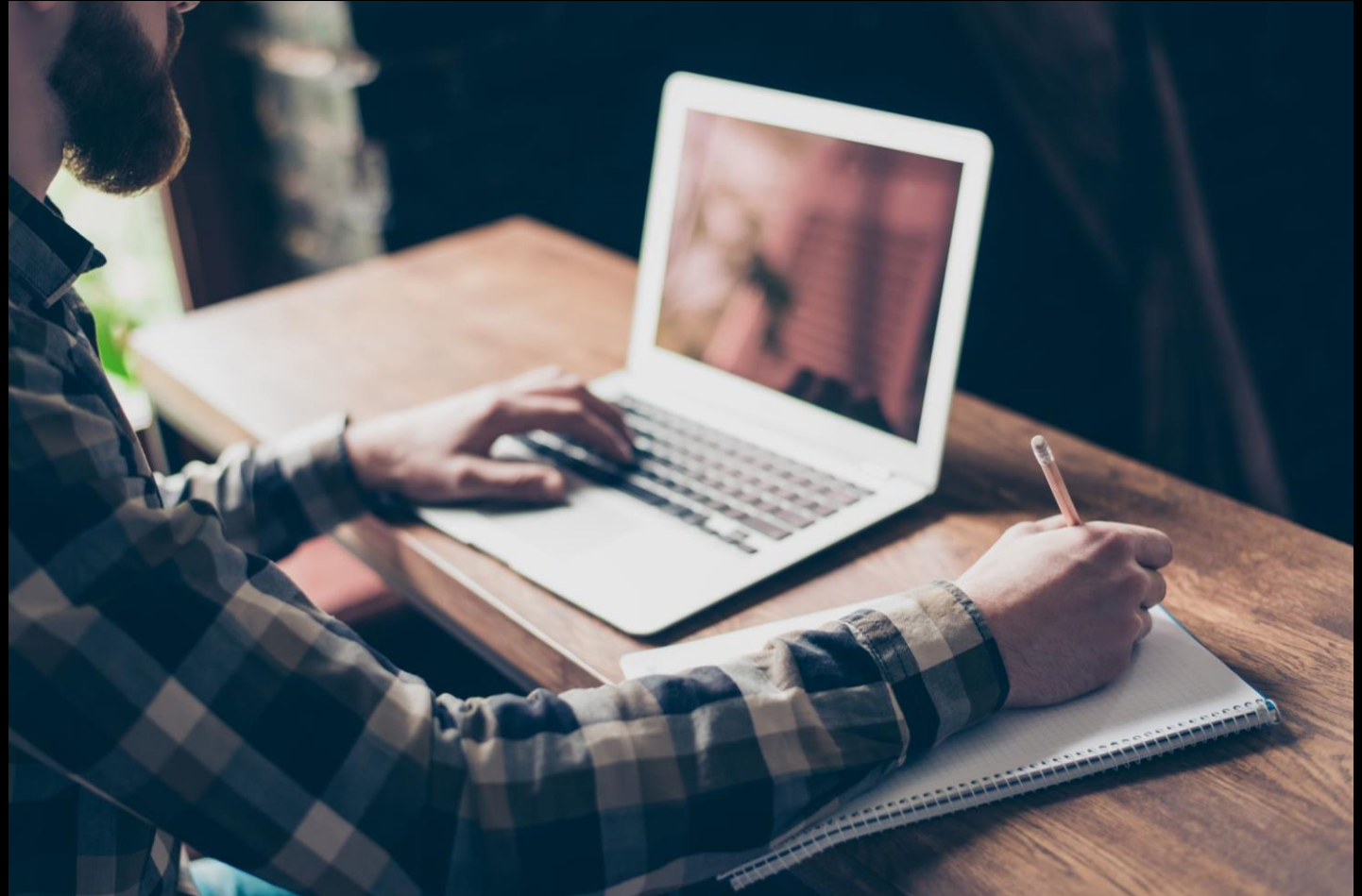




Welcome!

