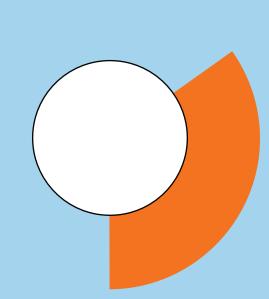
Digital interventions for stroke survivors: a Family resilience approach



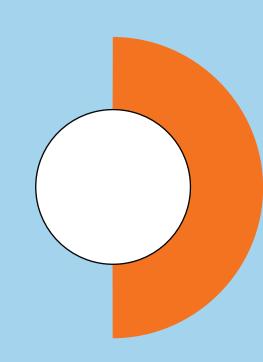






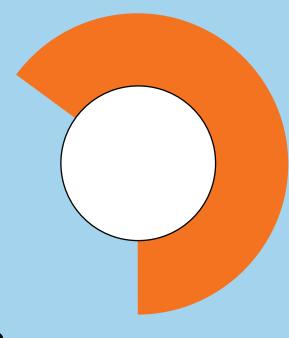
WHAT:

This research project focuses on studying the impact of digital rehabilitation on stroke survivors and their families.



HOW:

It proposes a platform that leverages family resilience as a framework to provide resources and opportunities for community building. This approach addresses the issues identified in the literature and by stroke survivors.



PRELIMINARY RESULTS:

The platform aims to improve recovery and well-being by empowering survivors to take an active role in their treatment.

The Value of Addressing Stroke Topics

- Stroke is a leading cause of death and severe long-term disability globally.
- Approximately 15 million people suffer from stroke worldwide each year.
- Stroke patients often experience physical limitations, reduced ability to perform daily activities, and decreased work performance.
- Stroke can lead to psychological issues such as anxiety, depression, and personality changes.
- The immediate impact of a stroke also affects the family and social lives of survivors.

(Camak, 2015)

Prioritizing Rehabilitation: A Justification

- Stroke recovery requires a wide range of resources, including specialized medical care, physical, speech, and occupational therapy, psychological assistance, and support networks at home.
- Survivors often need help with daily tasks, which shifts responsibilities to family or caregivers, reshaping family dynamics and increasing care obligations.
- Caregivers and family members also experience stress, anxiety, and uncertainty.
- Support networks, stroke education, and resources for caregivers are crucial in mitigating the immediate impacts of strokes.
- These support systems help nurture family resilience during challenging times.

This highlights that a successful intervention for stroke survivors should put their whole social sphere at the center.

THEORY >>>>

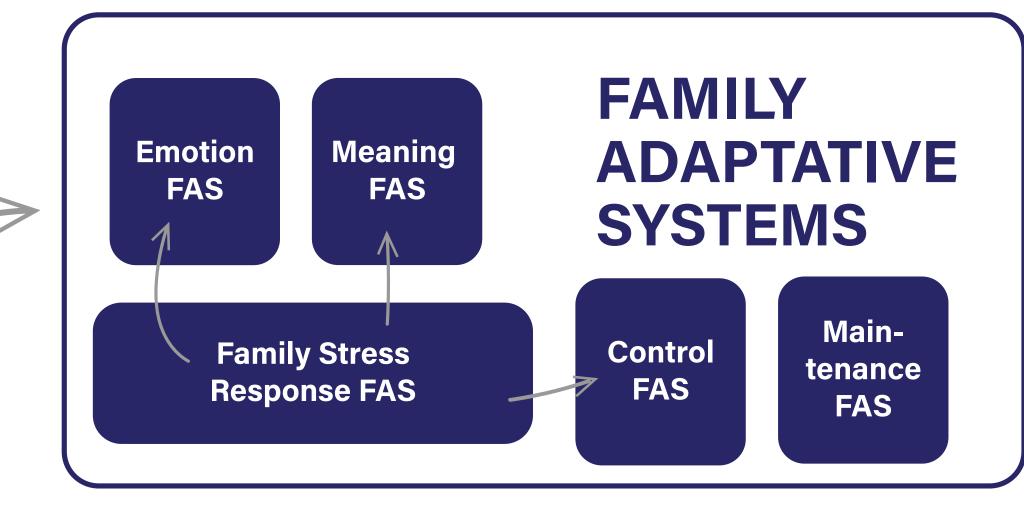
- Theories of Family Resilience from social work and therapy highlight a family's ability to manage stress collectively, providing a framework for understanding family coping mechanisms during crises (Henry et al., 2015, Walsh, 2015).
- Family resilience theory can inform the creation of collaborative technologies to help families adapt to disruptions caused by strokes and subsequent rehabilitation.
- Challenges and practices are categorized across four key subsystems: **Emotion, Control, Meaning, and Maintenance, using the FAS** framework.

