

STROKE AND CHALLENGING SITUATIONS: UNDERSTANDING, PREVENTING, AND RESPONDING EFFECTIVELY

Training for support professionals working with post-stroke individuals

Master difficult situations through understanding of neurological mechanisms

Duration : 6 to 7 hours	Modules : 8 modules
Lessons : 32 lessons	Audience : Care assistants, nursing assistants, nurses, activity coordinators, senior residence companions, home care workers
Format : 100% online, asynchronous	Provider : N° 11757351875
Certification : Qualiopi	Price : On request

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Course description

This training addresses a rarely covered angle: how to manage difficult situations that arise daily with post-stroke individuals—refusal of care, aggression, emotional crises, denial, disruptive behaviors. Far from being whims or personality traits, these situations have a precise neurological origin. Understanding these mechanisms allows professionals to respond with method and serenity rather than enduring them. Each participant will acquire concrete protocols applicable immediately upon returning to the field, as well as tools to protect both the person being supported and themselves.

Module summary

MODULE 1	Understanding the neurological origin of difficult behaviors	4 lessons
MODULE 2	Refusal of care — understanding before acting	4 lessons
MODULE 3	Managing verbal and physical aggression	4 lessons
MODULE 4	Emotional crises — anxiety, crying, distress	4 lessons
MODULE 5	Complex situations related to cognitive disorders	4 lessons
MODULE 6	Difficult relationships with families	4 lessons
MODULE 7	Prevention and management of burnout	4 lessons
MODULE 8	Practical cases and action protocols	4 lessons

Learning objectives

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- Understand the neurological mechanisms behind challenging behaviors post-stroke
- Implement effective protocols for managing refusal of care
- Apply verbal de-escalation and physical protection techniques during aggression
- Support individuals through emotional crises with appropriate soothing strategies
- Adapt interventions to cognitive disorders such as neglect, confusion, and impulsivity
- Navigate difficult family relationships while maintaining therapeutic alliance
- Recognize signs of professional burnout and implement self-protection strategies
- Build individualized support plans based on recurring challenging situations

General information

Duration	6 to 7 hours
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Target audience	Care assistants, nursing assistants, nurses, activity coordinators, senior residence companions, home care workers
Prerequisites	None, training accessible to all adult audiences
Price	Upon request - VAT not applicable (article 261-4-4° du CGI)
Certification	Qualiopi - Training completion certificate
Organization	DYNSEO - Activity registration number: 11757351875

Lesson 1 - What a stroke changes in the emotional and behavioral brain

- Brain areas involved in emotion and behavior regulation
- Why brain injury can transform a person's apparent personality
- Difference between voluntary behavior and neurological behavior
- Impact of this distinction on professional posture

Lesson 2 - Emotional lability — uncontrolled laughter and crying

- Definition and neurological mechanisms of post-stroke emotional lability
- Affects up to 50% of people after stroke
- What the person feels: shame, misunderstanding, loss of control
- How to react without fueling crisis, minimizing, or laughing uncomfortably

Lesson 3 - Irritability, impulsivity, and disinhibition

- Neurological origin: frontal and subcortical lesions
- Verbal, social, or sexual disinhibition: understanding without condemning
- Behavioral impulsivity: associated risks and professional vigilance
- Differentiating difficult personality from lesion-related change

Lesson 4 - Anosognosia and denial — when the person does not see their deficits

- Definition: neurological mechanism, not psychological
- Concrete manifestations: wheelchair refusal, dangerous walking attempts
- Reactive denial: protective mechanism different from anosognosia
- Specific risks and how to anticipate them

Lesson 1 - The multiple causes of refusal of care post-stroke

- Unexpressed or poorly localized pain: first cause to eliminate
- Neurological fatigue: care at the wrong time
- Fear, modesty, loss of body control: psychological dimension
- Anosognosia: person doesn't understand why care is provided
- Depression and abulia: lack of vital impetus as blockage

Lesson 2 - Protocol in case of refusal of care

- Step 1: never force—legal and relational consequences
- Step 2: identify probable cause with simple questions
- Step 3: propose alternative (timing, professional, partial care)
- Step 4: postpone without guilt and communicate to team
- Balance between respecting refusal and safety for urgent care

