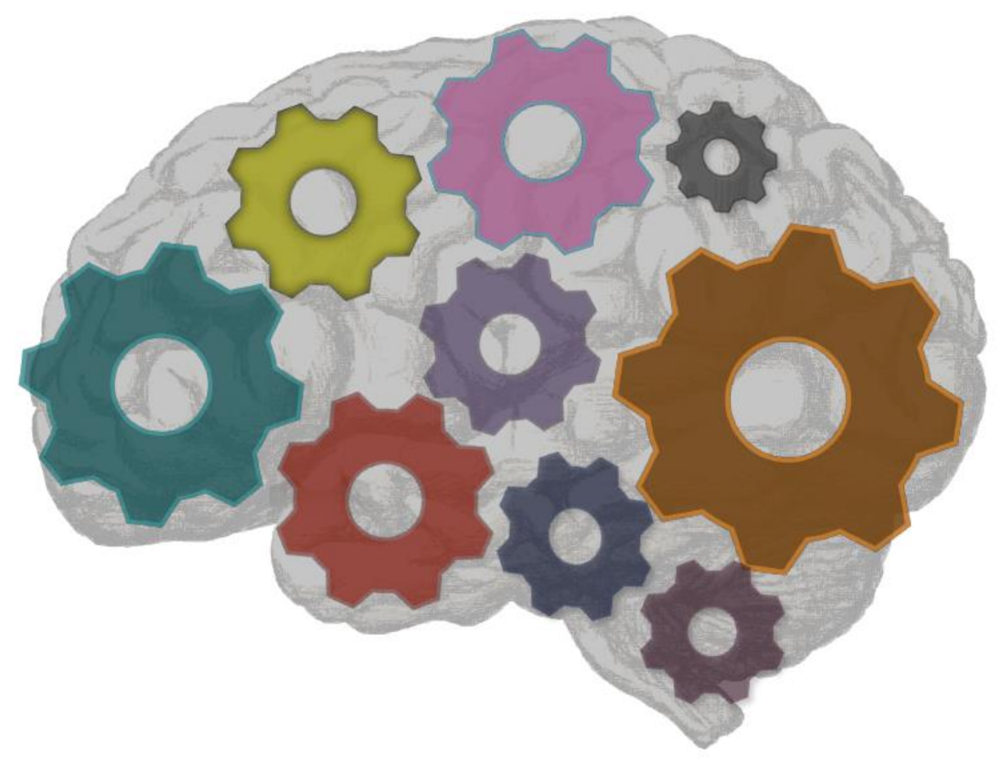
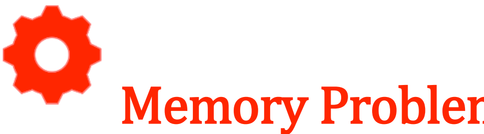
Cognitive Strategies for Community Mental Health Professionals



MINDSOURCE BRAIN INJURY NETWORK COLORADO & UNIVERSITY OF DENVER GRADUATE SCHOOL OF PROFESSIONAL PSYCHOLOGY



Cover art by Deborah Daugherty, February 2019
Prepared under the direction of Dr. Kim Gorgens, Judy Dettmer & Dr. Karen McAvoy, March 2020

Foreword

These materials were designed with three audiences in mind: professionals in criminal justice settings, professionals in community mental health settings, and for the juvenile clients and their parents/caregivers who are served in those two settings. The symptom questionnaire 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 with a sleep hygiene checklist as well. These deficits are common to juveniles 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., four pages for each of the deficit areas). ***Juvenile 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 16, 2020.

Memory Problems

Community Mental Health

Memory is the brain's ability to retain previously experienced sensations, learned information, and ideas. Clients with memory impairments may have trouble following conversations, take too long to respond, or may be unable to remember new skills they have learned. These young people can appear disinterested, slow moving, or lethargic. In mental health settings, young people with memory impairments may forget scheduled appointments and they may make up information (also known as confabulating) in order to fill in gaps in their memory. They may also feel anxious, frustrated, or ashamed. The use and repeated practice of the following suggestions can be helpful:

