The main focus of Module 3 is to help the group members understand the emotions that follow a stroke, identify signs of depression and how to deal with it, learn ways to communicate emotions to others and become aware of self-esteem and intimacy issues following a stroke.

LEARNING OBJECTIVES

At the conclusion of the module, participants should be able to:

- Identify typical emotional reactions after a stroke and why they might occur
- Explain the grieving process associated with stroke recovery
- Describe the warning signs of depression
- Identify ways that depression is treated in stroke survivors
- Describe communication strategies that help stroke survivors effectively communicate with family and friends to get their needs met
- Describe how self-esteem is impacted by the aftereffects of stroke
- Identify ways to rebuild self-esteem following a stroke
- Describe barriers to intimacy presented by stroke and how to overcome them
MODULE AGENDA

Registration and blood pressure checks................................................................. 30 minutes
Opening remarks, overview, review and answer questions from last class ............ 15 minutes
Relaxation exercise .................................................................................................. 5 minutes
Presentation 1: Emotions, Depression and Communication................................. 50 minutes
Break ......................................................................................................................... 20 minutes
Exercises .................................................................................................................. 10 minutes
Presentation 2: Self-esteem and Intimacy ............................................................... 50 minutes
Summary and closing ............................................................................................... 10 minutes
Module evaluation .................................................................................................. 5 minutes

Total Time   195 minutes

(3 hours, 15 minutes)
GUEST SPEAKER TALKING POINTS

**Emotions, Depression and Communication**—presented by a psychologist

- Emotional reactions can be biological or psychological
- Biological reactions include emotional lability and depression
- Definition of depression, incidence and signs of clinical depression
- Depression often goes untreated, is serious and is normally treatable
- Psychological reactions may include some or all of the following:
  - Grief (go over common stages of grief)
  - Denial
  - Frustration
  - Anxiety
  - Anger
  - Apathy
  - Guilt
  - Overprotection from others
- Emotions aren’t right or wrong, they just are
- All emotions are normal and to be expected
- Review handout: Signs of Clinical Depression and Ten Tips for Beating the Blues
- Communication strategies for sharing important feelings with family and friends
- The importance of listening as a communication tool

**Exercises**—This can be a good time to lead the group through exercises before the next session. Some simple range-of-motion exercises are great!

**Self-esteem and Intimacy**—presented by a psychologist or the facilitator *(see notes in step-by-step)*

- The three components of human sexuality and intimacy:
  - Self-love
  - Giving love
  - Sharing love
- Effects of stroke on self-esteem and relationships
  - Body image changes
  - Role changes
  - Changes in intimate relationships
  - Redefining sexuality

**SUGGESTED COURSE MATERIALS**

**Fact Sheets and Brochures**
- NIH pamphlet on depression
- New Zealand Stroke Association sexuality booklet
- National Stroke Association fact sheets:
  - Recovery After Stroke: Coping With Emotions
  - Recovery After Stroke – Redefining Sexuality
- National Stroke Association brochure:
  - Explaining Unpredictable Emotional Episodes

**Handouts**
- Signs of Clinical Depression and 10 Tips for Beating the Blues
- Module 3 Evaluation

**M&Ms (Meaningful Messages)**
STEP-BY-STEP GUIDE TO IMPLEMENTATION
REGISTRATION AND BLOOD PRESSURE CHECKS

Pre-class Comments
Upon arrival, all attendees should have their blood pressure taken and recorded on the blood pressure log they received the first class.

Start on Time
As was promised in the first class, begin on time. Those still taking blood pressures or arriving late will catch up during the opening remarks.

Reminder, the facilitators’ attitude, warmth and friendliness continue to set the tone for the class.

OPENING REMARKS, INTRODUCE NEW ATTENDEES
Facilitators should reintroduce themselves briefly for the benefit of anyone who was not at the first module. In addition, any new attendees should be asked to identify themselves by using the same one-word trivia question presented in Module 2. Review basic housekeeping details, including location of bathrooms and scheduled break time.

