



Caregiver Educational Workshop: *Addressing Burden, Burnout, & Self-Advocacy*

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Introduction

- 15–27% of U.S. adults over 45 provide caregiving, and this demand will grow as the population ages.
- By 2030, about 73 million Americans will be 65+ and more likely to need caregiver support.
- Many informal caregivers work while providing an average of 26 hours of care per week, increasing physical, emotional, and psychological strain.
- Higher caregiving intensity (more hours, greater dependence) is linked to greater burden and burnout; nearly 40% of caregivers report two or more chronic conditions.
- Caregiver education and training (e.g., DEFT, occupational therapy–led programs) can improve confidence, reduce readmissions, and sustain knowledge.
- Occupational therapy supports caregiver balance and wellbeing through skill-building, self-care strategies, and help navigating resources.

Methods

- **Design:** Six-week caregiver workshop with optional one-on-one consultations for caregivers of individuals with neurological conditions. Sessions focused on caregiver burden, symptom management, continuing education, and building caregiver self-efficacy.
- **Participants:** Caregivers living in the Huntsville, AL area who speak English and care for a loved one with a confirmed neurological diagnosis. For one-on-one consultations, the care recipient was required to be an active patient at Magnolia Neurorehabilitation Clinic.
- **Recruitment:** Participants were recruited through digital flyers, social media posts, outreach to local healthcare facilities, and referrals from Magnolia Neurorehabilitation Clinic. Registration was completed via Qualtrics.
- **Data Collection:** Pre- and post-intervention surveys were administered through Qualtrics and included demographic questions, Likert-scale items on caregiver confidence and perceived burden, and open-ended questions about program impact.
- **Data Analysis:**
 - *Quantitative:* Descriptive statistics were used to examine changes in caregiver confidence and perceived burden from pre- to post-intervention.
 - *Qualitative:* Open-ended responses were coded to identify recurring patterns and themes.

Results

Participants:

- N = 8 caregivers completed both pre- and post-workshop surveys
- Care recipients had Parkinson’s, dementia, or other neurological conditions

Confidence Domain	Pre (Mean)	Post (Mean)	Scale
Overall caregiver confidence	3.16	4.50	1–5 Likert
Burden / burnout management	3.58	4.75	1–5 Likert
Self-advocacy	2.75	4.60	1–5 Likert
Post-session topic confidence (average across 6 sessions)	–	4.02	1–5 Likert

Qualitative Findings:

- Caregivers reported gaining practical strategies for managing stress, burnout, time, and safety
- Participants described increased awareness of self-care and greater willingness to implement or seek resources/support
- Common themes:
 - Improved understanding of caregiver burden impact
 - Greater confidence implementing self-care
 - Increased knowledge of practical strategies and resources

Overall Trend:

- Workshop participation improved caregiver confidence, provided meaningful education, and addressed key concerns related to burden, burnout, and self-advocacy

Discussion

- Participation in the six-week caregiver workshop was associated with increased confidence in managing caregiving tasks, reducing perceived burden, and advocating for both personal and patient needs.
- Average confidence scores increased by 1.34 points across domains, and 100% of respondents reported that the workshop improved their confidence “quite a bit” or “a great deal.”
- Among the six session topics, the highest post-session confidence ratings were for self-care (4.1), communication (3.9), and self-advocacy (4.2), suggesting these are key educational needs for caregivers.
- These findings align with existing literature indicating that targeted caregiver training can improve confidence and reduce perceived burden, supporting the value of structured education in neurorehabilitation settings.

Discussion continued

Qualitative feedback echoed quantitative findings. Caregivers reported better understanding of strategies, greater awareness of resources, and active use of new approaches in daily life. They also valued the peer support and sense of connection. High attendance with positive comments suggests the multi-week format is feasible and acceptable.

Integrating similar programs into outpatient rehab may further support caregiver wellbeing and care recipient quality of life. However, results are limited by small sample, short duration, and reliance on self-report. Future work should examine long-term and functional outcomes in larger, more diverse caregiver groups while refining content and outcome tracking to support scalability.

Conclusion

An OT-focused caregiver workshop helps address gaps in caregiver education, confidence, and health by providing structured, practical training that builds caregiving skills, strengthens self-advocacy, and supports caregivers in protecting their own wellbeing while caring for their loved one.

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Acknowledgement & Contact information

Thank you, Dr. Jason Vice, for guidance throughout the project and Kelly & Kelley at Magnolia Neuro Rehabilitation for supporting workshop development and implementation. We are especially grateful to the caregivers who participated and shared their experiences.