

Secondary Traumatic Stress in Veteran Partner-Caregivers

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INTRODUCTION

In 2011, 476,515 American veterans received treatment from the Veterans Health Administration for PTSD as a primary or secondary diagnosis (U.S. Department of Veterans Affairs, 2017). Post-Traumatic Stress Disorder (PTSD) is generally well understood and treatments are well established. Receiving less attention, however, are the partner-caregivers of the veterans. Partner-caregivers experience Secondary Traumatic Stress (STS) as well as general psychological distress as a result of their relationship with the injured veteran and the burden of their care.

SECONDARY TRAUMATIC STRESS

- STS = significant stress resulting from a personal or professional relationship with a victim of trauma (Becker & McCrillis, 2015)
- Occurs in midwives, child protection workers, therapists, first responders, health care professionals, peer advocates (Bride & Figley, 2009)
- Also known as: compassion fatigue, vicarious trauma, burnout
- Not a formal DSM diagnosis
- May be encompassed under DSM diagnostic criteria for PTSD as a result of “indirect exposure” (Ludick & Figley, 2016)
- Personal trauma may have a moderating effect on development of STS (Slattery & Goodman, 2009)
- Empathy is a risk factor (Ludick & Figley, 2016)

CAREGIVER BURDEN

- Zarit Burden Interview (ZBI) is a self-report measure of caregiver burden (Stagg & Lerner, 2015)
- Created and validated for caregivers of elderly dementia patients (Bédard, Molloy, Squire, Dubois, Lever, & O'Donnell, 2001)
- ZBI comprises two or three factors: role strain, psychological strain, and guilt (Ankri, Andrieu, Beaufils, Grand, & Henrard, 2005; Hebert, Bravo, and Preville, 2000)
- Severity of caregiver burden is not necessarily related to the severity of care recipient's disability (Stagg & Lerner, 2015)
- ZBI has not been validated with veteran caregiver populations

CAREGIVER BURDEN AND STS

- No research on the relationship between caregiver burden and STS
- Caregiver burden and STS share predictive factors: depression, previous trauma, relationship strain prior to diagnosis (Becker & McCrillis, 2015; Bédard, Molloy, Squire, Dubois, Lever & O'Donnell, 2001)
- Caregiver burden and STS share protective factors: social engagement, role validation, compassion satisfaction (Ankri, Andrieu, Beaufils, Grand, & Henrard, 2005; Bride & Figley, 2009; Slattery & Goodman, 2009)

STS IN PARTNER-CAREGIVERS

- Caregivers are unique from other populations with STS in that they are not professionals, receive no compensation and no training
- Primary trauma from exposure to veteran or indirect exposure via veteran's trauma (Ludick & Figley, 2015)
- Caregiver burden factors of social loss (role strain) and guilt may increase the incidence of STS (Ankri et al., 2005; Ludick & Figley, 2016; Becker & McCrillis, 2015)
- Mental health services not available to all veteran partner-caregivers
- Not all partner-caregivers receive recognition and support for their role; few receive financial assistance
- Limited community for caregivers
- Lack of respite care

PREVENTION & TREATMENT

- Community and shared experience are preventative factors (Caddick, Phoenix, & Smith, 2015)
- Self-care (Bride & Figley, 2009)
- Clinical intervention (Ludick & Figley, 2016)

FORENSIC IMPLICATIONS

- PTSD/STS in domestic violence and/or child abuse cases
- Malpractice litigation against the VA
- Wrongful termination from Comprehensive Assistance for Family Caregiver Program

CAREGIVER VOICES

- “He doesn't look sick. He didn't die, he didn't lose a leg or anything. People think I'm overreacting and I should be grateful. They have no clue what it's like.”
- “I have to take care of him all the time. If I don't put food in front of him, he won't remember to eat. Some days he sleeps 22 hours, drinks some coffee, and goes back to bed.”
- “I spend my life taking care of him but there's nobody to take care of me. My parents won't even help.”

FUTURE RESEARCH

- Rate of STS in veteran caregiver population
- Zarit Burden Interview validated in veteran partner-caregiver population.
- Previous trauma as protective/predictive factor for STS
- Methods for increasing resiliency in veteran partner-caregivers
- Development of dedicated measure of STS in this population

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