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## **Appendix: Transition Assistance Program for Stroke Caregivers**

**Transition Assistance Program Prior to Discharge:** Prior to discharge, a 1-hour Transition Assistance Program (TAP) meeting with the caregivers addresses Steps 1, 2, and 3 (which are described below). During this TAP meeting, caregivers receive a copy of the caregiver guidebook, *A Guidebook for Caregivers of Veterans Post Stroke* (English or Spanish versions) from the health professional providing the intervention. The educational content of the guidebook provides caregivers information, tips, suggestions, and resources essential for effective caregiving. The primary focus of this meeting is to orient the caregivers to the TAP, prepare them for discharge home, and train them on the use of the videophones.

*Step 1:* The caregiver guidebook is discussed during the face-to-face meeting with caregivers. Chapter 1 includes basic educational information on what a stroke is, how to recognize warning signs of a stroke, and how to prevent future strokes. Caregivers are also oriented to the remaining content of the guidebook and encouraged to use the guidebook as a resource to help them manage caregiving and understand what the veteran is experiencing during recovery. Step 1 requires approximately 25 minutes.

*Step 2:* Prior to meeting with the caregivers, the health professional delivering the TAP meets with a rehabilitation specialist or staff nurse to identify the primary difficulties anticipated for each veteran after discharge home. Problems include managing medications; promoting mobility; preventing falls; managing problems swallowing; monitoring blood pressure and blood sugar; managing depression, strain, or burden; and obtaining assistance and social support from other family members or friends. Based on

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the impairments or problems of the veteran, a caregiver skills training and supportive problem solving plan is developed. These topics include home modifications to promote safety, mobility, swallowing, aphasia, bathing, and supporting rehabilitation goals. Step 2 requires about 20 minutes.

*Step 3:* At the TAP meeting prior to discharge, a videophone is obtained for the caregivers. At this meeting, caregivers receive instructions on use of the videophone (paper-based tools are available to caregivers who cannot use the videophone). A



schedule of calls at weeks 1, 2, 4, and 6 postdischarge is developed with the caregivers and a written copy provided. The caregivers are encouraged to use the caregiver guidebook as a resource to help them manage issues and problems between sessions. The picture of the videophone shows that the caregivers will have visual contact with the professional providing the intervention. Visual contact has been found to improve communication and increase user satisfaction. Step 3 requires about 15 minutes.

**TAP Following Discharge:** Four 30-minute videophone calls are made to caregivers after each veteran with stroke is discharged from the hospital or rehabilitation facility. Calls occur weekly in weeks 1 and 2 followed by biweekly calls through week 6. These calls follow the same general format as described below. All phone calls are recorded and saved for future analyses. Each phone call includes the following:

- Review of current caregiver issues related to veteran's recovery and caregiver tasks and activities such as managing medications; promoting mobility; preventing falls; managing problems swallowing; monitoring blood pressure and

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blood sugar; managing depression, strain, or burden; and obtaining assistance and social support from other family members or friends (10 minutes).

- Refer caregiver to the caregiver guidebook section that is relevant to the issues identified and engage in supportive problem solving. Relevant information may be found in Chapter 2 (caregiver role, common caregiver issues), Chapter 3 (stroke recovery issues for veterans), or Chapter 4 (available resources to assist caregivers) (20 minutes).
- Document issues the caregiver seeks assistance with and strategies for resolving issues (completed after the call).
- Document recovery issues of veterans at each call. Special attention will be paid to needs of veterans with aphasia and caregivers who have low literacy needs (completed after the call).