

5.1 Behaviour Changes

There are many considerations that are crucial to promoting safety and optimizing recovery when working with people who have had a stroke. The TACLS Quick Reference Guides were developed from the TACLS resource and can be used as quick reference to help *support healthcare providers* and informal caregivers who may not typically work with and care for people who have had a stroke.

We recommend reviewing the full **TACLS resource** for more complete information:
strokebestpractices.ca/resources/professional-resources/tacsls

Quick reference guide highlights

- **Always** follow the current care plan for the person that you are working with to promote safety and independence. Strategies will be individualized based on the person and their needs.
- Some people who have had a stroke may show little or no changes in behaviour, while others may experience significant changes.
- Some behaviour changes stem from damage in the areas of the brain that control cognition, perception, mood, emotions, personality and other abilities. Some changes may be related to frustration the person is feeling from being unable to communicate, move or function the way they used to.
- It is important to remember that most post-stroke behaviour changes are a consequence of the stroke. For example, a person's behaviour may not match how they are feeling; they may not realize how their behaviour affects others; they may have extreme mood swings; have a loss of interest in things they previously enjoyed and/or appear stubborn, selfish or demanding.
- Regardless of the behaviour observed, use patience, common sense, empathy and a problem-solving approach.

Anger and aggression

- **Anger and aggression** can be caused by the area of the brain that was damaged by the stroke and/or a result of coping with changes that stroke can bring.
- Anger is a normal human reaction to a perceived threat or irritation, and can be caused by many factors (e.g., frustration, pain, fear).
- Stroke-related deficits can make managing (or controlling) anger and aggression difficult.



How you can help

- Identify triggers that cause the anger; this can help find solutions and/or help avoid triggers if possible.
- Predictability can help prevent outbursts; know and follow the person's daily routines and preferences. Explain what you are doing so the person is prepared for what will happen next.
- Approach from the unaffected side. Coming up to someone on the affected side can cause alarm and possibly an angry outburst.
- Offer support or assistance during activities that cause frustration, and help the person feel successful by alternating between easy and more difficult tasks.
- During an outburst always use a calm approach; discreetly remove the person from the situation or activity that triggered the outburst if possible. If this is not possible, redirect the person's attention elsewhere, such as to a favourite activity.
- Stay safe. If the person becomes violent, give them space and seek help if necessary. Report the incident to a relevant team member. If anger and aggression seem out of control or is distressing for the person and their loved ones, discuss it with the stroke care team.

Social isolation

- Social isolation can occur because of many stroke-related physical (e.g., feeling unsafe, unable to participate), emotional (e.g., sadness, despair, loss of purpose) and cognitive changes (e.g., lack of confidence, safety).
- Following stroke, screening should be done by the stroke care team to determine pre-stroke and current leisure goals, interests and social participation. The healthcare team can provide targeted therapeutic interventions and individualized plans for participation.



How you can help

- Look for ways to help the person overcome barriers to return to what they previously enjoyed, or to find new activities. Support the person in participating in those activities.
- Promote independence by encouraging safe participation in the person's own care as well as inclusion in discussion and decisions about personal care and daily activities.
- If the person is experiencing difficulty engaging in leisure and other social activities consult with the healthcare team for strategies to support participation.

Apathy

- **Apathy** is commonly described as a decrease in goal directed behaviour, emotion and cognition. It can be observed as: a loss of motivation, concern, interest, and emotional response.
- This can result in a loss of initiative, decreased interaction with their environment and a reduced interest in social life.



How you can help

- Learn about the person's interests and make it as easy as possible for them to participate. Reinforce and support interests that they show in activities with praise and encouragement.
- If an initial attempt to do an activity fails, encourage them to try again. If they refuse an attempt do not force them, instead, try again later.

Social judgement

- **Social judgement** is saying and doing the right thing in a social situation.
- Personality and cognitive changes from a stroke may lead to poor social judgment, irrational behaviour, or behaviour that is out of character for the person. The person may not realize that they are not responding appropriately.



How you can help

- Recognize the person's limitations and avoid situations that require the person to make complex decisions that may be too difficult to complete at this time.
- Provide private and tactful feedback and cues as soon as possible after the behaviour occurred to explain how it was inappropriate. Be gentle and straightforward rather than critical.
- Support and reinforce appropriate behaviour with praise and encouragement.
- Encourage the person to stay well-rested as fatigue can intensify changes in behaviour.

Note: This information represents some of the priorities of care related to behaviour changes; consult with the stroke care team for any questions or concerns.

References:

1. Canadian Stroke Best Practice Recommendations: www.strokebestpractices.ca, **Mood, Cognition and Fatigue**, 6th Edition, Sections 1.7 and 2.3
2. Taking Action for Optimal Community and Long-Term Stroke Care (TACLS) – **Behaviour Changes**

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