

# Self-management after stroke



Dr. Ton Satink – presentation for SPOT Europe



**Topic: Self-management in Stroke Rehabilitation**

**Organised by SPOTEurope**

**Hosted by Ton Satink**

## **Introduction:**

Ton Satink is a lecture at HAN University of Applied Sciences and also teaches in the OT European Masters. He has done his PhD in Self-Management and today he will share his knowledge on this topic

We start with a quick introduction and Ton asks whether the students are familiar with the term 'Self-Management'. Not all students are aware of the term and are hoping to learn more about this topic.

## **Definition of Self-Management**

International literature says it is a 'must'!

*"It is impossible to have a chronic condition without being a self-manager"* - Lorig, 2006.

This emphasize the importance of self-management.

**The 'new' health formulation:** "... we propose the formulation of health as the ability to adapt and to self manage in the face of social, physical and emotional challenges". - Huber, 2011.

Concepts and terminology:

- Self-management
- selfcare
- self regulation
- shared decision
- self directing
- self-determination
- autonomy
- self-direction

Different words, slightly different meaning, but generally focus on Self-management and self-direction.

First definition of self-management and still being used yet in some countries it is more advanced.

*“An individual's ability, in conjunction with family, community and healthcare professionals, to successfully, manage the symptoms, treatment, physical, psychosocial, cultural and spiritual consequences and inherent lifestyle changes require for living with a long-term chronic disease” - Barlow, 2002; Wilkinson, 2009.*

Self management finds it relation to a person's self and therefore a part of ‘Person Centered Care’.

Self is about identity, roles and self-image.

Self-management is about how do people find self management after a disease.

(van Staa, 2017;  
Corbin & Strauss, 1988)



### Medical management

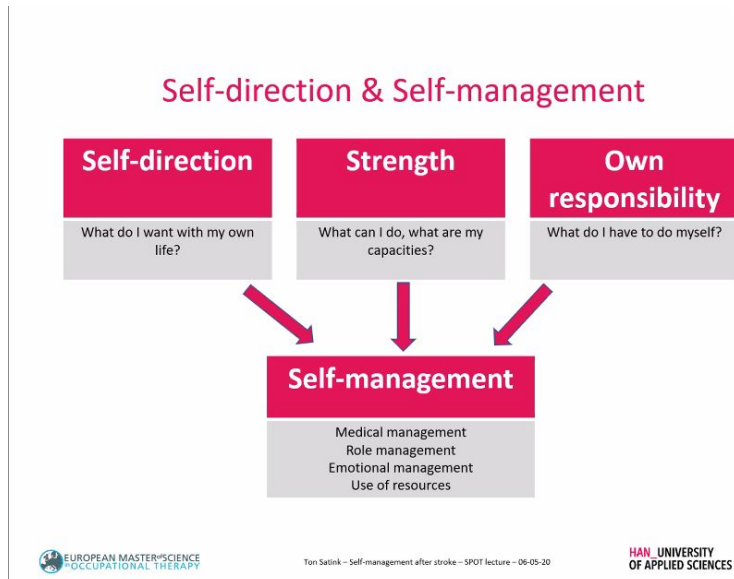
- How you manage medical aspects (medication) because of a disease
- As for stroke: how you managing your spasticiteit

### Emotional management:

- management regarding
- how do you manage your emotions
- ‘how to cope with depression’

### Role management (social management)

- How to manage roles and activities.
- Is the most essential part,
- meaning making, meaning Occupations and OT's are really good at this!



Self-direction, strength and own responsibility form the base of self-management. Self direction is about ideas: what do I want? Take ownership of their own life When people implement this in their life, we speak of self-management.

Case example:

*A man is capable to take a stand and make a transfer. He is also capable to move around the house. He has a good level of **self direction**. He knows which resources he needs and how to get these tools, in order to garden. He called a friend to arrange everything. When the man did this, he did not cross any personal boundaries (**medical management**).*

### Self-management and self-direction



As occupational therapists, we treat the client and not the consequences of a persons illness. We are trained to look beyond the consequences of a illness and look at the daily activities as well asl meaningful occupations. As OT's we look have an holistic view!

