

Why does she do that?

Stroke and Behaviour Change



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Objectives

- Describe relationships among cognition, mood and behaviour change after stroke
- Describe Positive Behavioural Support Approach (PIECES)

What are the behaviours?

- Transferring without assistance
- Extremely rapid eating
- Calling out
- Uncontrolled laughter or crying
- Not responding
- Sitting doing nothing
- Lack of participation in therapies
- Sleeping excessively
- Difficulty sleeping
- Wandering, getting lost
- Repeated questioning, discussion of same topic
- Distractibility
- Difficulty following instructions
- Swearing, insulting
- Shouting
- Emotional outbursts
- Catastrophic reactions
- Pushing, grabbing, hitting
- Inappropriate familiarity, touching
- Hyperverbosity



Meet Ellen

Behaviours?

- Shouting

- What can we do to make you more comfortable?
- You can get me out of here.
- Would you like to lay down on your bed?
- NO!

- Insulting

- Why are you talking that way?
- Because I don't like you!

Behaviour

- Is functional
- Is observable
- Is associated with cognition and emotion
- Is determined by
 - 1) central nervous system
 - 2) environment



What goes on. . .

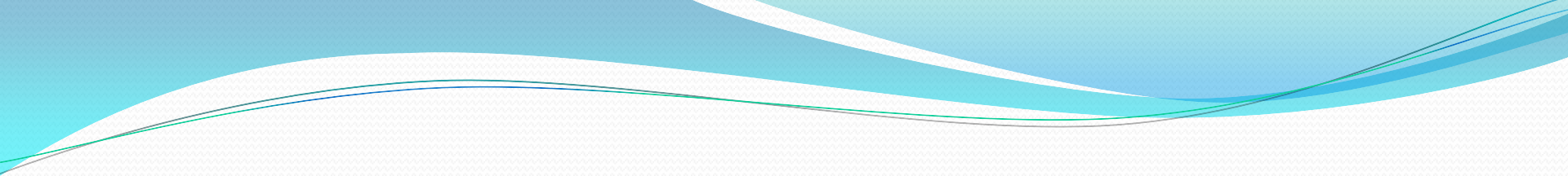
Inside: cognition, emotion

(confusion, clarity, awareness, understanding,
contentment, frustration, fear, joy)

What we see. . .

Outside: behaviour—action or lack of action

(asking questions, frowning, laughing,
shouting, turning away)

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- Behaviours of excess: impulsivity, disinhibition, hyperverbosity, poor emotional control, cognitive inflexibility
 - Behaviours of deficit: social withdrawal, lack of initiation, low motivation, apathy
 - Both reflect a disturbance of self-regulation of thinking, feeling

Assessment and Observation

Why use a standardized assessment tool?

- ◆ Improve communication within the team
- ◆ Replaces opinion with objective data
- ◆ Document change
- ◆ Find solutions
- ◆ Plan interventions
- ◆ Augment findings from a holistic assessment

Assessment Tools

ABCs of Behaviour

A: Antecedents (triggering factors)

B: Behaviour (severity, frequency, timing and duration)

C: Consequences (response)

Assessment Tools

Behavioural Monitoring Tools

- Answers: “What is the rhythm of this person’s day?”
- Replaces opinion with measurable data
- Effectiveness of intervention

Dementia Observation System (DOS)

What are the possible causes?

