



## **TREATING DEPRESSION IN DYADIC RELATIONSHIPS THROUGH POSITIVE PSYCHOLOGY**

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### Background

Depressive symptoms in post-stroke patients occur in 30-50% of survivors and caregivers. When a stroke happens within a couple, there are major consequences on function and quality of life. Research suggests feelings within couples are contagious, when one partner is well the other seems to also be well, and when one is depressed it is likely the other partner is depressed as well. However, mental health issues post-stroke are primarily targeted towards the survivor, even though caregivers also experience negative mental health changes, including depression. More research and interventions are needed to better support the caregiver.

### Methods

The current study explored the effectiveness of Positive Psychology Interventions (PPI's) to promote psychological strengths and resources to increase well-being in dyads post-stroke. PPIs were used instead of Cognitive Behavior Therapy (CBT) due to the possible cognitive deficits in stroke survivors. The couples, which needed to be living together, and experiencing some depressive symptoms, completed positive psychology activities at home for 8 weeks, using an activity booklet and calendar provided. They would report on their activities and their feelings during weekly check-ins. The activities were targeted to promote self-worth, socialization, beliefs, and overall well-being, as well as other aspects of life.

### Results

There were more male than female stroke survivors with an average age of 54 years old, which was younger than expected. There was an overall decrease in depressive feelings and fatigue. Most survivors and caregivers had higher levels of happiness, with reports of feeling more hopeful and healthier. They felt stronger social bonds and were more open when it came to communicating with one another.

### Conclusion

Due to the experiment being a pilot study with ongoing development, only preliminary results are available. This pilot study suggested the intervention is feasible and may be effective for improving mood, well-being, and quality of life for dyads post-stroke. There are some limitations in the study, such as the need for increased diversity of participants. The next steps include finishing the development of an app to aid in obtaining more diversity, using this intervention in dyads coping with other neurological diagnoses, such as spinal cord injury and traumatic brain injury.