Life in the Community following Traumatic Brain Injury: Caregiver Drug and Alcohol Use and Life Satisfaction in West Virginia

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Background

Brain injury represents a leading cause of death and disability worldwide. While a small number of TBI survivors continue in a persistent state of coma, the vast majority return to the community with some residual cognitive, psychosocial, behavioral, or physical impairment. This study investigated life satisfaction among caregivers living in the community across West Virginia. For family members and caregivers, the sudden nature of TBI rarely affords preparation time, taxing one's capacity to cope with life change and impacting quality of life. Drug and alcohol use may be signs of difficulty coping and can negatively impact one's ability to meet the needs of the survivor. Life satisfaction is a subjective measure of quality of life and has been linked to depression and psychological distress.

Objectives

- To explore the relationship between caregiver life satisfaction and drug and alcohol use following TBI
- To explore the relationship between TBI survivor functional level and impairments and caregiver selfreported life satisfaction during the community stage of recovery
- To facilitate a greater understanding of ways that professionals can support caregivers following TBI

Methods

35 caregivers completed the Satisfaction with Life Scale (SWLS), the Drug Abuse Screening Test (DAST-10), the Michigan Alcohol Screening Test (MAST) and the Mayo Portland Adaptability Inventory (MPAI). These data measures were discussed and distributed with caregivers by TBI resource coordinators during an in person visit with the survivor and his/her family (if applicable). Participants completed forms independently and returned them to the West Virginia University Center for Excellence in Disabilities (WVUCED). Three MPAI subscales were examined.

MPAI Abilities Subscale Includes:

Mobility, Use of Hands, Vision, Audition, Dizziness, Motor Speech, Verbal/Nonverbal Communication, Attention/Concentration, Memory, Fund of Information, Novel Problem Solving, and Visuospatial

MPAI Adjustment Subscale Includes:

Anxiety, Depression, Irritability/Anger/Aggression, Pain and Headache, Fatigue, Sensitivity to Mild Symptoms, Inappropriate Social Interaction, Impaired Self-Awareness, and Family/Significant Relationships

MPAI Participation Subscale Includes:

Initiation, Social Contact, Leisure/Recreational Activities, Self-care, Residence, Transportation, Paid/Other Employment, and Managing Money Finances

Data were analyzed using SPSS statistical package. Correlations were used to determine relationships among the variables in the data.

Results

The average age of caregivers studied was 55 years old. The distribution of caregiver status among participants is shown in Chart 1. Parents made up the largest category of caregivers (40%), followed by spouses (nearly 29%).

Table 1 reveals significant relationships were identified between satisfaction with life and the adjustment and participation subscales of the MPAI, but not the abilities subscale.

