

Putting Research to Work for Military Families



Focus:
Multiple
Branches

Evaluating the Needs of Military and Veterans' Families in a Polytrauma Setting

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SUMMARY: Caring for a Service member who has experienced polytrauma injuries is often taxing for family members. Family members of military polytrauma patients admitted to a polytrauma rehabilitation center were surveyed regarding their needs and satisfaction with treatment. Families perceived health information needs as most important and most frequently met, and although emotional and instrumental needs were seen as least important, a sizable percentage reported they were unmet.

KEY FINDINGS:

- Families rated the need for health information as most important, as well as the most frequently met need.
- Among health information needs, families felt that complete, honest, and current information about the patient was one of the most important.
- Families rated the need for emotional and instrumental support as least important, as well as the least frequently met need.

IMPLICATIONS FOR PROGRAMS:

Programs could:

- Offer support groups for family members to discuss concerns and obtain support from friends, family, and others with similar experiences
- Educate families regarding practical information (e.g., coordinating appointments, administering medication) required to provide care to a Service member with complex injuries and needs
- Provide workshops for Service members and their families that allow them to renegotiate family roles and responsibilities and openly discuss emotions related to family changes

IMPLICATIONS FOR POLICIES:

Policies could:

- Support the development of new polytrauma rehabilitation centers and accessible, long-distance transportation to minimize travel requirements placed upon families living far from these centers
- Encourage the development of a comprehensive support structure, including individual liaisons to coordinate and connect services and resources for Service members with complex injuries
- Recommend that all rehabilitation centers include physical space to meet the needs of Service members' families (e.g., rest areas, family conference rooms, child play areas)

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METHODS

- Family members of patients admitted to a polytrauma rehabilitation center in Richmond, Virginia were recruited from July 2007 to January 2010 with a 30% enrollment rate.
- Family members completed an anonymous questionnaire regarding their psychosocial and educational needs after their Service member's trauma.
- Percentages of families reporting needs were examined to determine the needs most and least important to family members and which needs the center was meeting.

PARTICIPANTS

- Of the 44 participating family members of 17 patients, they were 48% parents, 34% spouses, 9% siblings, 2% adult children, and 7% another relative or power of attorney.
- Family members were primarily White (84%) and married (75%) and had an average age of 42.9 years (SD = 14.5).
- Patients were either Active Duty or Veteran Service members with polytrauma injuries (45% sustained in OEF/OIF), including a majority with a traumatic brain injury (81%); they were 97% male and had an average age of 30 years (SD = 9.4).

LIMITATIONS

- The small sample derived from a single polytrauma clinic and families of inpatients only may limit generalizability of the findings.
- This is a cross-sectional study, which precluded evaluating families' needs as patient condition changed or following discharge.
- The effects of patient characteristics (e.g., medical history, military or deployment history) or family member characteristics (e.g., parent vs. spouse) were not evaluated.

AVENUES FOR FUTURE RESEARCH

Future research could:

- Conduct a longitudinal study to evaluate changes in families' needs over time
- Examine how Service members' prior health, as well as family members' mental and physical health, may affect the needs of family members caring for polytrauma patients
- Explore patient and family member needs in a larger, more diverse sample to increase generalizability of the findings

ASSESSING RESEARCH THAT WORKS



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