The Impact of Mental Health Counseling on Stroke Survivor Caregiver Burden Scores

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Abstract

To mitigate the sudden and life altering challenges experienced by informal caregivers of stroke survivors, a mental health counseling intervention program was employed to decrease caregiver burden. A female spouse of a stroke survivor with aphasia participated in a six-session, individual, mental health counseling intervention targeting coping skills, problem solving, and emotional support. A comparison of pre- and post-intervention Caregiver Burden Scale scores and participant feedback indicates that this intervention decreased caregiver burden and improved quality of life. Just as the stroke survivor is in need of professional intervention to restore functionality and health, the caregiver’s emotional, cognitive, and social needs must also be a priority of professional treatment providers.

Introduction

Over one million stroke survivors in the United States require assistance with daily living needs. Informal caregivers of stroke survivors with and without aphasia are vulnerable to experiencing significant objective, subjective, and psychological burden that diminish their quality of life. Stroke survivors with caregivers under duress are more vulnerable to psychosocial dysfunction, less than adequate home care, and slower recovery. Certain caregiver characteristics and coping skills significantly increase the development of burden. Understanding stroke and the responsibilities of caregiving, managing the basic needs of the stroke survivor, dealing with communication impairments, and establishing social and emotional support are among the needs frequently cited by caregivers that can and should be addressed by the stroke survivor’s professional treatment team. Interventions that remediate the emotional strain of the caregiver, improve social functioning, and increase mastery of caregiving skills can reduce burden. While stroke survivor caregiver burden has been identified, very little research has focused specifically on the burden of caregivers of stroke survivors with aphasia and how best to professionally intervene.

Objective Burden: The amount of time spent acting as a caregiver.
Subjective Burden: The consequences caregiving has on one’s personal life and the dissatisfaction the caregiver has with the stroke survivor as well as his or her ability to provide adequate care.
Psychological Burden: Adverse emotions including depression, anxiety, fear, frustration, resentment, disgust, impatience, and guilt.
Purpose

1) Determine the impact of mental health counseling on caregiver perceived burden scores of spouses of stroke survivors with aphasia.
2) Determine the effectiveness of utilizing a cognitive behavioral therapy based counseling framework proposed by Robinson et al. (2005) in reducing caregiver burden scores of spouses of stroke survivors with aphasia.

Hypothesis: It is hypothesized that caregivers who participate in the proposed counseling intervention program, designed to develop coping and problem solving skills, manage stress, resolve family dysfunction, and provide emotional support, will experience a decrease in caregiver burden.

Method

Participants: Participants recruited from St. Ambrose University’s Rite Care Clinic met inclusionary criteria if they were the informal care provider of a spouse/domestic partner receiving outpatient speech therapy for aphasia subsequent to a stroke. Of three potential participants who met the inclusionary criteria, one volunteered to participate. The participant, a 65-year-old Caucasian woman, had been her husband’s primary caregiver since his stroke in 2009, which left him with moderate to severe aphasia. The participant had a history of attending various support groups, with minimal formal individual counseling.

Procedure: The single-subject design intervention was composed of six, hour-long individual sessions with the student researcher (a Licensed Professional Counselor) targeting emotional issues, loss of control, problem solving, self-care, and available resources. These sessions took place while the participant’s spouse received separate speech therapy. In addition to a semi-structured interview, prior to and immediately following the intervention, the participant completed the Caregiver Burden Scale. This survey included 22-questions designed to identify burden in the following areas: General Strain, Isolation, Disappointment, Environmental Stressors, and Emotional Involvement.

Data Analysis: A qualitative analysis of the transcribed sessions was completed to determine the objective, subjective, and psychological burden for the specific participant, as well as caregiver coping style and unmet needs. Pre- and post-intervention mean scores were compared to determine improvement in each caregiver burden factor. Feedback was solicited to determine perceived benefit and the difference in effectiveness between this intervention and other support groups.

Results

Qualitative Analysis of Participant’s Burden:

- **Objective Burden:** Daily time spent independently preparing meals, maintaining the home, managing finances, following doctors’ orders, monitoring safety, providing transportation, and acting as communication proxy.
- **Subjective Burden:** Lost sense of control, diminished independence, decreased relationship satisfaction, limited involvement in personal interests.
- **Psychological Burden:** Anxiety, anger, frustration, guilt, and inadequacy.
- **Coping Style:** Hypervigilance, exerting control.
- **Unmet Needs as Caregiver:** Lack of recovery/home maintenance knowledge/skill, diminished communication with spouse, lack of suitable respite.
Quantitative Results of Intervention:
Compared to baseline, the participant’s post-intervention overall burden mean score decreased by 25%. Mean scores decreased in all five burden areas, with the greatest decrease in Disappointment, Emotional Involvement, and General Strain.

Participant Feedback:
Perceived Benefits of Intervention:
• Improved communication and relationship with spouse.
• Increased initiation of physical affection with spouse.
• Increased independence of spouse’s self-care.
• Increased use of assertive communication.
• Willingness to share feelings and concerns.
• Increased appreciation of others.
• Decreased self-talk.
• Improved household problem solving.
• Increased use of support system for respite.
• Increased participation in personally relevant leisure activities.

Intervention vs. Support Groups: The participant benefitted most from receiving support separate from her husband and having the opportunity to express emotions without feeling judged or receiving unsolicited advice, as she had in support groups.

Conclusions
The results of this study provide evidence that a six-week cognitive behavioral counseling intervention, based off of Robinson et al’s (2005) counseling framework, can effectively reduce burden in caregivers of stroke survivors with aphasia. If all Speech-Language Pathologists were equipped to embrace the mental health needs of each patient and caregiver, the quality of life of the families served would greatly improve. This research, and the student researchers plan to develop and implement a mental health counseling workshop for Speech-Language Pathologists, could conceivably marry the fields of Speech-Language Pathology and Psychology in order to provide more comprehensive care for patients and caregivers.

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