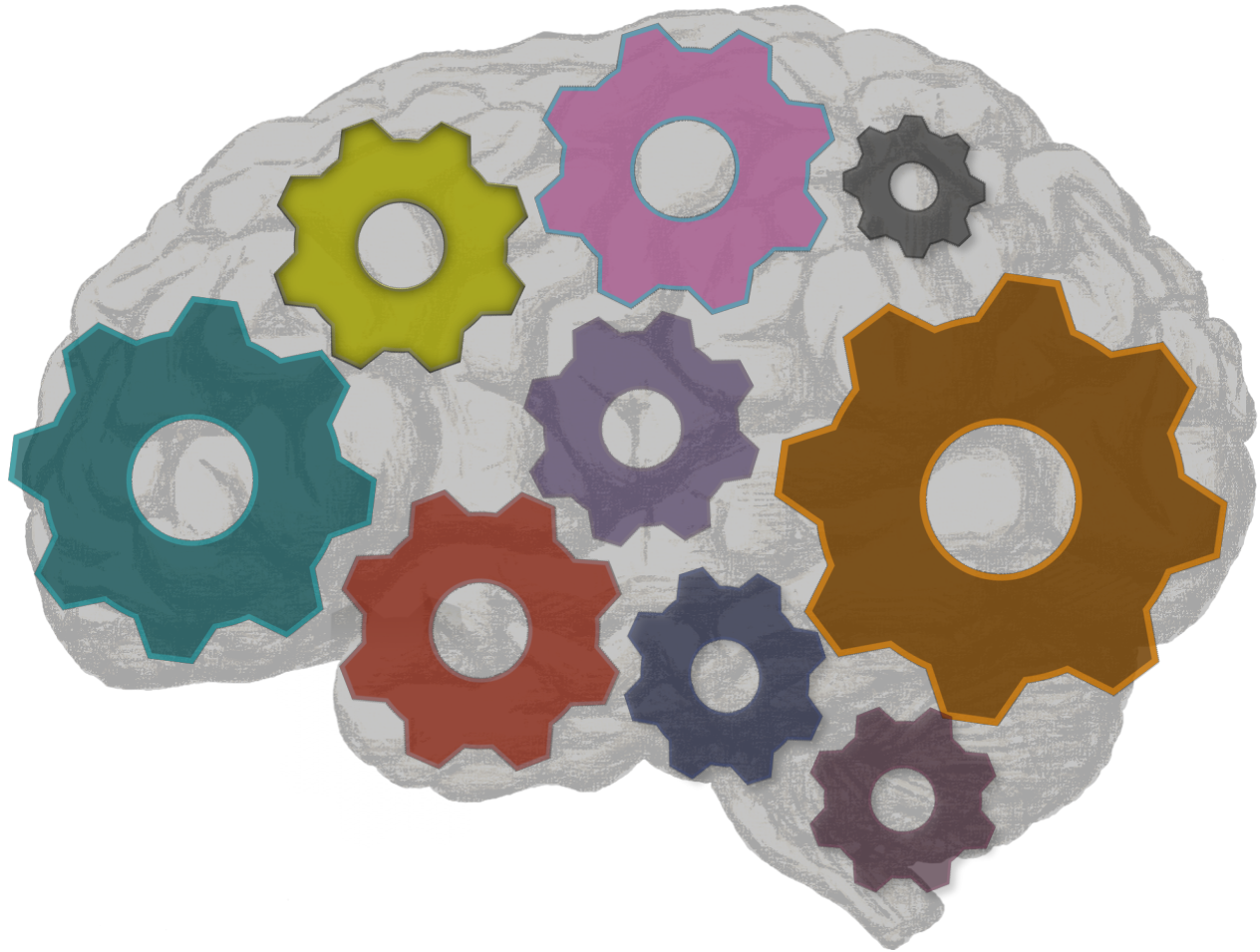


Cognitive Strategies for Clients, Community Mental Health & Criminal Justice Professionals



MINDSOURCE
BRAIN INJURY NETWORK



UNIVERSITY *of*
DENVER



Memory Problems



Delayed Processing



Attention Problems



Inhibition Problems/Impulsivity



Physical and Sensorimotor Problems



Language Problems



Organization Problems



Mental Inflexibility



Emotional Dysregulation



Appendix – Sleep

Cover art by Deborah Daugherty, February 2019

Prepared under the direction of Dr. Kim Gorgens, Judy Dettmer & Karen Ferrington, March 2019

Foreword

These materials were designed with three audiences in mind: professionals in criminal justice settings, professionals in community mental health settings and for the clients served in those two settings. The symptom questionnaire (next five pages) is a self-report instrument designed to assess complaints in nine areas: memory problems, slow or delayed processing, attention problems, disinhibition or impulsivity, physical and sensorimotor problems, language impairments, organization problems, mental inflexibility, and emotional dysregulation. Given the important role that sleep disturbance plays in these complaints, there is a special section on sleep checklist as well. These deficits are common to persons with brain injury but also to persons with substance dependence, mental illness, and psychosocial stressors. Professionals will find them relevant to work with the broadest range of clients.

The materials are color-coded with one double-sided tip sheet for each of the audiences for each of the deficit areas (i.e., three pages for each of the deficit areas). ***Criminal justice and community mental health professionals are advised to demonstrate and implement these strategies during their meetings. It will be helpful for clients to practice these strategies under supervision, so they can learn and be reinforced for their successful use.***

This is expected to be a living document with regular updates and refinements suggested by professionals in the field and client/family feedback. Please share your ideas with MINDSOURCE in Colorado at www.mindsourcecolorado.org/contact.

The current version was revised on March 15, 2019.

Symptom Questionnaire

Name: _____

Date: _____

In the past two months, how much have you been bothered by the following problems? **Please only mark one box per item.**

	MEMORY CONCERNS	I do not experience this problem at all	I experience this problem but it does not bother me	I am mildly bothered by this problem	I am moderately bothered by this problem	I am extremely bothered by this problem
1.	Losing or misplacing important items (e.g., keys, wallet, papers)					
2.	Forgetting what people tell me					
3.	Forgetting what I've read					
4.	Losing track of time					
5.	Forgetting what I did yesterday					
6.	Forgetting things I've just learned					
7.	Forgetting meetings/ appointments					
8.	Forgetting to turn off appliances (e.g., iron, stove)					

	DELAYED PROCESSING	I do not experience this problem at all	I experience this problem but it does not bother me	I am mildly bothered by this problem	I am moderately bothered by this problem	I am extremely bothered by this problem
1.	Trouble following conversations					
2.	Remembering only one or two steps when someone is giving me instructions or directions					
3.	Taking too long to figure out what someone is trying to tell me					

	ATTENTION PROBLEMS	I do not experience this problem at all	I experience this problem but it does not bother me	I am mildly bothered by this problem	I am moderately bothered by this problem	I am extremely bothered by this problem
1.	Difficulty concentrating					
2.	Easily distracted					
3.	Difficulty concentrating in noisy environments					
4.	Difficulty following conversations					
5.	Difficulty concentrating on challenging tasks, such as work or paying bills					

	INHIBITION PROBLEMS	I do not experience this problem at all	I experience this problem but it does not bother me	I am mildly bothered by this problem	I am moderately bothered by this problem	I am extremely bothered by this problem
1.	Saying things without thinking					
2.	Doing things without thinking					
3.	Not following directions					
4.	Dominating conversations					
5.	Interrupting when others are speaking					

	PHYSICAL and SENSORIMOTOR PROBLEMS	I do not experience this problem at all	I experience this problem but it does not bother me	I am mildly bothered by this problem	I am moderately bothered by this problem	I am extremely bothered by this problem
1	Feeling physical pain (e.g., headache, body pain).					
2	Getting enough sleep					
3	Feeling fatigued					
4	Feeling sensitive to light					
5	Focusing my eyes					
6	Lacking depth perception					

	LANGUAGE PROBLEMS	I do not experience this problem at all	I experience this problem but it does not bother me	I am mildly bothered by this problem	I am moderately bothered by this problem	I am extremely bothered by this problem
1.	Difficulty understanding what people tell me					
2.	Difficulty understanding what I've read					
3.	Difficulty finding the right word when speaking					
4.	Difficulty getting people to understand what I am trying to say					
5.	Difficulty writing emails, papers, etc.					

	ORGANIZATION PROBLEMS	I do not experience this problem at all	I experience this problem but it does not bother me	I am mildly bothered by this problem	I am moderately bothered by this problem	I am extremely bothered by this problem
1.	Difficulty keeping to a schedule					
2.	Difficulty prioritizing tasks					
3.	Difficulty starting tasks					
4.	Difficulty switching from one task to another					
5.	Difficulty completing tasks					
6.	Difficulty completing tasks correctly					
7.	Keeping up with time-sensitive tasks (e.g., bill pay, work)					

	MENTAL FLEXIBILITY	I do not experience this problem at all	I experience this problem but it does not bother me	I am mildly bothered by this problem	I am moderately bothered by this problem	I am extremely bothered by this problem
1.	Difficulty deciding what to do when faced with a new problem.					
2.	Difficulty changing my mind once I've made a decision					
3.	Difficulty learning a new way of doing things					
4.	Struggling to understand why people do things differently than me					

	EMOTIONAL PROBLEMS	I do not experience this problem at all	I experience this problem but it does not bother me	I am mildly bothered by this problem	I am moderately bothered by this problem	I am extremely bothered by this problem
1.	Feeling anxiety					
2.	Feeling irritation					
3.	Crying easily					
4.	Feeling depression					
5.	Feeling traumatized					
6.	Overreacting to events					



Memory Problems

Criminal Justice

Memory is the brain's ability to retain previously experienced sensations, information, and ideas. Memory impairment is the inability to remember bits of information or skills, and it can lead to a decreased ability to quickly process information like language and sensory input. Memory impairments can result in having trouble following conversations, taking too long to respond, or remembering only one or two steps when following instructions. People with memory impairments can appear spacey or may seem mentally foggy, slow moving, or lethargic. In criminal justice settings, people with memory impairments may appear disinterested or forget important appointments. The use and repeated practice of the following suggestions can be helpful:

1. Provide your clients with a basic organization system like a folder or a calendar for important paperwork and information. Encourage them to make a habit¹ of keeping all their important materials in one location.²

¹ Lally, P., & Gardner, B. (2013). Promoting habit formation. *Health Psychology Review*, 7, 137–158.

² Rolle, C. E., Anguera, J. A., Skinner, S. N., Voytek, B., & Gazzaley, A. (2017). Enhancing spatial attention and working memory in younger and older adults. *Journal of Cognitive Neuroscience*, 29, 1483–1497.

