Too soon?

secondary prevention work
with families one week post-stroke

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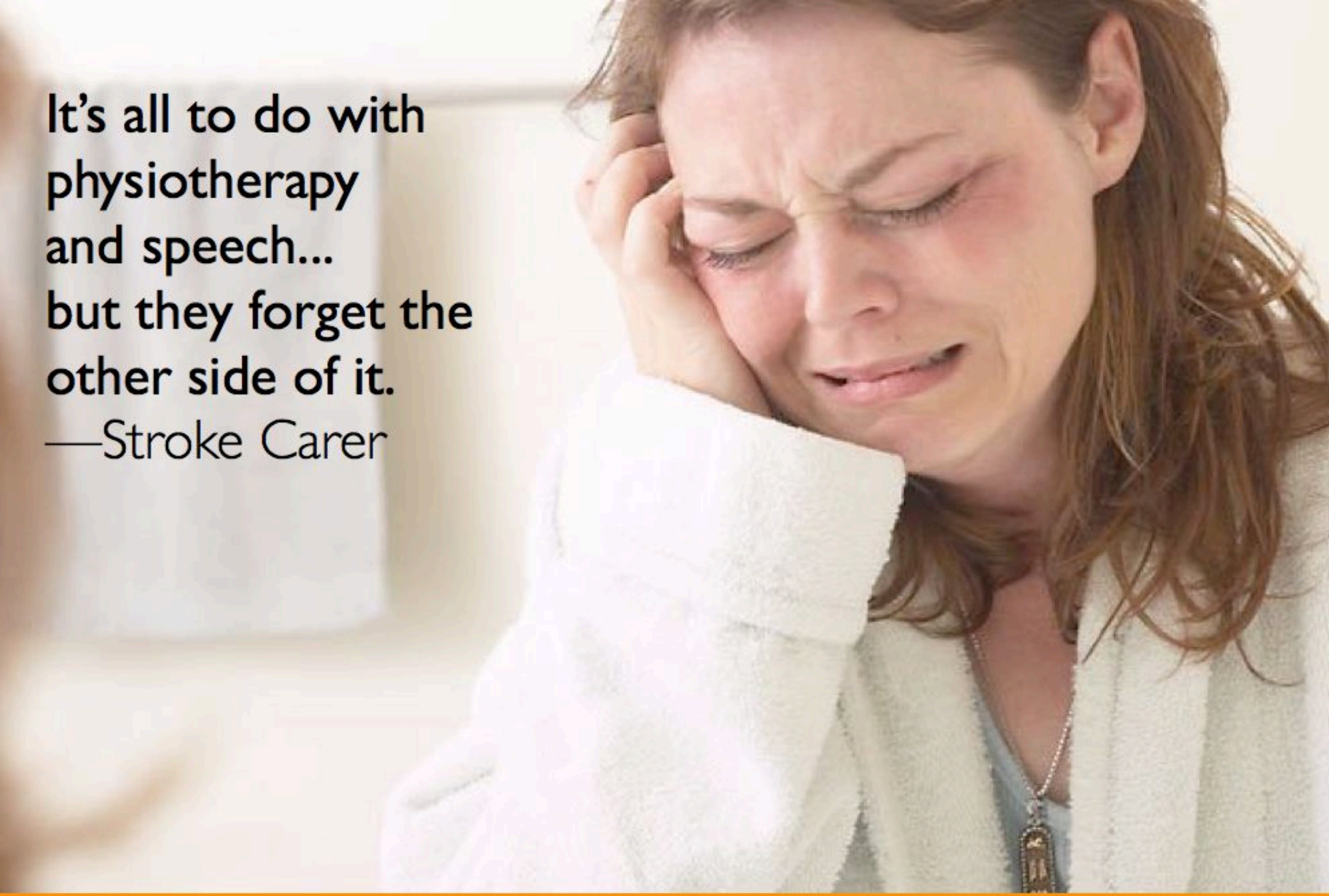
simple accessible Clinical & Neuro Psychology

At a conference, I told another delegate I wasn't impressed by the psychological awareness evident in referrals from the Waikato Stroke Service: turned out he was the Clinical Director.



He put me in touch with Dr Robin Sekerak, Rehabilitation Specialist for the Service and I volunteered an hour of my time per week to improve the Service's psychological provision.

most people
affected by
a stroke
haven't had one

We decided to focus upon the psychological needs of carers, partly because the existing services were wholly focussed upon the physical recovery of stroke survivors…

most people
affected by
a stroke
haven't had one
yet

but also because secondary prevention tends to be more effective than primary prevention and, given the high heritability of stroke, any secondary prevention initiative was better than none.