1. Where possible, work with a team that includes your client's parent/caregiver, criminal justice professional(s), and school.[1]
2. Provide your client with a basic organization system, such as a folder or organizational planner. Encourage them to keep all their important items/materials in one location.[2,3]
3. 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. [1,2]
4. Using visual imagery techniques while reading can increase retention. Including things like pictures or descriptions can help individuals in remembering written information. [4]
5. If your client has difficulty keeping track of time or remembering information needed to complete tasks, setting up recognition cues and reminders, such as task lists and reminder notes, can be helpful. It can be useful to develop verbal and visual cues, (e.g. verbal reminders and check-ins, visual posters and drawings) that help your client stay mindful during sessions.[5,6]
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.
7. To help your client remember new information, such as appointments and tasks that need to get done, ask them to summarize or paraphrase new information, and immediately correct any inaccuracies.[6,7]
8. If your client misses important appointments or information, ensure 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.[3,6]

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[1] American Speech-Language-Hearing Association (n.d.). *Pediatric traumatic brain injury*. Retrieved from www.asha.org/Practice-Portal/Clinical-Topics/Pediatric-Traumatic-Brain-Injury/.
[2] Shaw, D. R. (2016). A systematic review of pediatric cognitive rehabilitation in the elementary and middle school systems. *NeuroRehabilitation, 39,* 119-123.
[3] (MSKTC), M. S., Tessa Hart, P., & Angelle Sander, P. (2014). *TBI Factsheets, Memory and Traumatic Brain Injury.* Retrieved from https://msktc.org/tbi/factsheets/Memory-And-Traumatic-Brain-Injury.
[4] Dehn, M.J. (2010). *Long-term memory problems in children and adolescents: Assessment, intervention, and effective instruction.* John Wiley and Sons, 252-261.
[5] Jacobson, R. (2018). How to help kids with working memory issues. *Child Mind Institute*. Retrieved from https://childmind.org/article/how-to-help-kids-with-working-memory-issues/.
[6] Slomine, B. & Locascio, G. (2009). Cognitive rehabilitation for juveniles with acquired brain injury. *Developmental Disabilities Research Reviews*, *15,* 133-143.
[7] Mateer, C. A., Kerns, K. A., & Eso, K. L. (1996). Management of attention and memory disorders following traumatic brain injury. *Journal of Learning Disabilities*, *29(6),* 618-632.

Community Mental Health

Delayed processing is a decreased ability to quickly process information like language and sensory information. Young clients with slower processing can have trouble following conversations, take too long to respond, or remember only one or two steps when following instructions. They can seem spacey or mentally foggy. In community mental health settings, these clients may appear uncooperative, non-compliant, or resistant because they are slower to respond and they may feel sad, mad, or anxious. The use and repeated practice of the following suggestions can be helpful:

1. Where possible, work with a team that includes your client's parent/caregiver, criminal justice professional(s), and school.[8]
2. Encourage the client to alert you if the pace of conversation is moving too quickly.[9]
3. Clients with delayed processing will be more susceptible to distractions during your sessions. To ensure your client can participate fully, you can minimize distractions during sessions (e.g., seat client facing away from open doors/limit busy peripheral views, turn off screens in the room, limit outside noise, ask your client to put away phone or other devices).[10]
4. In group settings, it may take longer your client longer to follow directions. You can encourage others not to interrupt while your client is trying to respond. You can also provide them more time to complete therapy assignments or other activities.[11]
5. If your client appears "blank" or is not responding, it may be helpful to repeat your important points in session. Do not add more details until you have secured their participation again.[12]
6. To help your client understand complex instructions, break them into smaller tasks, allowing time in between each section to ensure that the client has completed it.
7. Regular physical activity has been shown to improve executive functions. Try encouraging movement whenever possible such as taking a walk during your session or incorporating movement, such as yoga or sports, into the client's treatment plan to improve processing speed.[13]

   Sleep is essential for cognitive processing. Ask about sleep and review the attached sleep checklist with your client.[14]

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[8] Slomine, B., & Locascio, G. (2009). Cognitive rehabilitation for children with acquired brain injury. *Developmental Disabilities Research Reviews*, *15*, 133–143. doi: DOI: 10.1002/ddrr.56

[9] Lash, M. (2002). Teaching strategies for students with brain injuries. *TBI Challenge! 4(2).*

[10] Shultz, E. L., Hoskinson, K. R., Keim, M. C., Dennis, M., Taylor, H. G., Bigler, E. D., Rubin, K. H., Vannatta, K., Gerhardt, C. A., Stancin, T., & Yeates, K. O. (2016). Adaptive functioning following pediatric traumatic brain injury: Relationship to executive function and processing speed. *Neuropsychology*, *30*(7), 830–840. https://doi.org/10.1037/neu0000288

[11] 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.