2. Deliver important information in as many modalities as possible. For example, in addition to the conversation, make paper available and encourage clients to write down information, and provide them with multiple reminders of important dates and tasks.³
3. To help your client remember meetings or important court dates, encourage them to use inexpensive aids such as the calendar and reminder function on their phone/watch/computer or a portable paper calendar.⁴
4. Using visual imagery can help with people who have difficulty remembering things they have read. Including things like pictures or descriptions where possible can help individuals remember written information.⁵
5. If your client is late to meetings because of time-keeping difficulties, you can model and encourage them to make a habit of checking the time frequently. Prompts such as alarms on a watch can be good reminders.⁶
6. Poor sleep can contribute to memory impairment. You can review the attached sleep checklist with your client to help promote better sleep habits.
7. Consider scheduling regular appointments that fall on the same day and time of each week if possible.

Compiled by E. Goodwin, M. Parian, H. Roberts, & J. Worster March 11, 2019

³ Kelley, P., Evans, M.D.R., & Kelley, J. (2018). Making memories: Why time matters. *Frontiers in Human Neuroscience*, *12*, 400.

⁴ Mateer, C. A., & Sira, C. S. (2006). Cognitive and emotional consequences of TBI: Intervention strategies for vocational rehabilitation. *NeuroRehabilitation*, *21*, 315–326.

⁵ Potvin, M.J., Rouleau, I., Sénéchal, G., & Giguère, J.F. (2011). Prospective memory rehabilitation based on visual imagery techniques. *Neuropsychological Rehabilitation*, *21.6*, 899-924.

⁶ Fish, J., Evans, J.J., Nimmo, M., Martin, E., Kersel, D., Bateman, A., Wilson, B.A., Manly, T. (2006). Rehabilitation of executive dysfunction following brain injury: “Content-free” cueing improves everyday prospective memory performance. *Neuropsychologia*, *45*, 1318-1330.



Community Mental Health

Memory is the brain's ability to retain previously experienced sensations, information, and ideas. Memory impairment is the inability to remember bits of information or skills, and it can lead to a decreased ability to quickly process information like language and sensory input. Memory impairments can result in having trouble following conversations, taking too long to respond, or remembering only one or two steps when following instructions. People with memory impairments can appear spacey or may seem mentally foggy, slow moving, or lethargic. In community mental health settings, people with memory impairments may appear disinterested or forget important appointments. The use and repeated practice of the following suggestions can be helpful:

1. Provide your clients with a basic organization system like a folder or a calendar for important paperwork and information. Encourage them to make a habit¹ of keeping all their important materials in one location.²
2. Deliver important information in as many modalities as possible.³ For example, in addition to the conversation, make paper available and encourage clients to write down information, and provide them with multiple reminders of important dates and tasks.⁴

¹ Lally, P., & Gardner, B. (2013). Promoting habit formation. *Health Psychology Review*, 7, 137–158.

² Rolle, C. E., Anguera, J. A., Skinner, S. N., Voytek, B., & Gazzaley, A. (2017). Enhancing spatial attention and working memory in younger and older adults. *Journal of Cognitive Neuroscience*, 29, 1483–1497.

³ Wright, M. J., & Schmitter-Edgecombe, M. (2011). The impact of verbal memory encoding and consolidation deficits during recovery from moderate-to-severe traumatic brain injury. *The Journal of Head Trauma Rehabilitation*, 26, 182–191.

⁴ Kelley, P., Evans, M.D.R., & Kelley, J. (2018). Making memories: Why time matters. *Frontiers in Human Neuroscience*, 12, 400.

3. Using visual imagery techniques while reading can help increase retention. Including things like pictures or descriptions can help individuals in remembering written information.⁵
4. When having difficulty keeping track of time, setting up cues and reminders may be helpful. To help an individual keep track of time during meetings, it can be useful to develop cues that help the individual stay mindful.⁶
5. Some individuals have difficulty remembering recent events, even what they did the previous day. Provide clients with paper to take notes during events to improve memory.⁷
6. Encourage clients to complete tasks that challenge their memories, such as asking them to memorize new names. This may help them remember recent information.⁸
7. Make sure that when important meetings are scheduled, they are immediately put in your clients' calendars along with appropriate notes. Encourage them to set alarms for each appointment and correct them immediately if they repeat back information incorrectly.⁹
8. Poor sleep can contribute to memory impairment. You can review the attached sleep checklist with your client to help promote better sleep habits.
9. Consider scheduling regular appointments that fall on the same day and time of each week if possible.

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⁵ Potvin, M.J., Rouleau, I., Sénéchal, G., & Giguère, J.F. (2011). Prospective memory rehabilitation based on visual imagery techniques. *Neuropsychological Rehabilitation, 21.6*, 899-924.

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⁷ Leśniak, M. M., Mazurkiewicz, P., Iwański, S., Szutkowska-Hoser, J., & Seniów, J. (2018). Effects of group versus individual therapy for patients with memory disorder after an acquired brain injury: A randomized, controlled study. *Journal of Clinical and Experimental Neuropsychology, 40*, 853-864.

⁸ Elliott, M., & Parente, F. (2014). Efficacy of memory rehabilitation therapy: A meta-analysis of TBI and stroke cognitive rehabilitation literature. *Brain Injury, 28*, 1610-1616.

⁹ Mateer, C. A., & Sira, C. S. (2006). Cognitive and emotional consequences of TBI: Intervention strategies for vocational rehabilitation. *NeuroRehabilitation, 21*, 315-326.



Memory Problems

Client

Memory is your brain's storage of what you have learned and experienced. It allows you to remember and deal with situations as they happen. Memory impairment is when you have difficulties with parts of that memory system. For example, a memory impairment makes it hard to learn new information or to remember old information when you need it. Some people with memory impairment find themselves losing important items, forgetting what people tell them or what they have read, losing track of time, forgetting what they did or learned recently, and forgetting appointments or meetings. If you notice any of these problems, using and practicing the following suggestions can be helpful:

1. Keep important items (e.g., keys, wallet, papers) in one designated location to establish a routine.¹
2. When you are given important things to remember, try documenting them in multiple forms. For example, when making an appointment, write it down in a notebook and also on your calendar.²
3. If you find yourself forgetting things you have read, try creating mental pictures of the material you read as you go. The more imagination you use while you read, the likelier you are to remember what you are reading.³

¹ Lally, P., & Gardner, B. (2013). Promoting habit formation. *Health Psychology Review*, 7, 137–158.

² Kelley, P., Evans, M.D.R., & Kelley, J. (2018). Making memories: Why time matters. *Frontiers in Human Neuroscience*, 12, 400.

³ Potvin, M.J., Rouleau, I., Sénéchal, G., & Giguère, J.F. (2011). Prospective memory rehabilitation based on visual imagery techniques. *Neuropsychological Rehabilitation*, 21.6, 899-924.

4. If you struggle to keep track of time, try setting reminders for yourself. You can do this by setting alarms on electronic devices to keep yourself on track.⁴
5. Be patient with yourself. Consider keeping a journal.⁵ At the end of each day, write down what you accomplished and what you would like to accomplish the next day. Set an alarm to remind yourself to record information in your journal.
6. If you have difficulty learning new information, try training your attention.⁶ Things such as learning a new skill or language may improve working memory.⁷
7. If you find yourself missing important information about meetings, there are several different tools that can help you remember. For example, you can use a calendar, a daily log or diary, schedules, or steps to complete tasks.⁸
8. Consider scheduling regular appointments that fall on the same day and time of each week if possible.
9. Getting proper sleep can help with memory. Refer to the sleep checklist handout.

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⁴ Fish, J., Evans, J.J., Nimmo, M., Martin, E., Kersel, D., Bateman, A., Wilson, B.A., Manly, T. (2006). Rehabilitation of executive dysfunction following brain injury: "Content-free" cueing improves everyday prospective memory performance. *Neuropsychologia*, *45*, 1318-1330.

⁵ Leśniak, M. M., Mazurkiewicz, P., Iwański, S., Szutkowska-Hoser, J., & Seniów, J. (2018). Effects of group versus individual therapy for patients with memory disorder after an acquired brain injury: A randomized, controlled study. *Journal of Clinical and Experimental Neuropsychology*, *40*, 853–864.

⁶ Elliott, M., & Parente, F. (2014). Efficacy of memory rehabilitation therapy: A meta-analysis of TBI and stroke cognitive rehabilitation literature. *Brain Injury*, *28*, 1610–1616.

⁷ Paterno, R., Folweiler, K. A., & Cohen, A. S. (2017). Pathophysiology and treatment of memory dysfunction after traumatic brain injury. *Current Neurology and Neuroscience Reports*, *17*, 52.

⁸ Melton, A. K., & Bourgeois, M. S. (2005). Training compensatory memory strategies via the telephone for persons with TBI. *Aphasiology*, *19*, 353–364.



Delayed Processing

Criminal Justice

Delayed processing is a decreased ability to quickly process information like language and sensory information. Delayed processing can result in having trouble following conversations, taking too long to respond, or remembering only one or two steps when following instructions. People with delayed processing can appear spacey and may be mentally foggy, slow moving, and seem more lethargic. They may even appear intoxicated. In criminal justice settings, clients may appear uncooperative, non-compliant, or defiant because they are slower to respond. The use and repeated practice of the following suggestions can be helpful:

1. To increase your client's retention of important or complex information during conversation, periodically ask them to summarize important information.¹
2. Encourage the client to alert you if the pace of conversation is moving too quickly.²

¹ Nouchi, R., Taki, Y., Takeuchi, H., Nozawa T., Sekiguchi, A., & Kawashima, R. (2016). Reading aloud and solving simple arithmetic calculation intervention (learning therapy) improves inhibition, verbal episodic memory, focus attention and processing speed in healthy elderly people: evidence from a randomized controlled trial. *Frontiers in Neuroscience*, 10, 1-14.

² Jekogian, A. (2015). An examination of factors affecting processing speed in a high school population referred for special education testing (Master's thesis).

