

Title of Intervention: Telephone intervention with family caregivers of stroke survivors

Intervention Strategies: Individual Education, Supportive Relationships

Purpose of the Intervention: To improve recovery time for stroke survivors with a caregiver social problem-solving telephone intervention

Population: Primary family caregivers

Setting: Southeastern United States in the home of caregiver or stroke survivor; home-based

Partners: None mentioned

Intervention Description:

- Individual Education: Family caregivers were trained to use social problem-solving skills to manage problems and cope with the stresses of care giving (COPE model). Participants received an initial 3-hour face-to-face session with a trained nurse in the home. Weekly and bi-weekly telephone contacts developed and maintained these skills over a 12-week period. Family caregivers were taught to use a positive problem orientation and the following 4 systematic steps when solving caregiving problems: (1) identify and define the problem, (2) decide what needs to be accomplished and list possible solutions to the problem, (3) choose and test the best solution(s) and (4) evaluate outcomes of problem solving. In initial sessions, caregivers also practiced applying a positive problem orientation and problem-solving steps to the care giving problem of safety. Family caregivers received literature published by American Heart Association and National Stroke Association. Caregiver Guidebooks were given to help maintain and develop therapeutic skills related to the social-problem solving telephone partnership program.
- Supportive Relationships: During the telephone contacts, family caregivers were asked to identify the most frequent and/or stressful caregiving problems they encountered since the last contact and how they were currently managing the problem. Trained health care professionals provided feedback to them on the appropriateness of the techniques. Specific topics included safety and depression.

Theory: None mentioned

Resources Required:

- Staff/Volunteers: Health care providers
- Training: Training on program strategies and protocol
- Technology: Computer and printer
- Space: Not mentioned
- Budget: Not mentioned
- Intervention: Educational materials, teaching aids, literature on stroke, caregiver guidebooks, telephones
- Evaluation: Surveys

Evaluation:

- Design: Randomized experimental
- Methods and Measures:
 - The Client Satisfaction Questionnaire was used to measure global satisfaction with social problem-solving telephone partnerships (SPTPs) and healthcare services provided by rehabilitation and home health care facilities
 - A partnership log was used to document relevant family caregiver and stroke survivor data
 - Medical Outcomes Study Short Form Health Survey measured dimensions related to physical functioning, role limitations due to physical health problems, bodily pain, general health, vitality, social functioning, limitations due to emotional problems and mental health
 - Social Problem-Solving Inventory (96th grade version) measured social problem solving abilities
 - Center for Epidemiological Studies Depression Scale measured depression
 - Preparedness for Care Giving Scale appraised caregivers' perceptions about their preparedness to give care and to handle the stresses of caregiving

Outcomes:

- Short Term Impact: Caregivers in the intervention group had statistically significant improvements in vitality, mental health and role limitations related to emotional problems. The intervention group had significantly better social problem-solving skills. The intervention group had significantly less negative orientation and impulsivity/carelessness and more rational problem-solving skills. The intervention group also showed significantly greater caregiver preparedness and less depression.
- Long Term Impact: Caregivers in the control group had decreased levels of mental health over time.

Maintenance: Not mentioned

Lessons Learned: Those who participated in the intervention group had better problem-solving skills, greater caregiver preparedness, less depression and significant differences in vitality, social functioning, mental health and role limitations related to emotional problems. The intervention had significant impact on caregivers' problem-solving abilities. These changes may have beneficial effects for the stroke survivor, but were not examined.

Citation(s):

Grant, J. S., T. R. Elliott, et al. (2002). "Telephone intervention with family caregivers of stroke survivors after rehabilitation." *Stroke* 33(8): 2060-5.

Grant, J. S., T. R. Elliott, et al. (2001). "Social problem-solving telephone partnerships with family caregivers of persons with stroke." *Int J Rehabil Res* 24(3): 181-9.