HNTGRTACP&HTKWYSSOA

Our working title was "How not to get referred to a Clinical Psychologist & how to know when you should see one anyway", but that didn't lend itself to a snappy acronym…

SCEC

so instead we went for the "Stroke Carer Education Course", modelled after the Cognitive Remediation Course I'd developed for the Waikato Memory Service (my day job at the time):

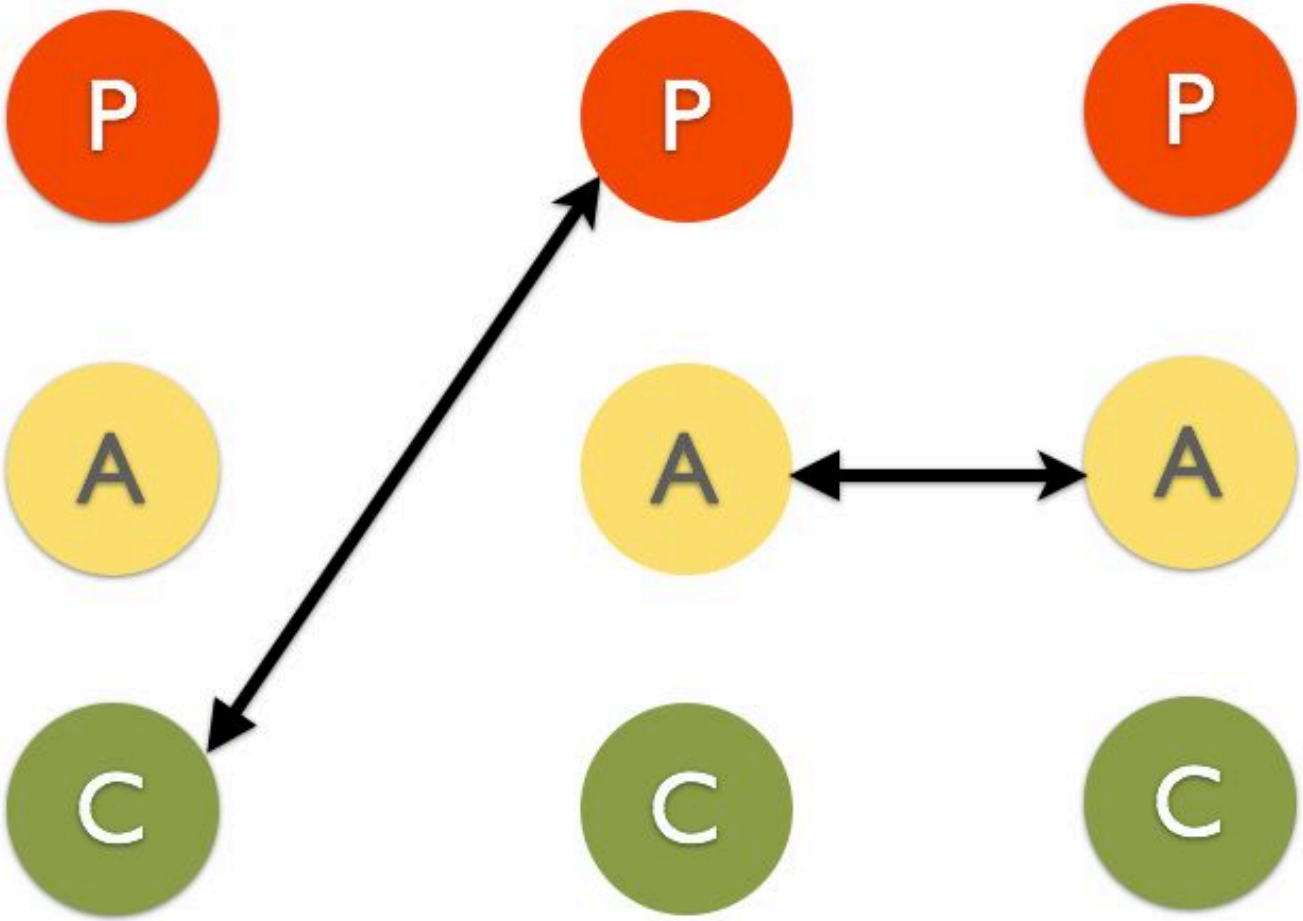
- ☐ what can you expect?
- ☐ how will you cope?
- ☐ what should you watch out for?

- ☐ will it *really* be better once they're home?

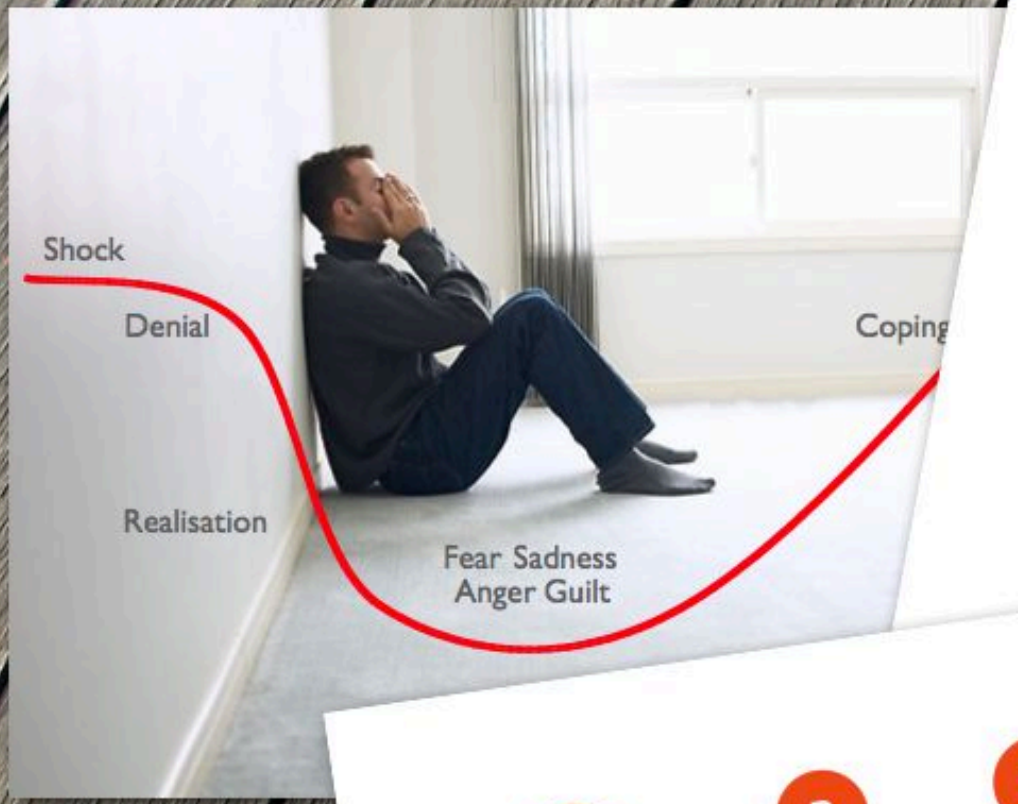
a four week rolling programme of three one hour presentations plus a fourth session for families whose relative had been discharged, who could come back and discuss their experiences.

