

Effects of Stroke: Emotional & Behavioral Changes

Changes in personality and mood after stroke are common. Impulsiveness, apathy, pseudobulbar affect, anger, frustration, and depression can affect a stroke survivor's quality of life. However, these challenges can be overcome by working closely with the health care team.

Impulsiveness

Impulsiveness is the inability to think ahead or understand consequences. This is more commonly experienced by survivors with a right-sided or frontal lobe stroke.

Apathy

Some survivors experience apathy. They may appear to not care about anything and lack interest and drive. This is not the same as depression. It's important to get people with apathy active, moving and involved again. Encourage them by giving them a choice of what to do or where to go, but make it clear they have to do something. This condition may require an evaluation by a neuropsychologist to determine the best course for treatment if the condition doesn't improve.

Pseudobulbar Affect (PBA)

PBA is characterized by a mismatch or exaggeration of feelings and expression, like laughing at a funeral or crying at a joke.

Anxiety

Anxiety occurs when a person experiences feelings of worry, nervousness, or unease. Anxiety affects about 20 percent of survivors.

Delirium

Delirium is a common yet underrecognized complication following stroke, affecting about 25% of stroke survivors. Delirium involves an intense, altered level of consciousness with changes in orientation, memory, thought, or behavior.

Some therapeutic approaches that can help with these changes include:

Solution Focused Therapy

Is future-focused and goal-directed, and centers on solutions instead of the problems that bring people to therapy.

Problem Solving Therapy

Is a brief psychological intervention or “talking therapy” that typically lasts from four to eight sessions. Problems are identified through collaboration, and the therapist teaches the person a structured approach to solving them.

Cognitive Behavioral Therapy

Focuses on examining the relationships between thoughts, feelings and behavior. It involves exploring thought patterns that lead to self-destructive actions and the beliefs that direct them. The therapist and survivor actively work together toward recovery by learning better problem solving skills and making changes in behavior patterns. This type of therapy is the gold standard for psychotherapy.

Acceptance and Commitment Therapy

Also known as Attitude and Commitment Therapy, this teaches people to use acceptance and mindfulness strategies combined with goal setting, commitment, and behavioral change to better control discomfort and anxiety.

Interpersonal Therapy

Focuses on interpersonal relationships by improving the way a person communicates and relates. Techniques help the person identify emotions and their sources, express emotions in a healthy way and deal with emotional baggage from past relationships. Coping, communication and decision-making skills are gradually improved through a number of therapeutic techniques.

Mindfulness Therapy

Mindfulness based interventions (MBI), also called Mindfulness-Based Cognitive Therapy and Mindfulness-based stress reduction, helps those who suffer repeated bouts of depression and stress. It combines the ideas of cognitive therapy with meditative practices and attitudes based on cultivating mindfulness, a non-judgmental awareness of the experiences of the present moment.

Motivational Interviewing

Is a collaborative therapeutic approach to changing a person’s behavior by helping them discover their own reasons for change. This counseling technique focuses on building motivation to adapt to having a stroke. It is effective in reducing depression and fatigue and can enhance overall rehabilitation outcomes for survivors.