Review of Materials Covered in Module 2
Two questions regarding fatigue and memory loss are designed as a review of material learned in the previous class. Facilitators should ask the question of the class to engage the group in discussion.

Facilitator: “Last session, you learned about ways to manage fatigue and memory loss.”

1. “What is one way you learned to help combat fatigue?”
2. “What was one tip you learned to improve memory?”

A facilitator should point out that there are no “right” or “wrong” answers. This is simply a way to review what was learned last time. Facilitators might ask for some discussion regarding if anyone had tried any of these techniques and what success they had.

RELAXATION EXERCISE
By now class members should be familiar with the breathing exercise and understand that doing this exercise every day is one way of reducing blood pressure without additional medication.

Centering is a procedure that brings a person’s mind back from thinking about the past or the future and into the present. Explain that at each class, before the formal presentation, a centering exercise will be used as a way of providing a focused, relaxed transition from the normal day’s activities. Teach the significance of breathing by using the metaphor of a car: gas
in, fumes out. The body is like a car and needs the constant energy of oxygen in and carbon dioxide out.

Dim the lights and ask participants to find a comfortable position with feet flat on the floor and hands loosely in their laps. If they are comfortable doing so, they might close their eyes. It is recommended to play soothing music during the relaxation exercise. What follows is a breathing exercise.

Close your eyes and relax. Place your hands in your lap with your feet flat on the floor. Now slowly take a deep breath in, breathing in through your nose and then breathe out through your mouth, with an open throat. As you breathe in, relax your nostrils and allow oxygen to flow in. As you breathe out, visualize your body releasing carbon dioxide. Fully fill your lungs with oxygen as I count to six, letting the air completely fill your belly while breathing in through your nose. 1, 2, 3, 4, 5, 6. Hold that breath for a few moments. Now release the breath through your mouth as you listen to me count to six—1, 2, 3, 4, 5, 6. If you find yourself thinking too much or worrying, take another deep breath in, hold it and then let the air out while releasing that thought. Continue to inhale through your nose as you count to six in your mind, hold the breath for few moments, then exhale through your mouth as you slowly count to six again. Sit very still as you continue to breathe to the slow count of six. Feel yourself releasing any tension in your shoulders. Release tension down through your abdomen, your legs and out the bottoms of your feet.

Return to normal breathing, and take a moment to recognize how you feel right now. And say to yourself as you are ready to return to class:

**Breathing in, I breathe fresh oxygen.**

**Breathing out, I release carbon dioxide.**

**Breathing in, I am calm.**

**Breathing out, I smile.**

After completing the exercise, turn the lights back up and give people a few moments to reacquaint themselves with their surroundings. Emphasize that this exercise is a natural tranquilizer for the nervous system. Unlike tranquilizing drugs, which are often effective when you first take them but then lose their power over time, this exercise is subtle when you first try it but gains in power with repetition and practice. Encourage class members to try to do a breathing exercise at least once a day.
PRESENTATION 1: EMOTIONS, DEPRESSION AND COMMUNICATION

Facilitators
The facilitators’ introduction of the guest speaker should include a brief background of that person’s qualifications and their experience with stroke survivors and commitment to stroke education.

Facilitators are responsible for watching the time and making certain the presenter closes at the appropriate time while still allowing the opportunity for questions from the attendees.

The facilitators should provide the guest speaker with background information on LEAP, a profile of the class members and an outline of the talking points the speaker should cover.

For the Speaker
The presentations in this module should create an open dialogue among the participants as you discuss the many emotional facets of life after a stroke.