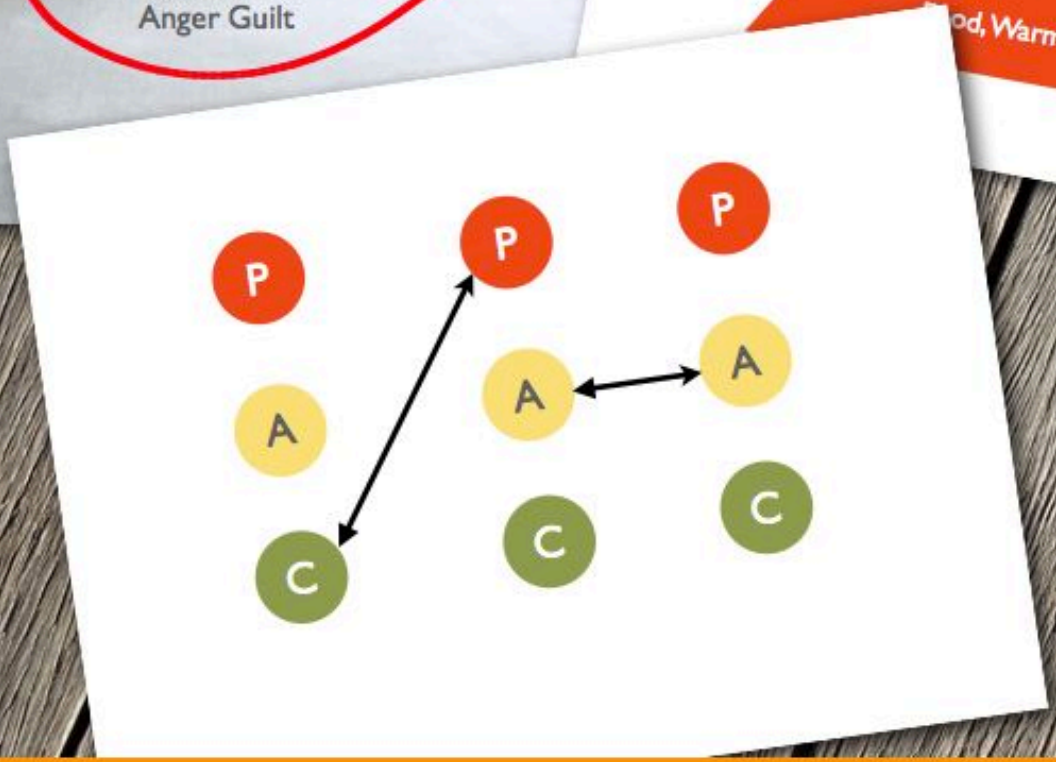
Session 1 was based around a simple stage model of adjustment to change, highlighting the likelihood of "denial" in hospital and the (healthy) emotional turmoil post-discharge.

Session 2 was pragmatic advice for carers on avoidance of overload & self-medication, and on maintaining relationships and self esteem, using Maslow's hierarchy as a framework.

