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

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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 spouses, 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

RESEARCH QUESTION

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

METHODS

Participants

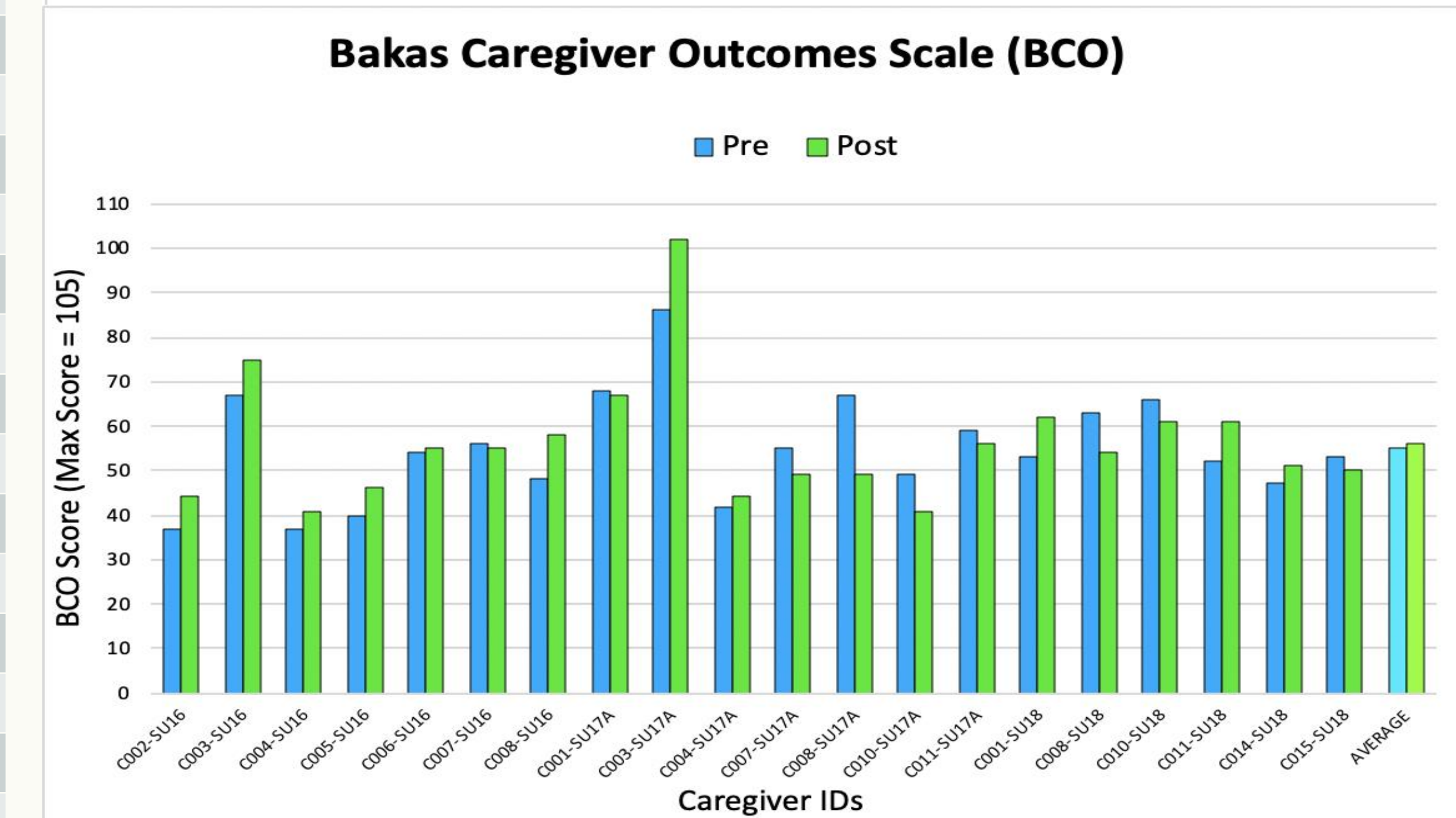
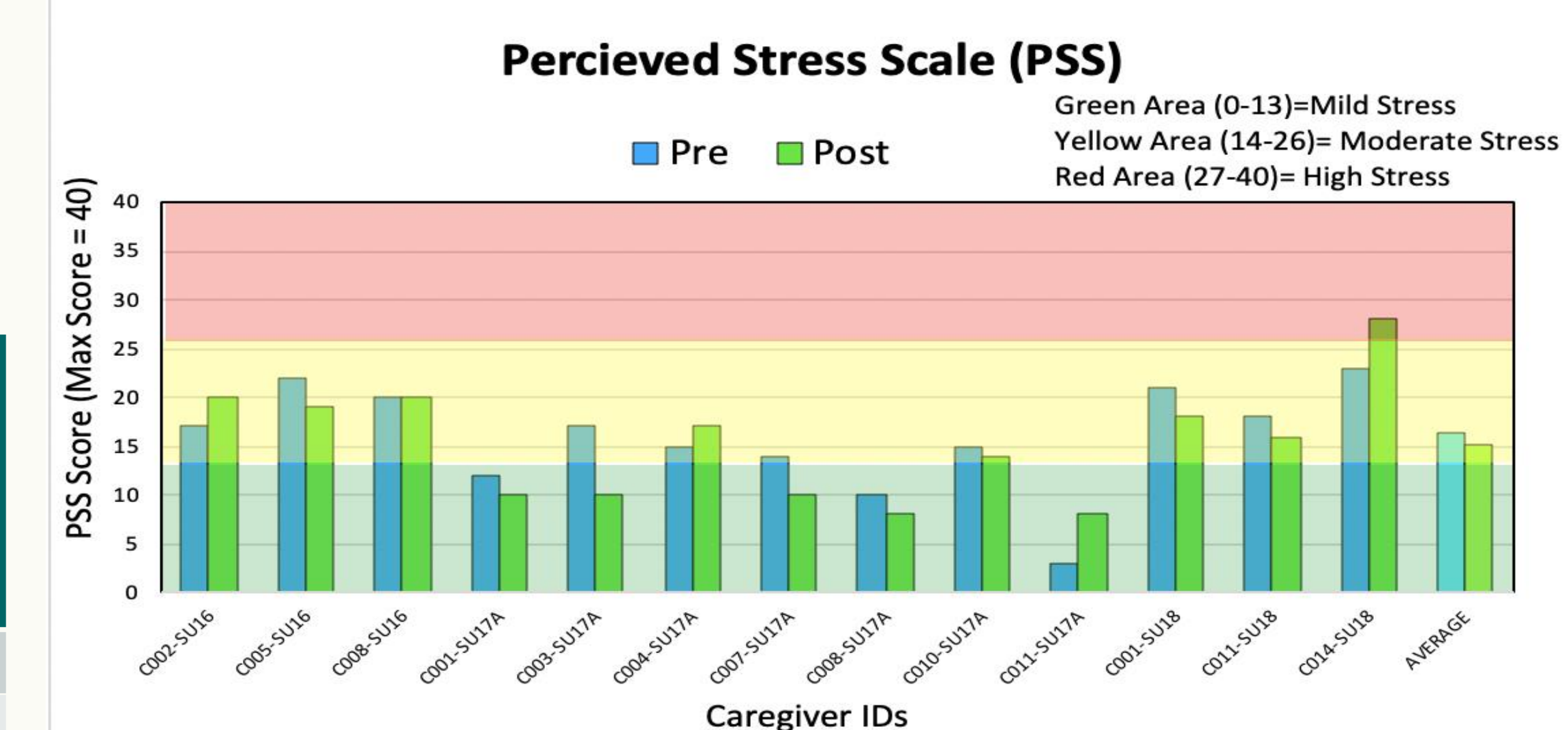
- Adults (18+) who self-identify as the primary caregivers for persons with aphasia (PWA) enrolled in the University of Montana ICAP
- Participated in UM ICAP Family Caregiver Program