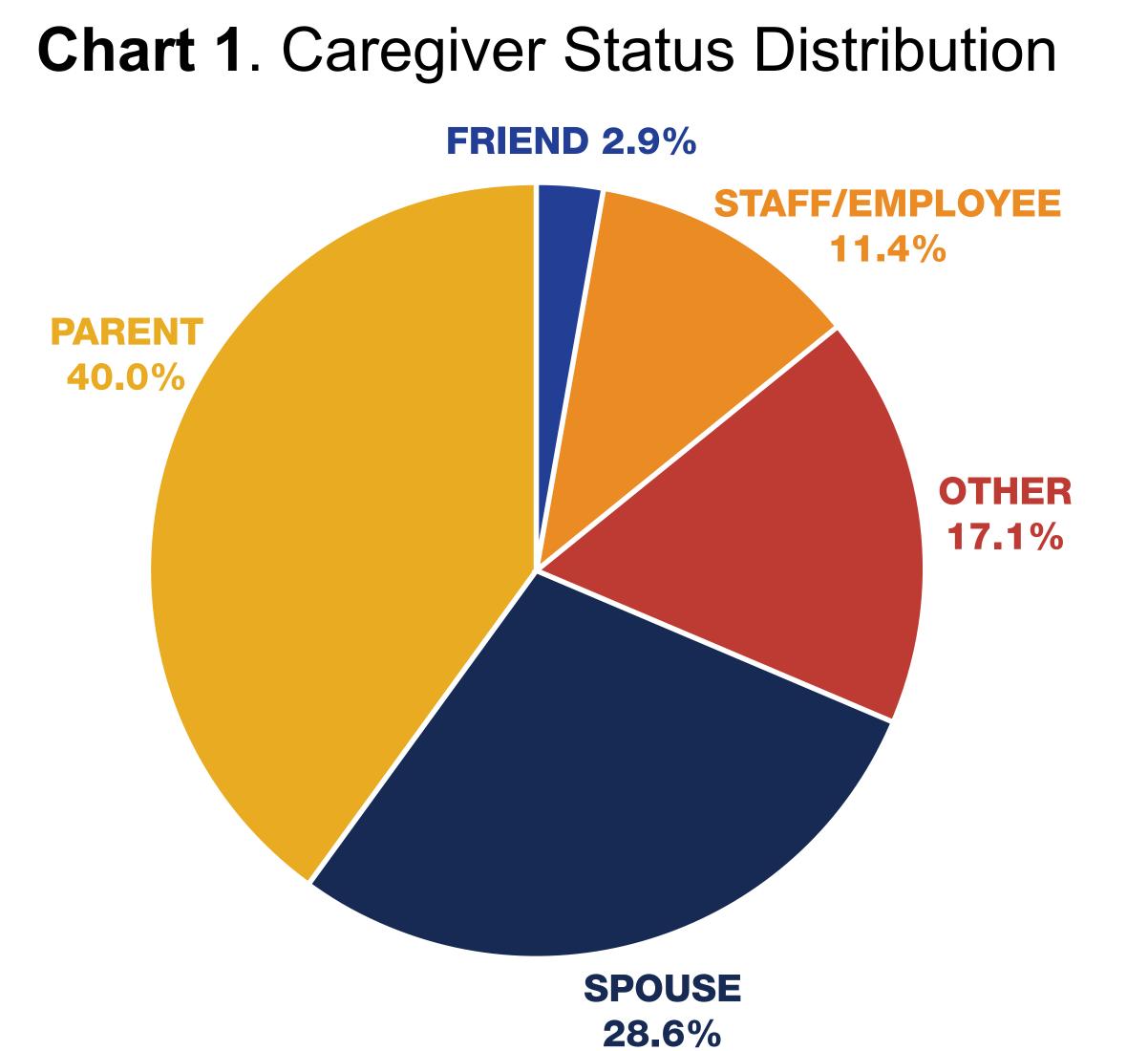


Table 1. Correlations between Satisfaction with Life and Mayo Portland Adaptability Inventory Subscales

	DAST 10	MAST	MPAI Abilities Subscale	MPAI Adjustment Subscale	MPAI Participation Subscale	MPAI Total Score
SWLS	r =376* $p = .026$	r =101 p = .564	r =283 $p = .099$	r =466 ** $p = .005$	r = .476** $p = .004$	r = .396* $p = .019$

^{*} Correlation is significant at the 0.05 level (2 tailed)

A significant inverse relationship was found between caregiver life satisfaction and drug use (greater drug use and lower life satisfaction), but not alcohol use. Lower caregiver life satisfaction was significantly associated with the functional and community participation of the survivor, but not specific TBI-related impairments (physical, cognitive, or communication problems). The survivor's level of independence in self-care, leisure and social activities, frequency of legal violations, drug use, and alcohol use also contributed to caregiver life satisfaction.

Conclusions

The findings of this study can assist clinicians in appreciating the coping and support needs of caregivers during the community reintegration process. The findings support the implementation of programs that increase TBI survivor self-care independence and participation at home and in the community. Caregiver education on strategies to facilitate improved coping along with methods to enhance home and community participation for an individual following TBI can also be key elements to a comprehensive TBI recovery model.

References

Wheeler, S. (2012). The impact of intensive community based rehabilitation on community participation and life satisfaction following severe traumatic brain injury. In: Agrawal, A. (Ed.): Brain Injury: Functional Aspects, Rehabilitation and Prevention. Rijeka, Croatia: Intech Publishers.

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^{**} Correlation is significant at the 0.01 level (2 tailed)