Caregiver Burnout and Unhealthy Coping: A National Practice Module

Recognizing caregiver burnout and replacing unhealthy coping with safer strategies.

> **Why this module matters.** Nearly 20% of unpaid caregivers of adults report starting or increasing substance use to cope with stress, and hazardous drinking by dementia caregivers has been linked with abuse and neglect. Burnout and unhealthy coping put both the caregiver and the care recipient at risk.

About this module

This module gives teams a shared, evidence-based approach to recognizing caregiver burnout and replacing unhealthy coping with safer strategies. It draws on current federal rules and national guidance, and it ends with a checklist that agencies, clinicians, and families anywhere in the United States can adopt.

Item	Details
Who it is for	Family caregivers, home care workers, agency supervisors, clinicians, and community organizations
Format	11 units, case scenarios, a knowledge check, and a national checklist
Time	About 3 hours as training, or use single units as refreshers
How to use it	Caregivers focus on Units 2 to 8. Families and friends use Unit 9. Clinicians and agencies use Units 5, 10, and 11 and the checklist.

Learning objectives

After completing this module, learners will be able to:

1. Describe national data on caregiver strain and substance use.
2. Recognize the stages of burnout.
3. Identify unhealthy coping patterns.
4. Explain why caregivers are especially vulnerable.
5. Use simple screening tools.
6. Choose healthier coping strategies.
7. Build a personal coping plan.
8. Keep medicines safe at home.
9. Talk with a caregiver who is struggling.
10. Find help and support recovery.
11. Build agency and clinical supports.

Scope. This module is education, not a diagnosis or treatment plan. Screening tools point to when to seek help. If you are in crisis or thinking of harming yourself or someone else, call or text 988, or call 911.

Unit 1. The national picture

Caregiving can be meaningful, but long hours, grief, isolation, money worries, and lost sleep wear people down. When stress outpaces support, many caregivers turn to quick ways of coping, such as a drink to unwind, a pill to sleep, or cannabis to calm down. Over time these can harm the caregiver and the person they care for.

Measure	Figure	Source
Family caregivers in the United States	63 million; about 1 in 4 adults	AARP and NAC, 2025
Caregivers providing high-intensity care	44%	AARP and NAC, 2025
Caregivers in fair or poor health because of caregiving	Nearly 1 in 5	AARP and NAC, 2025
Unpaid caregivers of adults reporting new or increased substance use to cope with stress	Nearly 20%; all caregiver groups had higher odds than non-caregivers	Varma et al., 2024 (CDC-affiliated study)
Dementia caregivers reporting binge drinking	14 per 100 (2019 BRFSS)	Kunicki and Jones, 2021
Adults 65+ who drank in the past month / binge drank	43.7% / 12.0% (2023)	NIAAA
Adults 65+ with alcohol use disorder	2.7 million (4.6%, 2023)	NIAAA
Share of alcohol-related deaths among people 65+	38% (2020–2021)	NIAAA, from CDC data
Adults 65+ using cannabis in the past month	7.0% in 2023, up from 4.8% in 2021	Han et al., JAMA Internal Medicine, 2025
Americans 12+ with a substance use disorder	About 48.4 million (16.8%, 2024)	SAMHSA NSDUH 2024
Older adults with a substance use disorder	More than 7 million	SAMHSA, via AARP

Why it matters for care recipients. A 2025 study in JAMA Network Open found that hazardous drinking and daily drinking by family caregivers of people with dementia were independently associated with abusive or neglectful behaviors. Unhealthy coping is a safety issue for the person receiving care, not only a personal health issue.

Unit 2. Understanding burnout

Burnout is physical, emotional, and mental exhaustion that builds when demands stay high and support, rest, and control stay low. It is not a weakness or a lack of love.

Stage	What it can feel like
Stress	Busy and tired, but coping; still finding moments of meaning
Strain	Constant fatigue, poor sleep, irritability, skipping own health care
Burnout	Exhaustion that rest does not fix, numbness, resentment, hopelessness, withdrawing from others
Crisis	Unable to provide safe care, harming self or others, thoughts of suicide

Risk factors	Protective factors
Caring for someone with dementia or behavior changes	Respite and shared care
Long hours, little sleep, no backup	Skills training and knowing what to expect
Working while caregiving; money strain	Regular contact with friends, faith, or community
Living with the care recipient	Physical activity and regular sleep
Own health problems, depression, or past substance use	Professional support when needed
Isolation, conflict with family	A sense of choice and control over the role

Paid caregivers experience burnout too, along with compassion fatigue (emotional exhaustion from absorbing others' suffering) and moral distress (being unable to give the care they believe is right because of time, staffing, or rules).

