

BACKGROUND

- ❖ According to the American Burn Association (2016), 486,000 burn injuries receive medical treatment and 40,000 burn injuries that required hospitalization, including 30,000 at burn centers.
- ❖ Emotional trauma is common for burn survivors and their families after experiencing a burn injury.
- ❖ Caregivers often face emotional, financial, and physical burdens.
- ❖ 77% of spouses and 56% of other family members of burn survivors reported experiencing symptoms of depression or PTSD.
- ❖ Spouses and family members of burn survivors deal with financial issues, childcare, changes in family dynamics, and change of appearance in their loved one.
- ❖ Many of these caregivers report experiencing moderate to severe burnout.
- ❖ Overall, caregivers give informal and unpaid care that can be amounted to \$257 billion annually in the United States.

PROGRAM DETAILS

- ❖ Frequency of group: 1 day per month for 30 minutes- 1 hour
- ❖ Group format: open discussion or presentation from “experienced” caregiver.
- ❖ Agenda:
 - ❖ Introductions
 - ❖ Discuss group goals and purpose of the group
 - ❖ Explanation of group format
 - ❖ Group rules
 - ❖ Group discussion- open discussion or presentation
 - ❖ Discuss resources, handouts, and topics indicated in support group manual.
 - ❖ Closing remarks and questions

FOCUSED QUESTION

- ❖ What components of a caregiver support group are beneficial for the emotional and physical aspects of caregivers of burn survivors?

Themes Present in Support Groups	Common Coping Mechanisms Discussed
Guilt and self-blame	Talking about feelings and emotions
Emotional distance between family members	Maintaining emotional relationships
Fear of death of the burn survivor	Relaxation techniques
Concerns about the future	Returning to group sessions

METHODS

- ❖ Caregivers and burn survivors were invited to a support group to discuss their emotions and concerns and to connect with other group members.
- ❖ Support groups were held weekly for 12 weeks.
- ❖ A counselor led the sessions with a topic, including experience of being in the hospital, relationship between stress and patient’s recovery, coping with the trauma and pain, managing epilepsy and other risk factors for burn injury, stress management, depression, and the benefits of group therapy sessions.
- ❖ The purpose of the group was to allow members to freely discuss their emotions with others rather than offering medical advice.
- ❖ The group format was unstructured and included a 10-minute open dialogue after the group counselor introduced topics for discussion.
- ❖ Descriptive data about group was collected and analyzed.
- ❖ Transcripts were collected based on notes taken during the group session.
- ❖ Transcripts included issues discussed by group members and their direct quotes.
- ❖ These transcripts were qualitatively analyzed utilizing thematic analysis and coded for recurring themes.
- ❖ Themes were compared between reviewers, and themes that were agreed upon were included in the study.

RESULTS

- ❖ Forty-eight caregivers participated in the study.
- ❖ The mean number of group members attending each group session was 13.
- ❖ Researchers found the following themes to be present at each group session:
 - ❖ Guilt and self-blame
 - ❖ Emotional distance between family members
 - ❖ Fear of death of the burn survivor
 - ❖ Concerns about the future
- ❖ Group members were found to discuss the following coping mechanisms:
 - ❖ Maintaining emotional relationships
 - ❖ Returning to group sessions
 - ❖ Talking about feelings and emotions
 - ❖ Relaxation techniques
- ❖ Group members found it beneficial to hear from others who have experience similar situations.
- ❖ Group members reported increased comfort with the situation and decreased fear about the future after attending a support group.
- ❖ Self-acceptance, perspective change, value of community, and reciprocity were common themes that group members reported taking away from the support group.
- ❖ Limitations:
 - ❖ Small sample size
 - ❖ Short time frame

BOTTOM LINE FOR OT

- ❖ A burn injury affects both the caregiver’s and burn survivor’s roles, habits, routines, and occupations.
- ❖ Occupational therapists can help caregivers utilize strategies to adapt habits, routines, and occupations as their situation changes.
- ❖ An occupational therapist is well-educated on client-centered care, utilizing therapeutic use of self, building rapport, and addressing a person’s physical, mental, and emotional needs.
- ❖ Addressing the mental and emotional needs of caregivers can in turn help them to provide better and safer care for their loved one who is a burn survivor.
- ❖ Group members can discuss strategies that help enable their loved one to participate in daily activities.
- ❖ Group members can address coping mechanisms and the community resources that are available.
- ❖ Occupational therapists can also connect group members to community resources and programs that would help caregivers.
- ❖ Mental and emotional health are as important as physical health. These are areas are the origins of occupational therapy.

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