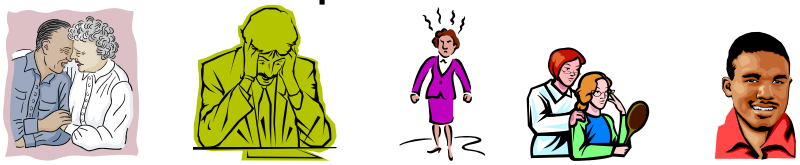
Tip Sheet # 9



Dealing with The Stroke Survivor's Emotions

Depression, sadness, anger, frustration, and nervousness are just some of the emotions that stroke survivors can experience. Some emotions are difficult for stroke survivors to control. They may laugh inappropriately, or cry for no apparent reason. Sometimes their emotions do not match their behaviors. For example, a survivor may cry when they are happy about something. Depression is common after stroke and needs treatment.

What negative emotions does the stroke survivor have?
Put an X beside all of the emotions listed below that you think the stroke survivor has had over the past 2 weeks. (Or ask them if they have had…)

___Mood fluctuations (up one minute, down the next)
___Anxiety or fear (being scared)
___Nervousness or feeling uneasy
___Anger or feeling mad about something
___Frustration or can't seem to get over something
___Depression or feeling sad
___Guilt or embarrassment (feeling ashamed)
___Poor outlook or feelings of hopelessness
___Feelings of loss (miss the way things were before the stroke)
___ Feelings of worthlessness or being a burden on others
___ Other _____
___ Other _____

Negative emotions like those listed above can be from:

- Damage to the brain from the stroke
- Changes in their body chemistry
- Feelings they have about their stroke and their recovery
- Something else that has happened in their life
- Feelings about themselves or others
- ***Caregivers should not take emotional outbursts from the survivor personally.***

Depression is very common in stroke survivors.
Circle the number (0, 1, 2, or 3) for how often you think the survivor has had each of the 9 depressive symptoms below. (Or ask them…).

PHQ-9: Over the last 2 weeks, how often have you been bothered by any of the following problems?	**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Add up the numbers you circled above for a total score. **Total Score:** ___
Look at the chart below to see the survivor's level of depressive symptoms.

The survivor's level of depressive symptoms is: _____

Total PHQ-9 Score	**Level of depressive symptoms**
Total score 0 – 4	Minimal
Total score 5 - 9	Mild
Total score 10 - 14	Moderate
Total score 15 – 19	Moderately severe
Total score 20 - 27	Severe

You or the survivor should call the doctor or a health professional if:

- The survivor's Total Score for depressive symptoms is 10 or above
- The survivor's level of depressive symptoms is:
  - Moderate
  - Moderately Severe
  - Severe
- The survivor has had thoughts that they would be better off dead or of hurting themselves in some way
- You or the survivor have any questions about how to manage ***any*** of their emotions

Do not be afraid to ask for professional help from the doctor or others involved in their care. Negative thoughts and emotions can be very difficult to control. **Medications and psychological counseling are often prescribed and are very effective.** Even if depressive symptoms are mild, anti-depressant medications are often prescribed to help with stroke recovery. It is far better to seek treatment than to allow the downward spiral of depression interfere with stroke recovery.

Place an X beside all of those below who you think you can seek help from.

___911 if an Emergency
___Stroke survivor's doctor
___Caregiver's doctor
___Psychiatrist
___Neurologist
___Neuropsychologist
___Psychologist
___Counselor
___Priest or Pastor
___Nurse

___Crises/Suicide line 1-800-273-8255
https://suicidepreventionlifeline.org
___ASA Warmline 1-888-4-STROKE
___Mental health clinic
___Local hospital
___Support group
___Other stroke survivors
___Other caregivers
___Family and Friends
___Other _____

Write the telephone numbers for each of the above that you put an X by. Look in the yellow pages in your telephone book under "Mental Health" or "Hospitals" for more help.

More places we can seek professional help _____

_____

So… you can call the doctor or another professional for help with the survivor's emotions. Are there other things you as a caregiver can do to manage the survivor's emotions?

The answer to this question is ***yes.*** Toward the beginning of your notebook, there is a workbook called, **"Skill-Building Tip Sheet #SB6. Stress Management Workbook for Caregivers and Survivors."** You can help the survivor fill out this workbook, or give it to them to fill out on their own. This workbook will help the survivor:

- Realize that thoughts are different from emotions
- Look at the thoughts they are having
- Revise their thoughts to be more realistic and positive
- Use strategies to help them manage their stress

Some of the strategies mentioned in the workbook include the following:

- **Look at how realistic your thoughts are.** Get rid of words like "always" and "never." Also get rid of "should," "must," and other words that make you set expectations that are too high for yourself.

