

#### Coping with the Stress of Caregiving

Celebrating a Second Chance at Life Survivorship Symposium

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# The University of Kansas Cancer Center

# Coping with the Stress of Caregiving

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# **Highlights**

- Cancer caregiver statistics
- Caregiver responsibilities
- · Unique position of BMT Caregivers
- Emotional and mental health concerns
- Impact of COVID-19
- · Distress screening for caregivers
- Signs of caregiver burnout
- · Resources and coping



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# **Cancer Caregivers**

- 16.9 million cancer survivors (ACS & NCI 2016)
- 22.2 million by 2030
  - How many caregivers?
  - 75% of families have at least one member who is a cancer survivor
- About 23,000 stem cell transplant performed each year
- · Caregivers provide:
  - 75-80% of care
  - 8.8 hours of care/day
  - >4 years of caring over course of cancer journey (Kim, 2010, Van Ryn, 2011)



#### THE UNIVERSITY OF KANSAS CANCER CENTER What do Caregivers do? Provide unpaid care & health-related assistance Medication acquisition/dispensing Spiritual Physical Symptom management Meals/nutritional assistance Play Social Supervision, adherence Errands/bill paying Academic Personal **Emotional Support** Coordinating Care Work/ financial Emotional Communication with providers

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# **Caregiver: An Essential Team Member**

- Social support to patients is invaluable, vital
  - "Invisible" member of the medical team
- Caregivers essential for optimal treatment of their loved one
  - Ensure treatment compliance, continuity of care
- Measured distress sometimes higher in caregivers than patients
  - E.g. higher levels of caregiver anxiety than patient anxiety when cancer incurable (Jacobs et al., 2017)



# **BMT Caregiver**

- · Long-term commitment of care
  - Patient's needs change by stage of survivorship
    - Initial diagnosis, treatment, transplant, post-transplant
  - Significant life disruption of transplant recipient and caregiver
  - Multiple roles
  - Fear and uncertainty



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# Little medical training pre-caregiving

- Steep learning curve
- Managing medications / dosages
- Monitoring symptoms / complex decision making
- Decreasing risk for infection
- Enforcer of rules and restrictions ("bad cop")
- Post-transplant morbidities (e.g. GVHD)



# **Questions BMT Caregivers Ask**

- "When do I stop being a caregiver?"
  - Survivorship needs (late effects, secondary cancer prevention)
- "I don't know how to pull back? There was so much responsibility placed on me."
- "How do I return to normalcy?"
- "I don't think I've processed all I have been through."
- "No one understands."



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# **BMT Caregiver Mental Health**

- Depression
  - 3.5 x more risk for depression several years after transplant among spouses of HCT recipients (Bishop et al., 2007)
- Sleep
  - Prior to HCT caregivers report significantly higher levels of anxiety, stress and insomnia (Simineau et al., 2013; Siston et al., 2001)
- Anxiety, less social support, greater marital dissatisfaction, loneliness, less spiritual wellness than peers (Bishop, et al., 2007)



# **BMT Caregiver Needs**

- Significant caregiver physical and emotional needs (Jim et al. 2014)
  - Social isolation
  - Struggles in knowing how much to push (hobbies, activity, exercise)
  - Closer relationship and also strain
  - Significant need in learning to cope and help patient cope
  - Formal and informal self-care can be neglected



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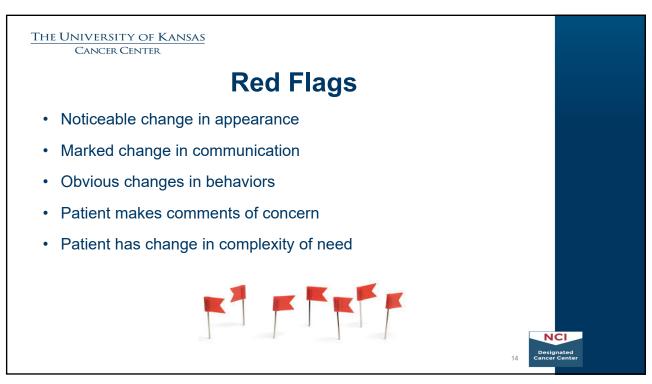
#### **Impact of COVID-19**

- · Caregivers with increased gate keeping
- Limitations on attending inpatient / outpatient visits
- Increased COVID anxiety/fears
  - Dealing with possible exposures and positive status
- · Impact of pandemic
  - Less people to assist with caregiving
  - Work, finances, child care
- · Support networks drastically impacted



