An Exploration of Group Intervention for Family Caregivers of Stroke Survivors with Aphasia

Madison Larson  
*The University Of Montana, ml107564@umconnect.umt.edu*

Dawson Jakober  
*The University Of Montana, dawson.jakober@umconnect.umt.edu*

Follow this and additional works at: [https://scholarworks.umt.edu/umcur](https://scholarworks.umt.edu/umcur)

Let us know how access to this document benefits you.

[https://scholarworks.umt.edu/umcur/2020/socialsciences_poster/7](https://scholarworks.umt.edu/umcur/2020/socialsciences_poster/7)

This Poster is brought to you for free and open access by ScholarWorks at University of Montana. It has been accepted for inclusion in University of Montana Conference on Undergraduate Research (UMCUR) by an authorized administrator of ScholarWorks at University of Montana. For more information, please contact [scholarworks@mso.umt.edu](mailto:scholarworks@mso.umt.edu).
BACKGROUND & SIGNIFICANCE

Aphasia is an impairment of expression and/or comprehension of language due to a stroke or brain injury.

Family caregivers such as a spouse, relatives, or friends are unpaid and assist with communication (i.e. talking in public, making phone calls, and texting) and daily activities.

Caregivers of Persons with Aphasia (PWA)

• Communication partners and PWA are both affected by aphasic communicative deficits (Purdy & Hindenlang, 2005)
• Education, training, and support for caregivers are beneficial and should be included in the therapeutic process (Purdy & Hindenlang, 2005)
• Negative psychosocial changes occur in family members of people with aphasia (Grawburg et al., 2013)

Intensive Comprehensive Aphasia Programs (ICAPS)

• Holistic treatment that targets impairment, activity, and participation domains of the World Health Organization’s International Classification of Functioning, Disability, and Health (WHO-ICF) model relative to language and functional communication
• Minimum of 3 hours of therapy a day for 2 weeks
• Must include individual and group treatment
• Encompass a cohort of participants that start and end treatment at the same time

Family Caregiver Program

• Psychoeducation sessions, group counseling sessions, and specialized communication training
• Services delivered by a licensed family counselor and speech-language pathologists and graduate student clinicians in speech-language pathology and counseling

METHODS

Participants

• Adults (18+) who self-identify as the primary caregivers for persons with aphasia (PWA) enrolled in the University of Montana ICAP
• Participated in UM ICAP Family Caregiver Program

Procedures

• Research design: Retrospective quantitative analysis of caregiver psychosocial assessments pre- and post- ICAP
• UM Family Caregiver Program: 4 week intensive therapy program during the summers of 2016, 2017, and 2018
• Each week, caregivers participated in: (1) two (1.5 hour) sessions of group counseling with a licensed family counselor & graduate student; and (2) one (1.5 hour) sessions of psychoeducation and communication skills/strategy use training with a speech-language pathologist and graduate student clinicians
• Caregivers were assessed before and after ICAP program: (1) Perceived Stress Scale (PSS); and (2) Bakas Caregiver Outcome Scale (BCO)
• The PSS measures levels of psychological stress in individuals; a lower PSS score equates to a reduction in personal stress
• The BCO measures perceived psychological, social, and physical life changes for caregivers providing care for stroke survivors; a higher BCO score suggests overall "life" improvement for caregivers of stroke survivors

RESULTS

Summary of Findings

PSS
8/13 participants self-reported reduced personal stress; 4/13 participants self-reported increased personal stress; 1/13 participants self-reported no change

BCO
11/20 participants self-reported improved perceived life changes due to providing care; 9/20 participants self-reported worsening perceived life changes from providing care

Discussion & Impact

• Average PSS pre/post scores suggest an overall slight reduction of self-reported personal stress
• Average BCO pre/post scores suggest an overall slight improvement in overall "life" quality
• Participating in the UM ICAP may contribute to improvement of caregiver psychosocial well-being
• Some participants self-reported increased personal stress along with improved perceived life changes or decreased personal stress with worsened perceived life changes
• Additional data and further analysis is needed to better understand the effects of the UM ICAP on PWA caregivers

RESEARCH QUESTION

What are the psychosocial outcomes of the University of Montana’s Family Caregiver Program for family caregivers of people with aphasia?