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# Self management: to do and to be who you are?

A critical reflection about  
an upcoming concept

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# Where do we talk about?





# Content

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- Introduction stroke and rehabilitation
  - What are experiences of stroke clients?
  - How can stroke clients be supported?
  - What is self management?
  - What is in it for OT's?
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# What is self management?

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# Stroke

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- A stroke, cerebrovascular accident (CVA), is the rapidly developing loss of **brain** function(s) due to disturbance in the **blood supply** to the brain.
  - This can be due to **ischemia** (lack of blood flow) caused by blockage (thrombosis, arterial embolism), or a **hemorrhage** (leakage of blood).
  - Stroke: reduced **functional abilities**, loss of **activities, personal characteristics and independence**;  
Limitations to **participate in occupations** and to participate in society.
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# Rehabilitation

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- the **process** by which patients with disabling strokes undergo treatment to help them **return to normal life** as much as possible by regaining and relearning the skills of everyday living.
- It also aims to help the survivor **understand and adapt to difficulties**, prevent secondary complications and educate family members to play a supporting role.



# Rehabilitation

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- Occupational therapy, physical therapy, speech therapy, (neuro)psychology, nurses, social workers, medical doctors.
- Different approaches:
  - Bobath, PNF, Affolter, etc.
  - Neurocognitive rehabilitation
  - Motor learning
  - Adaptation and compensation



# Rehabilitation

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- OT focusses on exercises and training to help relearn everyday activities known as the Activities of daily living (ADLs) such as eating, drinking, dressing, bathing, cooking, reading and writing, and toileting.
  - PT involves re-learning functions as transferring, walking and other gross motor functions.
  - Speech and language therapy is appropriate for patients with problems understanding speech or written words, problems forming speech and problems with swallowing.
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# Experiences of clients after stroke

- Emotional and social loss, loss or change in individual's own identity;
- Loss of self in acute phase
- Re-focus on sense of control / new self
- Split in Self-Body relationship
- Difficulties in managing recovery



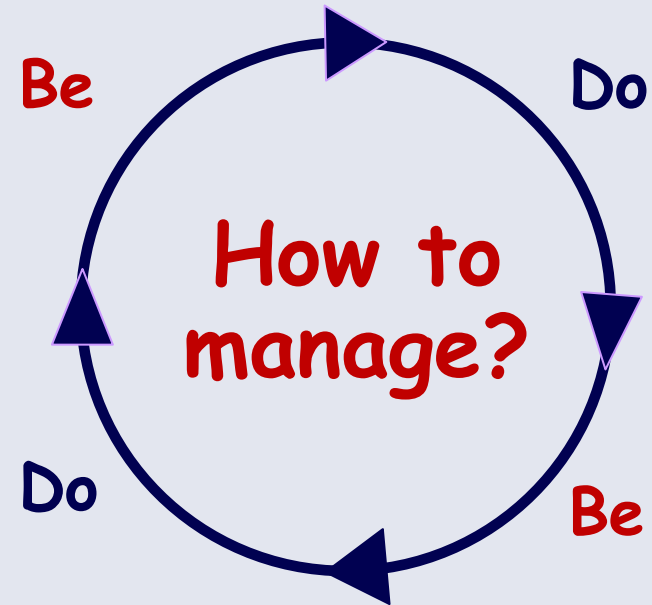
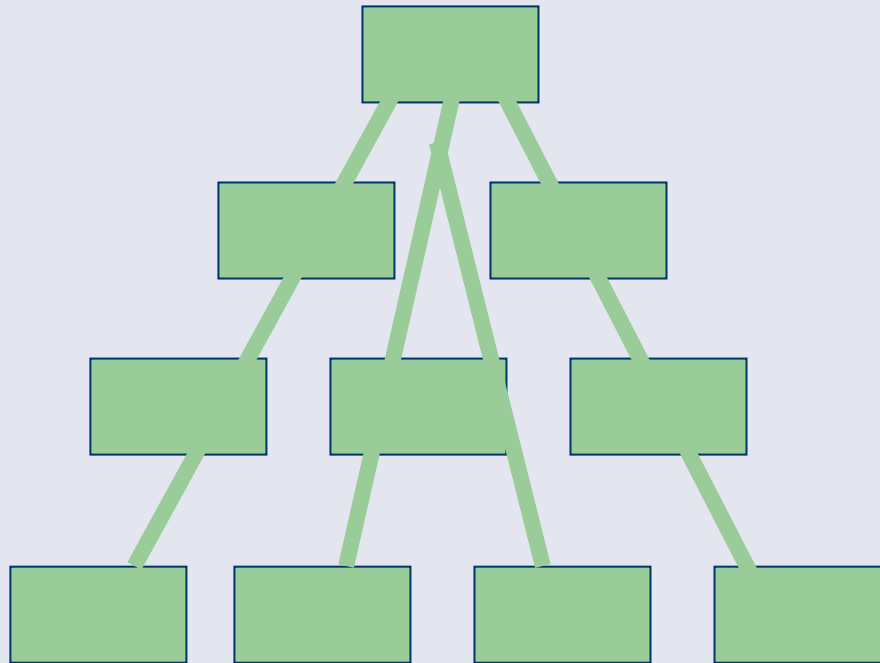
## Experiences of clients after stroke