3. Clients with delayed processing are more susceptible to distractions. To increase the likelihood that your client can participate fully in the conversation, try to speak to them one-on-one, away from other conversations and minimize distractions where possible.³
4. Because your client may take longer to understand and follow directions, provide extra time on assignment and activities. When possible, allow them extra time to respond in group settings and additional time during classes to answer questions.^{4,5}
5. If the client appears “blank” or is not responding in a typical way, repeat your main points and do not elaborate or add details until you have secured their participation again.⁵
6. To help your client retain multi-step directions, give instructions one at a time and encourage them to note or record each key point as you cover the material to relieve them of having to multitask during the session.³
7. Poor sleep can contribute to slow processing speed. You can review the attached sleep checklist with your client to help promote better sleep habits.⁶

Compiled by S. Nye, N. Ost & C. Azama March 11, 2019

³ Krause, M. O., Kennedy, M. R. T., Nelson, P. B. (2014). Masking release, processing speed and listening effort in adults with traumatic brain injury. *Brain Injury, (28)11*, 1473-14840.

⁴ Edwards, A. D., & Parks, R. L. (2015). Traumatic brain injury and the transition to college: Students' concerns and needs. *College and University, 90(3)*, 47-49,51-54.

⁵ MINDSOURCE - Brain Injury Network: <https://mindsourcencolorado.org/>

⁶ Cohen-Zion, M., Shabi, A., Levy, S., Glasner, L. Wiener, A. (2016). Effects of partial sleep deprivation on information processing speed in adolescents. *Journal of the International Neuropsychological Society, 22*, 388-398.



Delayed Processing

Community Mental Health

Delayed processing is a decreased ability to quickly process information like language and sensory information. Delayed processing can result in having trouble following conversations, taking too long to respond, or remembering only one or two steps when following instructions. People with delayed processing can appear spacey and may be mentally foggy, slow moving, and seem more lethargic. In community mental health settings, clients may appear uncooperative, non-compliant, or resistant because they are slower to respond.

The use and repeated practice of the following suggestions can be helpful:

1. To increase your client's retention of important or complex information during conversation, periodically ask your client to summarize important information.¹
2. Encourage the client to alert you if the pace of conversation is moving too quickly.²
3. Clients with delayed processing are more susceptible to distractions. To increase the likelihood that your client can participate fully in the conversation, try to speak to them one-on-one away from other conversations and minimize distractions where possible.³

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² Jekogian, A. (2015). *An examination of factors affecting processing speed in a high school population referred for spec. education.*

³ Krause, M. O., Kennedy, M. R. T., Nelson, P. B. (2014). Masking release, processing speed and listening effort in adults with traumatic brain injury. *Brain Injury*, (28)11, 1473-1484

4. Because your client may take longer to understand and follow directions, provide extra time on assignment and activities. When possible, allow them extra time to respond in group settings and additional time during classes to answer questions.⁴
5. If the client appears “blank” or is not responding in a typical way, repeat your main points and do not elaborate or add details until you have secured their participation again.⁵
6. To help your client retain multi-step directions, give instructions one step at a time and encourage them to note or record each key point as you cover the material to relieve them of having to multitask during the session.³
7. Physical activity increases brain activity in regions where processing occurs. Consider incorporating physical activities as a part of group therapy or overall treatment plan (e.g., yoga, walking).^{5,6}
8. Poor sleep can contribute to slow processing speed. You can review the attached sleep checklist with your client to help promote better sleep habits.⁷

Compiled by S. Nye, N. Ost & C. Azama March 11, 2019

⁴ Edwards, A. D., & Parks, R. L. (2015). Traumatic brain injury and the transition to college: Students' concerns and needs. *College and University, 90*(3), 47-49,51-54.

⁵ Gothe, N.P., Kramer, A.F., McAuley, E. (2017). Hatha yoga practice improves attention and processing speed in older adults: results from an 8-week randomized control trial. *The Journal of Alternative and Complementary Medicine, 23*, 35-40.

⁶ Rosano, C., Venkatraman, V. K., Guralnik, J., Newman, A. B., Glynn, N. W., Launer, L., . . . Aizenstein, H. (2010). Psychomotor Speed and Functional Brain MRI 2 Years After Completing a Physical Activity Treatment. *The Journal of Gerontology: Series A, 65A* (6), 639-647.

⁷ Cohen-Zion, M., Shabi, A., Levy, S., Glasner, L. Wiener, A. (2016). Effects of partial sleep deprivation on information processing speed in adolescents. *Journal of the International Neuropsychological Society, 22*, 388-398.



Delayed Processing

Client

Delayed processing is your brain's decreased ability to quickly make sense of information like words and information you get from sights and sounds. Delayed processing can cause you to have trouble following conversations, take too long to respond, or remember only one or two steps when following directions. To others, you may appear spacey, mentally foggy or sluggish. If any of these sound like you, using and practicing the following tips can be helpful:

1. Delayed processing makes you more vulnerable to distractions.

Distractions can be related to either visual or noise. Ask for meetings to be held in places away from distractions.¹

2. You may sometimes notice that it takes you extra time to figure out what someone is trying to tell you. Where possible, ask for extra time in groups or classes.²

¹ Krause, M. O., Kennedy, M. R. T., Nelson, P. B. (2014). Masking release, processing speed and listening effort in adults with traumatic brain injury. *Brain Injury, (28)11*, 1473-1484,

² Edwards, A. D., & Parks, R. L. (2015). Traumatic brain injury and the transition to college: Students' concerns and needs. *College and University, 90(3)*, 47-49,51-54.

3. To help you follow directions with a lot of steps, ask the person speaking to pause so you can write down each step. This will relieve you from having to multitask during the meeting.³
4. Physical activity increases activity in the areas of your brain where processing happens. Make sure to make exercise part of your day and, if possible, walk during meetings.^{4,5}
5. Poor sleep can cause make slow processing worse. You can review the attached sleep checklist to see how you're sleeping and help support better sleep habits.⁶

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³ MINDSOURCE - Brain Injury Network: <https://mindsourcencolorado.org/>

⁴ Gothe, N.P., Kramer, A.F., McAuley, E. (2017). Hatha yoga practice improves attention and processing speed in older adults: results from an 8-week randomized control trial. *The Journal of Alternative and Complementary Medicine*, 23, 35-40.

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⁶ Cohen-Zion, M., Shabi, A., Levy, S., Glasner, L. Wiener, A. (2016). Effects of partial sleep deprivation on information processing speed in adolescents. *Journal of the International Neuropsychological Society*, 22, 388-398.



Attention Problems

Criminal Justice

There are three main types of attention: sustained, selective, and alternating. Sustained attention is the ability to focus on one thing for a short period of time, selective attention is the ability to focus on one thing despite interruptions, and alternating attention is being able to shift attention from one thing to another. Attention problems include an inability to do all of those things and to maintain mental focus. People with attention problems may have difficulty finishing assignments and may appear distracted. In a criminal justice setting, people with attention problems may fidget, be non-compliant with assigned tasks or go off-topic during conversation. The use and repeated practice of the following suggestions can be helpful:

1. Visual aids like handouts can improve your client's attention during meetings. You can also encourage your client to use their own note-taking skills to record important information. For example, having them write down the date of the next meeting they are in the room.¹

¹ Neumann, D., Lequerica, A. (2015). Cognitive problems after traumatic brain injury. *Archives of Physical Medicine and Rehabilitation*, 96(1), 179-180.

2. To help your client complete required assignments, break assignments into smaller and shorter steps. Present information in short and concise segments, one at a time. For example, have clients fill out a single form at a time.²
3. To help your client remember meetings or important court dates, encourage them to use aids such as the calendar and reminder function on their phone/watch/computer or a paper calendar.³
4. To confirm your client's understanding and retention of important information, you can ask them to periodically summarize your conversation. For example, ask them to repeat what they need to complete before the next meeting.⁴
5. Attention problems can worsen as the day progresses, so consider scheduling appointments early in the day when possible.⁵
6. Poor sleep can contribute to inattention. You can review the attached sleep checklist with your client to help promote better sleep habits.

Compiled by N. Amundson, M. Aud, & Q. Kais March 11, 2019

² Neumann, D., Lequerica, A. (2015). Cognitive problems after traumatic brain injury. *Archives of Physical Medicine and Rehabilitation, 96*(1), 179-180.

³ J., Dolan, M., & Dolan-Templeton, L. (2009). *Returning to work after brain injury*. Brain Injury Association of New Jersey.

⁴ Piccolino, A. L., & Solberg, K. B. (2014). The impact of traumatic brain injury on prison health services and offender management. *Journal of Correctional Health Care, 20*(3), 203-212.

⁵ J., Dolan, M., & Dolan-Templeton, L. (2009). *Returning to work after brain injury*. Brain Injury Association of New Jersey.



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1. Visual aids like handouts can improve your client's attention during meetings. You can provide paper and encourage your client to record important information.¹

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2. To help your client complete required assignments, break assignments into smaller and shorter steps and present them one at a time.²
3. To help your client remember appointments or homework assignments, encourage them to use inexpensive aids such as the calendar and reminder function on their phone/watch/computer or a portable paper calendar. For example, encourage your client to record date of their next appointment during the session.³
4. To confirm your client's understanding and retention of important information, you can ask them to periodically summarize your conversation.⁴ For example, ask them to repeat what they need to complete before the next meeting.
5. Because attention problems can worsen as the day progresses, consider scheduling appointments early in the day when possible.⁵
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² Colorado Department of Education. (2018). Brain Injury in children and youth. A manual for educators. *Colorado Department of Education*.

³ J., Dolan, M., & Dolan-Templeton, L. (2009). *Returning to work after brain injury*. Brain Injury Association of New Jersey.

⁴ Piccolino, A. L., & Solberg, K. B. (2014). The impact of traumatic brain injury on prison health services and offender management. *Journal of Correctional Health Care*, 20(3), 203-212.

⁵ J., Dolan, M., & Dolan-Templeton, L. (2009). *Returning to work after brain injury*. Brain Injury Association of New Jersey.



Attention Problems

Client

There are different kinds of attention. One kind allows you to think about one thing for a short period of time, another type helps you ignore distractions and another type allows you to shift your attention from one thing to another. People with attention problems have a hard time staying focused during meetings, may get off-topic during conversations, and may have trouble remembering important details. Having trouble finishing tasks, especially when it is noisy or you are distracted, is a common problem. Using and practicing the following suggestions can be helpful:

1. Recording information can be helpful. To help you remember important details, you can take notes or record voice messages after important meetings.¹
2. To help you complete tasks, break them into small steps, create a list and work on only one step at a time.²

¹ Brain Injury Alliance of Colorado. (2014). *S.A.I.L. Self-advocacy for independent life: Empowering people with brain injuries and their families with the skills of self-advocacy*. Hawley, L. (Ed.). Colorado.

² Colorado Department of Education. (2018). *Brain Injury in children and youth. A manual for educators*. Colorado Department of Education.

