

Bakas, T., Farran, C.J., Austin, J.K., Given, B.A., Perkins, S.M., Johnson, E.A., & Williams, L.S. (2008). Stroke caregiver outcomes from the Telephone Assessment and Skill-Building Kit (TASK) for Stroke Family Caregivers. 2008 American Stroke Association International Stroke Conference, New Orleans, LA, February 20-22, 2008, *Stroke*, 39(2), 550.

Stroke caregiver outcomes from the Telephone Assessment and Skill-Building Kit (TASK) for Stroke Family Caregivers.

Background and Purpose: Family caregivers of stroke survivors can experience depression, social inactivity, and poor health as a result of providing care. Furthermore, stroke caregivers often express needs for information about stroke, assistance with stroke-related care, and follow-up after discharge. The Telephone Assessment and Skill-Building Kit (TASK) is an 8-week follow-up program based on individualized assessment of caregiver needs. The purpose of this study was to determine the efficacy of the TASK program in improving stroke caregiver outcomes and to estimate effect sizes for a larger study.

Methods: Guided by a conceptual model derived from Lazarus' transactional theory of stress, 6 stroke caregiver outcomes (optimism, task difficulty, threat appraisal, depressive symptoms, life changes, general health perceptions) were measured in 40 family caregivers randomized to the TASK program (n=21) or an attention control group (n=19). Data were analyzed using repeated measures ANCOVA, controlling for baseline scores and number of minutes spent with the nurse, with the 4-week and 8-week outcome scores as the dependent variables for each analysis. Partial η^2 was used to estimate effect sizes ($\leq .08$ small, .09-.24 medium, $\geq .25$ large).

Results: Significant improvements in caregiver optimism [$F(1,36) = 6.51, p=.015, \eta^2=.153$] and task difficulty [$F(1,36) = 5.29, p=.027, \eta^2=.128$] were found with medium effect sizes for the TASK group relative to the control group. Although not significant in this small sample, medium size improvements in threat appraisal [$F(1,36) = 3.70, p=.062, \eta^2=.093$] and depressive symptoms [$F(1,36) = 3.59, p=.066, \eta^2=.091$] were also found. Small, non-significant improvements were noted in life changes [$F(1,36) = 2.794, p=.103, \eta^2=.072$] and general health perceptions [$F(1,36) = 1.96, p=.170, \eta^2=.052$].

Conclusions: The TASK program showed improvement in caregiver optimism, task difficulty, threat appraisal, and depressive symptoms in this small sample. Further testing of the TASK program in a larger randomized controlled clinical trial is warranted, with attention in subsequent studies directed toward more distal caregiver health outcomes.