	The University of Kansas Cancer Center  BMT Caregiver Distress Screening			
The University of Kansas As a caregiver, we want te Are you the primary caregi Relationship to patient STEP 1				
How distressed are you feeling today? Circle below to show your level of distress, 10 being the highest, 0 being the lowest 10  9  NO  8  7  6  NO  10  9  NO  10  9  NO  10  9  NO  10  10  9  NO  10  10  10  10  10  10  10  10  10  1	wark YES if any of the following are concerns ave had in the PAST MONTH:  YES Practical Concerns  I need help finding a place to stay near the cancer center I need to be a caregiver for more than the patient I ment to discuss work related issues (FMLA)  YES Emotional Concerns I am refeling anxious, worried, or inritable I am crying more or feeling sad or depressed I am concerned about my relationship with people close to me  YES Spiritual Concerns I have religious beliefs that impact my caregiving I have spiritual worries related to the illness of the person I care for I consider prayer/meditation/worship as important to my treatment  YES Self-Care Concerns I have noticed significant physical changes in myself (i.e., weight, sleep) I DO NOT feel supported by friends/family  YES Communication Concerns I DO NOT feel supported by the medical to an a caregiver I have questions that need to be answered by the medical team ant to hear your feedback. Please note any other concerns you may have:	STEP 3  Would you like to meet with a Supportive Service Professional? Please mark all that apply to you.  NO YES  Social Worker  Dietitian  Chaplain  Exercise Specialist Financial Counselor  Would you like information about other services? Please mark all that apply to you.  Would you like information about other services? Please mark all that apply to you.  Wellness Group (coping, yoga, etc.)  Educational Opportunities  OFFICE USE ONLY  The following referrals were made:  Social Work Prychologist  Other Cheplan  Social Work Prychologist  Other Cheplan  Social Work Prychologist  Social Work Prychologist  Other Social Work Prychologist  Social Work Prychologist  Other Social Work Prychologist Please Mark Primar Poor Profession Primar Specialit Financial Counseler  Care Team Signature:	NCI Designated Cancer Center	

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#### Signs of Caregiver Burnout

- Ignoring your own health problems/symptoms
- Eating poorly
- Overusing tobacco, alcohol or other substances
- · Giving up exercise
- Losing contact with friends
- Bottling up feelings of anger and frustration
- Outbursts

- Feeling resentful or unreasonably annoyed
- Feeling anxious, distressed, sad, hopeless (two weeks)
- Blaming patient
- Feeling tired all the time
- Sleeping poorly
- Trouble concentrating

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www.help for carcer caregivers.org/content/caregiver-burnout



# **Caregiver Resources**

- BMTInfoNet
  - Caring Connections Program
- · Be The Match
  - <a href="https://bethematch.org/">https://bethematch.org/</a>
  - One on one telephone support
  - "The Caregiver's Companion" book
- Leukemia and Lymphoma Society
  - https://www.lls.org/support/caregiver-support
- Lotsa Helping Hands
  - <u>https://lotsahelpinghands.com/</u>
- Online Therapy e.g. Talkspace



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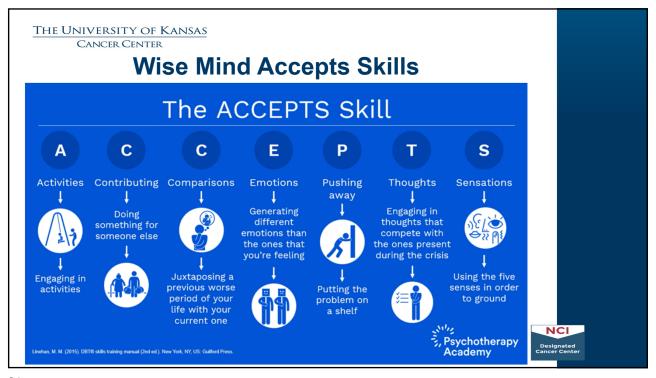
# **Caring for the Caregiver**

- Patients
  - Encourage your caregiver to take time off
  - Find small contributions to relieve feeling of burden
  - Encourage caregiver's own outlets
  - Be open and honest, listen
  - Support their hobbies and activities that bring meaning/joy
  - Be mindful of language ("self-care")

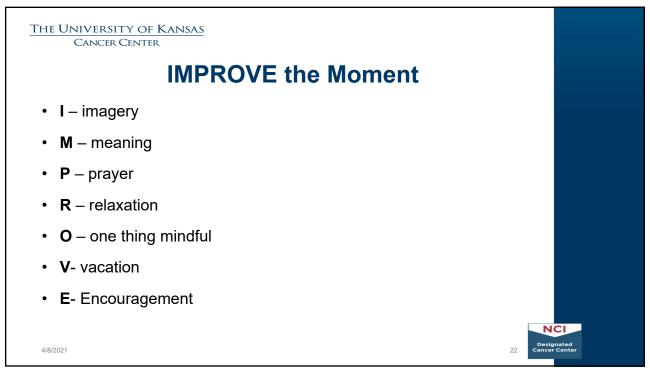




The University of Kansas CANCER CENTER **Skills Emotional** Rational Wise Mind Mind Mind · Reason and logical Approaches thinking difficult knowledge · Intuitive thinking intellectually · Uses only emotions to make descisions · Arrangement and Thinks logically and uses past experience balance between Reactive Rational and Emotional · Uses facts and Mind · Tells us how we are research as well as Living Mindfuly really doing planning Uses core psychological Focused needs [online diagramming & design] Create y.com



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