APPROACH

- While digital contributions to stroke prevention, treatment, and rehabilitation are common, most of this literature is centered on the patient or stroke survivor and does not consider their families.
- Furthermore, this family support network is a sine qua non for a successful rehabilitation process.

ECOSYSTEM

Stressor Events, Ongoing vulnerabilities



- While digital contributions to stroke prevention, treatment, and rehabilitation are common, most of this literature is centered on the patient or stroke survivor and does not consider their families.
- The aim study is to explore the challenges of designing, implementing, and scaling a digital intervention for stroke survivors and their families in Bogotá, Colombia, while understanding how digital artifacts interact with the FAS subsystems to inform future technology designs.

METHODOLOGY

This project employs the Design Science Research (DSR) methodology using a six-step DSRM process: problem identification, objective definition, design and development, demonstration, evaluation, and communication. During the initial steps, focus groups with stroke survivors and caregivers and online surveys with medical professionals are conducted. A prototype of a digital platform is developed and tested with the Afasia Vital community*, with results evaluated against objectives.

*Founded in Bogotá, Colombia, by stroke survivors with the purpose of building a support network for the physical, speech, and occupational rehabilitation of its members.

The platform, aimed at stroke survivors and their support groups, offers rehabilitation resources and community engagement through a Spanish-language website. It features cross-device accessibility, usability for users with aphasia, organized resources, and community-building spaces.

PHASE 4 PHASE 5 PHASE 1 PHASE 2 PHASE 3 **Identify problem Design & Demonstration Define Objetives Evaluation** Communication & Motivate **Development** of a Solution Find suitable context Observe how Scholarly effective, efficient Define problem Artifact publications What would a better Use artifact to solve Show importance artifact accomplish? Iterate back to design problem Professional publications Design & Development Client/Context Problem- centered Objetive-centered Initiated invitation solution **Possible Research Entry Points**

ACV Re-Conéctame ACV Re-Conéctame Bienvenido, aquí encontrarás información recursos para que sigas Comunidad adelante con tu rehabilitación Comenzar

Designing for Stroke survivors: Family Adaptative Systems Insights

Family Meaning System:

Successful rehabilitation involves multiple family members, redefining roles, and fostering unity. The platform should help each member understand their role, focusing on the survivor's needs. It must aid caregivers by providing information and emphasizing their commitment.

Family Emotion System:

The platform should promote family interaction, demonstrating support, affection, and cooperation.

Family Maintenance and Family Control systems:

Rehabilitation can disrupt routines and cause economic challenges. The platform should support home-based activities to reduce economic stress and time investment for families.

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We have validated the UI/UX with users from both groups and are iterating on the interface design to better meet the specific needs of stroke survivors, particularly those with aphasia.

- Devices and interaction methods: smartphones, scroll
- Short texts and simple icons
- Familiar layouts: similar to those of other popular applications
- Very simple screen flow organization

We extend our gratitude to the members of the Afasia Vital community, who have supported us from the beginning with ideas for our proposal, prototype testing, and their wonderful optimism. We also thank the therapists from the Stroke Center at University Hospital Fundación Santa Fe for their assistance in evaluating the resources.

PHASE 6