Unit 3. What unhealthy coping looks like

Unhealthy coping is anything that brings short-term relief but adds harm over time. It often starts small and grows quietly.

Pattern	Examples	Hidden risks
Alcohol	A nightly drink that becomes three; drinking to sleep; drinking alone	Impaired care, falls, medicine interactions, depression, abuse or neglect risk
Cannabis	Daily use to calm down or sleep, including edibles	Slowed reactions, poor supervision, driving risk, dependence
Prescription medicines	Using sleep, anxiety, or pain pills more than prescribed; taking the care recipient's medicines	Overdose, dependence, legal risk, leaving the care recipient without their medicines
Nicotine	Smoking or vaping more	Heart and lung disease; fire risk near oxygen
Food	Skipping meals or overeating for comfort	Weight change, diabetes, low energy

Pattern	Examples	Hidden risks
Caffeine and energy drinks	Using stimulants to push through sleep loss	Anxiety, heart rhythm problems, worse sleep
Withdrawal and isolation	Cancelling plans, ignoring calls	Loneliness, depression
Anger and blame	Yelling, rough handling, harsh words to the care recipient	Emotional or physical abuse
Escape behaviors	Gambling, overspending, hours of scrolling	Debt, lost time, guilt

> **Safety rule.** Never provide hands-on care, give medicines, supervise someone with dementia, or drive while impaired by alcohol, cannabis, or medicines. Arrange backup care instead.

Unit 4. Why caregivers are especially vulnerable

- **Easy access:** caregivers often manage the care recipient's opioids, sleep medicines, and anxiety medicines.
- **Chronic sleep loss:** night care and worry make sleep aids and alcohol tempting.
- **Grief:** watching a loved one decline is a long, repeated loss.
- **Little time for help:** caregivers often put their own health care last.
- **Stigma:** many feel they must appear strong and fear judgment.
- **Changing norms:** legal cannabis in many states and changing national alcohol guidance can make use feel lower-risk than it is.

National alcohol guidance has changed. The 2025–2030 Dietary Guidelines for Americans, released January 7, 2026, removed the earlier numeric daily limits and now advise people to drink less. For older adults, who are more sensitive to alcohol and take more medicines, less is safer, and many should not drink at all. Ask a clinician what is safe with your medicines and health.

Unit 5. Checking in: self-screening tools

These widely used tools help caregivers notice when stress or substance use needs attention. They are not a diagnosis. Share results with a clinician.

Caregiver strain check (past 2 weeks)

How often have you...	Never	At times	Often	Always
Felt exhausted even after rest	☐	☐	☐	☐
Felt you have lost control of your life	☐	☐	☐	☐
Felt resentful or angry about caregiving	☐	☐	☐	☐
Felt your health has suffered	☐	☐	☐	☐
Felt alone with caregiving	☐	☐	☐	☐
Lost patience with the person you care for	☐	☐	☐	☐

Mood (PHQ-2 and GAD-2)

Over the past 2 weeks, how often have you been bothered by: (1) little interest or pleasure in doing things; (2) feeling down, depressed, or hopeless; (3) feeling nervous, anxious, or on edge; (4) not being able to stop or control worrying? Score 0 (not at all) to 3 (nearly every day). A score of 3 or more on the first two items, or on the last two, suggests talking with a clinician.

Alcohol (AUDIT-C)

Question	0	1	2	3	4
How often do you have a drink containing alcohol?	Never	Monthly or less	2–4 times a month	2–3 times a week	4+ times a week
How many drinks on a typical drinking day?	1–2	3–4	5–6	7–9	10+
How often do you have 6 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost

A total of 4 or more for men, or 3 or more for women, is commonly used as a positive screen. Older adults may be at risk at lower amounts.

Other substances

- ☐ In the past year, have you used a prescription medicine more than prescribed, or one not prescribed to you?
- ☐ Have you used cannabis to cope with stress or to sleep?
- ☐ Have you felt you should cut down on drinking or drug use?
- ☐ Have others been concerned about your use?
- ☐ Have you cared for someone while impaired?

Any “yes” is a reason to talk with a clinician or call the SAMHSA National Helpline (1-800-662-4357), which is free, confidential, and open 24/7.

Unit 6. Healthier coping that works

Need	Healthier option	Quick version
Unwind at night	Wind-down routine: dim lights, warm shower, stretching, reading	5 slow breaths, counting out longer than in
Sleep	Regular wake time, limit caffeine after noon, ask about insomnia therapy (CBT-I)	Nap 20 minutes when the person naps
Release tension	Walking or exercise most days	A 10-minute walk around the block
Calm anxiety	Mindfulness, prayer, music, talking to a friend	Step outside for 2 minutes
Feel less alone	Support group, faith community, caregiver programs	Text one friend today
Regain control	Write a weekly plan; ask for specific help	Pick one task to drop this week
Process grief	Counseling, journaling, hospice grief support	Write three sentences about today

Evidence-based caregiver programs, such as REACH, Savvy Caregiver, and Powerful Tools for Caregivers, teach stress management and problem-solving and are offered in many communities through Area Agencies on Aging.