Mood Depression and Behaviour



Mood

Tracy Lyn's Story


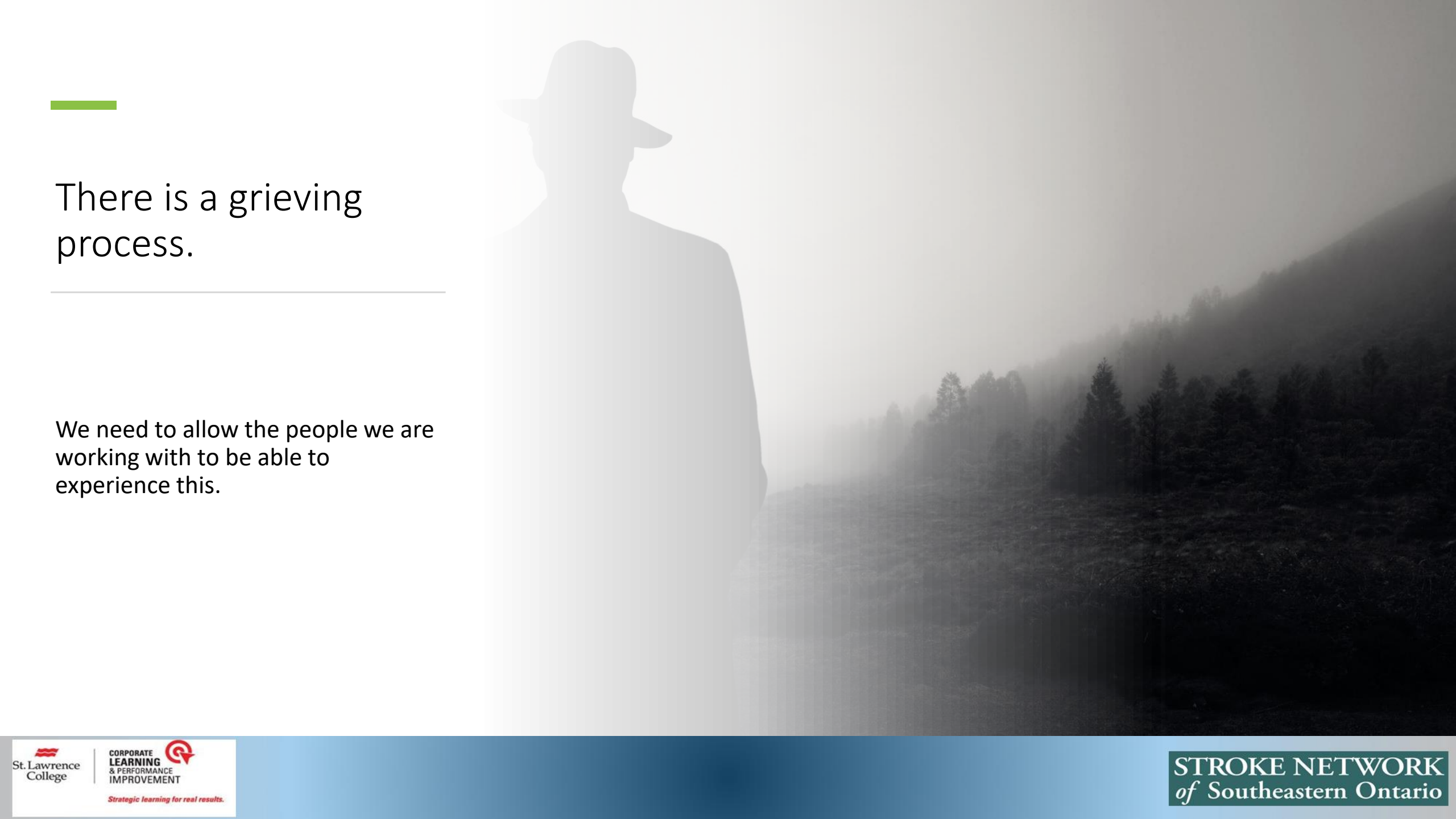


Side Effects of Stroke



Changes After Stroke May Include Difficulties With...

Spoken Language Balance Coordination
Motor Movements Fine Motor Skills Swallowing
Written language Organizing Planning Coping Abilities
Math skills Vision Perception
Problem solving Bowel Control Bladder Control
Intimacy Insight Social Abilities Sexual
 Personality
Creativity Alertness Spatial Orientation
Emotions Awareness Behaviour Mood
Sensation Sensory Processing Energy Levels
 Fatigue Levels Pain Roles



There is a grieving
process.

We need to allow the people we are
working with to be able to
experience this.

What Can We Do?

