Psychological Adjustment Following Stroke

Marcia & Lucy

Stroke Rehabilitation and Recovery
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Functional areas of the brain

This illustration shows the brain’s functional areas. After a stroke, deficits in function depend on which cerebral artery is affected.
PSD
- 30% (18-30% 3-5 years PS)
- More common in women
- X – type of stroke, or mechanism of stroke
  - Lesion location
- ↑ severity of disability
- ↑ severity of cognitive impairment (EF)
- ↑ utilization of hospital services
- ↑ physical impairment
- ↓ participation in rehabilitation
- ↓ attention, cognition and memory
- ↑ mortality
Neuropsychologist

what my parents think I do

what my friends think I do

what patients think I'm going to do

what I want to do

what I'm supposed to do

what I really do
The experience of stroke has been described as “a rupture in everyday life, a change that is constantly present, and as a new aspect of life to which the individual has to relate”.

“A sudden and overwhelming reversal and an essential severance that separates stroke survivors from their earlier life and forces them into a new and foreign existence”

The entire process of redefinition of self-identity appears to take place in all the interactive situations in which the individual is involved, both during and subsequent to hospitalisation.

The process of redefinition of self-identity must, therefore, be seen as a core area in rehabilitation.

So How Do You Do it?

You know where I can get this thing fixed?

By Linus Lindberg
**ACT: STOP**

**Slow your breathing** - Take a few deep breaths, and mindfully observe the breath flowing in and flowing out. This will help to anchor you in the present.

**Drop Anchor –**

Push your feet hard on the floor and straighten your spine
Take a slow deep breath
Look around notice 5 things you can see
5 things you can hear
Notice where you are and what you are doing
Take note of your experience in this moment. Notice what you are thinking. Notice what you are feeling.

Notice what you are doing. Notice how your thoughts and feelings are swirling around, and can easily carry you away if you allow them.

I am worthless
I am having the thought that I am worthless
I am noticing that I am having the thought that I am worthless

I am hopeless
I am having the thought that I am hopeless
I am noticing that I am having the thought that I am hopeless
Open up

Open up around your feelings. Breathe into them and make room for them. Open up to your thoughts too: take a step back and give them some room to move, without holding onto them or trying to push them away.

Hold your pain like you would a delicate flower or a crying baby – self-compassion
Pursue your values

Connect with your values: ask yourself:

‘What do I want to be about, in the face of this crisis? What do I want to stand for? How would I like to act, so that I can look back years from now and feel proud of my response?’

We can’t change the event we can choose our attitude toward our pain
# Some Common Values (Not ‘the right ones’ – just common ones.)

Values are your heart’s deepest desires for how you want to behave; the qualities you want to bring to your ongoing behaviour. They are not about what you want to get, have, achieve or complete. They describe how you want to behave right now, and on an ongoing basis; how you want to treat anyone or anything you interact with (including yourself); the qualities you want to embody in your own actions (and often want to encourage in others).

Below are some common values. Note: there are no such things as ‘right values’ or ‘wrong values’. It’s like our taste in ice cream. If you prefer chocolate but I prefer vanilla, that doesn’t mean that my taste in ice cream is right and yours wrong – or vice-versa. It simply means we have different tastes. Similarly, we may have different values. Please reac through the list and for each column, tick 3 to 5 of the MOST IMPORTANT VALUES that you would like to bring more consciously into the ways you behave. Probably most of them is to just pick 3-1 of the MOST IMPORTANT for this domain of life that at this point in time. (It may change later).

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Values

- The Motivation Trap: Waiting until you "feel" like doing something is like putting the cart before the horse. Don't rely on feelings - rely on values - let them be your motivation.

- Valued Direction: Encouraging self-confidence, managing anxiety, and navigating uncertainty.
ACT & Compassion

• I will go to therapy but I don't feel like it

• I will go to therapy AND I don't feel like it
Self-Compassion & Compassion Focused Therapy

Drive System
- Purpose: To motivate us towards resources
  - Nucleus accumbens
  - Dopamine
- Feelings: Wanting, pursuing, achieving, progressing, focused

Soothing System
- Purpose: To manage distress & promote bonding
  - Prefrontal cortex
  - Opiates, oxytocin
- Feelings: Contented, safe, protected, cared-for, trust

Threat System
- Purpose: Threat detection & protection
  - “Better safe than sorry”
  - Amygdala
  - Adrenaline, cortisol
- Feelings: Anxiety, anger, disgust
The value of normalization: Group therapy for individuals with brain injury

Barbara von Mensenkampff, Marcia Ward, Grace Kelly, Sam Cadogan, Feargus Fawsit & Niamh Lowe

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Pre-Group Themes

“Feeling Inferior”
- “I get stressed much more easily which embarrasses me because I feel like a ‘dizzy eejit’”
- “It has changed me in a way that I feel inferior and not a full person”
- “I now see myself as struggling to adapt and am at a loss of who I am?”
- “I am not sure of my position in life. I wonder how people see me”

“Identity Confusion”

“Disconnection”
- “Not being able to connect with the real world is quite bad. I feel cut off from reality.”
Post-Group Themes

- **Acceptance & Knowledge**
  - “I have learnt to accept the way I am - the same but different”
  - “I have more confidence in myself”
  - “I felt that the talking in the group has put me at ease with myself more”

- **New Identity**
  - “I see myself in a different light now”
  - “I have more confidence in myself”

- **Positive Mental Health**
  - “I learnt that there’s a way past all the negative thoughts that I have”
  - “I’m definitely more content and able to see a positive future for myself”

- **Normalisation**
  - “It’s been a great help to hear other people’s stories because many mirrored mine and it has helped me to make myself do less and ask for help”
Importance of family resilience in supporting adjustment

- Psychoeducation
- Meaning Making
- Overcoming adversity
- Communication
- Social Network
- Acceptance
- Promotion of New Identity
Current Research Programmes

- Men’s Shed
- Community Integration Programme
- Online assessment to identify cognitive strengths & vocational interests- UCC
- Cognitive Stimulation Group –UL
- Yoga + Mindfulness Intervention –UL
- How HC professionals can better support adjustment to disability- UL
Courage doesn’t always roar. Sometimes courage is the quiet voice at the end of the day saying, ‘I will try again tomorrow.’

—Mary Anne Radmacher
References

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