Talking Points
- Emotional reactions can be biological or psychological.
- Biological reactions include emotional lability and depression.
- Definition of depression, incidence and signs of clinical depression
- Depression often goes untreated, is serious and is normally treatable
- Psychological reactions may include some or all of the following:
  - Grief (go over common stages of grief)
  - Denial
  - Frustration
  - Anxiety
  - Anger
  - Apathy
  - Guilt
  - Overprotection from others
- Emotions aren’t right or wrong, they just are
- All emotions are normal and to be expected
- Pseudobulbar affect
• Review Handout: Signs of Clinical Depression
• Communication strategies for sharing important feelings with family and friends
• The importance of listening as a communication tool

**Sample questions to help engage the group:**
• What are common reactions to a stroke?
• What does depression look like?
• How do you cope with a stroke?

**BREAK**
Suggested items: Coffee and tea, ice water, sugar-free juice and nutritional snack

**EXERCISES**
Lead the group in some range of motion and stretching exercises.

**PRESENTATION 2: SELF-ESTEEM AND INTIMACY**

**Facilitators**
The facilitators’ introduction of the guest speaker should include a brief background of that person’s qualifications and their experience with stroke survivors and commitment to stroke education.

Facilitators are responsible for watching the time and making certain the presenter closes at the appropriate time while still allowing the opportunity for questions from the attendees.

The facilitators should provide the guest speaker with background information on LEAP, a profile of the class members and an outline of the talking points the speaker should cover.

Point out that the purpose of this presentation is to describe three essential components of human sexuality, self-love, giving love and sharing love, and how all three components can change after a stroke.
For the Speaker

Talking Points

- Effects of stroke on self-esteem and relationships
  - Body image changes
  - Role changes
  - Changes in intimate relationships
  - Redefining sexuality
- The three components of human sexuality and intimacy:
  - Self-love
  - Giving love
  - Sharing love

Self-esteem and Relationships
After a stroke, changes in relationship are inevitable—and change is difficult. Three types of changes are particularly significant for stroke survivors and their families:

Changes in Body Image
Most survivors are left with some form of physical disability after a stroke. For some, that disability is significant. If a person’s self-esteem was largely determined by their appearance and physical abilities, that person may suffer a real shift in their personal body image. They may feel that their body has betrayed them and they are less of a human being if they do not look and act the way they used to. If people stare now when the stroke survivor goes out in public, self-esteem plummets.

Role Changes
The stroke survivor may have been the one who took care of the family and the household, but may now need someone to take care of him or her. The survivor may have brought home the family’s income, but now may need to apply for disability with no assurance he or she can return to work. Two-income families go down to one income.

These role changes turn a family’s existence upside down. In the aftermath of stroke, roles can literally change overnight. Simple tasks become difficult and time-consuming. Communication breaks down. Fatigue and depression take their toll and with them come insecurity and resentment. When relationships are strained by this sudden shift in roles, it becomes difficult to feel lovable or capable of loving others.

Intimacy Changes
Stroke also may upset people’s well-established and comfortable patterns of sexual behavior and intimate relationship. As noted previously in the communication information, often our behavior and patterns are nonverbal. After a stroke, changes in physical and mental/emotional abilities may dictate that people need to change and adapt those predictable, nonverbal
patterns. This new and different relationship will require a change in habits and new adaptations.

Facilitators should stress that human touch is more important now than ever before. A smile, a hug, a caress or a pat on the back are also expressions of sexuality and may be more affirming than sexual intercourse. Encourage attendees to talk to one another about intimacy issues and to continue touching and loving one another even if other expressions of sexuality have become difficult.

Three Components of Human Sexuality and Intimacy
Sexuality certainly includes physical intimacy and sexual behavior, but intimate relationships depend more on love than on anything else. And regardless of disability, people who have experienced a stroke are still capable of self-love as well as giving and receiving love. How do most people reach a point where they can fully participate in and benefit from a meaningful intimate relationship? They have successfully lived through and experienced three important components of human sexuality that lead up to that relationship.

