

Cognitive Strategies for Community Mental Health



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

Foreword

These materials were designed with professionals in community mental health settings in mind and there are similar products for criminal justice settings professionals and clients. The symptoms questionnaire (last 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 page tip sheet for each of the audiences for each of the deficit areas (i.e., three pages for each of the deficit areas). ***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.



Memory Problems

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
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.

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

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.

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.

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.



Delayed Processing

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.¹⁰
2. Encourage the client to alert you if the pace of conversation is moving too quickly.¹¹
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.¹²
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.¹³
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).^{14,15}
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.¹⁶

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

¹⁰ 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.

¹¹ Jekogian, A. (2015). *An examination of factors affecting processing speed in a high school population referred for spec. education.*

¹² 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

¹³ 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.

¹⁴ 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.

¹⁵ 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.



Attention Problems

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.¹⁶
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.¹⁷
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.¹⁸
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.¹⁹
5. Attention problems can worsen as the day progresses, so consider scheduling appointments early in the day when possible.²⁰
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

¹⁶ Neumann, D., Lequerica, A. (2015). Cognitive problems after traumatic brain injury. *Archives of Physical Medicine and Rehabilitation*, 96(1), 179-180.

¹⁷ Neumann, D., Lequerica, A. (2015). Cognitive problems after traumatic brain injury. *Archives of Physical Medicine and Rehabilitation*, 96(1), 179-180.

¹⁸ J., Dolan, M., & Dolan-Templeton, L. (2009). *Returning to work after brain injury*. Brain Injury Association of New Jersey.

¹⁹ 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.

²⁰ J., Dolan, M., & Dolan-Templeton, L. (2009). *Returning to work after brain injury*. Brain Injury Association of New Jersey.



Inhibition Problems/Impulsivity

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

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

²LaCount, 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.

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

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

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

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



Physical and Sensorimotor

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
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

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.

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.



Language Problems

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
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

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

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.



Organization Problems

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}
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

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*.

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

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.⁶
2. When a schedule change or a change to the routine is necessary, work to notify your client as far in advance as possible.⁷
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. Draw attention to irrational conclusions or impulsive behaviors when you see them and give your client the opportunity to respond or behave differently.⁸ 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.⁹
6. Teach your client social skills, such as assertive communication or active listening. Identify, practice, and adopt more flexible communication strategies.¹⁰
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.¹¹
8. Exercise directly benefits cognition. Encourage your client to exercise and, when possible, walk during your meetings.¹²
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.¹³

Compiled by E. Denson, E. Weaver, & S. Wilkinson March 11, 201

⁶ Janis, I., & Mann, L. (1976). Coping with decisional conflict. *American Scientist*, 64, 657-667.

⁷ Colorado Department of Education. (2018). *Brain Injury in Children and Youth: A Manual for Educators*.

⁸ Janis, I., & Mann, L. (1976). Coping with decisional conflict. *American Scientist*, 64, 657-667.

⁹ 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.

¹⁰ Colorado Department of Education. (2018). *Brain Injury in Children and Youth: A Manual for Educators*.

¹¹ 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.

¹² Masley, S., Roetzheim, R., Gualtieri, T. (2009). Aerobic exercise enhances cognitive flexibility. *Journal of Clinical Psychology in Medical Settings* 16, 186-193.

¹³ 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.



Emotional Dysregulation

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.⁴³
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.⁴⁴
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.⁴⁵
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.⁴⁶
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.⁴⁷
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.***

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

⁴³ 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.

⁴⁴ Hofmann, S. G., & Gómez, A. F. (2017). Mindfulness-based interventions for anxiety and depression. *Psychiatric Clinics of North America, 40*(4), 739–749.

⁴⁵ Brain Injury in Children and Youth: A Manual for Educators, Colorado Department of Education. "Emotions, Social Skills and Behavior: Strategies for Intervention"

⁴⁶ Farrell, D., & Taylor, C. (2017). The teaching and learning of psychological trauma –A moral dilemma. *Psychology Teaching Review, 23*(1), 63–70.

⁴⁷ Brain Injury in Children and Youth: A Manual for Educators, Colorado Department of Education. "Emotions, Social Skills and Behavior: Strategies for Intervention"



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)