- **Struggle to continue life and preserve Self**
- **Practical and existential questions**
- **Balance between own needs and others difficult but important**
  
- **Difference between rehab-goals and clients goals:**
  - **Clients goals more on level of self/identity/roles**



# Rehab goals: to do or to be?

Be goals: worker, soccer visitor, husband

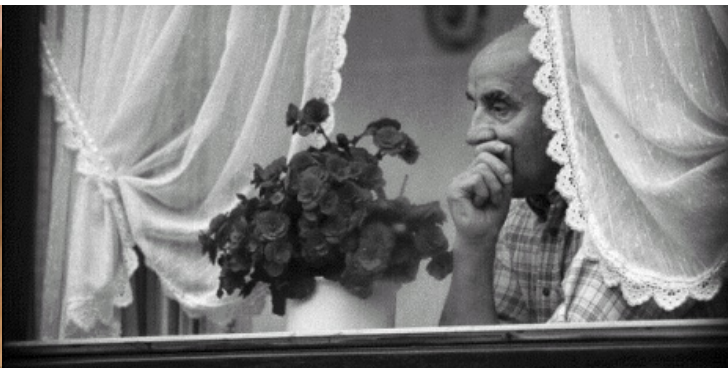


Do goals: walk, lift up, coordinate,  
plan and organise, play computer;  
perform different activities





**How to manage all this?**





# Self management

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- a subset of self-care and can be linked to: “an individual’s ability, in conjunction with family, community and health care professionals, to successfully manage the symptoms, treatment, physical, psychosocial, cultural and spiritual consequences and inherent lifestyle changes required for living with a long-term chronic disease” (Barlow, 2002; Wilkinson, 2009).
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- **Corbin and Strauss (1988) found evidence for three strategies in personal self-management for people with chronic disease: medical (behavioral) management, role management, emotional management.**





# **Self management program**

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- 1. Group meeting (clients and partners)**  
**General information**
- 2. Individual meeting with partner**
  - **Analysis and pre liminary goal setting:**  
**What can you do? Who do you want to be? How can you reach that?**
- 3. Group meeting: info and to get to know each other**
- 4. Group meeting: how to deal with loss after stroke**
- 5. Individual meeting with partner: goalsetting**



# **Self management program**

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- 6. Group: To be fit and lifestyle**
- 7. Group: To deal with negative emotions**
- 8. Group: Social support**
- 9. Group: Return and participation in social life**

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- 10. Group: Repetition and evaluation**
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**What is the power of OT?**

**Is self management an OT  
intervention?**

**Other client groups than  
stroke?**

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Occupational form / context

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Occupational performance



Experience

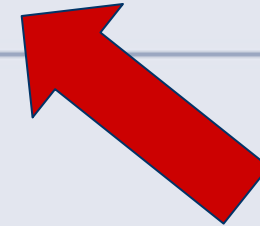


Experience influences competences, identity, health and well being

Transformation through occupation



Experience influences occ. performance

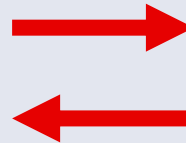




# The optimal activity

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- **Meaningful**
  - Meaningful for client
  - Meaningful context (fysiek and social)
- **Experienceful**
  - experience of relative mastery
- **Purposeful:**
  - Participation
  - Activity
  - Function
- **Focus on maintenance or development of abilities to Participate**
- **Contribution to ‘transformation process’**





**Let's support  
them to  
manage their  
life!**

**Thank you for your attention**

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# References

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