

# Social Work Reference Center™

## Get the most current information about social work best practices

### The first evidence-based information resource created specifically for social workers

*Social Work Reference Center™* is a turnkey information resource for social workers and mental health professionals. Created by a multi-specialty editorial team, *Social Work Reference Center* covers a wide array of topics such as adolescent health, aging, end-of-life care, clinical social work and diversity. Content is organized in a way that makes it easy for users to get answers to questions quickly and easily. Take a minute to review all that *Social Work Reference Center* has to offer.

### Content includes:

#### Evidence-Based Quick Lessons

Evidence-based quick lessons are summaries of common conditions which include information on causes and risk factors; contraindications and precautions; assessment and care plans; desired outcomes and outcome measures; best practices; and prevention

#### Evidence-Based Care Sheets

Evidence-based care sheets are summaries of the best and most current clinical data applicable to specific diseases and conditions. All evidence is evaluated according to a 7-step evidence-based methodology to ensure the best and most current evidence is presented.

#### Continuing Education Modules

Continuing Education Modules are designed to help social workers and mental health professionals satisfy their CE credits online. Each CE module consists of course material, an interactive review and a competency test with a certificate of successful completion.

#### Practices and Skills

Topics detailing the necessary steps to achieve proficiency in a specific clinical task, including competency checklists which can be used to determine proficiency in performing needed skills.

#### Drug Information

Extensive drug information from *AHFS Drug Information Essentials*.

#### Journals

Full text from top social work and psychology journals can be included in *Social Work Reference Center* search results.

#### Clinical Assessment Tools

Clinical assessment tools are designed for assessing a client through devices used for measuring a given phenomenon (e.g. pain or coping). These can include interviewing, research tools, a questionnaire or a set of guidelines for observation.

#### Patient Education Handouts

Patient education handouts are easy-to-read handouts, include detailed medical illustrations, and are available in both English and Spanish.

### EVIDENCE-BASED CARE SHEET

#### Stroke Rehabilitation: Taking Care of the Caregiver

##### What We Know

- Worldwide, in 2012, strokes were responsible for 6.7 million deaths worldwide and the second leading cause of death and a primary source of disability.<sup>(1,2)</sup> In the United States, in 2013, 6.8 million people were living after having experienced a stroke.<sup>(6,11)</sup>
- In the United States there are 34.2 million unpaid, nonprofessional caregivers (e.g., family, friends) providing care to an adult over the age of 50. Nearly 1 in 10 of these caregivers is over the age of 75. 23% of the caregivers are providing more than 40 hours of care a week. These nonprofessional caregivers are often the primary caregiver for individuals who have had a stroke.<sup>(2,3)</sup>
- An individual who has experienced a stroke will typically move from having 24-hour medical care and an intensive therapy program to being at home with little or no professional support and the expectation that family or friends will provide any needed supportive care. These nonprofessional caregivers will often describe the experience transition to home as being difficult or traumatic.<sup>(12)</sup>
- Preparing caregivers (e.g., in using medical equipment, providing mouth care, feed managing medication) before the stroke survivor is discharged from the hospital helps prepare them to deal with the physical, emotional, and cognitive needs of the stroke survivor and improves the caregiver's self-efficacy.<sup>(22,26)</sup>

to the needs of nonprofessional caregiver individuals.<sup>(1,2,10,12,13,17,18,21,26,27,31,32)</sup>

- Because stroke often results in persistent physical care for stroke survivors, caregivers may find their social lives, emotional health threatened by their new roles with little preparation, trauma, often face high levels of stress, burden, and hopelessness.<sup>(1,20,24,27,28,30)</sup>
- The impact of stroke reaches beyond the stroke survivor. Caregivers report feeling particularly overwhelmed and behavioral changes that may be associated with stroke survivor's functional decline.<sup>(12,13,26)</sup>
- Stroke survivors typically need the most help with activities of daily living; thus, caregivers often are most burdened.

Author  
Laura McLuckey, MSW, LCSW  
Cinahl Information Systems, Glendale, CA

Reviewer  
Lynn B. Cooper, D. Criminology

Author  
Laura McLuckey, MSW, LCSW  
Cinahl Information Systems, Glendale, CA

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Lynn B. Cooper, D. Criminology

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## Information you can trust

Social Work Reference Center is written by an editorial faculty that includes social workers and mental health professionals. Content is created based on a strict evidence-based editorial policy focused on systematic identification, evaluation and consolidation of the most current clinical research. Our goal is to support social workers and mental health professionals in their decision-making process by providing objective and unbiased information so they can make the best decisions for their patients.

## See how Social Work Reference Center can help you:

- Increase speed and accuracy of decisions at the point of care
- Meet continuing education requirements
- Ensure treatment decisions are made based on the most current evidence
- Improve safety by reinforcing competencies
- Easily access premier social work and medical journals
- Provide patients with patient information materials

## Evidence-based methodology for creating content

1. Systematically identify the evidence
2. Systematically select the best available evidence from that identified
3. Systematically evaluate the selected evidence (critical appraisal)
4. Objectively reflect the relevant findings and quality of the evidence
5. Synthesize multiple evidence reports
6. Derive conclusions and recommendations from the evidence synthesis; obtain peer review
7. Change the conclusions when new evidence alters the best available evidence