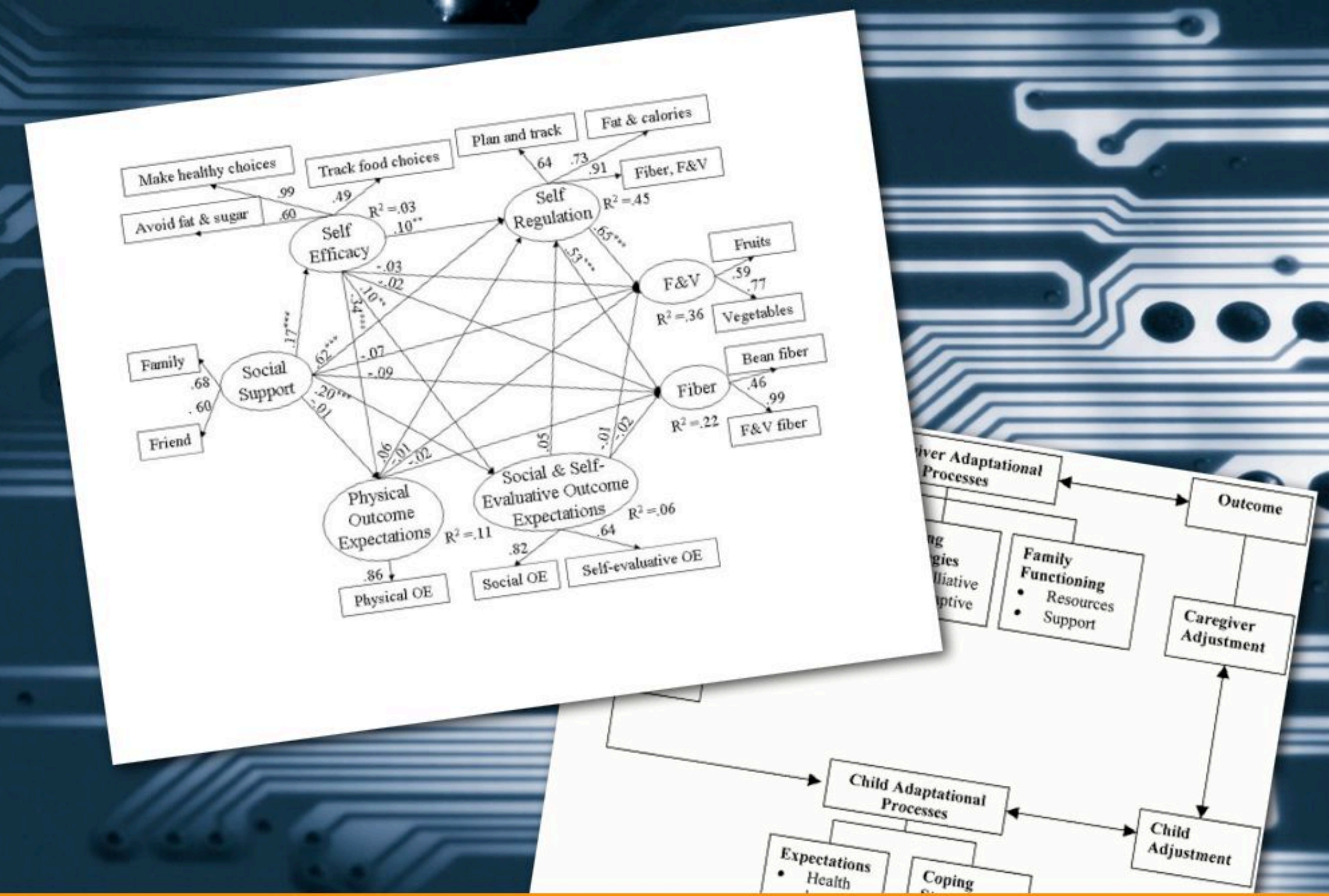


Session 3 used Transactional Analysis to illustrate maladaptive patterns of caring: infantilisation of stroke survivors, parentification of children and communication breakdown between spouses.

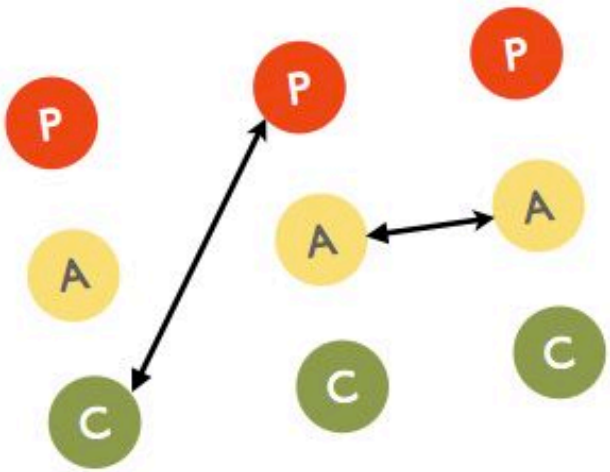




These are not state of the art psychological models — clearly — but we chose them because they are good first approximations to the concepts we wished to highlight & discuss.



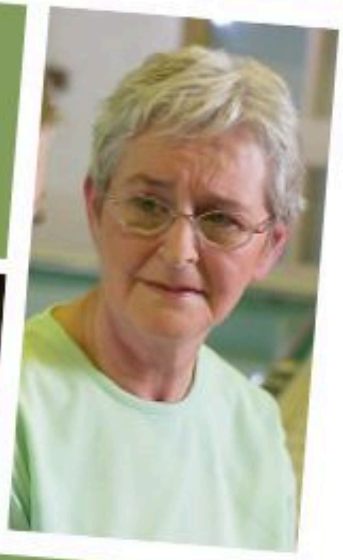
Also, unlike the more up-to-date formulations, which resemble wiring diagrams…



these models lend themselves to strong visuals with clear narratives, which we hoped would be retained by families when handouts and information leaflets might be mislaid or forgotten.

How will Stroke affect your Family?

what can you expect?
how will you cope?
what should you watch out for?
will it *really* be better once they're home?