**Critical question:** If we would more focus on a person's body functions; are we still doing OT

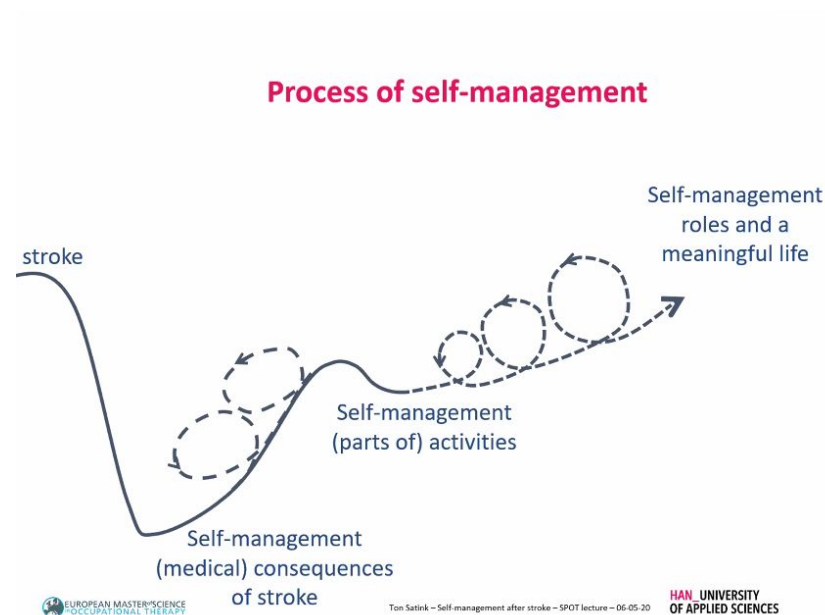
### Main outcomes of Ton his PhD

- literature review
- focus groups
- 2-year longitudinal study in home environment (observation and interview)

### Results and Interpretation

Diverse forms of Self-management

- Self-management
  - Persons with stroke
- Co-management
  - environment
- Self-management
  - Partner
    - 'I am a partner but I got a new role as a supporter of my partner with a stroke'.
- Family management
  - when your client lives within a family



The first focus are the medical consequences of stroke. Further on, participants thought about activities, as a OT this is our perspective.

### Recommendations

Two types of self-management

- practical self-management
- Existential self-management

One of the participants, 75 years old elderly woman, reflected on her role as grandmother. She reflected on the birthday of her grandson. She wants to go but is aware there is too

many sensory information, which she can't handle. However, she is still a grandmother and therefore wants to visit the birthday party. "Will I ever be the same grandmother as I was before?". An example of **existential self-management**.

## Time dimensions in self-management



Clock time

What am I doing NOW?  
How am I doing this?  
How am I managing this?

Practical self-management



Existential time

Am I doing the right thing(s)? Is  
what I do meaningful for me?  
How do I manage my life?

Existential self-management

Be aware the types of self-management.

aanbeveling:

Involve partner! in rehabilitation

- Appointments about 'help and support'
- Co-management

Involve a person's social network to support self-management and the participation of the client.

Short term focus -> practical

Long term -> Existential

**Final thought:**

Combine & adapt medical, emotional and role management interventions during process.

**Reflections and questions:**

*How do you find it supporting people with the long-term existential focus when they have a condition which is terminal (say in 5 years...)*

Good question! Many research done, terminal phase in oncology. Still self-management is very import! maybe it as more focus on the medical focus at the same time especially for terminal phase; "what is meaningful for me?". There is a link between role management. Jesper wrote how important meaningful activities is for people in terminal phase. Occupations give meaning, sense of belonging.

*If you start with family management, you said that that is for the whole family. Do you use other brothers and sisters in your interventions? Or only the parents?*

siblings are part of the child's life, so yes you include them.  
What is the child doing → the child is playing together with its brother.

*How to work with self management if the cliënt has trouble with understanding his or her own capacities?*

Are stroke survivors able to manage themselves? If you have to believe a client is not able for self-management, influences the attitude of your professional. Question yourself here as an OT and your approach.

*How are you dealing with overestimation?*

Trial and error! When it is going bad, step in.

As an OT you create an environment where the client can practice.

*What are the important factors to take into account when implementing post stroke self-management programmes, while working with clients with a low capacity load?*

Medical management. When you wake up with a low capacity load, you have to decide (manage) how you would fill in your day.