Caregiver ID and ICAP Session	Caregiver Gender	Caregiver Age (at ICAP)	Primary Caregiver Role	PSS (Perceived Stress Scale) Pre-Score (Max Score=40) 40-27= High Stress 26-14= Medium 13-0= Low	PSS (Perceived Stress Scale) Post-Score (Max Score=40) 40-27= High Stress 26-14= Medium 13-0= Low	BCO (Bakas Caregiver Outcomes Scale) Pre-Score (Max Score=105)	BCO (Bakas Caregiver Outcomes Scale) Post-Score (Max Score=105)
C002-SU16	Female	50	Not Reported	17 Medium	20 Medium	37	44
C003-SU16	Male	59	Not Reported	Not Reported	Not Reported	67	75
C004-SU16	Female	72	Not Reported	Not Reported	Not Reported	37	41
C005-SU16	Female	59	Not Reported	22 Medium	19 Medium	40	46
C006-SU16	Female	61	Not Reported	Not Reported	Not Reported	54	55
C007-SU16	Female	53	Not Reported	Not Reported	Not Reported	56	55
C008-SU16	Female	73	Not Reported	20 Medium	20 Medium	48	58
C001-SU17	Female	72	Spouse	12 Low	10 Low	68	67
C003-SU17	Male	60	Spouse	17 Medium	10 Low	86	102
C004-SU17	Female	73	Spouse	15 Medium	17 Medium	42	44
C007-SU17	Female	54	Daughter	14 Medium	10 Low	55	49
C008-SU17	Female	72	Spouse	10 Low	8 Low	67	49
C010-SU17	Female	75	Spouse	15 Medium	14 Medium	49	41
C011-SU17	Male	76	Spouse	3 Low	8 Low	59	56
C001-SU18	Female	73	Spouse	21 Medium	18 Medium	53	62
C008-SU18	Female	74	Spouse	Not Reported	Not Reported	63	54
C010-SU18	Female	76	Spouse	Not Reported	Not Reported	66	61
C011-SU18	Male	77	Spouse	18 Medium	16 Medium	52	61
C014-SU18	Male	66	Spouse	23 Medium	28 High	47	51
C015-SU18	Female	73	Spouse	Not Reported	Not Reported	53	50

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 BCOS 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 w/ improved perceived life changes or decreased personal stress w/ worsened perceived life changes
- Additional data and further analysis is needed to better understand the effects of the UM ICAP on PWA caregivers