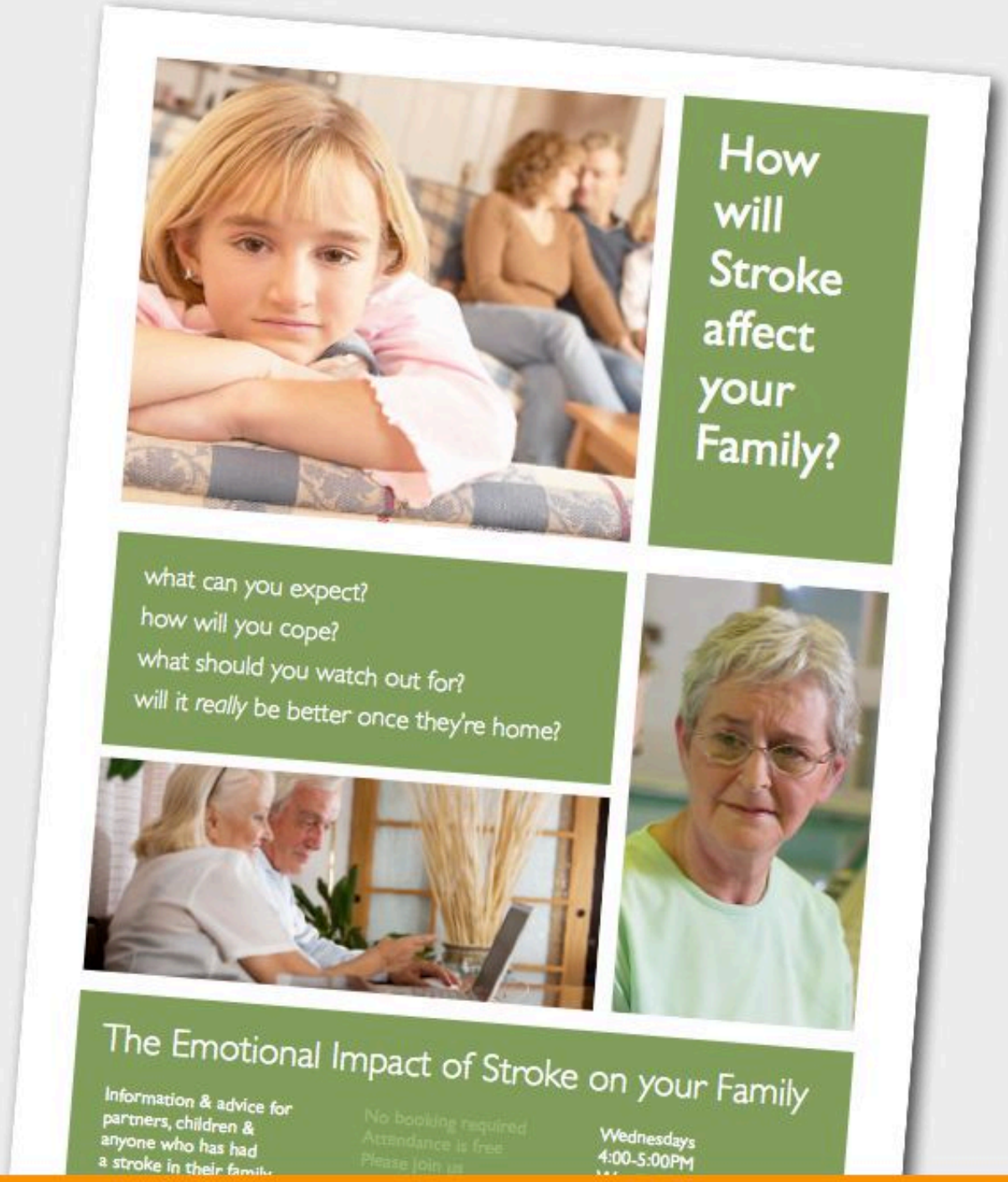
The Emotional Impact of Stroke on your Family

Information & advice for partners, children & anyone who has had a stroke in their family

No booking required
Attendance is free
Please join us

Wednesdays
4:00-5:00PM

We set a venue — the meeting room on the Stroke ward — and a time — just after visiting time, to maximise family attendance — and then we launched the Course.



We placed a large poster advertising the Course at the entrance to the ward and put leaflets around the ward, and in the information pack given to each family at admission.

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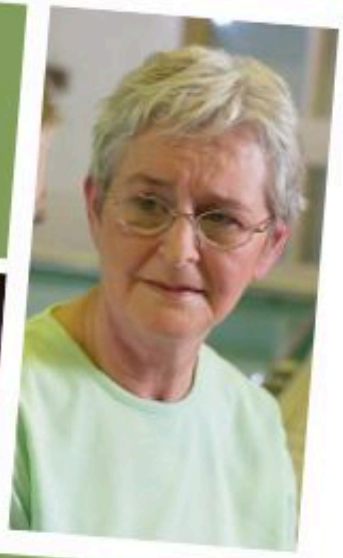

