

# SECTION 8

## Stroke and behaviour change



### Section overview

This section looks at:

- The impact of stroke on behaviour
- Specific behaviours related to stroke
- Strategies to deal with behaviour problems caused by stroke

### Your role as health care provider

*The loss of brain cells due to a stroke can change how a person acts. Your knowledge and understanding of behaviour changes after stroke is important. You can help the survivor and family understand that stroke can cause changes in the brain that make a person behave differently.*

## The impact of stroke on behaviour

Some stroke survivors may have little or no change in behaviour. Others, however, may go through major behaviour changes. Behaviour changes depend on:

- Where the stroke was in the brain
- How severe the stroke was
- How long ago the stroke occurred
- The survivor's personality, cognitive abilities, and behaviour before the stroke

Some behaviours result from **cognitive** or **perceptual** problems. Other behaviour changes have to do with changes in the survivor's ability to communicate.

You may not see consistent behaviour changes. A survivor may have good days and bad days, or good and bad times during the course of a day.



**It is important to remember that the behaviour changes are due to the stroke. The survivor is struggling to cope with the effects of the stroke – that takes time. Treat the survivor as you would like to be treated. Show respect and kindness. Exercise patience.**

### Personality changes

Damage to the brain can decrease a survivor's emotional control. It can also change the way the survivor behaves and relates to others. Here are some of the effects:

- The behaviour may not match the survivor's feelings at the time. For example, the survivor may laugh at a sad story.
- Survivors may not realize how their behaviour affects others. For example, the survivor may not realize that they have said things that hurt or upset a family member.
- Survivors may have extreme mood swings, such as being upset one minute and laughing the next.
- They may lose interest in things around them. For example, a survivor who used to read regularly may no longer pick up a book.
- They may appear stubborn, selfish, or demanding.

### What you can do to help

Whatever the behaviour, it is best to use patience, common sense, and a problem-solving approach. Here are some strategies to deal with specific behaviours, based on their causes.

## Emotional lability

**Emotional lability** is a lack of emotional control. You may observe:

- Emotional responses that appear excessive. For example, the survivor may sob uncontrollably at a touching story.
- Emotional responses that do not match the emotions being experienced. For example, the survivor may laugh on hearing bad news.

Emotional lability can be upsetting to the people around the stroke survivor. Communication difficulties may result when people misinterpret a survivor's emotional responses.

### What you can do to help

- Ask the survivor if the feelings they are showing on the outside match how they are feeling on the inside.
- The survivor may be embarrassed after losing control of emotions. Try distracting the survivor to help them regain control and get on with an activity. For example, call the survivor's name. Or, ask an unrelated question in a matter-of-fact way. Encourage the survivor to slow down and take some deep breaths.
- Explain to the survivor and family members that loss of emotional control is common after stroke.

#### Case example:

Since his stroke, Mr. Tomas has had difficulty with emotional control. He cannot watch the evening news without crying uncontrollably. This reaction upsets him. His support worker finds it effective to distract Mr. Tomas. She asks him if he would like a snack or if his favourite show is on next. This sometimes helps Mr. Tomas stop crying.

## Social isolation

Survivors may have trouble coping with their **self image** (how they look). A poor self image can cause low **self esteem** (how they feel about themselves). They can lose confidence. Survivors may feel sadness or despair, or that life no longer has meaning. They may also feel helpless, with little control over their lives.

These feelings can cause stroke survivors to stop doing things that used to be important to them. They can be discouraged by the physical and emotional challenges. They may isolate themselves and avoid social activities, family, and friends.

A survivor may regain the ability to perform many activities of daily living. However, he or she may seem to have lost interest in living. As one survivor put it, "There's more to life than relearning how to pull on your pants."

### What you can do to help

Helping the survivor to participate in life again is one of the most important things you can do.

#### Interests:

- Try to learn what matters to the survivor and what their interests are. What activities are most important? What brings enjoyment?
- Help the survivor to return to favourite activities. Get help from the team if you need it.

