care for one person, 85% for a relative (49% care for a parent or parent-in-law)
- 10% care for a spouse; higher-hour caregivers are four times more likely to care for a spouse/partner
- 59% help with at least 1 Activity of Daily Living (ADL)
- 25% find ADLs difficult (personal care is most difficult)

*Higher hours equals greater likelihood of emotional stress, physical and financial strain*

* Cost of Informal Caregiving, $522 billion for U.S. elderly annually, RAND October 2014
* Caregiving in the US, AARP Public Policy Institute and NAC, June 2015
5.5 million pre- and post-9/11 caregivers of wounded, ill and/or injured; 1.1 million post-9/11 era

Pre-9/11 caregivers resemble civilian caregivers in many ways; post-9/11 caregivers differ
Pre-9/11 caregivers are mostly children of care recipients; post-9/11 are mostly spouses
Post-9/11 caregivers are younger, often employed and caring for younger vets (80% under age 60)
36% of pre-9/11 care recipients experience behavioral health issues
64% of post-9/11 vets experience mental health and substance use conditions

*Hidden Heroes: American’s Military Caregivers, RAND, 2014

Pre-and post-9/11 caregivers have worse health outcomes, experience greater strains in their families and more workplace problems than non-caregivers, but post-9/11 caregivers fare worst among all caregiver populations.
• Post-9/11 military care recipients are younger
  • They rely on spouses (33%) in newer marriages – 1/3 of which may dissolve
  • They are more reliant on aging parents, who will not be available to provide care starting in <15 years
• Post-9/11 caregivers need assistance with planning for financial, legal, residential, and vocational/educational concerns
• 71% of post-9/11 caregivers are not connected to a network; they report higher isolation and are at elevated risk of depression

All veteran caregivers, particularly post 9/11 caregivers, need structured social support to address their isolation and other risk factors

* Hidden Heroes: American’s Military Caregivers, RAND, 2014
DoD and VA Programs for the Military and Veteran Caregiver

Source: GAO analysis of Department of Defense (DOD) and Department of Veterans Affairs (VA) programs. | GAO-15-24
Non-Public Programs for the Military and Veteran Caregiver

- 100+ programs offer direct services to veteran caregivers though largely incidentally
- Over half of caregiver support programs established in the past ten years
- 80% of caregiver support programs are nonprofit
- Support programs are vulnerable to waning public interest, lowered philanthropic support and shortfalls in capacity to deliver services effectively.
- Most programs emphasize direct assistance ("helping hand") and/or offer social service programs
- Fewer than 10 programs offer assistance in other key areas, such as respite care, financial support, and health care provided outside of institutional channels, spiritual guidance or counseling

*Isolation remains a challenge especially for post 9/11 caregivers*

Meeting a Service Need and Filling a Program Gap

Peer Support Programs Address Isolation through Structured Social Support

- bearing witness to others’ struggles—not judging or directing
- learning from others—not teaching them
- modeling and validating “overcoming” challenge
- listening with the heart—not analyzing with the head
- being present to another’s pain—not taking away/relieving it
- respecting another in confidentiality—offering safety and security

Evidence-based, informed and best practices in peer support have been shown to increase positive health and mental health outcomes
The Power of Peer Support

Veterans with a disability, and their caregivers, benefit from the opportunity to connect and engage with peers with similar “lived experience”.

- Peer support has evolved over last five decades
- Now incorporated into delivery of services for people with health and mental health conditions
- Evidence of improvement for severe and chronic health and mental health and co-occurring conditions as well as complaisance with treatment
- Engagement as a peer facilitator positively associated with recovery orientation, spirituality, and meaningful activity for veterans in Vet-to-Vet model

Peer support is a complementary structured social support strategy that complements treatment, rehabilitation, community reintegration.

- Best Practices Identified for Peer Support Programs, DCoE, January, 2011
Disseminating Peer Support Program Best Practices

The Tragedy Assistance Program for Survivors (TAPS) has delivered peer based emotional support to the loved ones of those whose death is related to their military service. For 21 years, their evidence based, best practices have assisted over 50,000 survivors of all ages, all relations and all causes of death.

TAPS peer based programs have been recognized as beneficial to survivors by the Secretary of Defense, the Chairman of the JCS, the military services, the Defense Centers of Excellence and national organizations (e.g. American Association of Suicidality).

The Elizabeth Dole Foundation and the White House Joining Forces Initiative championed TAPS application of its “lessons learned” to the benefit of military and veteran caregivers.
To provide our nation’s pre- and post-9/11 era military and veteran caregivers with peer support and services to reduce their isolation and increase their connectedness, engagement, hopefulness, knowledge and skills.

**MISSION**

- Reduce caregiver isolation
- Increase caregiver connectedness
- Increase caregiver engagement, hopefulness and wellbeing
- Increase caregiver knowledge & skills

**GOALS**

**OBJECTIVES**

- Create a Network of 1,000+ partners
- Train master trainers, peer mentors, peer facilitators & peer moderators
- Provide: one-on-one peer mentoring; online peer communities and community-based peer support groups

**OUTCOMES/IMPACT**

- Connectedness
- Engagement
- Hopefulness
- Knowledge
- Skills
CREATING A COMMUNITY OF PRACTICE
Online Community Structure:

- Safe and secure technology with access only for vetted caregivers
- Operates 24/7, meeting caregivers’ schedule with tech support
- Serves caregivers through moderated groups, discussions, topics, chats
- Moderated by trained caregiver peers, ensuring appropriate content
- Provides secure online “profile”
- Creates/ensures atmosphere of respect and confidentiality
- Offers crisis interventions for members in distress
Community & Online Peer Support Group Structure:

- Groups formed with Network lead partners and community support organizations
- Groups facilitated by two trained caregiver peer facilitators
- Groups of 10-15 caregivers meet on a regular schedule
- Groups meet at least once per month for 1.5 hours (evenings and weekends, too)
- Caregivers may regularly participate or may “drop-in”
- Group space donated by faith-based organizations, educational institutions, military and veteran service organizations, posts and chapters
Peer Mentor Program Structure:

- Mentors are caregiver volunteers who communicate one-on-one with a caregiver peer mentee.
- Mentees may choose a peer mentor from a list of trained peer mentors, or if they are uncomfortable with choosing a mentor, one can be assigned to them.
- Mentors model a positive example of someone who has experienced the same “lived experience” and similar situation/issues.
- Mentors receive training in communication skills, available resources and steps to take if a situation requires expertise beyond their level of training.
Referring Military and Veteran Caregivers

Caregiver Connection to a Closed, Secure, Online Community (registration link):
https://milvetcaregivernetwork.org/connect-online

Caregiver Engagement as a Peer Mentor, Facilitator or Moderator:
Complete the Request Form: https://milvetcaregivernetwork.org/connect-online

Caregiver and Provider Access to Open, Vetted Services, including
Resource Library, Master Calendar, We Care Magazine:
https://milvetcaregivernetwork.org/
Helping Military and Veteran Caregivers

1. Routinely assessing caregiving needs and the presence of caregiver support
2. Acknowledge caregivers as part of their care recipient's health care team
3. Integrate military caregivers into health provider culture
4. Adopt appropriate caregiver documentation requirements to facilitate their engagement

* Providers need to acknowledge the critical role of the veteran caregiver and their elevated health and behavioral health risks

* Supporting Military Caregivers, The Role of Health Providers, RAND 2014