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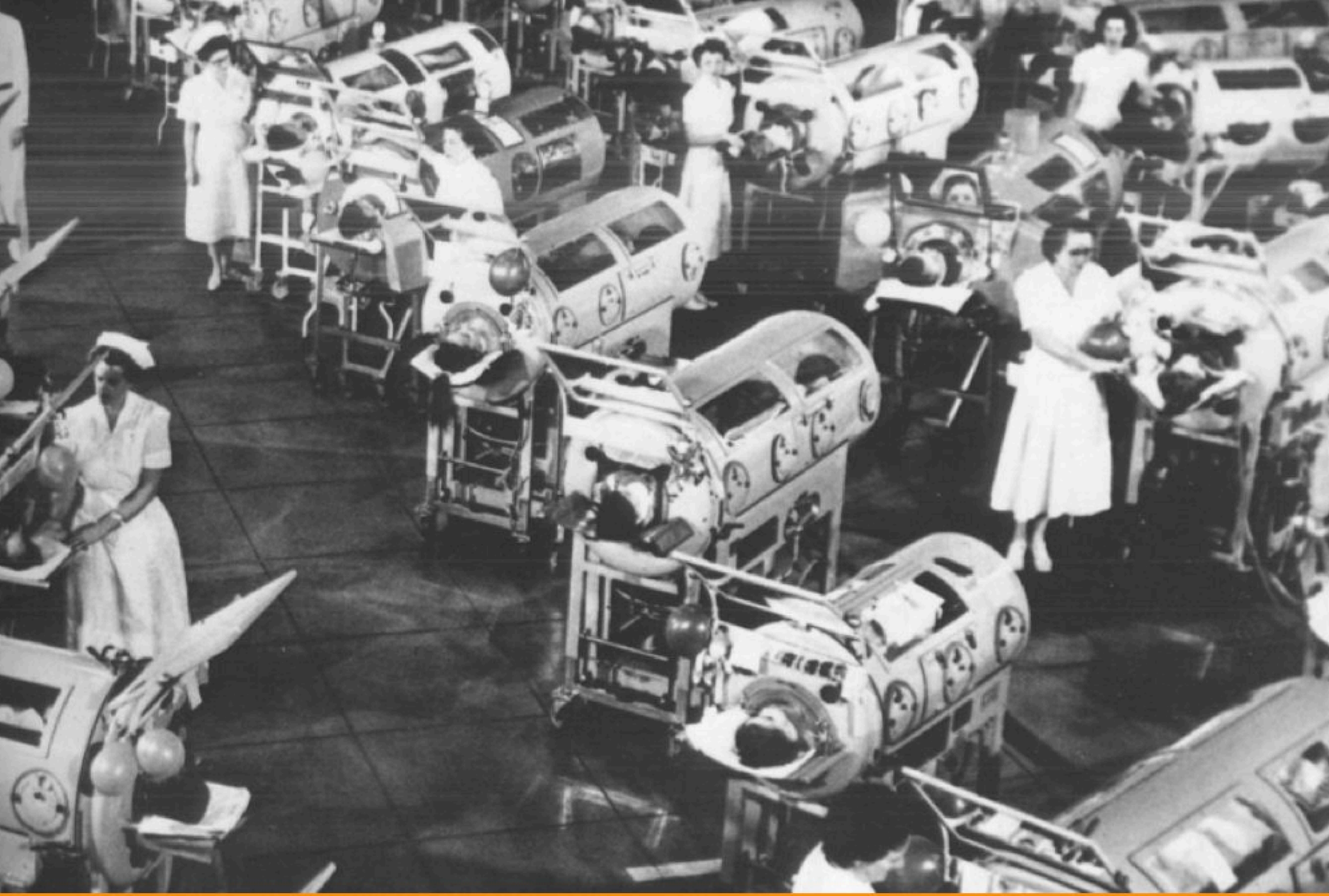
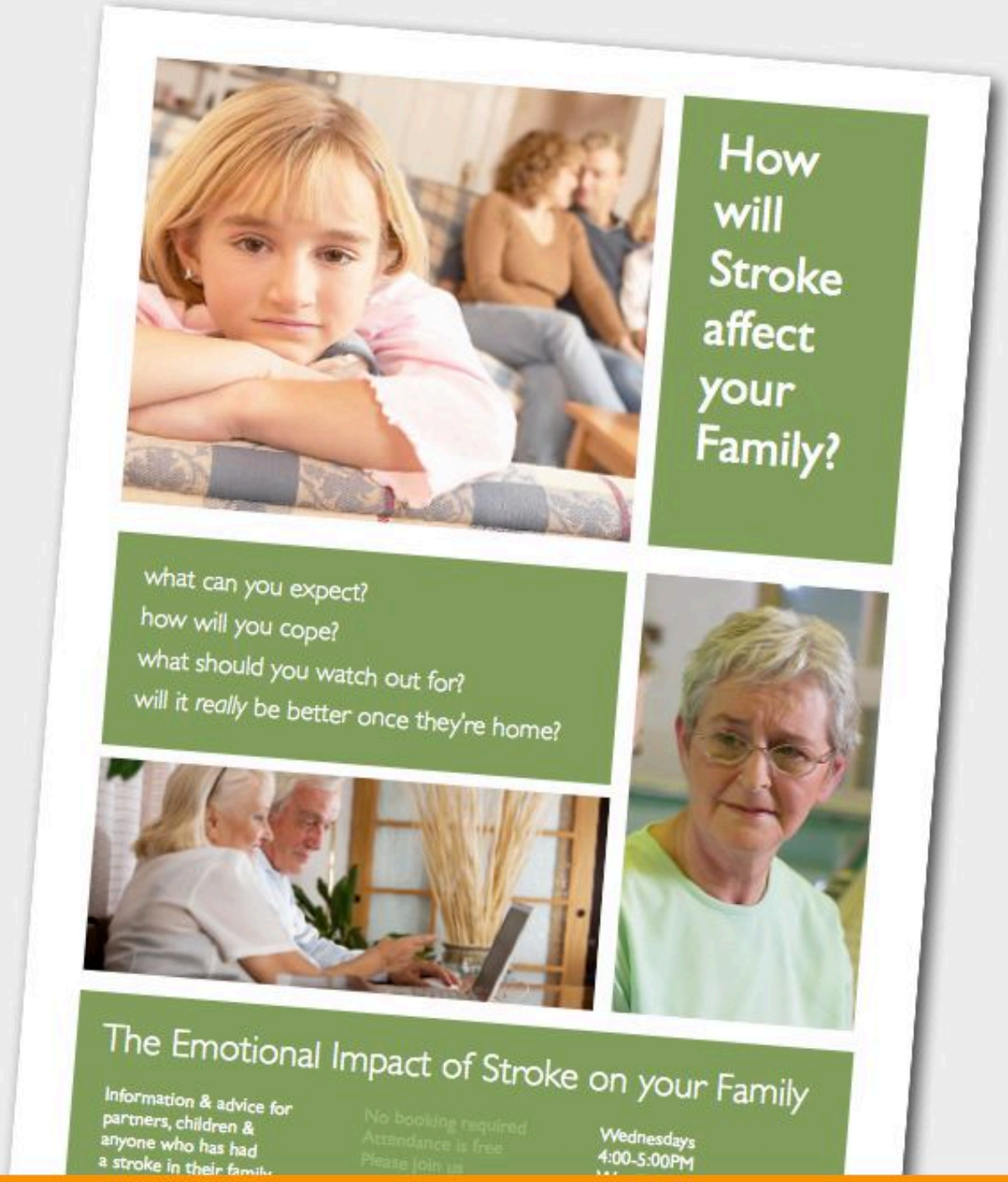
We hit three snags. First, of the 300 people who attended the Course over two years, only a handful read the leaflets, or even noticed the poster until I pointed it out to them.