[12] Jantz, Paul B., et al. *Working with Traumatic Brain Injury in Schools : Transition, Assessment, and Intervention*, Routledge, 2014. ProQuest eBook Central

[13] Van Der Niet, A., Smith, J., Scherder, E., Oosterlaan, J., Hartman, E., & Visscher, C. (2015). Associations between daily physical activity and executive functioning in primary school-aged children. *Journal of Science and Medicine in Sport, 18*(6), 673-677.

[14] 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

Community Mental Health

There are three different kinds of attention: sustained, selective, and shifting/divided. 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 shifting/divided attention is the ability to shift focus from one thing to another. Individuals with attention problems can have difficulties in one or all of these areas, as well as difficulty sustaining mental focus. In a mental health setting, young clients with attention problems may have difficulties staying focused during a session and appear to zone out. They may also have a hard time following directions and may appear fidgety. These clients may feel ashamed, frustrated, and hopeless. The use and repeated practice of the following suggestions can be helpful:

1. Where possible, work with a team that includes your client's parent/caregiver, criminal justice professional(s), and school.
2. Once you have your client's attention, use visual aids such as handouts to maintain their attention throughout the meeting. You can provide paper and encourage your client to record important information.[15, 16]
3. Your client's ability to pay attention can change throughout the day, consider scheduling appointments during whatever time of day that their attention is best. When scheduling the next session, encourage your client to use the calendar on an electronic device or a portable paper calendar to record the date and time of their next appointment.[1]
4. To help your client complete required assignments, break assignments into smaller and shorter steps and present them one at a time. [1, 2, 17]
5. 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 your next meeting.[2]
6. Physical activity has been shown to improve attention. Incorporate movement into your meetings whenever possible, such as during breaks. For example, ask your client to stand with you during the meeting, walk around the building with them, or throw a ball or crumpled up piece of paper back and forth to engage your client in the conversation.[1, 2]
7. Busy and/or noisy environments can be especially distracting for clients with attention problems. When possible, seat your client facing away from open doors and try to minimize other distractions.[2, 18]
8. Sleep has a direct effect on attention. Ask your client about their sleep and review the attached sleep hygiene worksheet with them to promote better sleep habits.

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[15] Dupar, L. (2011). *365 ways to succeed with ADHD: A Full Year of Valuable Tips and Strategies from the World's Best Coaches and Experts*. Granite Bay, CA: Coaching for ADHD.
[16] Colorado Department of Education. (2018). Brain Injury in children and youth. A manual for educators. Colorado Department of Education
[17] Smith, M., Robinson, L., Segal, J. (2019). *ADHD in Children*. Retrieved from https://www.helpguide.org/articles/add-adhd/attention-deficit-disorder-adhd-in-children.htm
[18] *Attention-Deficit Hyperactivity Disorder (ADHD): The Basics*. (2016). Retrieved from https://www.nimh.nih.gov/health/publications/attention-deficit-hyperactivity-disorder-adhd-the-basics/qf-16-3572_153275.pdf

Inhibition Problems/Impulsivity
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 criminal justice settings, impulsive juveniles may appear inconsiderate, thoughtless, or sensation-seeking. Adolescents with impulse problems may also have trouble following instructions, may interrupt others, or may try to control conversations. These juveniles may also feel ashamed, frustrated, anxious, and sad. The use and repeated practice of the following suggestions can be helpful:

1. Where possible, work with a team that includes your client's parent/caregiver, mental health professional(s), and their school.
2. If the juvenile appears stressed or agitated or distracted, consider using a mindfulness activity or breathing technique to deescalate them. For example, use the "Five Senses Exercise" and have your client do the following: find five things in the room that they can see; find four things in the room that they can feel; notice three things in the room that they can hear; identify two things in the room that they can smell; focus on one thing in the room that they can taste.[19]
3. If you are working with your juvenile in a group setting and they are frequently disruptive with their questions, consider asking them to repeat questions or instructions in their head, or write them down, before making comments.[20]
4. Establish eye contact and ensure that you have the juvenile's attention before providing them with any directions.[2]
5. Physical activity has been shown to improve attention. Incorporate movement into your meetings whenever possible. For example, ask your client to stand with you during the meeting, or throw a ball or crumpled up piece of paper back and forth to engage your client in the conversation.
6. Cognitive Behavioral Strategies can be very helpful for persons who act before thinking. Consider teaching a STOP, RELAX, and THINK strategy, relaxation techniques or cognitive reframing exercises to help young clients have the option to think through options before choosing a behavior.
7. Sleep is essential for impulse control. Ask about the juvenile's sleep and review the attached checklist with them to help promote better sleep.

Compiled by L. Ahuja, B. Cobble, L. Fonzi, & K. Winslow (March, 2020)

[19] Positive Psychology Program (2019). *22 mindfulness exercises, techniques, & activities for adults*. https://positivepsychology.com/mindfulness-exercises-techniques-activities/.
[20] 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

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 mental health setting, this can present as irritability, laziness, poor coordination or lack of focus or control during meetings. This can often result in cognitive overload and your client may shut down or have an outburst in reaction. Young clients with this problem may feel sad, anxious, and frustrated. The use and repeated practice of the following suggestions can be helpful:

1. Where possible, work with a team that includes your client's parent/caregiver(s), school, and the criminal justice professional(s) assigned to their case.
2. Because physical and sensorimotor symptoms are not always visible, work you're your client to create open and honest communication regarding their symptoms and be receptive to their suggestions for accommodations.[21]
3. Keep in mind that many sensorimotor issues may not even visible, felt or understood by the client so if your client does not communicate that they are feeling uncomfortable, they are not lying, they may really not feel or understand their nebulous feelings.
4. Be as flexible as possible with your appointment schedule.[22] Consider allowing these clients to call-in for appointments.
5. 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.[23]
6. 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. If necessary, be prepared to read to your client.[3]
7. When you notice your client become distracted or frustrated during a meeting, allow them to take a brief walk to regain their focus.[2] Once they have returned, describe to them what you recognize as signs that they are at overload so that they can start recognizing them on their own.
8. 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 those signs to them so that they can start recognizing them on their own.
9. Ensure that your meeting spaces are accessible for clients with any degree of limitation.[24]
10. Consider incorporating a symptom tracking journal with older teens in order to understand what aggravates or improves their functioning. [2] With younger teens, discuss this possibility with a parent/caregiver.

[21] Understood Team (2019, December 24). *Understanding Sensory Processing Issues. Understood.org*

[22] 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.

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

[24] Max, J. E., Castillo, C. S., Robin, D. A., Lindgre, S .D., Smith, W. L., Sato, Y., Mattheis, P. J., & Stierwalt, J. A. G. (1998). Predictors of family functioning after traumatic brain injury in children and adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry, 37*(1), 83–90.

11. If you notice your client is distracted or agitated during the session, use a brief mindfulness exercise. Walk them through the process and tell them to take a moment to notice five things they can see, four things they can feel, three things they can hear, two things they can smell, and one thing they can taste.[25]
12. Sleep is essential for processing sensory information and the body's overall physical health. Ask your client about their sleep and encourage them to use the attached sleep hygiene materials to promote better sleep.

Compiled by H. Klukoff, C. Johnson, & M. Steinbrunn (March, 2020)

[25] Hoffman, S. G., & Gomez, A.F. (2017). Mindfullness-based interventions for anxiety and depression. *Psychiatric Clinics of North America, 40(4),* 739-749

Language Problems
Community Mental Health

Language problems include difficulty with understanding communication, expressing thoughts or feelings in words, reading and writing, and using language in social situations to connect with others. In mental health settings, young clients with language problems can fail to complete assignments, seem inattentive, or have trouble participating in conversation. They may feel frustrated, ashamed, and anxious. The repeated use and practice of the following suggestions can be helpful:

1. Where possible, work with a team that includes your client's parent/caregiver, criminal justice professional(s), and their school.
2. 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.[26] You can encourage your client to record key points on paper or by voice recording if written language is a problem.
3. Add as much visual content as possible to communicate ideas and deliver information. For example, instead of giving a client a handout 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 figures of speech (e.g., "music to my ears").[27]
5. Using alternate forms of communication can help clients express their thoughts and ideas more easily. For example, encourage clients to use art or music to express their ideas instead of written assignments.[28]
6. Sleep is essential for language function. [29][30] Ask your client about their sleep and review the attached sleep checklist with them to help promote better sleep. Compiled by S. Brown, H. Kanani, & T. Thorsen (March, 2020)

[26] Jantz, P. B., Davies, S. C., & Bigler, E. D. (2014). *Working with traumatic brain injury in schools: Transition, assessment, and intervention*. Routledge.