3. Distracting places can make these problems worse (for example, spaces that are noisy, full of clutter, have busy views, or frequent interruptions). As much as possible, work in quiet, non-distracting places.
4. When possible, wear earphones to drown out excess noise.
5. To help you remember meetings or important dates, use the calendar or reminders on your phone/watch/computer or use a regular paper planner or calendar.³
6. During important meetings, take a minute to repeat or summarize important points to help you remember.⁴
7. Attention can get worse as the day goes on. When possible, try to schedule important appointments earlier in the day.⁵
8. Attention can get worse if you don't sleep well. Using the attached sleep guide to help you practice better sleep habits.

Compiled by N. Amundson, M. Aud, & Q. Kais March 11, 2019

³ J., Dolan, M., & Dolan-Templeton, L. (2009). *Returning to work after brain injury*. Brain Injury Association of New Jersey.

⁴ Piccolino, A. L., & Solberg, K. B. (2014). The impact of traumatic brain injury on prison health services and offender management. *Journal of Correctional Health Care*, 20(3), 203-212.

⁵ J., Dolan, M., & Dolan-Templeton, L. (2009). *Returning to work after brain injury*. Brain Injury Association of New Jersey.



Inhibition Problems/Impulsivity

Criminal Justice

Impulsivity is the conscious or unconscious inability to suppress or refrain from engaging in an action or thought. Impulsive behaviors are unplanned, may be risky or dangerous, and are often carried out without thinking about the consequences. In criminal justice settings, impulsive clients may appear inconsiderate, thoughtless or sensation seeking. They may have difficulty following instructions when completing tasks, may interrupt others when speaking, or may dominate conversations in both individual and group settings. The use and repeated practice of the following suggestions can be helpful:

1. Make paper available during meetings and encourage the individual to write down their comments and questions instead of blurting them out. Encourage them to use this practice to avoid talking out of turn. Repetition and reinforcement will build the skill and make it more consistent over time.¹
2. To minimize conversational disruptions in group settings, ask your client to silently repeat question(s) to themselves before offering an answer.²
3. When giving an individual an assignment, prompt them to create a checklist or write down step-by-step instructions to take home with them.³
4. Establish eye contact and ensure that you have your client's attention before providing them with any directions.⁴

5. Breathing techniques can help to relax or de-escalate an individual when they are feeling out-of-control. A simple exercise that you can do with the individual is have them focus on their breathing for 60 seconds. Instruct the individual to breathe in through their nose, hold their breath for 6 seconds, and then breathe out through their mouth.⁵
6. You can use brief mindfulness exercises during your meetings to help your client fight off urges that may be caused by stress. For example, use the “Five Senses Exercise” and have your client do the following: find five things in the room that you can see; find four things in the room that you can feel; notice three things in the room that you can hear; identify two things in the room that you can smell; focus on one thing in the room that you can taste.⁶
7. Poor sleep can contribute to impulsivity. You can review the attached sleep checklist with your client to help promote better sleep habits.

Compiled by E. Halbert, K. Janicke, & T. Morgan March 11, 2019

¹ LaCount, P., Hartung, C., Shelton, C., & Stevens, A. (2018). Efficacy of an organizational skills intervention for college students with ADHD symptomatology and academic difficulties. *Journal of Attention Disorders*, 22(4), 356 – 367.

² Colorado Department of Education. (2018). *Brain injury in children and youth: A manual for educators*. Denver, CO: Colorado Department of Education.

³ Ackerman, C. (2019). 22 mindfulness exercises, techniques, & activities for adults. Retrieved from <https://positivepsychologyprogram.com/mindfulness-exercises-techniques-activities#mindfulness-interventions-techniques-worksheets>.

⁴ Colorado Department of Education. (2018). *Brain injury in children and youth: A manual for educators*. Denver, CO: Colorado Department of Education.

⁵ Hoffman, S. G., & Gómez, A. F. (2017). Mindfulness-based interventions for anxiety and depression. *Psychiatric Clinics of North America*, 40(4), 739-739.

⁶ Positive Psychology Program. (2019). *22 mindfulness exercises, techniques, & activities for adults*.



Community Mental Health

Impulsivity is the conscious or unconscious inability to suppress or refrain from engaging in an action or thought. Impulsive behaviors are unplanned, may be risky or dangerous, and are often carried out without thinking about the consequences. In community mental health settings, impulsive clients may appear inconsiderate, thoughtless, or sensation seeking. They may have difficulty following instructions when completing tasks, may interrupt others when speaking, or may dominate conversations in both individual and group settings. The use and repeated practice of the following suggestions can be helpful:

1. If your client appears distracted or unfocused, you can use a grounding exercise to return their attention to the room. For example, ask your client to describe the chair they are sitting in (or some other small object from the room) in great detail for 60 seconds. Have them tell you about the texture, shape, temperature, and physical features of the chair or object.¹
2. Make paper available during meetings and encourage your client to write down their comments and questions instead of blurting them out. Encourage them to use this practice to avoid talking out of turn. Repetition and reinforcement will build the skill and make it consistent over time.²
3. To minimize conversational disruptions in group settings, ask your client to silently repeat question(s) to themselves before offering an answer.³

4. Breathing techniques can help to relax or de-escalate your client when they are feeling out-of-control. A simple exercise that you can do with your client is have them focus on their breathing for 60 seconds. Instruct your client to breathe in through their nose, hold their breath for 6 seconds, and then breathe out through their mouth. ⁴
5. When giving your client any assignment, prompt them to create a checklist or write down step-by-step instructions to take home with them.⁵
6. You can use brief mindfulness exercises during your meetings to help your client fight off urges that may be caused by stress. For example, use the “Five Senses Exercise” and have your client do the following: find five things in the room that you can see; find four things in the room that you can feel; notice three things in the room that you can see; identify two things in the room that you can smell; focus on one thing in the room that you can taste.⁶
7. Poor sleep can contribute to impulsivity. You can review the attached sleep checklist with your client to help promote better sleep habits.

Compiled by E. Halbert, K. Janicke, & T. Morgan March 11, 2019

¹ Farrell, D., & Taylor, C. (2017). The teaching and learning of psychological trauma – A moral dilemma. *Psychology Teaching Review, 23*(1), 63-70.

² LaCount, P., Hartung, C., Shelton, C., & Stevens, A. (2018). Efficacy of an organizational skills intervention for college students with ADHD symptomatology and academic difficulties. *Journal of Attention Disorders, 22*(4), 356 – 367.

³ Colorado Department of Education. (2018). *Brain injury in children and youth: A manual for educators*. Denver, CO: Colorado Department of Education.

⁴ Hoffman, S. G., & Gómez, A. F. (2017). Mindfulness-based interventions for anxiety and depression. *Psychiatric Clinics of North America, 40*(4), 739-739.

⁵ Colorado Department of Education. (2018). *Brain injury in children and youth: A manual for educators*. Denver, CO: Colorado Department of Education.

⁶ Ackerman, C. (2019). 22 mindfulness exercises, techniques, & activities for adults. Retrieved from <https://positivepsychologyprogram.com/mindfulness-exercises-techniques-activities#mindfulness-interventions-techniques-worksheets>.



Inhibition Problems/Impulsivity

Client

Impulsivity is when you find it hard to think before you act or say something. You might notice yourself cutting someone off before they finish talking or doing the first thing that comes to mind. You may also find it hard to control your emotions and show them in a way that others will understand. Even though these behaviors are not on purpose, it can be frustrating if you find yourself getting in trouble for your actions. Using and practicing the following suggestions can be helpful:

1. Stop → Think → Act! When you notice yourself acting on the first thing that pops into your mind, STOP and count to 3 while you think about the possible outcomes of what you are about to do before you do it.¹



¹ M De la Mora, Z., Severino, A., Beck-Alper, C., Sjoberg, A., & Praznik, E. (2018). *The traumatic brain injury (TBI) education & skill-building youth group facilitators' guide: Module VI: Impulsivity*. Denver, CO: Graduate School of Professional Psychology, University of Denver.

2. Breathing techniques can help you relax when you are feeling out-of-control. A simple exercise that you can do is focus on your breathing for 60 seconds. Breathe in through your nose, hold your breath for 6 seconds, and then breathe out through your mouth.²
3. Wait until others have finished talking before sharing your thought. If you find yourself disrupting conversations, try silently repeating the question(s) to yourself before offering an answer. This can help you avoid cutting others off when they are speaking.³
4. If you find it hard to stay focused in any setting, physical or mental breaks can help. For example, try going for a short walk to take a break and refocus.⁴
5. When working with others in a group setting, bring a notepad with you to write down your thoughts as they pop into your head. This can help avoid any interruptions that may have been caused by speaking out of turn.⁵
6. Write down step-by-step instructions or create a checklist to help yourself complete tasks or instructions.⁶
7. Poor sleep can contribute to impulsivity. You can review the attached sleep checklist to help promote better sleep habits.

Compiled by E. Halbert, K. Janicke, & T. Morgan March 11, 2019

² Hoffman, S. G., & Gómez, A. F. (2017). Mindfulness-based interventions for anxiety and depression. *Psychiatric Clinics of North America*, 40(4), 739-739.

³ Colorado Department of Education. (2018). *Brain injury in children and youth: A manual for educators*. Denver, CO: Colorado Department of Education.

⁴ Colorado Department of Education. (2018). *Brain injury in children and youth: A manual for educators*. Denver, CO: Colorado Department of Education.

⁵ LaCount, P., Hartung, C., Shelton, C., & Stevens, A. (2018). Efficacy of an organizational skills intervention for college students with ADHD symptomatology and academic difficulties. *Journal of Attention Disorders*, 22(4), 356 – 367.