Think *P.I.E.C.E.S.*

Physical

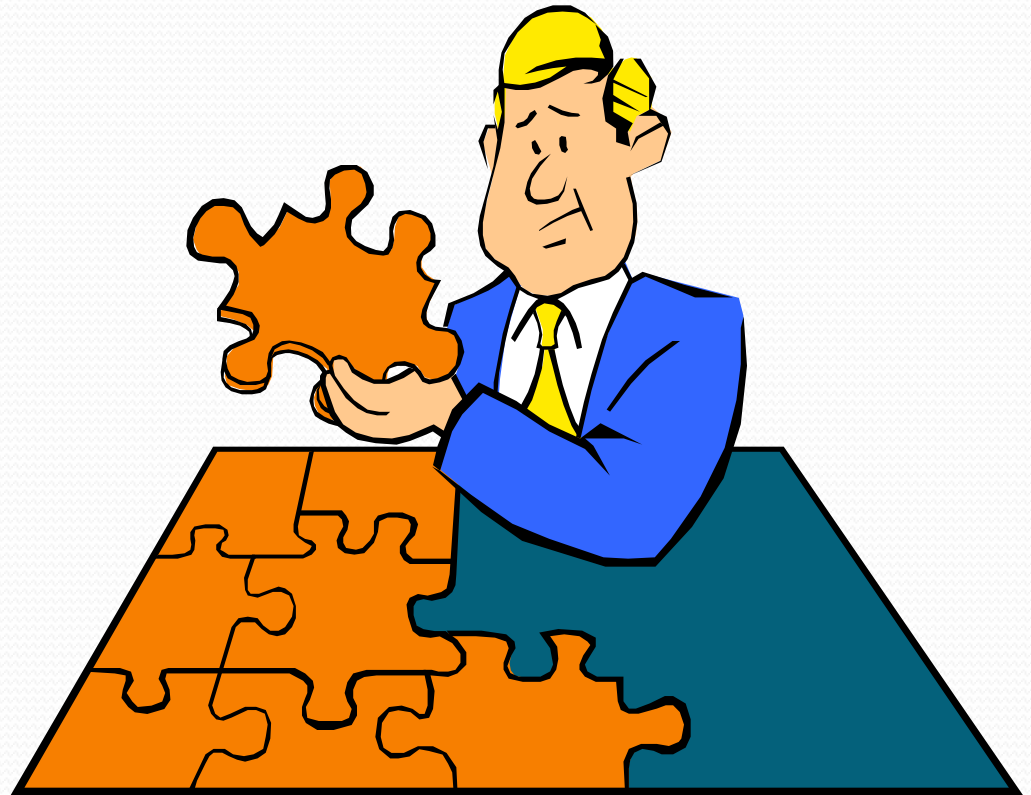
Intellectual

Emotional

Capability

Environment

Social



Physical



- Delirium (Acute confusional state; a medical emergency)
- Disease (co-morbidities)
- Drugs (medications; Rx; OTC; herbal)
- Discomfort (physical pain)
- Disability (vision loss; hearing loss)



Intellectual

Amnesia

Aphasia

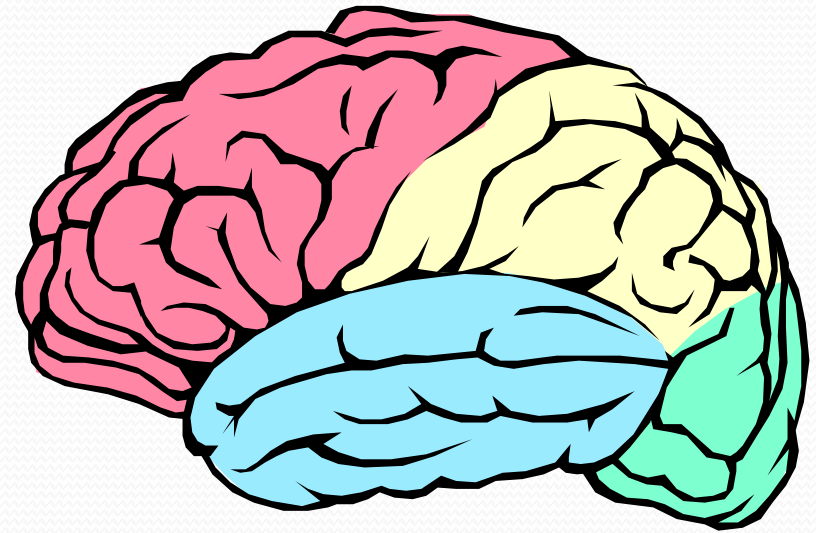
Agnosia

Apraxia

Anosognosia

Altered Perception

Apathy





Emotional

- Emotional lability, pseudobulbar affect
- Post-stroke depression
 - 30 to 50% of stroke survivors have depressive symptoms at some point following stroke
 - Highest incidence occurs during the 1st month following the stroke; may persist up to 1 year or more
- Apathy, indifference, lack of interest
- Low mood, Irritability
- Anxiety, nervousness, tension, fear
- Frustration, anger, resentment, impatience, guilt, relief

Capabilities



- Knowing what the person can and cannot do will help to build on their strengths.
- Can this person do more (or less) than I realize?
- The person may be frustrated or frightened that they do not remember how to do it.
- They may not know that they need help

Environment

- A supportive environment will help the person maintain their abilities.
- A change in the person's behaviour may be a sign that the environment is not supportive.
- Over or under stimulation
- Is there adequate lighting?