Second, the nursing staff (mostly temps) seemed unconvinced that the Course was of any value to patients and did not direct families to the leaflets, posters or otherwise discuss the Course.



Third, however grateful they were to the nurses and medics, no one wished to return to the ward after discharge, so there were **no** takers for the follow up session.



Accordingly, we compressed the three presentations into one session to be held every week and a nurse was designated by the ward manager each week to apprise families of the Course.

One family per week

The modal attendance was one family per week, maximum of three, almost always in the week of admission. This seemed low but I was assured this was consistent with Stroke ward admissions.

Three people per family

The modal attendance was three people — usually the patient's spouse, sibling and an adult son or daughter — per family. The maximum was twenty members of a patient's whanau.

Few presentations went as scheduled: most families quickly asked questions to tailor the presented information to their individual circumstances, but stayed late to hear all the material.

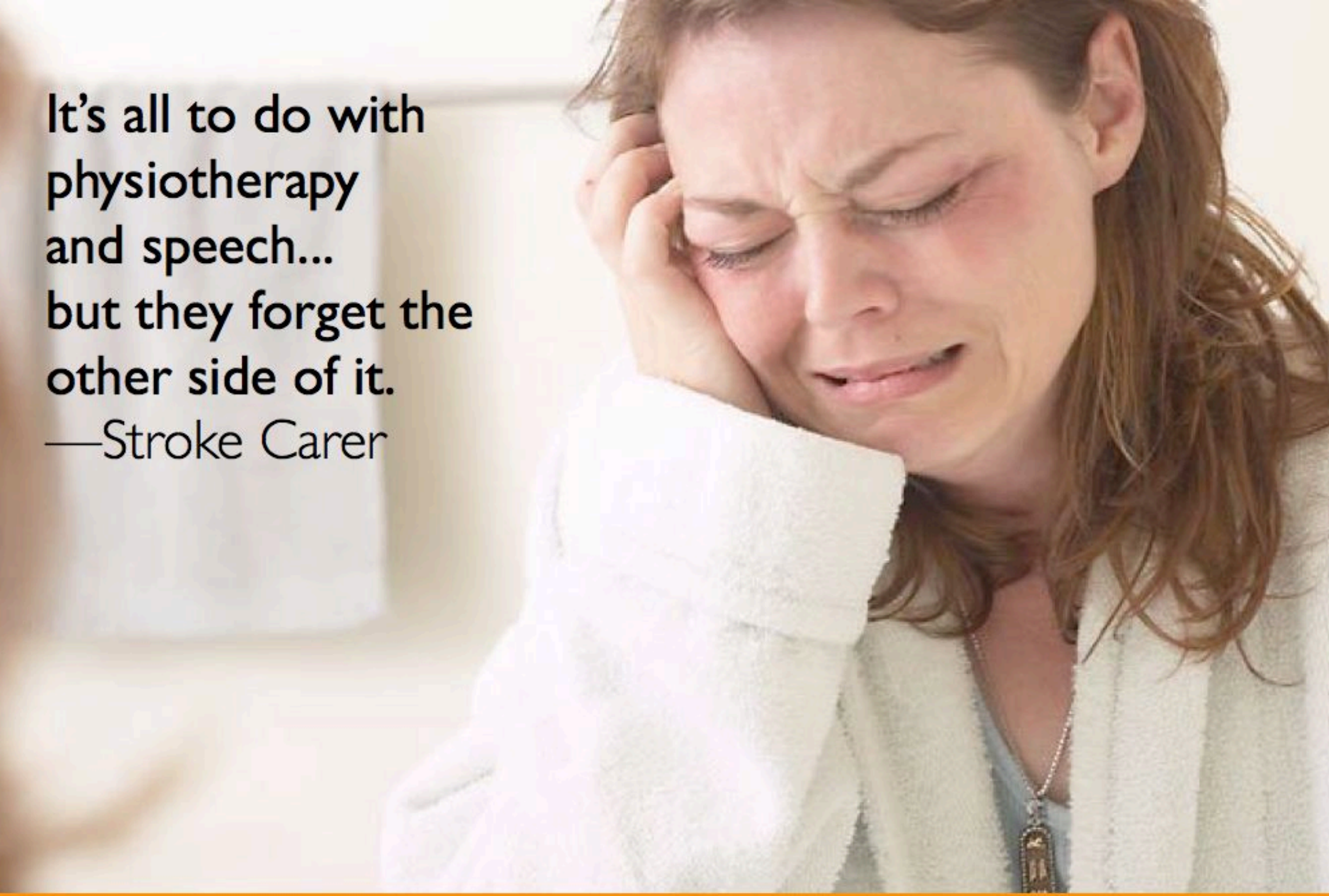
How not to get referred to a Clinical Psychologist & how to know when you should see one anyway

My goal had been to reduce the number of referrals to the Memory Service and Older People's Services of stroke patients with unmet or neglected psychological needs.