Unit 7. Building a personal coping plan

My early warning signs	People I can call	My go-to healthy outlet
Who can cover for me	My clinician or counselor	One thing I will stop or cut back

1. Write down your warning signs, such as skipping meals, a second drink, or snapping at the person.
2. List three healthy things you will do instead.
3. Name a backup caregiver for when you need a break or are not safe to give care.
4. Schedule one break each week, even a short one.
5. Keep crisis numbers in your phone: 988 and the SAMHSA National Helpline.
6. Review the plan monthly.

Unit 8. Safe medicine practices in a caregiving home

Caregivers often manage medicines that can be misused, including opioids, benzodiazepines, and sleep medicines.

- Lock medicines that can be misused, and keep a count for controlled medicines.
- Never take the care recipient's medicines.
- Dispose of unused medicines at pharmacy or police take-back sites.
- Ask the pharmacist about naloxone, which reverses opioid overdoses and is available without a prescription.
- Tell the prescriber if you are worried someone in the home is misusing medicines.

> **Overdose.** Signs of an opioid overdose include pinpoint pupils, slow or stopped breathing, blue lips, and not responding. Call 911, give naloxone if available, and follow the dispatcher's instructions.

Unit 9. Talking with a caregiver you are worried about

Family members, friends, agency supervisors, and clinicians may notice signs first. A caring conversation can open the door to help.

Do	Avoid
Choose a private, calm moment when they are not impaired	Confronting them in front of others or during a crisis
Start with care: "I've noticed you seem exhausted, and I'm worried about you."	Labels such as "alcoholic" or "addict"
Describe specific behaviors you have seen	Lecturing or listing every mistake
Offer specific help: "I can stay with Mom on Saturday."	Vague offers: "Let me know if you need anything."
Share resources and offer to help make the call	Expecting change after one talk

If the care recipient is in danger because of the caregiver's substance use, act on safety first: arrange other care, and contact Adult Protective Services or 911 if needed.

Unit 10. Getting help and recovery

Resource	What it offers	Contact
988 Suicide and Crisis Lifeline	Crisis support by call, text, or chat	Call or text 988
SAMHSA National Helpline	Free, confidential treatment referrals, 24/7	1-800-662-4357
FindTreatment.gov	Search for treatment near you	findtreatment.gov
Primary care clinician	Screening, brief counseling, medicines for alcohol or opioid use disorder, referrals	Your clinician
Area Agency on Aging	Respite, counseling, caregiver programs	1-800-677-1116
Al-Anon, Nar-Anon, AA, NA	Peer support for people who use and their families	Local meetings and online
Employee assistance program	Confidential counseling for workers	Your employer

Treatment works, and relapse is a common part of recovery rather than a failure. Effective treatments include counseling, peer support, and medicines approved for alcohol and opioid use disorders.

Unit 11. What agencies and clinicians can do

Setting	Actions
Clinicians	Ask about caregiving at every visit; screen caregivers for strain, mood, and substance use; use Medicare caregiver training services; refer to respite and treatment
Home care agencies	Ask about family caregiver strain at assessment; include respite and backup in plans; watch for signs that a family caregiver is impaired and act on client safety
Employers of paid caregivers	Fair schedules and breaks, debriefing after hard events, an employee assistance program, a fitness-for-duty policy that is clear and fair, and support for workers in recovery
Community organizations	Host caregiver support groups and education on healthy coping

Under federal disability law, people in recovery from substance use disorders who are not currently using illegal drugs may be protected from discrimination at work. Agencies should apply drug and alcohol policies consistently and connect workers with help.

Case scenarios

Case 1. A nightly glass

Ana, 58, cares for her husband with dementia. She started having a glass of wine to relax. Now she has three most nights and once fell asleep while he wandered outside.

- What signs of unhealthy coping are present?
- What should happen first?
- What supports could help?

Discussion: Increasing drinking and a safety lapse. First, safety: door alarms and backup care at night. Then a caring conversation, an AUDIT-C screen with her clinician, respite through the Area Agency on Aging, and a dementia caregiver program.

Case 2. Borrowed pills

A son caring for his mother after surgery has started taking her leftover oxycodone for his back pain and stress.

- What are the risks?
- What should the agency nurse do?