[27] 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.

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

[29] 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.

Community Mental Health

Organization is the ability to use time, energy or resources in an effective way to achieve goals or complete tasks. Youth 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. completing homework, keeping a schedule, etc.). In community mental health settings, this can present as overall noncompliance, and these clients may feel sad, anxious, and frustrated. The repeated use and practice of the following suggestions can be helpful:

1. Where possible, work with a team that includes your client's parent or caregiver, criminal justice professionals, and the school.[31]
2. To help your client best manage their schedule (appointments, therapeutic homework, etc.), you can suggest using a notebook, planner, or the use of a digital calendar or reminder app on their phone. You can review weekly and monthly appointments with the client and their parent or caregiver during meetings.[32][33]
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, and communicating the appointment dates and times to the teen and parent/caregiver at the end of every session.[32][34]
4. To help your client transition between tasks, use a timer or give verbal warnings (e.g., "we have 10 more minutes of our session left…"), warning the client when you will transition to a new task.[32]
5. If the teen has a hard time completing assignments, help them by breaking tasks down into smaller, simple steps, and encourage them to utilize a checklist and cross off each step as it is completed. One strategy you could do with your client is the "Get Ready, Do, Done" model. First, decide what they want TO DO. Second, imagine how it would be DONE. Third, think of the STEPS to complete the task. Finally, get what they need to be READY.[35][32][33]

Sleep is essential for managing organizational difficulties. Ask your client about their sleep and review the attached sleep checklist with your client to help promote better sleep habits.[36]

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[30] 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.

[31] Erwin, E. J., Maude, S. P., Palmer, S. B., Summers, J. A., Brotherson, M. J., Haines, S. J., Stroup-Rentier, V., Zheng, Y., & Peck, N. F. (2016). Fostering the foundations of self-determination in early childhood: A process for enhancing child outcomes across home and school. *Early Childhood Education Journal*, *44*(4), 325–333. https://doi-org.du.idm.oclc.org/10.1007/s10643-015-0710-9.

[32] Colorado Department of Education. (2018). *Brain Injury in Children and Youth: A manual for educators*.

[33] Catroppa, C., and V. Anderson. (2006). Planning, problem-solving and organizational abilities in children following traumatic brain injury: Intervention techniques. *Pediatric Rehabilitation*.

[34] 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.

[35] Ward, S. (2016). S*trategies for Improving Executive Function Skills to Plan, Organize, and Problem Solve for School Success*. Retrieved from http://www.glenbardgps.org/wp-content/uploads/2016/06/sarah-ward-executive-function-lecture-handout-December-6-2016-Glenbard-IL.pdf.

[36] 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

Community Mental Health

Mental Flexibility is the ability to quickly respond to changes in the environment. A young person with poor mental flexibility will be unable to think about multiple concepts at once or 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 mental health settings, this may present as rigidity, stubbornness, uncooperativeness. The repeated use and practice of the following suggestions can be helpful:

1. Where possible, work with a team that includes your client's caregiver, criminal justice supervisor, and their school.
2. Suggest your client set reminders of impending deadlines in their paper or electronic calendars.[37]
3. Prepare young clients for changes in schedule or transitions by informing them of these changes as soon as possible.[38] If your client is being referred to or is transitioning to a new community provider, introduce them by providing a warm hand-off.[39]
4. Draw attention to irrational conclusions or impulsive behaviors when you see them and give your client the opportunity to respond or behave differently.[40]
5. In order to improve your client's mental flexibility, recommend that your client practice simple routines out of order.[41]
6. Teach your client social skills, such as assertive communication or active listening. Identify, practice, and adopt more flexible communication strategies.[42]
7. Teach your client some cognitive behavioral strategies to relax, keep a clear mind and think through new options when an unexpected event changes the routine.
8. Physical activity directly benefits cognition. Encourage your client to be physically active and, when possible, walk or toss a ball around during your meetings to get your client moving.[43]
9. Sleep is essential for mental flexibility. Ask about your client's sleep and review the attached sleep checklist to help promote better sleep .[44]