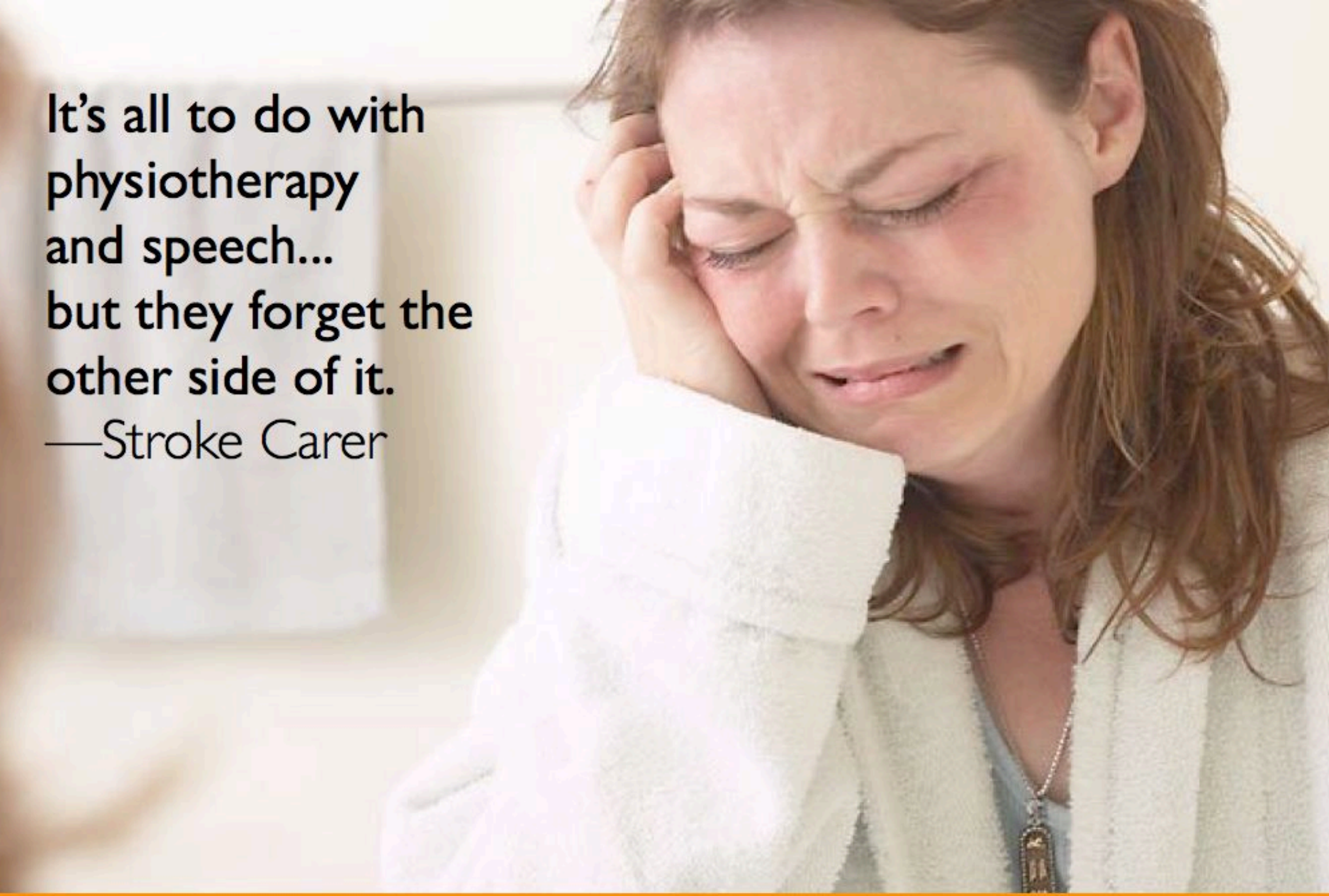
This goal was achieved, but may have been due as much to improved referral criteria for the Memory Service and to the appointment of experienced stroke nurses to the Stroke Service.

Many families made positive plans *in the sessions* based upon the material presented. I have many stories, but the plural of anecdote is not data and I had no time or resources for followup.

As for secondary prevention, a taxi driver suggested to me that we evaluate by the frequency with which taxis are hired to take patients and families from the ward to KFC and Burger King.



"They forget the other side…" especially if we let them. Families made aware of the Course were keen to attend and eager to discuss the impact of the stroke upon the whole family.



Psychologists can be too reactive, waiting until we're needed rather than taking steps to ensure that we're not needed, and that if we are required, that we're called sooner rather than later.

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"Further research is needed" but I think it's worth an hour of our time to speak to families about the likely emotional impact of stroke. And no, the first week is definitely **not** too soon.

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