

Cutting Through the Foggy Myths Using Best Practice Guidelines in Long Term Care

BP Blogger

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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.seniorshealthknowledge.network.ca



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Myth Busting: Stroke 6: Behaviours Issue

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:

Myth 1: Acting out is just attention seeking

- 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.

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.

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

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.

Myth 2: There's nothing you can do to change behaviour



Remember that the resident is struggling to cope and may not be able to control their feelings and/or actions. These feelings can be very frustrating for them and difficult to overcome. You can help by using **patience**, and a problem solving approach that always involves the resident and/or family members and your health care team.

You need to help the resident and their family members understand why these behaviours are happening and help them adapt. Some of the intervention strategies also used with residents with dementia may be helpful for residents who have had a 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.



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Find it on the Web
at www.the-ria.ca
rgpc.ca or shrtn.on.ca

Myth 3: What you see on the outside is how they feel on the inside



Sometimes, after a stroke, a resident's behaviour may not match how they feel. They may cry at funny things or laugh at a sad story and may not be able to control these behaviours. They may also have changes in their mood from one minute to the next.

Stroke can also cause personality changes which can be very upsetting for the resident and family. The very shy person may suddenly become outgoing and may say or do things that cause embarrassment for them or their family. Or, the once outgoing person may

suddenly become quiet and withdrawn after a stroke.

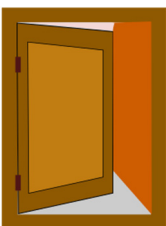
Ask the resident if the emotions they are showing match how they are feeling. Be accepting of their emotions and reassure them that loss of emotional control after a stroke is normal.



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.



Check out these Best Practices, Guidelines & Websites And find out more!

Strokengine <http://strokengine.ca/>

Ontario Stroke Network www.ontariostrokenetwork.ca

Canadian Best Practice Recommendations: Lindsay MP, Gubitz G, Bayley M, et al. Recommendations for Stroke Care (Update 2010) On behalf of the Canadian Stroke Strategy Best Practices and Standards Writing Group. 2010. Ottawa, ON Canada. www.strokebestpractices.ca

Evidence-Based Review Stroke Rehabilitation www.ebrsr.com

Heart & Stroke Foundation of Ontario. (2015) Taking Action for Optimal Community and Long Term Stroke Care: A resource for healthcare providers <http://www.strokebestpractices.ca/index.php/taking-action-for-optimal-community-and-long-term-stroke-care-a-resource-for-healthcare-providers-tacls/>

Educational Posters for LTC

<https://www.strokenetworkseo.ca/best-practice-and-education/community-and-long-term-care>

Reach Community & LTC Coordinators at local Regional Stroke or Enhanced District Stroke Centres or go to www.ontariostrokenetwork.ca



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