⁶ Colorado Department of Education. (2018). *Brain injury in children and youth: A manual for educators*. Denver, CO: Colorado Department of Education



Physical and Sensorimotor Problems

Criminal Justice

Physical and sensorimotor problems include pain, blurred vision/poor depth perception, light sensitivity, and difficulty hearing. In day-to-day life, your client may experience dizziness, headaches, difficulty reading, and difficulty concentrating. In criminal justice settings, this can present as irritability, laziness, or lack of focus during meetings. This can often result in cognitive overload and your client may shut down or have an outburst in reaction. The use and repeated practice of the following suggestions can be helpful:

1. Because physical and sensorimotor symptoms are not always visible, promote open and honest communication with your client regarding their symptoms and be receptive to their suggestions for accommodations.¹
2. Be as flexible as possible with your appointment schedule². Consider allowing certain clients to call-in for appointments or to complete small assignment to make up for missed appointments.
3. Provide your client with written reminders for appointments and, if possible, provide reminders using technology such as phone call, text message, or e-mail.²
4. If your client is sensitive to light, control the environmental light as much as possible. Avoid overhead lights, especially fluorescent, if possible. Close blinds to soften the

¹ Department of Veteran Affairs and Department of Defense. (2009). *Clinical practice guidelines: Management of concussion/mild traumatic brain injury* (version 1.1 – 2009). Washington, DC: The Management of Concussion/mTBI Working Group.

sunlight in your office², use floor or desk lamps where you can, and suggest your client wear sunglasses if necessary.³

5. For your clients with visual difficulties, ensure you have alternate format materials available including large print options and offer close-in seating for these clients during group meetings³.
6. When you notice your client become distracted or frustrated during a meeting, allow them to take a brief walk to the restroom or water fountain to regain their focus.²
7. Ensure that your meeting spaces are accessible for clients with any degree of physical or sensory limitation.³
8. It is important to note that your client may not be aware when they are becoming overloaded. Watch for signs of agitation or that the client is shutting down. If this happens, suggest a break.² Once the client is not over whelmed, describe to them what you recognize as signs that they are at overload so that they can start recognizing this in themselves.
9. You can suggest that your clients use ride-sharing or public transportation system as needed.⁴ If possible, offer vouchers, and review the routes and stops they can use for appointments.
10. Poor sleep is the most important contributor to inability to focus, irritability, and poor performance. Encourage your client to use the attached sleep checklist materials.

Compiled by F. Meehan, C. Tassin, & A. Ward March 11, 2019

² Negiloni, K., Ramani, K. K., Jeevitha, R., Kalva, J., & Sudhir, R. R. (2018). Are children with low vision adapted to the visual environment in classrooms of mainstream schools? *Indian Journal of Ophthalmology*, *66*(2), 285-289.

³ Legge, G. E., Yu, D., Kallie, C. S., Bochsler, T. M., & Gage, R. (2010). Visual accessibility of ramps and steps. *Journal of Vision*, *10*(11).

⁴ Owsley, C., & McGwin, G. (2010). Vision and driving. *Vision Research*, *50*(23), 2348-61.



Physical and Sensorimotor Problems

Community Mental Health

Physical and sensorimotor problems include pain, blurred vision/poor depth perception, light sensitivity, and difficulty hearing. In day-to-day life, your client may experience dizziness, headaches, difficulty reading, and difficulty concentrating. In a community mental health setting, this can present as irritability, laziness, poor coordination or lack of focus during meetings. This can often result in cognitive overload and your client may shut down or have an outburst in reaction. The use and repeated practice of the following suggestions can be helpful:

1. Because physical and sensorimotor symptoms are not always visible, promote open and honest communication with your client regarding their symptoms and be receptive to their suggestions for accommodations.¹
2. Be as flexible as possible with your appointment schedule.² Consider allowing those clients to call-in for appointments.
3. Provide your client with written reminders for appointments and, if possible, provide reminders through technology such as phone calls, text messages, or e-mail.²
4. If your client is sensitive to light, control the environmental light as much as possible. Avoid overhead lights, especially fluorescent, if possible. Close blinds to soften the sunlight in your office, use floor or desk lamps where you can, and suggest your client wear sunglasses if necessary.³

¹ Department of Veteran Affairs and Department of Defense. (2009). *Clinical practice guidelines: Management of concussion/mild traumatic brain injury* (version 1.1 – 2009). Washington, DC: The Management of Concussion/mTBI Working Group.

5. For your clients with visual difficulties, ensure you have alternate format materials available including large print options and offer close-in seating for these clients during group meetings.³
6. When you notice your client become distracted or frustrated during a meeting, allow them to take a brief walk to the restroom or water fountain to regain their focus.²
7. It is important to note that your client may not be aware when they are becoming overloaded. Watch for signs of agitation. If this happens, suggest a break.² Once the client returns, describe to them those signs so that they can start recognizing this in themselves.
8. Ensure that your meeting spaces are accessible for clients with any degree of physical or sensory limitation.²
9. Consider Incorporating a symptom tracking journal into treatment in order to understand what aggravates or improves their functioning.²
10. You can suggest that your clients use ride-sharing or public transportation system as needed.³ If possible, offer vouchers, and review the routes and stops they can use for appointments.
11. Poor sleep can contribute to inability to focus, irritability, and poor performance. Review the attached sleep checklist with your client to help promote better sleep habits.

Compiled by F. Meehan, C. Tassin, & A. Ward March 11, 2019

² Legge, G. E., Yu, D., Kallie, C. S., Bochsler, T. M., & Gage, R. (2010). Visual accessibility of ramps and steps. *Journal of Vision, 10*(11), 8.

³ Owsley, C., & McGwin, G. (2010). Vision and driving. *Vision Research, 50*(23), 2348-61.



Physical and Sensorimotor Problems

Client

Physical and sensorimotor problems can include pain, blurred vision, difficulty hearing, and light or noise sensitivity. In day-to-day life, you may experience dizziness, headaches, difficulty reading, and difficulty concentrating. These problems can impact your performance and mood and can also disrupt sleep, resulting in daytime sleepiness. Some people describe this as cognitive overload. Using and practicing the following suggestions can be helpful:

1. Notice what aggravates your symptoms by keeping a journal of daily activity, substance use, diet, or sleep. With that information, you can more easily make changes to help lower your symptoms.¹ Try not to use substances like caffeine, alcohol, and tobacco as they can make headaches, light sensitivity and pain worse.

¹Classroom Interventions for Students with Traumatic Brain Injuries. (2018, August 15). Retrieved from

<https://www.brainline.org/article/classroom-interventions-students-traumatic-brain-injuries>

2. Mindfulness has been shown to help pain as well as light and noise sensitivity.² A common exercise is to place one hand on your stomach and then inhale slowly through your nose to the count of four. Feel your stomach expand with your breath. After the count of four, exhale through your mouth slowly to the count of four. Feel your stomach deflate with the release of your breath. Repeat this cycle three times.
3. Schedule 5-10-minute breaks after a difficult or mentally taxing task and minimize daytime naps to 20-30 minutes.³
4. Engage in daily exercise to promote a more regular sleep cycle and make it easier to navigate daily tasks.⁴
5. Advocate for yourself everywhere possible. Ask for large print options⁴, for breaks⁵, or to dim the lights or to close doors during meetings³.
6. To maximize your field of view, sit at the front of the room during meetings or in group settings⁶.
7. Poor sleep is the most important contributor to dizziness, headaches, difficulty reading, difficulty concentrating, and daytime sleepiness. Make the most of your sleep by using the attached sleep checklist materials.

Compiled by F. Meehan, C. Tassin, & A. Ward March 11, 2019

² Hilton, L., Hempel, S., Ewing, B. A., Apaydin, E., Xenakis, L., Newberry, S., Colaiaco, B., Maher, A. R., Shanman, R. M., Sorbero, M. E., ... Maglione, M. A. (2016). Mindfulness Meditation for Chronic Pain: Systematic Review and Meta-analysis. *Annals of behavioral medicine: A publication of the Society of Behavioral Medicine*, 51(2), 199-213.

³ Sleep Checklist. (n.d.) Retrieved from <https://www.nosleeplessnights.com/sleep-checklist>

⁴ Willings, C. (n.d.). Large Print. Retrieved from <https://www.teachingvisuallyimpaired.com/large-print.tml>

⁵ Department of Veteran Affairs and Department of Defense. (2009). *Clinical practice guidelines: Management of concussion/mild traumatic brain injury* (version 1.1 – 2009). Washington, DC: The Management of Concussion/mTBI Working Group.

⁶ Negiloni, K., Ramani, K. K., Jeevitha, R., Kalva, J., & Sudhir, R. R. (2018). Are children with low vision adapted to the visual environment in classrooms of mainstream schools? *Indian Journal of Ophthalmology*, 66(2), 285-289.



Criminal Justice

Language problems include trouble understanding or following verbal communication, difficulty with spoken language, and/or difficulty reading. Language problems can be frustrating for both you and your client. In criminal justice settings, language problems can result in clients failing to complete assignments, being inattentive, or having trouble participating in conversation. People with language problems can appear easily frustrated, inattentive, or reluctant to speak. The repeated use and practice of the following suggestions can be helpful:

1. To ensure that your client understands and recalls information presented during meetings, you can periodically encourage them to verbally summarize or paraphrase important information back to you.¹ You can encourage your client to record key points on paper or by voice recording if written language is a problem.
2. When meeting with your client one-on-one, give directions or ask questions slowly, repeat if necessary, and allow additional time for the client to respond.¹

¹ Batmangelich, S., & Cristian, A. (2015). Conscious, compassionate communication in rehabilitation medicine. In *Physical medicine and rehabilitation patient-centered care: Mastering the competencies*.

3. Add as much visual content as possible to communicate ideas and deliver information. For example, instead of giving a client a hand out with large blocks of text, use pictures, graphs, maps, etc. to convey as much of the relevant information as possible.²
4. Some clients with language problems can have special difficulty with abstract concepts and sarcasm, so aim to be concrete wherever possible. For example, try to stay away from figurative speech (e.g., “music to my ears”).³
5. When there are multiple topics that need to be addressed during a meeting, discuss one topic at a time and, if possible, provide and follow an outline to help guide the meeting.⁴
6. Clients with language problems can often present with seemingly negative social behavior (e.g., inappropriate tone of voice, lack of eye contact, standing too close, or flat affect). Be patient, point out problematic behavior and model prosocial cues.⁴
7. Provide clear expectations and direct and concise feedback when necessary.⁴
8. Poor sleep can contribute to language difficulties.^{5,6} You can review the attached sleep checklist with your client to help promote better sleep habits.

Compiled by S. Amos, A. Farquharson, & C. Lockhart March 11, 2019

² Marks, S., Shaw-Hegwer, J., Schrader, C., & Longaker, T. (2003). Instructional management tips for teachers of students with autism spectrum disorder (ASD). *Teaching Exceptional Children, 35*(4), 50.

³ Key-DeLyria, S. E. (2016). Sentence processing in traumatic brain injury: Evidence from the P600. *Journal of Speech, Language & Hearing Research, 59*(4), 759–771.

⁴ Colorado Department of Education. (2001). *Brain Injury in Children and Youth* [Manual].

⁵ Drummond, S.P., Brown, G.G., Gillin, J.C., Sticker, J.L., Wong, E.C. & Buxton, R.B. (2000). Altered brain response to verbal learning following sleep deprivation. *Nature, 403*(6770), 655-657.