#### Personal care:

- Encourage survivors to participate in their own care as much as possible
- Include the survivor in discussions and decisions about care
- Rearrange personal items in a way that gives the survivor more independence

#### Social activities:

- Encourage the survivor to attend activities. Just showing up is the first step in starting to take part again
- Give the survivor the chance to talk about life experiences and memories
- Support the survivor in contacting and participating in their faith community

#### Case example:

Judith Rosen had a stroke 18 months ago. She has some weakness on the right side. The right side of her face droops. She feels very self-conscious and is reluctant to go out. Her support worker encourages Mrs. Rosen to go out, first to quiet, familiar places. Little by little, Mrs. Rosen is becoming less self-conscious and more interested in going out.

## Anger and aggression

Everyone, including stroke survivors, has angry outbursts from time to time. But some survivors may even be physically aggressive towards family or support staff. This is uncommon, however.

Survivors may refuse to comply with directions. They may have a hard time getting over their anger. This makes it difficult to reason with them. It is important to identify the causes of angry outbursts. Events like these may cause angry outbursts:

- Inability to communicate or to perform a task, leaving the survivor feeling frustrated
- A toileting accident that embarrasses the survivor
- Pain in the affected side that makes the survivor feel helpless and frustrated

### What you can do to help

#### Look for causes:

- Identify the cause of the anger and try to find solutions
- Identify pain so that it can be treated

### Prevent outbursts:

- Learn the survivor's preferences in daily routines. Follow them whenever possible
- Do not alarm the survivor by approaching from the affected side. Instead, approach the survivor from the unaffected side
- Explain what you are planning to do, so the survivor is prepared
- Help the survivor feel successful by alternating between easy and more difficult tasks
- Offer support or assistance as needed during activities that cause frustration

### During an outburst:

- Remove the survivor from the situation or activity that triggered the outburst
- Redirect the survivor's attention to something positive, such as a favourite activity

## Lethargy (lack of interest)

Survivors with damage to the right side of the brain may seem to lack interest in daily activities or leisure activities. If a survivor tries to do something and fails, they may refuse to try again, or be unwilling to try at all.

### What you can do to help

#### Learn what interests them:

- Make it as easy as possible to participate. Attendance is the first step in participation
- Reinforce and support any interest the survivor shows. Use praise and encouragement
- Encourage the survivor to try again if an initial attempt to do something fails
- Do not embarrass or force a survivor who refuses. Instead, try later

#### Case example:

Harry Johnston had a stroke almost a year ago. He experienced very little loss of mobility. However, he seemed to lose all interest in previous pastimes. His support worker has helped him regain interest in activities by encouraging him to attend social events. To reduce the risk of frustration, she encourages him to take part in activities he can easily do. For example, Harry was an avid bridge player before his stroke. She is encouraging him to play Hearts, an easier card game.

## Social judgment

**Social judgment** is saying and doing the right thing in a situation. Personality changes due to stroke may cause poor social judgment, which leads to other problems. Problems with cognition can contribute.

Family and friends may draw the wrong conclusions when they see behaviour that is out of character for their loved one. Some examples:

- A shy person may suddenly want to be the centre of attention
- A talkative individual may become quiet
- An easygoing person may now show a rigid personality
- A previously neat and fastidious person may become sloppy about personal grooming and appearance

### What you can do to help

#### Recognize the survivor's limits:

- Avoid situations that require the survivor to make decisions beyond their capabilities

#### Give feedback and cues:

- Your feedback can help the survivor recognize inappropriate behaviour
- Inform the survivor of inappropriate behaviours in a straightforward way
- Offer appropriate alternatives
- Do not criticize

#### Reinforce appropriate actions:

- Always react in a positive way to reinforce appropriate behaviour
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### *Upon reflection*

*What types of behaviour changes can survivors experience after stroke?*

*As a care provider, what strategies can you use to deal with negative behaviour changes in a survivor?"*