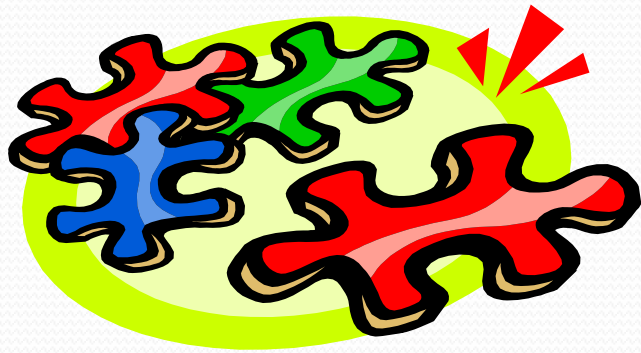


Social

- Each person has unique social and cultural needs.
- What do you know about a person's life story, accomplishments, and interests?
- What do you know about their social network?
- What do you know about their cultural heritage?



Using a holistic approach...



Physical
Intellectual
Emotional
Capabilities
Environment
Social

Think **PIECES**

Interventions

Whatever the behaviour, it is best to use:

- Patience
- Empathy
- A solution-finding approach

Behaviours change when. . .

- We change our expectations
- We change our behaviour
- We change the environment

Steps

- 1) Notice, describe, operationalize the behaviour
- 2) Assess:
 - Possible contributing factors (PIECES)
 - when, where, with whom, how often, how intense, how long; what happens just before, what exactly happens, what happens after (DOS, ABC, MAS)
- 3) Determine: the function of the behaviour
(tangible, attention, stimulation, escape)
- 4) Plan and implement intervention: positive, supportive, person-centered;
first address possible contributing factors

*The effectiveness of the intervention depends on whether it addresses the need that the behaviour is communicating

Support Principles

- Act from a place of caring—the person can sense respect and feel dignity—use empathy
- Remain ‘clinically detached’ (emotionally uninvolved)
- Project calm and reassurance
- Focus on the positive—applaud, congratulate even small successes
- Be consistent—both among care providers and over time

General Strategies

- Meet the need
- Encourage replacement behaviours
- Reinforce adaptive behavior ('catch them being good')
- Ignore (in planned manner) maladaptive behaviours when possible
- Plan for success (small steps, enough time)
- Use redirection

Specific Strategies

- Transferring without waiting for assistance
- Sitting doing nothing
- Uncontrolled laughter or crying
- Extremely rapid eating
- Emotional outbursts

Interventions

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

Interests:

- Try to learn what matters to the survivor and what their interests are? What brings them enjoyment?
- Help them to return to favourite activities

Interventions

Personal Care:

- Encourage to participate in their care
- Include in discussions and decisions about care
- Rearrange items that provides them with independence

Social Activities

- Encourage to attend activities
- Provide an opportunity to talk about life experiences and memories

Interventions

- Look for triggers for angry outbursts and responses
- Predictable daily routines with the person's preferences included whenever possible
- Do not alarm the person by approaching from the affected side
- Explain what you are planning to do. Allow enough time for the person to comprehend
- Help the person feel successful by alternating between easy and difficult tasks

Interventions

- Offer support or assistance as needed during activities that cause frustration
- Recognize the person's limits by avoiding situations that require them to make decisions beyond their capabilities
- Give feedback and cues in a non-judgmental way (your feedback can help the person recognize their ineffective response)
- Offer appropriate alternatives
- Reinforce appropriate actions



Ellen: A different approach...

References:

- www.piecescanada.ca
- Tips and Tools-Stroke Network
- Murray Alzheimer Research and Education Program (MAREP)-University of Waterloo



Thank you...