⁶ Liberalesso, P. B. N., D'Andrea, K., Fabianne Klagenberg, Cordeiro, M. L., Zeigelboim, B. S., Marques, J. M., & Jurkiewicz, A. L. (2012). Effects of sleep deprivation on central auditory processing. *BMC Neuroscience, 13*, 83.



Community Mental Health

Language problems include trouble understanding or following verbal communication, difficulty with spoken language, and/or difficulty reading. Language problems can be frustrating for both you and your client. In community mental health settings, language problems can result in clients failing to complete assignments, being inattentive, or having trouble participating in conversation. People with language problems can appear easily frustrated, inattentive, vague or reluctant to speak. The repeated use and practice of the following suggestions can be helpful:

1. To ensure that your client understands and recalls information presented during meetings, you can periodically encourage the client to verbally summarize or paraphrase important information back to you.¹ You can encourage your client to record key points on paper or by voice recording if written language is a problem.
2. When meeting with your client one-on-one, give directions, or ask questions slowly, repeat if necessary, and allow additional time for the client to respond.¹

¹ Batmangelich, S., & Cristian, A. (2015). Conscious, compassionate communication in rehabilitation medicine. In *Physical medicine and rehabilitation patient-centered care: Mastering the competencies*.

3. Add as much visual content as possible to communicate ideas and deliver information. For example, instead of giving a client a hand out with large blocks of text, use pictures, graphs or maps to convey as much of the relevant information as possible.²
4. Some clients with language problems can have special difficulty with abstract concepts and sarcasm, so aim to be concrete wherever possible. For example, try to stay away from figurative speech (e.g., “music to my ears”).³
5. Clients with language problems can often present with seemingly negative social behavior (e.g., inappropriate tone of voice, lack of eye contact, standing too close, and flat affect). Be patient, point out those problems, model prosocial cues, and have the client practice appropriate behavior during sessions with you.⁴
6. Provide clear expectations and concise feedback when necessary.
7. Using alternative formats can help clients express their thoughts and ideas more easily. For example, encourage clients to use art or music instead of written assignments.⁴
8. Poor sleep can contribute to language difficulties.^{5,6} You can review the attached sleep checklist with your client to help promote better sleep habits.

Compiled by S. Amos, A. Farquharson, & C. Lockhart March 11, 2019

² Marks, S., Shaw-Hegwer, J., Schrader, C., & Longaker, T. (2003). Instructional management tips for teachers of students with autism spectrum disorder (ASD). *Teaching Exceptional Children, 35*(4), 50.

³ Key-DeLyria, S. E. (2016). Sentence processing in traumatic brain injury: Evidence from the P600. *Journal of Speech, Language & Hearing Research, 59*(4), 759–771.

⁴ Colorado Department of Education. (2001). *Brain Injury in Children and Youth* [Manual].

⁵ Drummond, S.P., Brown, G.G., Gillin, J.C., Sticker, J.L., Wong, E.C. & Buxton, R.B. (2000). Altered brain response to verbal learning following sleep deprivation. *Nature, 403*(6770), 655-657.

⁶ Liberalesso, P. B. N., D'Andrea, K., Fabianne Klagenberg, Cordeiro, M. L., Zeigelboim, B. S., Marques, J. M., & Jurkiewicz, A. L. (2012). Effects of sleep deprivation on central auditory processing. *BMC Neuroscience, 13*, 83.



Language Problems

Client

People with language problems can have a hard time knowing what others are saying and they can struggle to put their own thoughts into words. They may also have a hard time with reading. These problems can make you feel nervous to talk to people, can make it hard to do work, and can make you to feel alone. Practicing and using the following tips can be helpful:

1. Don't be afraid to ask for what you need. Ask people to speak slower, repeat what they said, or to ask their question in a different way if you don't understand them.¹
2. You may find it helpful to write down important points or tasks. You can also use a voice recorder.²

¹ Batmangelich, S., & Cristian, A. (2015). Conscious, compassionate communication in rehabilitation medicine. In *Physical medicine and rehabilitation patient-centered care: Mastering the competencies*.

² Colorado Department of Education. (2001). *Brain Injury in Children and Youth* [Manual].

3. To best follow what you are reading, try to read in places with no distractions. Read sentences aloud to yourself and use a bookmark or finger when reading a sentence to focus on one line at a time and not lose your place.³
4. Try using paper notes or electronic devices (e.g., cell phones, computers, tablets) to communicate your ideas if it is hard to say things out loud.⁴
5. Poor sleep can make language problems worse.⁵ You can review the attached sleep checklist to learn better sleep habits.

Compiled by S. Amos, A. Farquharson, & C. Lockhart March 11, 2019

³ Ostoits, J. (1999). Reading strategies for students with ADD and ADHD in the inclusive classroom. *Preventing School Failure, 43*(3), 129.

⁴ Kristi L. Morin, Jennifer B. Ganz, Emily V. Gregori, Margaret J. Foster, Stephanie L. Gerow, Derya Genç-Tosun & Ee Rea Hong (2018) A systematic quality review of high-tech AAC interventions as an evidence-based practice, *Augmentative and Alternative Communication, 34*:2, 104-117,

⁵ Drummond, S.P., Brown, G.G., Gillin, J.C., Sticker, J.L., Wong, E.C. & Buxton, R.B. (2000). Altered brain response to verbal learning following sleep deprivation. *Nature, 403*(6770), 655-657.



Criminal Justice

Organization is the ability to use time, energy or resources in an effective way to achieve goals or complete tasks. People with organizational difficulties can have problems keeping a schedule, prioritizing responsibilities, starting assignments, switching from one task to another, or keeping up with time-sensitive tasks (e.g. court paperwork, etc.). In criminal justice settings, this can present as missed appointments or overall noncompliance. The repeated use and practice of the following suggestions can be helpful:

1. To help your client manage their schedule (mandated treatment, court dates, bill due dates, etc.), you can suggest using a notebook, planner, or the use of a digital calendar or reminder app on their phone or watch. You should review upcoming court dates and appointments during your meetings.^{1,2,3}

¹ Colorado Department of Education. (2018). *Brain injury in children and youth: A manual for educators*.

² LaCount, P., Hartung, C., Shelton, C., & Stevens, A. (2018). Efficacy of an organizational skills intervention for college students with ADHD symptomatology and academic difficulties. *Journal of Attention Disorders*, 22(4), 356 – 367.

³ U.S. Department of Veterans Affairs (n.d.) *Rocky Mountain MIRECC TBI Toolkit*.

2. To support successful attendance at scheduled meetings, you can review appointment dates and times with your client at the end of each meeting.¹
3. To help your client transition between time-sensitive tasks, use a timer or give verbal warnings (e.g., “we have 5 more minutes to finish going over this paperwork”).¹
4. If your client has a hard time completing assignments correctly, help them by breaking tasks down into smaller, simple and realistic steps, and encourage them to cross off each step as it is completed.^{1,2}
5. You can help your clients maintain as much routine as possible by scheduling recurring appointments on the same day/at the same time when possible.⁴
6. Poor sleep can contribute to organizational difficulties. You can review the attached sleep checklist with your client to help promote better sleep habits.⁵

Compiled by H. Allo, D. Daugherty, & H. Schuveiller March 11, 2019

⁴ Brain Injury Alliance of Colorado. (2014). *S.A.I.L. Self-advocacy for independent life: Empowering people with brain injuries and their families with the skills of self-advocacy*. Hawley, L. (Ed.). Colorado

⁵ Department of Veteran Affairs and Department of Defense. (2009). *Clinical practice guidelines: Management of concussion/mild traumatic brain injury* (version 1.1 – 2009). Washington, DC: The Management of Concussion/mTBI Working Group



Community Mental Health

Organization is the ability to use time, energy or resources in an effective way to achieve goals or complete tasks. People with organizational difficulties can have problems keeping a schedule, prioritizing responsibilities, starting assignments, switching from one task to another, or keeping up with time-sensitive tasks (e.g. paying bills, completing paperwork etc.). In community mental health settings, this can present as missed appointments or overall noncompliance. The repeated use and practice of the following suggestions can be helpful:

1. To help your client best manage their schedule (appointments, etc.), you can suggest using a notebook, planner, or the use of a digital calendar or reminder app on their phone or watch. You can review weekly and monthly appointments during meetings.^{1,2,3}

¹ Colorado Department of Education. (2018). *Brain injury in children and youth: A manual for educators*.

² LaCount, P., Hartung, C., Shelton, C., & Stevens, A. (2018). Efficacy of an organizational skills intervention for college students with ADHD symptomatology and academic difficulties. *Journal of Attention Disorders*, 22(4), 356 – 367.

³ U.S. Department of Veterans Affairs (n.d.) *Rocky Mountain MIRECC TBI Toolkit*.

2. To support successful attendance at scheduled meetings, you can review appointment dates and times with your client at the end of each meeting.¹
3. You can help your client maintain as much routine as possible by scheduling recurring appointments on the same day/at the same time when possible.^{1,4}
4. To help your client transition between meetings or tasks, use a timer or give verbal warnings (e.g., “you have 5 more minutes to get coffee before group starts”).¹
5. If your client has a hard time completing assignments correctly, help them by breaking tasks down into smaller, simple and realistic steps, and encourage them to cross off each step as it is completed.^{1,2}
6. Poor sleep can contribute to organizational difficulties. You can review the attached sleep checklist with your client to help promote better sleep habits.⁵

Compiled by H. Allo, D. Daugherty, & H. Schuveiller March 11, 2019

⁴ Brain Injury Alliance of Colorado. (2014). *S.A.I.L. Self-advocacy for independent life: Empowering people with brain injuries and their families with the skills of self-advocacy*. Hawley, L. (Ed.). Colorado

⁵ Department of Veteran Affairs and Department of Defense. (2009). *Clinical practice guidelines: Management of concussion/mild traumatic brain injury* (version 1.1 – 2009). Washington, DC: The Management of Concussion/mTBI Working Group



Organization Problems

Client

Organization is the ability to use your time, energy or resources in a helpful way to finish goals or tasks. People who have a hard time with organization notice they have problems keeping a schedule, prioritizing, starting tasks, switching from one activity to another, or keeping up with time-sensitive tasks (for example, paying bills, completing paperwork, etc.). Using and practicing the following tips can be helpful:

1. To help master your schedule, you can use a notebook, planner, or digital calendar and reminder app on your phone or watch.

Review weekly and monthly schedules frequently.^{1,2,3}

¹ Colorado Department of Education. (2018). *Brain injury in children and youth: A manual for educators*.