- Acknowledge the person has been through a large change in their life and feelings are normal
- Support them with agreeing they have a right to their feelings
- Know that your support will help them through the process as they learn to accept and adapt to their new normal
- Mood changes should never be forgotten or glossed over
- One important role as caregiver is to be able to determine if normal feelings are changing into depression

When it's not just low mood

Depression

What is Depression?

Depression is different than mood as it a chronic overwhelming sense of loss of interest and despair that interferes with a person's ability to function. Why do we need to worry about the difference?

**DEPRESSION CAN BE
TREATED AND THE
SOONER IT IS TREATED THE
BETTER THE OUTCOMES.**




How to tell the difference.....

Clinical depression

- About 10 to 15 percent of people experience clinical depression. About 30 to 50 percent of people who have stroke experience depression.
- The beginning is gradual. People don't really know when or why it started.
- Depression is a medical illness resulting from chemical changes in the brain.
- Depression does not go away without treatment.
- Depression can last months or years.

The “blues” or just feeling sad

- Everyone feels sad sometimes.
- There is a definite beginning. People know when it started and why they feel sad.
- The sad feelings are an emotional response to an event.
- The sad feelings go away without treatment.
- The mood lasts a few days or weeks.



What Should We Be Looking Out For?



Physical Symptoms

- Changes in sleeping patterns
- Sleeping more or less than usual or having a broken sleep
- Changes in eating habits: Eating more or less than usual, weight loss or gain
- Decreased energy
- Easily fatigued
- Unexplained aches and pains
- Tearfulness



Attitudes

- Not caring about anything
- Loss of interest in things that were previously enjoyed
- Negativity: Feeling that everything is gloomy and dark
- Self-focus on me, myself and I
- Self-loathing
- Difficulty connecting with others, withdrawing from people or activities that they previously enjoyed



Emotions

- Feelings of hopelessness, worthlessness, and guilt
- Sadness and despair
- Anxiety or nervousness
- Irritability or anger
- Thoughts of death and suicide
- Difficulty coping, easily overwhelmed

Mental Functions

- Difficulty concentrating
- Difficulty making decisions
- Feelings of confusion or a sense of living in a fog
- Difficulty remembering things, especially short-term events



*What do we do if
we suspect
depression???*

Things to encourage as caregiver.....

1

Help structure the day

2

Remind that depression is a medical illness

3

Give resources to help

4

Share concerns with team if you have permission
(suicidal ideation is different)

5

Encourage activity and being with people they enjoy

6

Encourage tasks that are relaxing

7

Encourage them to share their feelings

8

Be positive

Final thoughts from Tracy Lynn

“To me, knowledge is power. By focusing on understanding my body, I am hopeful that this will provide me with more strength to walk down this new path of life.”