Lesson 3 - Adapting communication to overcome resistance

- Use right channel: verbal, gestural, visual per language disorders
- Limited choice technique: give control to reduce opposition
- Progressive care announcement: never arrive without warning
- Create reassuring rituals around anxiety-inducing care
- What never works: arguing, insisting, blaming

Lesson 4 - Particular cases — food refusal and medication refusal

- Food refusal: distinguish dysphagia, depression, taste loss, opposition
- Risks and alert thresholds for food refusal
- Medication refusal: common causes and adapted strategies
- When to alert doctor and how to formulate report

Lesson 1 - Understanding Post-Stroke Aggression

- Forms: verbal, physical, passive (sabotage, systematic opposition)
- Most frequent triggers: pain, fatigue, frustration, misunderstanding
- Aggression as communication mode when words lacking (aphasia)
- Professional feelings: shock, anger, guilt, fear

Lesson 2 - Verbal de-escalation techniques

- First seconds rule: tone, posture, physical distance
- Validate without approving: acknowledge anger without endorsing
- Never argue during crisis: rationality doesn't work
- Active silence technique: when silence is best response
- Calming vs aggravating phrases: concrete examples

Lesson 3 - Managing Physical Aggression — Protecting Oneself Without Causing Harm

- Anticipate: read warning signs of impending act
- Secure disengagement techniques for common aggressive gestures
- Never stay alone in risky situation: when to call backup
- After aggressive act: care for relationship without minimizing
- Report and document: protect person and yourself

Lesson 4 - After the crisis — resuming the relationship calmly

- Recovery time needed for person and professional
- How to reconnect without resentment or over-explaining
- What not to do: punish, sulk, over-monitor, discuss publicly
- Team debriefing: do not remain alone with violent situation
- Adapt support plan after repeated aggression episodes

MODULE 4

Emotional crises — anxiety, crying, distress

4 lessons

Lesson 1 - Recognizing an emotional crisis after a stroke

- Differentiate emotional crisis, emotional lability, depression
- Frequent triggers: deficit awareness, loved one visit, birthday
- Precursor signs: agitation, withdrawal, blank stare
- Importance of early intervention vs managing peak crisis

Lesson 2 - Soothing techniques during a crisis

- Silent and reassuring presence: being there without invading
- Guided breathing adapted for post-stroke individuals
- Therapeutic touch: when, how, with what consent
- Sensory anchors: familiar objects, music, scents
- What worsens: minimizing, distracting too quickly, leaving

Lesson 3 - Managing intense crying and existential distress

- Post-stroke existential distress: 'I am no longer myself', 'I'd rather die'
- How to welcome these words without panic or fleeing
- What can be said, what cannot be promised
- When to refer to psychologist or emergency doctor
- Protecting oneself emotionally facing deep distress

Lesson 4 - Chronic anxiety and panic attacks

- Post-stroke anxiety: fear of second stroke, falling, being alone
- Panic attacks: recognize, reassure, do not panic
- Anxiety regulation techniques for non-healthcare professionals
- Build safe environment to reduce underlying anxiety
- Team coherence for consistent anxiety response

MODULE 5

Complex situations related to cognitive disorders

4 lessons

Lesson 1 - Managing Confusion and Disorientation

- Post-stroke confusion causes: fatigue, infection, medications, environment
- How to behave with disoriented person in time or space

- Don't correct abruptly: gentle reorientation techniques
- Environment and routines as anti-confusion tools
- When confusion signals medical emergency: alert quickly

Lesson 2 - Aggression related to hemispatial neglect

- Hemineglect causes half of space and body to be ignored
- Why approaches from neglected side trigger fear or aggression
- Systematically adapt approach and care position
- Reduce neglect-related misunderstandings: person's vs professional's perception
- Arrange environment to reduce triggering situations

Lesson 3 - Repetitive behaviors and perseveration

- Perseveration: repeating action or phrase indefinitely, frontal origin
- Respond to repetition without exhaustion or rejection
- Circular questions: appropriate response strategies
- Ritualized behaviors: when to intervene, when to allow
- Find what repetitive behavior seeks to express