Compiled by A. Kreidt, S. Tuder, & M. Leiner (March, 2020)

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[37] Janis, I. & Mann, L. (1976). Coping with decisional conflict. *American Scientist, 64*, 657-667.
[38] Colorado Department of Education. (2018). *Brain Injury in Children and Youth: A Manual for Educators*.
[39] Pang, E. W., Dunkley, B. T., Doesburg, S. M., da Costa, L., & Taylor, M. J. (2015). Reduced brain connectivity and mental flexibility in mild traumatic brain injury. *Annals of Clinical and Translational Neurology, 3(2),* 124-131.
[40] Janis, I. & Mann, L. (1976). Coping with decisional conflict. *American Scientist, 64*, 657-667.
[41] Santopietro, S. E., Yeomans J. A., Niemeier, J. P., White, J. K., & Coughlin, C. M. (2015). Traumatic brain injury and behavioral health: the state of treatment and policy. *North Carolina Medical Journal, 76(2),* 96-100.
[42] Colorado Department of Education. (2018). *Brain Injury in Children and Youth: A Manual for Educators*.
[43] Masley, S., Roetzheim, R., Gualtieri, T. (2009). Aerobic exercise enhances cognitive flexibility. *Journal of Clinical Psychology in Medical Settings 16*, 186-193.
[44] 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

Community Mental Health

Emotional dysregulation can include 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. Clients with this complaint may feel ashamed or frustrated. Where possible, work with a team that includes the parent/caregiver, criminal justice professional(s), and the school. The repeated use and practice of the following suggestions can be helpful:

1. Clients who are experiencing emotional dysregulation may have difficulty recognizing and naming their emotions. Naming an 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.[45] You can also have your client keep a daily mood log and go over this together in meetings.
2. Mindfulness techniques have been shown to be helpful with emotional dysregulation and can be used when you notice your client becoming agitated. You can help them to pay attention to their bodily reactions during meetings (e.g. tapping their foot, clenching their fists), so they can begin to recognize these reactions before they lose control.[46]
3. Music and art have also been shown to help with emotional control.[47,48] You can keep art supplies (paper, colored pencils, etc.) available in your office and encourage your client to color or draw before, during, or after a moment of dysregulation to help them maintain or return to a sense of calm.
4. Clients with emotional dysregulation require a framework of predictability. For that reason, try to schedule your meetings on the same day of the week, and at the same time of day whenever possible.[49]
5. Distracted or agitated clients can benefit from physical grounding techniques. For example, ask your client to describe an object in the room in great detail for 60 seconds. Have them use their five senses to tell you about the object.[50] You can also

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[45] 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.
[46] Hofmann, S. G., & Gómez, A. F. (2017). Mindfulness-based interventions for anxiety and depression. *Psychiatric Clinics of North America, 40(4)*, 739–749.
[47] Chalmers, L., Olson, M. R., & Zurkowski, J. K. (1999). Music as a classroom tool. *Intervention in School & Clinic, 35*(1), 43.
[48] Rader, R., M.D. (2017, 06). In and out of the lines. *The Exceptional Parent (Online), 47*, 4-5.
[49] Brain Injury in Children and Youth: A Manual for Educators, Colorado Department of Education. "*Emotions, Social Skills and Behavior: Strategies for Intervention*"
[50] Farrell, D., & Taylor, C. (2017). The teaching and learning of psychological trauma –A moral dilemma. *Psychology Teaching Review, 23(1),* 63-70.

allow and encourage your client to take a short break when emotions are running high.

6. Clients with emotional dysregulation may appear disinterested in their progress during meetings. When your client has successfully completed a set task, you can make a point of noting it. Rewarding positive behavior creates a trend of better regulated behavior.[51]
7. **Sleep is *vital*.** Poor sleep can lead to poor emotional control. Ask your client about sleep. You can look over the attached sleep checklist with your client to help with 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, consult with outside resources as appropriate, and follow protocol for safety.***

Compiled by A. Garthright, H. Binford, & L. Harmon (March, 2020)

[51] 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)*