Discussion: Overdose, dependence, and the mother running out of pain medicine. The nurse counts and secures medicines, talks privately and without judgment with the son, encourages him to see a clinician or call the SAMHSA Helpline, and recommends naloxone in the home.

Case 3. An exhausted aide

An aide has worked 60 hours a week for months. She is irritable with clients, vaping constantly, and says she “can’t feel anything anymore.”

- What might she be experiencing?
- How should the agency respond?

Discussion: Burnout and compassion fatigue. The supervisor meets with her privately, adjusts her schedule, offers the employee assistance program, and checks in regularly.

Knowledge check

1. What share of unpaid caregivers of adults reported new or increased substance use to cope? *(Nearly 20%)*
2. What did the 2026 Dietary Guidelines change about alcohol? *(Removed numeric daily limits and advised people to drink less)*
3. How much did past-month cannabis use among adults 65+ rise from 2021 to 2023? *(From 4.8% to 7.0%)*
4. What AUDIT-C score is commonly a positive screen? *(4 or more for men, 3 or more for women)*
5. Should a caregiver give care while impaired? *(No; arrange backup care)*
6. What reverses an opioid overdose? *(Naloxone)*
7. What is the SAMHSA National Helpline number? *(1-800-662-4357)*
8. What link did a 2025 JAMA Network Open study find? *(Hazardous and daily drinking by dementia caregivers was linked with abusive or neglectful behaviors)*
9. Name three healthy coping options. *(Exercise, sleep routine, support groups, mindfulness, counseling, respite)*
10. Is relapse a failure? *(No; it is a common part of recovery)*

National Caregiver Burnout and Healthy Coping Checklist

This checklist turns national data, screening tools, and support programs into one tool for caregivers, families, agencies, and clinicians. The "National basis" column shows where each item comes from. Adapt it to your state rules and policies.

Name or ID	Date	Completed by and role
Agency or organization	Reviewed by	Next review date

A. Recognize

Action	National basis	Done	Notes
Caregiver strain asked about at every assessment and clinical visit	ACL National Strategy	☐	
Mood screened (PHQ-2, GAD-2)	USPSTF depression and anxiety screening	☐	
Alcohol screened (AUDIT-C)	USPSTF unhealthy alcohol use screening	☐	
Other substance use and medicine misuse asked about	USPSTF unhealthy drug use screening	☐	
Caregiving while impaired asked about	Best practice; client safety	☐	

B. Protect the care recipient

Action	National basis	Done	Notes
Backup caregiver named for times the caregiver is unwell or impaired	Best practice	☐	
Medicines that can be misused locked and counted	FDA; best practice	☐	
Naloxone in the home where opioids are present	FDA over-the-counter approval; SAMHSA	☐	
Signs of abuse or neglect reported as required	State mandated reporting	☐	

C. Support the caregiver

Action	National basis	Done	Notes
Personal coping plan written	Best practice	☐	
Respite and caregiver program referral	NFCSP; Lifespan Respite	☐	
Evidence-based caregiver program offered (REACH, Savvy Caregiver, Powerful Tools)	ACL; best practice	☐	
Crisis numbers saved (988; 1-800-662-4357)	SAMHSA	☐	
Treatment referral when screens are positive	SAMHSA; FindTreatment.gov	☐	

D. Paid caregivers and agencies

Action	National basis	Done	Notes
Fair schedules, breaks, and debriefing after hard events	Best practice	☐	
Employee assistance program available	Best practice	☐	
Clear, consistent fitness-for-duty policy	Best practice	☐	
Support for workers in recovery	Americans with Disabilities Act	☐	
Program reviewed yearly	Best practice	☐	

Completed by: signature	Printed name and title	Date
Reviewed by: signature	Printed name and title	Date

Sources and further reading

AARP: Caregiving in the US 2025 (aarp.org)
Varma et al., 2024: Substance use to cope among caregivers (CDC Stacks) (stacks.cdc.gov)
Kunicki and Jones, 2021: Binge drinking among dementia caregivers (ncbi.nlm.nih.gov)
EurekAlert: Caregiver alcohol use and abusive or neglectful behaviors (JAMA Netw Open, Apr. 2025) (eurekalert.org)
NIAAA: Alcohol and Older Adults Ages 65+ (niaaa.nih.gov)
News-Medical: Cannabis use among older adults reaches record levels (JAMA Intern Med, 2025) (news-medical.net)
STAT: 2024 NSDUH findings (July 2025) (statnews.com)
HCPLive: 2025–2030 Dietary Guidelines and alcohol (Jan. 2026) (hcplive.com)
AARP: Caring for someone with a drug or alcohol addiction (aarp.org)
Rural Health Information Hub: Caregiver Training Services (ruralhealthinfo.org)

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