Lesson 4 - Impulsivity and risk-taking

- Post-stroke impulsivity: getting up alone, crossing recklessly, handling dangers
- Anticipate risky situations in work environment
- Intervene without humiliating: redirect rather than prohibit
- Implement safety measures without creating prison
- Work with family on risk-taking at home

MODULE 6

Difficult relationships with families

4 lessons

Lesson 1 - Families in Distress — Understanding Their Reactions

- Anger towards professionals: projection of powerlessness
- Overprotection and care interference: origin and recovery impact
- Family denial: refusing to see real consequences
- Unrealistic recovery expectations: support without hurting

Lesson 2 - Managing conflicts with families

- Most common conflicts: care disagreement, practice criticism
- Non-violent communication techniques for family tensions
- Never justify defensively: professional posture that defuses
- When to involve supervisor or coordinating physician
- Document conflictual exchanges for protection

Lesson 3 - Absent or Exhausted Families

- Family absence: don't judge, understand dynamics
- Exhausted family transferring guilt onto professional
- Maintain therapeutic alliance despite distance or disengagement
- Guide families to support resources without guilt
- Professional role when person is isolated

Lesson 4 - Working as a team around difficult family situations

- Share family dynamics observations without gossiping
- Build coherent team position facing difficult families
- Coordinating physician or social worker as liaison
- Family-team meeting: preparation and useful contribution
- Protect supported person when family becomes risk factor

MODULE 7

Prevention and management of burnout

4 lessons

Lesson 1 - The emotional impact of difficult situations on the professional

- What difficult situations do to professional's body and mind
- Vicarious trauma: absorbing others' suffering unconsciously
- Subtle signals to watch: irritability, cynicism, absenteeism, sleep disorders

- Why support professionals often minimize own suffering

Lesson 2 - Daily Protection Strategies

- Right distance: neither coldness nor emotional fusion
- Decompression rituals between difficult interventions
- Quick emotional regulation techniques usable in field
- Separating professional and personal life: practical approaches

Lesson 3 - Use the team as a resource

- Informal debriefing: why talking after difficulty is essential
- Create team culture where one can say 'I struggled today'
- Professional practice analysis: functioning and concrete benefits
- Ask for help without sense of professional failure

Lesson 4 - Resources and Rights of the Professional

- Right to psychological support: provisions in institutions and home
- Reporting violent situation: procedures, legal protection, HR follow-up
- Continuing education as resource for meaning and competence
- Build sustainable professional project incorporating self-care

MODULE 8

Practical cases and action protocols

4 lessons

Lesson 1 - Protocol for the 5 Most Common Situations

- Categorical care refusal: step-by-step decision tree
- Sudden verbal aggression crisis: 5 reflexes to have
- Emotional collapse (intense crying, desperate remarks): action course
- Unusual acute confusion: distinguish medical emergency from functional episode
- Fall or unauthorized lifting attempt: intervention and reporting

Lesson 2 - Situational exercises and role-playing

- Simulation: managing bathing refusal in aphasic, irritable person
- Simulation: responding to angry family member in hallway
- Simulation: supporting crying episode after difficult visit
- Group debriefing: what worked, what could be done differently
- Building personal toolkit from role plays

Lesson 3 - Building an individualized support plan

- Identify recurring difficult situations for given person
- Identify specific triggers and protective factors
- Write clear team instructions: what works, what worsens
- Regularly reassess plan per person's evolution
- Integrate plan into team communication tools

Lesson 4 - Final evaluation and personal action plan

- Quiz to consolidate key training learning
- Each participant identifies 3 challenging situations from daily work
- Each participant writes personal action plan for next 30 days
- Additional resources: readings, associations, recommended digital tools
- Training evaluation and additional training needs collection

Teaching methods

- Self-paced online training accessible 24/7
- Videos, interactive activities, and downloadable practical tools
- Progress tracking and module-by-module validation
- Final quiz and training completion certificate
- Access to additional resources and professional support community