Behaviour

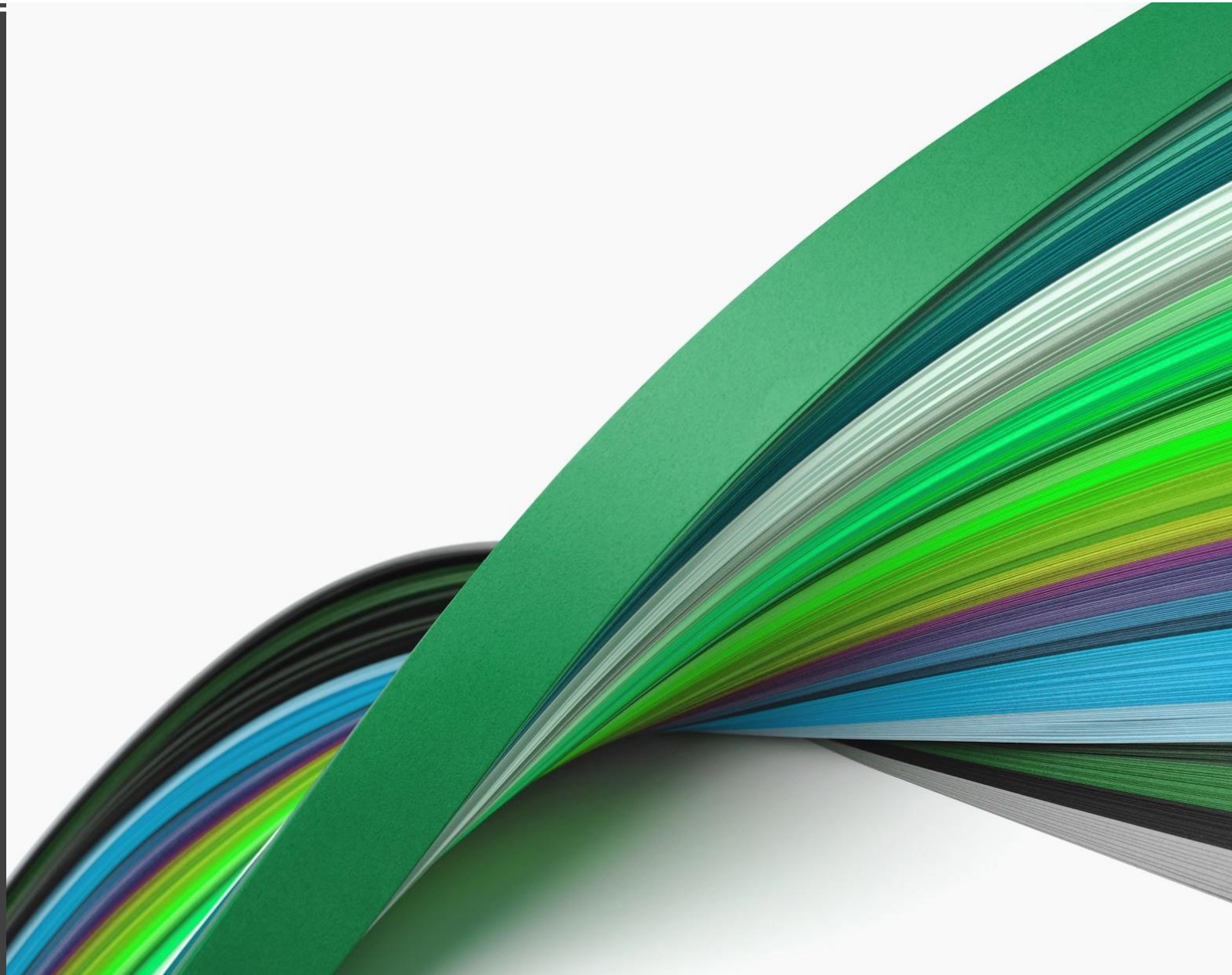
A few key areas that can impact behaviour...

- Where the stroke was
- How severe the stroke was
- How long ago the stroke occurred
- The person's behaviour, cognitive abilities and personality before the stroke
- Whether or not there was an underlying health issue such as depression and anxiety

Changes....
the good
and the
bad

<https://www.bing.com/videos/search?q=you+tube+personality+changes+after+a+stroke&docid=608051972048751677&mid=9059D267BC035D0144409059D267BC035D014440&view=detail&FORM=VIRE>

Our role as
caregivers ...
support, try to
understand and
problem solve
how we can help.





Emotional Lability

What to do?

- ▶ Ask the person if what you are seeing is matching how they are feeling
- ▶ Explanation of emotional lability being common and not exclusive to them
- ▶ Distraction

Social Awareness

- Avoid situations that are beyond the person's abilities
- Give feedback and cues to assist in recognizing inappropriate behaviour and suggest alternatives however do not criticize
- Discuss social expectations before the situation
- Recognize appropriate actions



Apathy

- ▶ Involve the person in their care
- ▶ Learn what brings joy to the person
- ▶ Encourage participation and break down barriers
- ▶ Be on the look out for depression
- ▶ Make it easy to participate in activity
- ▶ Encourage however don't force
- ▶ Learn person's interests
- ▶ Talk about memories