² LaCount, P., Hartung, C., Shelton, C., & Stevens, A. (2018). Efficacy of an organizational skills intervention for college students with ADHD symptomatology and academic difficulties. *Journal of Attention Disorders, 22*(4), 356 – 367.

³ U.S. Department of Veterans Affairs (n.d.) *Rocky Mountain MIRECC TBI Toolkit*.

2. If you have trouble prioritizing duties, use a system of organization.² For example, highlight important events, bill due dates, and other deadlines.
3. If you have a hard time remembering important activities or appointments, set up a routine by asking that your regular appointments be scheduled on the same day and at the same time when possible.⁴
4. To help yourself switch between tasks, set a timer or use a watch to alert yourself when to wrap up what you're doing, and when to get ready for your next task.²
5. If you have a hard time finishing projects on time or correctly, break them down into smaller, simple tasks and cross off each step as it is completed.^{1,2}
6. Poor sleep can add to organizational problems. You can review the attached sleep to help improve sleep habits.⁵

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⁴ Brain Injury Alliance of Colorado. (2014). *S.A.I.L. Self-advocacy for independent life: Empowering people with brain injuries and their families with the skills of self-advocacy*. Hawley, L. (Ed.). Colorado.

⁵ Department of Veteran Affairs and Department of Defense. (2009). *Clinical practice guidelines: Management of concussion/mild traumatic brain injury* (version 1.1 – 2009). Washington, DC: The Management of Concussion/mTBI Working Group.



Mental Inflexibility

Criminal Justice

Mental flexibility is the ability to quickly respond to changes in the environment. An individual with poor mental flexibility will be unable to think about multiple concepts at once or to switch between thought processes quickly. They may have difficulty deciding what to do when faced with a new problem, changing their mind after a decision has been made, learning new ways of doing things, or understanding why somebody else may do something differently. In criminal justice settings, this may present as rigidity, stubbornness, or uncooperativeness. The repeated use and practice of the following suggestions can be helpful:

1. Suggest your client set reminders of impending deadlines in their paper or electronic calendars.¹
2. When a schedule change or a change to the routine is necessary, work to notify your client as far in advance as possible.²
3. Help prepare for transitions. For example, if your client is being referred to or is transitioning to a new community provider or another probation officer, introduce them by providing a warm hand-off if possible.
4. When working on decision-making, ask your client to write down the pros and cons and consider aloud the short- and long-term consequences for each of their choices.³

¹ Janis, I., & Mann, L. (1976). Coping with decisional conflict. *American Scientist*, 64. 657-667.

² Colorado Department of Education. (2018). *Brain Injury in Children and Youth: A Manual for Educators*.

³ Colorado Department of Education. (2018). *Brain Injury in Children and Youth: A Manual for Educators*.

5. Help your client break down the steps for assignments. For example, filing court paperwork can be complex. Help your client break down the requirements into steps to increase the likelihood that they can successfully complete the task.⁴
6. Draw attention to irrational conclusions or impulsive behaviors when you see them and give your client the opportunity to respond or behave differently.⁵
7. Help clients think about decisions from someone else's point of view through creative role play. For example, help your client navigate different scenarios that could make them late for an appointment.⁶
8. In order to improve your client's mental flexibility, recommend that your client practice simple routines out of order (e.g., getting ready for bed, brushing teeth).⁷
9. Teach your client social skills, such as assertive communication or active listening. Demonstrating these skills for your client can help them identify, practice, and adopt more flexible communication strategies.⁸
10. Exercise directly benefits cognition. Encourage your client to exercise and, when possible, walk during your meetings.⁹
11. Sleep directly benefits cognition. Help your client get the most out of their sleep by referencing the sleep checklist handout.¹⁰

Compiled by E. Denson, E. Weaver, & S. Wilkinson March 11, 2019

⁴ Colorado Department of Education. (2018). *Brain Injury in Children and Youth: A Manual for Educators*.

⁵ Janis, I., & Mann, L. (1976). Coping with decisional conflict. *American Scientist*, 64, 657-667.

⁶ Muller, B. C. N., Gerasimova, A., & Ritter, S.M. (2016). Concentrative meditation influences creativity by increasing cognitive flexibility. *Psychology of Aesthetics, Creativity, and the Arts* 10(3), 278-286.

⁷ Ritter, S. M., Kuhn, S., Muller, B. C. N., van Baaren, R. B., Brass, M., & Dijksterhuis, A. (2014). The creative brain: Corepresenting schema violations enhances TPJ activity and boosts cognitive flexibility. *Creativity Research Journal* 26(2), 144-150.

⁸ Colorado Department of Education. (2018). *Brain Injury in Children and Youth: A Manual for Educators*.

⁹ Masley, S., Roetzheim, R., Gualtieri, T. (2009). Aerobic exercise enhances cognitive flexibility. *Journal of Clinical Psychology in Medical Settings* 16, 186-193.

¹⁰ Martin, S. E., Engleman, H. M., Deary, I. J., & Douglas, N. J. (1996). The effect of sleep fragmentation on daytime function. *American Journal of Respiratory and Critical Care Medicine*, 153(4), 1328-1332.



Mental Inflexibility

Community Mental Health

Mental flexibility is the ability to quickly respond to changes in the environment. An individual with poor mental flexibility will be unable to think about multiple concepts at once or to switch between thought processes to generate appropriate behavioral responses. They may have difficulty deciding what to do when faced with a new problem, changing their mind after a decision has been made, learning new ways of doing things, or understanding why somebody else may do something differently. In community settings, this may present as rigidity, stubbornness, uncooperativeness, and/or uncompromising. The repeated use and practice of the following suggestions can be helpful:

1. Suggest your client set reminders of impending deadlines in their paper or electronic calendars.¹
2. When a schedule change or a change to the routine is necessary, work to notify your client as far in advance as possible.²
3. Help prepare for transitions. For example, if your client is being referred to a new provider, introduce them to the new professional, providing a warm hand-off.

¹ Janis, I., & Mann, L. (1976). Coping with decisional conflict. *American Scientist*, 64. 657-667.

² Colorado Department of Education. (2018). *Brain Injury in Children and Youth: A Manual for Educators*.

4. Draw attention to irrational conclusions or impulsive behaviors when you see them and give your client the opportunity to respond or behave differently.³ It may also be helpful to encourage the use of listing pros and cons when working on reaching a decision.
5. In order to improve your client's mental flexibility, recommend that your client practice simple routines out of order.⁴
6. Teach your client social skills, such as assertive communication or active listening. Identify, practice, and adopt more flexible communication strategies.⁵
7. Help clients think about decisions from someone else's point of view through creative role play. For example, play out the different scenarios that could make the client late for an appointment.⁶
8. Exercise directly benefits cognition. Encourage your client to exercise and, when possible, walk during your meetings.⁷
9. Poor sleep can contribute to poor mental flexibility. You can review the attached sleep checklist with your client to help promote better sleep habits.⁸

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³ Janis, I., & Mann, L. (1976). Coping with decisional conflict. *American Scientist*, 64, 657-667.

⁴ Ritter, S. M., Kuhn, S., Muller, B. C. N., van Baaren, R. B., Brass, M., & Dijksterhuis, A. (2014). The creative brain: Corepresenting schema violations enhances TPJ activity and boosts cognitive flexibility. *Creativity Research Journal* 26(2), 144-150.

⁵ Colorado Department of Education. (2018). *Brain Injury in Children and Youth: A Manual for Educators*.

⁶ Muller, B. C. N., Gerasimova, A., & Ritter, S.M. (2016). Concentrative meditation influences creativity by increasing cognitive flexibility. *Psychology of Aesthetics, Creativity, and the Arts* 10(3), 278-286.

⁷ Masley, S., Roetzheim, R., Gualtieri, T. (2009). Aerobic exercise enhances cognitive flexibility. *Journal of Clinical Psychology in Medical Settings* 16, 186-193.

⁸ Martin, S. E., Engleman, H. M., Deary, I. J., & Douglas, N. J. (1996). The effect of sleep fragmentation on daytime function. *American Journal of Respiratory and Critical Care Medicine*, 153(4), 1328-1332.



Mental Inflexibility

Client

Mental flexibility is the ability to quickly respond to changes around you. If you have poor mental flexibility, you will have trouble thinking about multiple ideas at once or switching between thoughts. You may have difficulty deciding what to do when faced with a new problem, changing your mind, learning new ways of doing things, or understanding why somebody else acts differently. In many settings, this may present as being stubborn, uncooperative, or unwilling to change. Using and practicing the following suggestions can be helpful:

1. When planning your schedule, leave extra time before a due date and set reminders for yourself. These reminders can be set on your phone, on a paper calendar, or on post-it notes on the wall.¹

¹ Janis, I., & Mann, L. (1976). Coping with decisional conflict. *American Scientist*, 64. 657-667.

2. In order to improve your mental flexibility, practice simple routines out of order. For example, get dressed or ready for bed in a different order.²
3. To stay on track with required assignments, write out the steps to lengthy assignments and cross steps off as you complete them.³
4. Write down pros and cons, perhaps with help from someone you trust. Consider short-and long-term consequences for actions.⁴
5. Try new things, like making a new friend who has different interests than you, tasting a new food, or learning a new dance.⁵
6. Exercise directly benefits cognition. Make time to exercise several days a week.⁶
7. Poor sleep can contribute to poor mental flexibility. You can review the attached sleep checklist to promote better sleep habits.⁷

Compiled by E. Denson, E. Weaver, & S. Wilkinson March 11, 2019

² Ritter, S. M., Kuhn, S., Muller, B. C. N., van Baaren, R. B., Brass, M., & Dijksterhuis, A. (2014). The creative brain: Corepresenting schema violations enhances TPJ activity and boosts cognitive flexibility. *Creativity Research Journal* 26(2), 144-150.

³ Colorado Department of Education. (2018). *Brain Injury in Children and Youth: A Manual for Educators*.

⁴ Colorado Department of Education. (2018). *Brain Injury in Children and Youth: A Manual for Educators*.

⁵ Lu, J. G., Hafenbrack, A. C., Eastwick, P. W., Wang, D. J., Maddux, W. W., & Galinsky, A. D. (2017). "Going Out" of the Box: Close Intercultural Friendships and Romantic Relationships Spark Creativity, Workplace Innovation, and Entrepreneurship. *Journal of Applied Psychology*, 102(7).

