After a stroke, residents may experience changes in their behaviours. Some residents may experience anger more frequently, have less control over outbursts and/or get angry over things that wouldn’t normally bother them. Anger is often directed at family and/or those caring for them. These behavioural changes are not attention seeking, they are a result of the stroke and may be the resident’s way of communicating their needs. Some things that may trigger an angry outburst following a stroke include when the resident is:

- trying to do something which has become more difficult
- feeling a loss of independence
- having trouble communicating
- being unable to participate in something they enjoy
- feeling fatigued or experiencing pain; and/or
- feeling overwhelmed by too many people or too many distractions

Care providers may notice the resident may have less or even lack control over the decisions they make or actions and words they use. They may not understand the limits of their abilities. This may be due to impulsivity and lack of insight as a result of the stroke. For example, they may not recognize that their weak leg makes it unsafe to walk alone or move too quickly when transferring, placing them at risk for falling.

To help residents manage their impulsivity and lack of insight:

- Try to predict risks in advance and minimize them
- Keep things simple and post reminders such as “use your cane”
- Make the environment as safe as possible
- Have mobility aids and other assistive devices close by
- Anticipate where/when safety may be a problem and provide supervision.
- Be honest but not critical.
- Gently remind the person about limitations they may have.

Did you know?
The kind of behaviour changes you might see following a stroke can depend on:
- where the stroke was in the brain
- how severe the stroke was
- how long ago the stroke occurred
- what the resident’s personality, thinking, understanding and behaviour was before they had the stroke

Dealing with difficult behaviours requires a team approach. You play a key role in identifying triggers and sharing this information with the team to help develop a plan of care that avoids these triggers and minimizes these types of behaviours.

Did you know?

- Some residents who have had a stroke may show little or no change in behaviour, others may experience significant changes

- The resident may not even be aware of their changes (Agnosognosia)

- The resident’s behaviour may change over the course of the day or week.

More information on This and Other Best Practices

- Contact your Regional LTC Best Practices Coordinator. They can help you with Best Practices Info for LTC. Find them at:
  - www.rnao.org
  - Click on Nursing Best Practice Guidelines and select LTC BP Initiative

- Check out Long-Term Care and Geriatric Resources at
  - www.the-ria.ca
  - www.rgpc.ca

- Surf the Web for BPGs, resources and sites are listed on pg 2.

- Review back issues of the BP Blogger for related topics
  - www.the-ria.ca
  - www.rgpc.ca
  - www.seniorshealth knowledgenetwork.ca

© Copyrighted All Rights Reserved MLvanderHorst
Adjusting to the effects of a stroke can be difficult. Sometimes people develop a poor self-image or low self-esteem. They lack confidence or purpose, feel sad and may isolate themselves from social activities and/or their loved ones. They may also experience apathy or a lack of interest in the activities they used to enjoy.

Helping a resident participate in life activities again is one of the most important things you can do. Not only does it improve quality of life but it can also improve self-esteem.

Here are some ways you can do this:

- Find out their interests and social history by talking with the resident, their family and caregivers about their life experiences and memories. The "All About Me" resource from the Alzheimer Society is a helpful resource. (http://www.alzheimer.ca/~/media/Files/national/Core-lit-brochures/all_about_me_booklet_e.pdf)
- Promote independence to help achieve a more positive self-image and self-esteem. Encourage the resident to participate in their own care as much as possible.
- Speak with the healthcare team about referring them to a Recreation Therapist who can assist them with returning to their activities of interest.
- Look for ways to help them overcome barriers and return to doing what they used to enjoy or help them find new activities. Reinforce and support any interest that they show in an activity and make it as easy as possible to participate.
- Support them in participating in their faith community.
- Monitor for signs that a resident may be isolating themselves and share this with the team. For example, they may stop attending activities and such information is important to share.
- Remember that family members can also become socially isolated as a result of their caregiving duties. Talk to them about their interests and hobbies too and encourage them to continue participating in their social activities.

Myth 4: Residents isolate themselves because they want to be alone

Adjusting to the effects of a stroke can be difficult. Sometimes people develop a poor self-image or low self-esteem. They lack confidence or purpose, feel sad and may isolate themselves from social activities and/or their loved ones. They may also experience apathy or a lack of interest in the activities they used to enjoy.

Helping a resident participate in life activities again is one of the most important things you can do. Not only does it improve quality of life but it can also improve self-esteem.

Here are some ways you can do this:

- Find out their interests and social history by talking with the resident, their family and caregivers about their life experiences and memories. The "All About Me" resource from the Alzheimer Society is a helpful resource. (http://www.alzheimer.ca/~/media/Files/national/Core-lit-brochures/all_about_me_booklet_e.pdf)
- Promote independence to help achieve a more positive self-image and self-esteem. Encourage the resident to participate in their own care as much as possible.
- Speak with the healthcare team about referring them to a Recreation Therapist who can assist them with returning to their activities of interest.
- Look for ways to help them overcome barriers and return to doing what they used to enjoy or help them find new activities. Reinforce and support any interest that they show in an activity and make it as easy as possible to participate.
- Support them in participating in their faith community.
- Monitor for signs that a resident may be isolating themselves and share this with the team. For example, they may stop attending activities and such information is important to share.
- Remember that family members can also become socially isolated as a result of their caregiving duties. Talk to them about their interests and hobbies too and encourage them to continue participating in their social activities.