Self-Love
People who were loved and cherished as children generally grow up believing in and loving themselves. That is the cornerstone for love of self. But people who haven't learned to love themselves may have difficulty moving outside themselves to love others or to appreciate the fact that others could love them. Although the word "selfish" may sound self-centered, it is true that if you value yourself, you take care of yourself and do things for yourself. This is healthy and valuable for your self-esteem. People who have not learned to love and value themselves often put everyone else’s needs first rather than their own. They deprive themselves of the fullness of life in order to give it to others. After a stroke, someone without healthy self-love may sink into depression, guilt and/or resentment.

Optional Class Activity: Self-love
The purpose of this activity is to help participants learn to take time every day for at least one activity that is solely an act of self-love.

Pass out notepads and ask attendees to write down one activity that could be easily accomplished and would bring them personal joy. This is not a “wish list” like winning the lottery or a Hawaiian vacation. Rather it is something nourishing for the individual that could be done alone or by asking a loved one for assistance. It could be a bubble bath, breakfast or lunch at a favorite place, or visiting a friend. Write down as many as come to mind in five minutes, and identify yourself as a survivor or caregiver.

Collect the pieces of paper and read some of the responses out loud. Involve the class in a discussion about how it feels to deprive yourself of things you want or need (do they feel angry, resentful or anxious?) Instruct attendees to choose one of the items they listed and make a vow to complete that activity before Module 4.
Giving Love
People with a secure concept of self-love are generally very capable and willing to step outside of themselves to give love to others. They understand the satisfying nature of giving love away, with no expectation of someone returning the favor. Growing up with loving parents makes it easier to be a loving parent yourself. If the facilitator asks the class to identify things they have done for others in the past week, they may find it easier to answer.

After a stroke, even people who have made the natural progression from being able to love themselves to being able to love others may find it difficult to maintain those relationships. Roles and situations have changed. The stroke survivor is no longer the same person and the demands on the caregiver increase. Reaching out and caring for the other person’s needs is difficult—sometimes impossible—in the aftermath of a stroke.

Sharing Love
Finally, the ultimate relationship gives and receives love. Yes, giving love is the easiest part. Receiving the love and help of others is often far more difficult. This is one of the most important emotional adjustments for the stroke survivor and caregiver. Even though most of us were brought up with the idea that “it is more blessed to give than to receive,” sharing love means that each person feels equally comfortable being on the receiving end as well as the giving end of the relationship. When we can ask for what we need without feeling guilty or that we are imposing on the other person, we have achieved a sharing of love.

Unconditional love has no strings attached, when you can accept another’s weaknesses along with their strengths. Stroke survivors and their care partners grow together when they become interdependent.

Coping With Change
Facilitators: Offer the following suggestions for dealing with changes (refer back to the handout Signs of Clinical Depression).

- Accept who you are today, regardless of change, and recognize that there are still many things that are right in your life.
- Communicate honestly with loved ones about the changes and what you are feeling about these changes.
- Experiment with new roles, a new image and new strategies for daily living. Seek advice from others and continue practicing skills every day.
- Patience with yourself and others. Rehabilitation and recovery take time and are a lifelong process.
- Get support by being in the company of others—it can do wonders to lessen isolation and build self-esteem. Know that others have gone through a similar situation and have been successful.
SUMMARY AND CLOSING

Preparation for Module 4
Remind attendees to continue working on their Wellness Wheel Exercise and remember to bring it to Module 4. The final module will be devoted to talking about what is “right” about your life as opposed to what is “wrong.” At the conclusion of Module 4, there will be a celebration.

M&MS (MEANINGFUL MESSAGES)
Hand out copies of the affirmation for Module 3.

Lead the group in reciting it out loud.

IT IS SAFE FOR ME TO EXPRESS MY FEELINGS.
Encourage group members to place this in a prominent place and repeat it to themselves several times a day.

MODULE EVALUATION
Ask attendees to complete the evaluation that was passed out at registration and return it to the facilitator before departing.