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Rehabilitation Through Reintegration: Supporting Survivors of Stroke

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BACKGROUND & PURPOSE

Background:

- Stroke impacts the psychosocial well-being of survivors (Matsuzaki et al., 2015; Pucciarelli et al., 2017).
- Survivors are faced with major life changes that impact their participation in a variety of meaningful roles and occupations, resulting in a decrease in quality of life (Matsuzaki et al., 2015; Pucciarelli et al., 2017).
- Psychosocial challenges such as depression and anxiety can emerge as a result of poor community reintegration following a stroke (Obembe et al., 2013).
- Occupational therapy has an established position in facilitating community reintegration, and it can use this expertise to improve psychosocial well-being for survivors of stroke (Smallfield & Lucas Molitor, 2018).
- Few studies have explored the effect of occupational therapy-led community-based programs on reintegration or psychosocial well-being, and those studies have several limitations (Hill et al., 2019; Lee & Heffron, 2019).

Purpose:

- The purpose of this capstone experience was to modify a community-based occupational therapy program to improve community reintegration and psychosocial well-being among survivors of stroke.

THEORETICAL FOUNDATION

Ecology of Human Performance:

- Personal qualities combine with environmental and temporal contexts to create a performance range.
- A person's performance range can be optimized through several strategies to allow the completion of necessary and desired tasks. These strategies include establishing and restoring, altering, modifying, preventing, and creating (Dunn et al., 1994).

Application to Capstone:

- Community reintegration involves expanding the performance range for involvement in a variety of desired occupations, and this model provided multiple strategies for enabling occupational engagement within the program.

Occupational Adaptation:

- People are driven by the external demand for mastery as well as an innate desire for mastery.
- Change occurs when an individual has both an external and internal drive for mastery over an appropriately difficult challenge (Schkade & Schultz, 1992; Schultz & Schkade, 1992).

Application to Capstone:

- Program participants had an innate desire to reengage in desired occupations, and social pressure to engage in the community contributed to their drive for mastery.

METHODS

This project was guided by two learning objectives and corresponding activities and deliverables.

Objective 1: To modify a community-based program for individuals post-CVA to improve community reintegration, psychosocial wellbeing, and quality of life.

- Needs assessment and SWOT analysis identified potential program modifications.
- Program modifications included a survivor support group along with educational handouts and videos.
- Pre- and post-interviews gathered data on community integration, quality of life, and psychosocial outcomes. Assessments included Beck Depression Inventory, Beck Anxiety Inventory, Community Integration Questionnaire, and Quality of Life Scale (Burckhardt & Anderson, 2003; Dalemans et al., 2010; Vicentini et al., 2017; von Glischinski et al., 2019).

Objective 2: To explore current evidence for best practice and client needs post-CVA to propose a conceptual model for optimal delivery of care.

- Evidence table compiled literature regarding current and alternative models of care.
- Written essay discussed weaknesses of the current model while proposing a conceptual model of care to support survivors transitioning into the community.

RESULTS

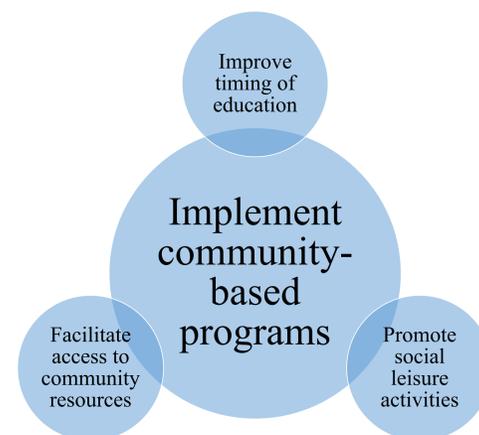
Objective 1:

- Needs assessment and SWOT analysis: program would benefit from implementation of support groups and psychosocial resources.
- Quantitative assessments: participants decreased in depression/anxiety and improved in community reintegration/quality of life from pre- to post-assessment.
- Qualitative data: participants perceived several benefits from the support groups.
 - Being able to listen and engage with other participants in conversation.
 - Being around other survivors whose struggles they could relate to.
 - Learning new perspectives and approaches for handling difficult situations.
 - Discuss topics they have been unable to talk about in other contexts.
 - Recognizing personal needs they had previously not understood.

Objective 2:

- Current model of care: several shortcomings for survivors exist, including premature discharge from hospital, education barriers, and lack of community supports.
- Conceptual model: several strategies could improve the current model, including implementing community-based programs on a national scale.

Proposed Model of Care



REFERENCES



DISCUSSION & CONCLUSIONS

- Community-based practice is beneficial to survivors as it:
 - Facilitates transition of care
 - Reduces caregiver burden
 - Addresses continued rehabilitation goals
 - Consolidates community resources
 - Increases autonomy
 - Develops community identity
- Survivors' experiences post-stroke tend to center on key psychosocial themes, including:
 - Relationships
 - Loss
 - Motivation
 - Purposefulness
 - Positive mindset
- Survivor support groups may improve community reintegration and psychosocial well-being.
- Results are limited by a small sample size and a lack of experimental control.

IMPLICATIONS FOR OT

Program Development:

- Community-based programs should be implemented widely for survivors returning to the community.
- Occupational therapists are equipped with education in community-based practice, and they should lead the advancement and advocacy of community-based programs for survivors of stroke.
- Survivor support groups should be implemented alongside community-based programs to support psychosocial well-being.

Future Research:

- Research should continue to focus on community-based practice for survivors of stroke, especially regarding the feasibility of program implementation and the effectiveness of interventions.
- Research should continue to explore potential resources for psychosocial well-being for survivors, especially within community-based settings.