



# **Advancing Psycho-Socio-Spiritual Recovery Post-Stroke: Results from a Quasi-Experimental Study of the Aspirational Rehabilitation Coaching for Holistic Health (ARCH) Intervention**

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## **Abstract**

Stroke is a leading cause of death and disability among older adults worldwide. First-time stroke survivors and their families face profound living losses due to abrupt changes in their physical as well as psycho-socio-spiritual health. Yet, apart from traditional rehabilitation services, they receive limited support upon discharge. The Aspirational Rehabilitation Coaching for Holistic Health (ARCH) intervention was developed to empower stroke survivors and their families in addressing living losses, fostering positive adaptation, and cultivating effective coping strategies for community reintegration. A single-arm pretest-posttest quasi-experimental design with a built-in acceptability and feasibility study was conducted to assess ARCH's efficacy. ARCH comprises four-weekly 90-minute thematic coaching sessions that emphasize psychosocial support and psychoeducation to help survivors and caregivers navigate post-stroke losses, promote self-compassion, goal-setting, and dyadic coping. Psychometric assessments on wellbeing, quality of life, hope, resilience, community reintegration, and dyadic coping were conducted at baseline (T1) and post-intervention (T2). Thirty dyads of stroke survivors (mean age=54.7 years, 73.3% male) and family caregivers (mean age=56.5 years, 66.7% female) successfully completed ARCH and all assessments (N=60). Upon intervention completion, survivors showed significant improvements in emotional well-being ( $t=3.95$ ,  $p<.001$ ,  $d=.72$ ), ability to reintegrate to normal living ( $t=2.04$ ,  $p=.05$ ,  $r=.37$ ), and spiritual wellbeing ( $t=2.10$ ,  $p=.04$ ,  $d=.38$ ). Caregivers experienced significant enhancement in quality-of-life ( $t=2.23$ ,  $p=.03$ ,  $d=.41$ ), with trends towards improvements in caregiving burden and spiritual wellbeing.



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Finally, gains in positive dyadic coping were observed for both survivors ( $t=2.11$ ,  $p<.04$ ,  $d=.39$ ) and caregivers ( $Z=.88$ ,  $p=.002$ ,  $r=.16$ ), with survivors also reported reduced negative coping styles ( $Z=2.10$ ,  $p=.04$ ,  $r=.28$ ) Study findings indicate that a standardized, community-based, multimodal dyadic coaching intervention post-discharge effectively enhances psychosocial well-being and coping strategies among stroke survivors and family caregivers. Qualitative experiential narratives, which substantiate these findings with practice and policy implications, will be discussed.

**Keywords:** Stroke rehabilitation; psycho-socio-spiritual recovery; holistic health coaching; community intervention; mental health