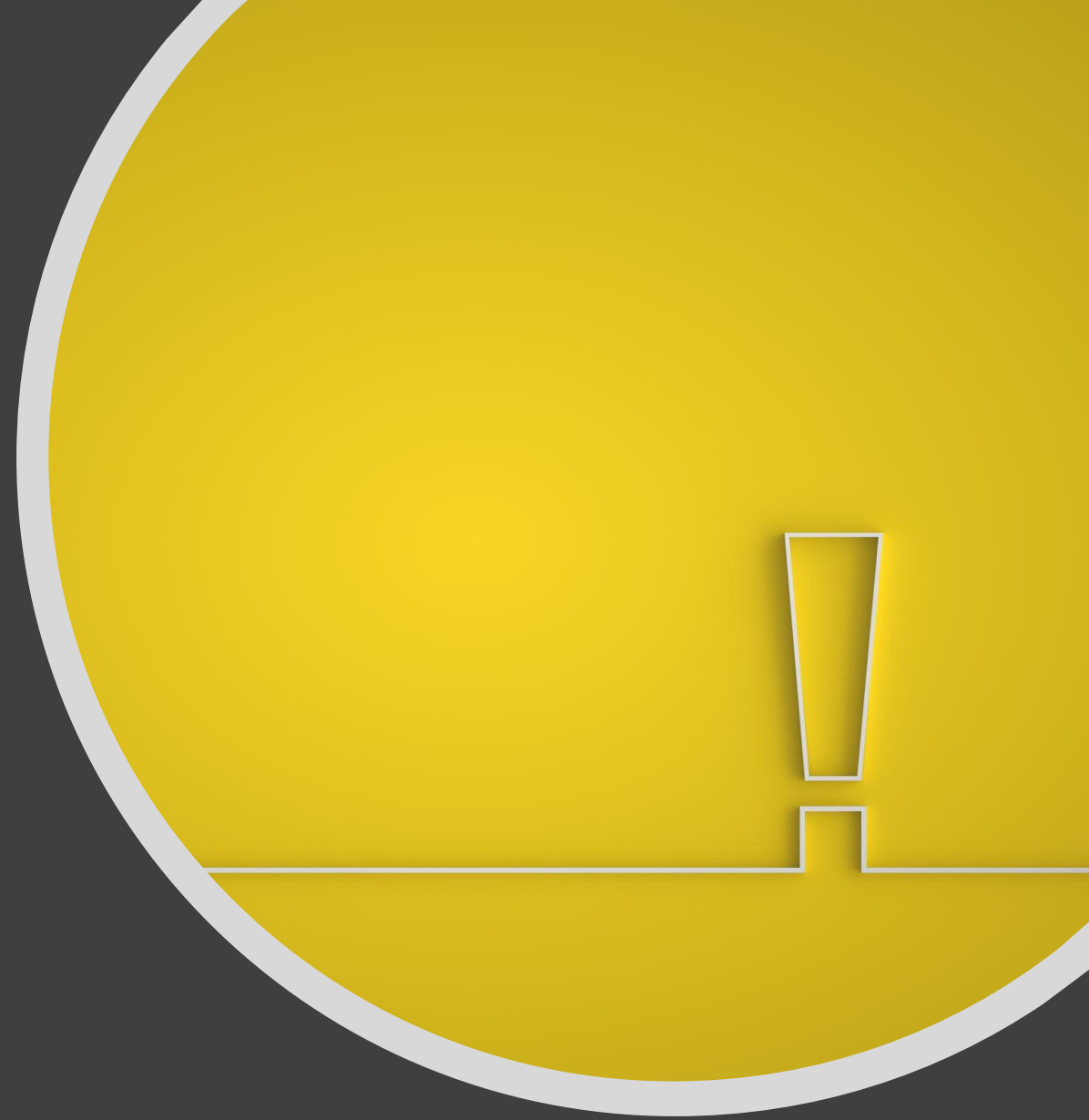
Anger and Aggression


- Be a detective and look for the underlying causes- when you know the reason you can help to find solutions
- If you identify a trigger avoid it if possible-i.e. crowds are overwhelming, pain needs to be controlled
- Offer support if the person is trying to complete a task that is frustrating for them
- Explain what you are doing and what is happening when providing care
- Redirect to something else- taking the person away from the current situation or drawing attention to something else




Sometimes it is all about YOU.....

- ▶ Remember the behaviour is not intentional
- ▶ Good communication can de-escalate a situation
- ▶ Decrease the noise in the environment
- ▶ Offer their glasses and other communication devices
- ▶ Be aware of your own demeanour
- ▶ Avoid confrontational approaches



A close-up photograph of a glowing incandescent lightbulb. The bulb is the central focus, with its internal filament and support structure visible. The background is a soft, out-of-focus bokeh of warm, golden-yellow light spots, creating a dreamy and inspiring atmosphere. The light from the bulb illuminates the surrounding space, casting a warm glow.

*Are there behaviours that
you see in your areas of
care that we can talk
about and try to problem
solve the reason for
it????*



The take
away.....
Needs are
trying to be
expressed
through
behaviours.

Questions?

Thank You!