- **Make a victory list of successes.** Pat yourself on the back for the good things you do. ***When the survivor is depressed, try telling them to look in the "rear view mirror." Look at where they have been and what they have achieved since their stroke.***

- **Stop asking yourself, "What if?**" Instead, ask yourself, "Is this likely to happen?" "Can I prevent it?" "Can I do anything about it?" If not, don't waste your time and energy worrying.

- **Listen to your inner critic.** Are you saying mean things to yourself? Putting yourself down? Would you tell someone else the same thing if they were in your shoes? Be a friend to yourself.

- **Keep a daily journal of your thoughts and feelings.** Writing helps you think things through. Tell your story. Keep a section of your journal for funny things too.

- **Make a list of pleasant activities.** Be sure to make time for fun activities. You also need time for yourself. Make it part of your daily schedule.

- **Keep a good sense of humor.** Laughter is good for you. Try to see the humor in things that happen. Maybe watch funny movies or read funny books. Smile at others to see how many you can get to smile back.

- **Use imagery.** Imagine yourself handling your problems. Rehearse in your mind how to solve a problem. Picture yourself as being strong.

- **Relaxation.** Take the time to sit in a quiet place and totally relax every muscle in your body. A quick 10 minutes of relaxation can do wonders. Start with your toes and work all the way to the top of your head. Don't forget to relax your face muscles!

- **Take care of yourself.** Eat right, exercise, get enough sleep, and get regular checkups. Get your blood pressure checked!

There are other tip sheets that may help you deal with emotions. For example:

- **Tip Sheet 10. Dealing with feelings about himself or herself**
- **Tip Sheet 11. Dealing with the stroke survivor's difficult behaviors**
- **Tip Sheet 12. Dealing with the Survivor's changed personality.**

- **Tip Sheet 13. Dealing with the stroke survivor's problems with thinking.**
- **Tip Sheet 14. Communicating with the stroke survivor**
- **Tip Sheet 15. Love, affection, and sexuality issues**
- **Tip Sheet 16. Keeping the stroke survivor socially active**

Some of the survivor's display of emotions might not match what they are thinking or feeling. For example, some survivors may experience **"emotional liability."** Emotional liability is defined as sudden changes in mood that might not match a person's emotions. For example, a survivor might start laughing when they are stressed or upset about something. A survivor might begin crying when talking about something positive. A survivor might suddenly yell or lose their temper for no apparent reason. These displays of emotion are sometimes different from what they are actually thinking or feeling. The survivor might not be able to control their laughing, crying, or anger in social situations.

Emotional liability is usually because of damage to the brain from the stroke. **See Tip Sheet 12. Dealing with the Survivor's changed personality** for strategies on how to deal with this issue.

Recovering from a stroke is often very difficult. There are many emotions that stroke survivors have. Some emotions are from brain damage from the stroke. Others may be from how the survivor is coping with their disabilities, or from actual depression. Try to find ways to help the survivor manage their negative emotions. Call a doctor or health professional to help them deal with their emotions. Work through the workbook toward the beginning of this notebook. Talk with family and friends about how the survivor is feeling. Helping survivors manage their emotions will help them, as well as you.

For more information about managing the survivor's emotions, see Skill-Building Tip Sheet #SB6. Stress Management Workbook for Caregivers and Survivors. Also, see the list of books, organizations, websites, and references below.

Self-Help Books:

Burns, D. D. (1999). The Feeling Good Handbook (Rev. ed.). New York: Plumb Printing. ISBN 0-452-28132-6

Greenberger, D. & Padesky, C.A. (2016). Mind over Mood: Change How You Feel by Changing the Way you Think. Second Edition. New York: The Guilford Press. ISBN 978-1-4625-2042-8.

Organizations and Websites:

American Stroke Association's Toll-Free Warmline and Website 1-888-4-STROKE or 1-888-478-7653, www.StrokeAssociation.org

National Institute for Mental Health, 1-866-615-6464 (toll-free), http://www.nimh.nih.gov/

References:

American Heart Association (2001). Let's talk about emotional changes after stroke. Dallas: American Heart Association.

Beck, A.T., Rush, A.J., Shaw, B.F., & Emery, G. (1979). Cognitive Therapy of Depression. New York: The Guilford Press. ISBN 0-89862-919-5

Kroenke, K., Spitzer, R.L., Williams, J.B.W. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of Internal Medicine, 16,* 606-613.

Lyon, B.L. (2002). Psychological stress and coping: Framework for poststroke psychosocal care. *Topics in Stroke Rehabilitation, 9*(1), 1-15.

Given, B.A., Given, C.W., & Espinosa, C. Symptom Management Toolkit, Michigan State University.