⁶ Masley, S., Roetzheim, R., Gualtieri, T. (2009). Aerobic exercise enhances cognitive flexibility. *Journal of Clinical Psychology in Medical Settings* 16, 186-193.

⁷ Martin, S. E., Engleman, H. M., Deary, I. J., & Douglas, N. J. (1996). The effect of sleep fragmentation on daytime function. *American Journal of Respiratory Critical Care Medicine*, 153(4), 1328-1332.



Emotional Dysregulation

Criminal Justice

Emotional dysregulation includes anxious and depressive presentations, irritability, crying easily, and overreacting to events. In justice settings, emotional dysregulation can look like sudden outbursts, mood swings, or other impulsive behavior. For example, clients with emotional lability may be angered by an otherwise normal conversation or event. The repeated use and practice of the following suggestions can be helpful:

1. Mindfulness exercises have been shown to be effective at de-escalating people when they are upset or feel out-of-control. One easy exercise is to ask your client to focus on their breathing for 60 seconds. Direct them to take a deep breath in through their nose, hold for 6 seconds, and breathe out through their mouth.¹
2. Mindfulness can also help your client identify when they are becoming agitated as they pay attention what their body is doing (e.g., tapping their foot, clenching their fists), so that they can begin to recognize this and work on taking a break before they lose control.
3. Clients with emotional dysregulation can have a hard time picking back up where you left off in previous meetings. You can make a point of asking if they have any additional thoughts or questions since you last spoke to help them stay oriented to the content at hand.²

¹ Hofmann, S. G., & Gómez, A. F. (2017). Mindfulness-based interventions for anxiety and depression. *Psychiatric Clinics of North America*, 40(4), 739–749.

² Holland, A. L., & Nelson, R. L. (2014). *Counseling in communication disorders: A wellness perspective, 2nd ed.* San Diego, CA: Plural Publishing.

4. Distracted or agitated clients can benefit from physical grounding techniques. For example, ask your client to describe the chair they are sitting in (or small object from the room) in great detail for 60 seconds. Have them tell you about the texture, shape, temperature, and physical features of the chair or object.³ You can also encourage your client to take a short break when emotions are running high.
5. Clients with emotional dysregulation require a framework of predictability. That can help them to feel as though they can better handle what happens. For that reason, try to schedule your meetings at the same time of the day, and on the same day of the week whenever possible.⁴
6. Clients with emotional dysregulation may appear uninvested in their progress. When your client has successfully completed a task, you can make a point of noting it. Rewarding positive behavior creates a trend of more prosocial behaviors.⁵
7. Poor sleep can contribute to poor emotional control. You can review the attached sleep checklist with your client to help promote better sleep habits.
- 8. *None of these suggestions can be assumed to apply to aggressive clients or situations where you are at risk of harm. If you have any question about your safety, the safety of your client, or the others in your vicinity, conduct a brief safety assessment and consult with outside resources as appropriate.***

Compiled by H. Burlas, H., Desensi, & J. Gerbutovich March 11, 2019

³ Farrell, D., & Taylor, C. (2017). The teaching and learning of psychological trauma –A moral dilemma. *Psychology Teaching Review, 23*(1), 63-70.

⁴ *Brain Injury in Children and Youth: A Manual for Educators, Colorado Department of Education.* “Emotions, Social Skills and Behavior: Strategies for Intervention”

⁵ *Brain Injury in Children and Youth: A Manual for Educators, Colorado Department of Education.* “Emotions, Social Skills and Behavior: Strategies for Intervention”



Emotional Dysregulation

Community Mental Health

Emotional dysregulation includes anxious and depressive presentations, irritability, crying easily, and overreacting to events. In community mental health settings, emotional dysregulation can look like sudden outbursts, mood swings, or other impulsive behavior. For example, clients with emotional lability may be angered by an otherwise normal conversation or event. The repeated use and practice of the following suggestions can be helpful:

1. Clients who are emotionally dysregulated may have difficulty recognizing and naming their emotions. Naming the emotion is the first step in being able to do something with it. In a moment of intense emotion, ask your client to pause and record (e.g., out loud or on paper) their emotions to help them identify their emotional states.¹
2. Mindfulness techniques have been shown to be helpful to emotional reactivity. One easy mindfulness exercise is to ask your client to focus on their breathing for 60 seconds. Direct them to take a deep breath in through their nose, hold for 6 seconds, and then breathe out through their mouth for 6 seconds.²

¹ Van der Gucht, K., Dejonckheere, E., Erbas, Y., Takano, K., Vandemoortele, M., Maex, E., ... Kuppens, P. (2019). An experience sampling study examining the potential impact of a mindfulness-based intervention on emotion differentiation. *Emotion, 19*(1), 123–131.

² Hofmann, S. G., & Gómez, A. F. (2017). Mindfulness-based interventions for anxiety and depression. *Psychiatric Clinics of North America, 40*(4), 739–749.

3. Mindfulness can also help your client identify when they are becoming agitated as they tune into what their body is doing (e.g., tapping their foot, clenching their fists), so that they can take a break before they lose control.
4. Clients with emotional dysregulation require a framework of predictability. That can help them to feel as though they can better handle what happens. For that reason, try to schedule your meetings at the same time of the day, and on the same day of the week whenever possible.³
5. Distracted or agitated clients can benefit from physical grounding techniques. For example, ask your client to describe the chair they are sitting in (or small object from the room) in great detail for 60 seconds. Have them tell you about the texture, shape, temperature, and physical features of the chair or object.⁴
6. Clients with emotional dysregulation may appear uninvested in their progress. When your client has successfully completed a task, you can make a point of noting it. Rewarding positive behavior creates a trend of more prosocial behaviors.⁵
7. Poor sleep can contribute to poor emotional control. You can review the attached sleep checklist with your client to help promote better sleep habits.
- 8. *None of these suggestions can be assumed to apply to aggressive clients or situations where you are at risk of harm. If you have any questions about your safety, the safety of your client, or the others in your vicinity, conduct a brief safety assessment and consult with outside resources as appropriate.***

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³ Brain Injury in Children and Youth: A Manual for Educators, Colorado Department of Education. "Emotions, Social Skills and Behavior: Strategies for Intervention"

⁴ Farrell, D., & Taylor, C. (2017). The teaching and learning of psychological trauma –A moral dilemma. *Psychology Teaching Review*, 23(1), 63-70.

⁵ Brain Injury in Children and Youth: A Manual for Educators, Colorado Department of Education. "Emotions, Social Skills and Behavior: Strategies for Intervention"



Emotional Dysregulation

Client

Emotional dysregulation includes sadness, irritability, crying easily, and overreacting to events. It means your moods are unstable and unpredictable. For example, you might feel a sudden urge to yell or cry. You may become react in extreme ways to an otherwise normal conversation or event. Using and practicing the following suggestions can be helpful:

1. When you feel intense emotions, take a moment to focus on your breathing. For 60 seconds, take deep breaths and hold each for 6 seconds. Breathe in through your nose and hold, and then out through your mouth.¹
2. Try to pay attention to what is happening in your body when you feel agitated (for example, are you tapping your foot, clenching your fists?) That way you can start to recognize when you need a break before you lose control.
3. You can always ask for short break to help you remain calm.

¹ Bethany, M. K. (2016). Managing anxiety through mindfulness meditation. *Dissertation Abstracts International*.

4. Write down important information before you go into emotional situations. This will help you remember everything you want to say in case you get upset or anxious. ²
 5. If you find yourself feeling overwhelmed or being easily distracted, start each morning by creating a schedule of what you need to get done. Try to stick to it whenever possible and refer to it often. ³
 6. Make a list of people that make you feel safe and feel heard. When your emotions feel difficult to manage, reach out to one of these people for support. ⁴
 7. When you have intense feelings, take a moment to focus on input from your five senses: touch, sight, smell, hearing, and taste. For example: choose any color and spend 1 minute finding objects near you in that color. ⁵
 8. Poor sleep can contribute to poor emotional control. You can review the attached sleep checklist with your client to help promote better sleep habits.
- 9. The Colorado Crisis Line is available 24 hours/day and can be reached at (844) 493-8255.***

Compiled by H. Burlas, H. Desensi, & J. Gerbutovich March 11, 2019

² Hill, C. E. (2004). Immediacy. In *Helping skills: Facilitating exploration, insight, and action., 2nd ed.* (pp. 283–297). Washington, DC: American Psychological Association

³ Brain Injury in Children and Youth: A Manual for Educators, Colorado Department of Education. “Emotions, Social Skills and Behavior: Strategies for Intervention” (Page 57)

⁴ Viseu, J., Leal, R., de Jesus, S. N., Pinto, P., Pechorro, P., & Greenglass, E. (2018). Relationship between economic stress factors and stress, anxiety, and depression: Moderating role of social support. *Psychiatry Research*, 268, 102–107.

⁵ Hofmann, S. G., & Gómez, A. F. (2017). Mindfulness-based interventions for anxiety and depression. *Psychiatric Clinics of North America*, 40(4), 739–749.



Appendix – Sleep

Checklist For Better Sleep



Good sleep is influenced by many factors.
Record how many of these things you have done in the last week
and consider making changes to your routine.

Things that are known to make sleep worse

- Napping during the day
- Watching television in bed
- Using a device with a bright screen in the hour before bedtime (e.g. a smartphone, a laptop)
- Consuming drinks containing caffeine (includes tea, coffee, cola, energy drinks, hot chocolate)
 - *How many each day?*
 - *What time of the day was your last caffeinated drink? (try to avoid caffeine after 6pm)*
- Drinking alcohol (alcohol typically leads to interrupted sleep)
- Eating a heavy meal less than 3 hours before bedtime
- Staying in bed even if you can't fall asleep (it's better to get up and do something relaxing, then try again later)

Things that are known to improve sleep

- Regular exercise
 - *How many times a week? (it is recommended to do at least 3 x 30 minutes per week)*
 - *What time of the day? (it is best not to exercise in the 3-4 hours before bedtime)*
- Setting aside some 'worry time' each day to write down any issues that are bothering or concerning you, then deciding to leave those worries behind until tomorrow (make sure to do this at least one hour before bedtime)
- Relaxation exercises (e.g. relaxed breathing exercises, progressive muscle relaxation)
- Having a relaxing bedtime routine (e.g. taking a bath or a shower, reading a comforting book)
- Setting the conditions for sleep
 - *Make sure the bedroom is completely dark (blackout curtains are cheap and effective)*
 - *Make sure the mattress and pillows are comfortable (make bed an attractive place to be!)*
 - *Make sure the bedroom is the right temperature (think like Goldilocks: not too hot, not too cold)*