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Caregivers: Lost in the Rehabilitation Rush

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**METHODS**

Spouse

The UM ICAP is a collaboration between family counselors and speech language pathologists where the family counselor is the significant other. The UM ICAP is a collaboration between family counselors and speech language pathologists who can improve communication within the family cohort, thus creating an improved environment in which the person with aphasia can recover (Off, et al. 2019; Draper, et al. 2007)

- Including the family counselor in the rehabilitative process can improve communication within the family cohort, thus creating an improved environment in which the person with aphasia can recover (Off, et al. 2019; Draper, et al. 2007).
- Professional counseling helps caregivers cope with the burdens of caregiving (Draper, et al. 2007).
- Interprofessional practice with counselors and speech-language pathologists improves the communication between the caregiver and the PWA (Off, et al. 2019; Schure, et al. 2005; Clark et al. 2003).
- Documenting family caregiver and patient outcomes allows healthcare providers to optimize care for the family unit (Draper, et al. 2007).

**Intensive Comprehensive Aphasia Programs (ICAPS)**

- A holistic service delivery model that targets impairment, activity, and participation domains of the WHO-IFC model relative to language and functional communication (Rose et al. 2013).
- Minimum of 3 hours of therapy/day for 2 weeks
- Includes individual and group treatment
- Includes a cohort of patients with aphasia and their family caregivers

**Participants**

Seven family caregivers of stroke survivors with aphasia participated in the University of Montana’s ICAP during the summer of 2018.

<table>
<thead>
<tr>
<th>ID</th>
<th>Age at ICAP</th>
<th>Sex</th>
<th>Relationship to PWA</th>
<th>ICAP Repetition</th>
<th>Work Status</th>
<th>Occupation</th>
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<tbody>
<tr>
<td>CARE-001</td>
<td>73</td>
<td>Female</td>
<td>Spouse</td>
<td>3</td>
<td>Retired</td>
<td>CPA</td>
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<td>Spouse</td>
<td>4</td>
<td>Retired</td>
<td>Manager</td>
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<tr>
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<td>Spouse</td>
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<td>Not Working</td>
<td>Teacher</td>
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<tr>
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<td>Female</td>
<td>Spouse</td>
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<td>Retired</td>
<td>Customer Service</td>
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<tr>
<td>CARE-011</td>
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<td>Male</td>
<td>Spouse</td>
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<tr>
<td>CARE-014</td>
<td>66</td>
<td>Male</td>
<td>Spouse</td>
<td>2</td>
<td>Not Working</td>
<td>Delivery</td>
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<tr>
<td>CARE-015</td>
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<td>Female</td>
<td>Spouse</td>
<td>1</td>
<td>Not Working</td>
<td>Registered Nurse</td>
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</table>

**Procedures**

- Research design: retrospective quantitative analysis of treatment outcomes
- Patient-family caregiver dyads participated in a four week ICAP
- The UM ICAP is a collaboration between family counselors and speech-language pathologists
- Caregiver group counseling sessions occurred twice weekly (1.5 hours/session) by a licensed family counselor
- Once weekly 90-minute caregiver group education sessions provided by licensed speech-language pathologists
- Caregiver psychosocial well-being outcomes were measured by the *Beck Depression Index, Second Edition (BDI-II)* and the *Beck Hopelessness Scale (BHS)*
- Lower scores are more favorable for both the BDDI-II and the BHS

**BDI-II** Total Scores Range | **BHS** Total Scores Range
---|---
0-13 | Minimal | 0-3 | Minimal
14-19 | Mild | 4-8 | Mild
20-28 | Moderate | 9-14 | Moderate
29-63 | Severe | 14-20 | Severe

**Preliminary Data**

<table>
<thead>
<tr>
<th>ID</th>
<th>Pre-BDDI-II Raw Score</th>
<th>Post-BDDI-II Raw Score</th>
<th>Pre-BHS Raw Score</th>
<th>Post-BHS Raw Score</th>
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</thead>
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<td>*</td>
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<td>1/20</td>
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<td>CARE-014</td>
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<td>10/63</td>
<td>3/20</td>
<td>4/20</td>
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</tbody>
</table>

- 2/6 caregivers’ BDDI-II scores improved, suggesting reduced depression; 3/6 caregivers’ BDDI-II scores worsened, suggesting increased depression; 1/6 caregivers’ BDDI-II scores did not change
- 1/6 caregivers’ BHS scores improved, suggesting reduced hopelessness; 4/6 participants BHS scores worsened, suggesting increased hopelessness; 1/6 participant BHS scores did not change

**DISCUSSION/IMPACT**

- For some caregivers who participate in the UM ICAP with counseling, preliminary findings suggest the potential for reduced depression
- Preliminary findings suggest that many caregivers report greater hopelessness following counseling
- The counseling sessions likely heighten awareness of caregivers’ psychosocial well-being by drawing attention to themselves, ostensibly for the first time since becoming a caregiver
- The number of times a caregiver repeatedly attends an ICAP or the amount of time post stroke may influence outcomes
- Future prospective research must focus on additional caregivers outcomes and developing an outcome measure that can identify changes that may occur during a short period of time