



**MINDSOURCE**  
BRAIN INJURY NETWORK



# A.H.E.A.D.




**Achieving Healing through Education,  
Accountability, and Determination**

A PSYCHO-EDUCATIONAL CURRICULUM  
FOR TRAUMATIC BRAIN INJURY

**FACILITATORS' GUIDE**

# INTRODUCTION

The AHEAD curriculum was developed in partnership with MINDSOURCE – Brain Injury Network and Dr. Bradley McMillan PhD from the Denver County Jail, Rachel Tiel, and with support from graduate students at the University of Denver, Tyler Camaione and Moses Gur. The goal of the TBI Education & Skill-Building group is to provide justice-involved individuals who have screened positive for traumatic brain injury (TBI) with the insight and tools to better cope with and address the symptoms that they deal with, such as short-term memory loss, delayed speed of processing, and difficulty with emotional regulation. This group curriculum was developed based on best practices for group facilitation for individuals with TBI. In addition, the group topic focus areas were selected to address the hallmark symptoms of TBI. The message for group participants is that just because they have experienced a lifetime history of TBI, they are not a “broken” person. The focus of this group is to help participants understand TBI and build skills for managing their symptoms so that they can be more successful moving forward. Finally, the curriculum was designed in such a way that mental health staff and criminal justice staff, i.e., probation officers, can facilitate the group sessions. To ensure this can be accomplished, we have developed this facilitators’ guide. For more information regarding the AHEAD curriculum please view the following video: <https://youtu.be/eYr56gUvCco>

The following is a practical, easy-to-follow guide to help you facilitate and lead the AHEAD curriculum. This guide will walk you through how to implement each session. There are a total of 7 sessions with an optional session on grieving. Each session is designed to last about an hour and a half, and is divided into the following sections: introduction, content, activity and reflection. The guide breaks down the goal/objectives of each session, and includes aspects of preparation for the group (such as handouts that will be distributed used during the group). Also included with some sections are handouts described as “homework,” for the facilitator to distribute to group members for completion between sessions. Each transition is indicated with an action symbol, which tells the speaker what is required for that section (e.g.,  **TALK**,  **DISCUSSION**,  **WRITE**).

**Note:** *It may be helpful to include icebreaker activities to engage participants at the start of each group and to build rapport between group members. Group icebreaker activities and ideas for enhancing their effectiveness can be found at the links below. Facilitators are encouraged to find and implement approaches that fit their style and complement the overall group dynamic.*

- <https://positivepsychologyprogram.com/group-therapy/#adults-group-therapy>
- <http://www.newhealthadvisor.com/group-therapy-activities.html>

# CONSIDERATIONS PRIOR TO IMPLEMENTING THE AHEAD CURRICULUM:

Consider how you will recruit participants to the group. This group is designed specifically for individuals with TBI. Often, TBI is not diagnosed or identified; this is especially true in criminal justice populations. If someone has a known TBI, they are a good candidate for participation in this group. In the absence of existing diagnosis, you may want to consider implementing a screening protocol to identify those individuals within your population who may have a TBI. This protocol should include a screen for lifetime history of brain injury. It is suggested that you use a valid and reliable tool. We recommend the Ohio State University Traumatic Brain Injury Identification Method (OSU TBI-ID). This tool is free to use and is normed for this population. The OSU TBI-ID is recommended for use with individuals ages 13 and above. It can be downloaded at <https://tinyurl.com/wexnermedical>. If working with children/youth, the Brain Check Survey is a preferred screening instrument. It is also free and can be downloaded at <http://www.lobi.chhs.colostate.edu/survey.aspx>. At this link, you will find both the survey and the scoring rubric.

**If an individual screens positive for lifetime history of TBI**, a Symptoms Questionnaire is then completed by the individual to identify self-reported areas of difficulty. The Cognitive Strategies Guidebooks for Community Mental Health and Criminal Justice Professionals include approaches specific to the nine symptom categories in the Symptoms Questionnaire and can be an excellent resource to tailor this curriculum to an individual's deficits. In addition, review of the Symptoms Questionnaire with the individual is an important focus of the Goal Setting activities in the Week Two module.

**If a neuropsychological screen was conducted**, it is suggested that the participant meet with the group facilitator prior to starting the group to review their test results and to identify areas for goal setting. Each participant should also identify a support person such as a mental health provider, friend, or family member to work with in between group sessions (the facilitator should record this information so they can remind the participant to get their support person's help with homework between group sessions). Participants are encouraged to have a binder for group materials, note-taking, etc. Facilitators should consider providing any other additional materials that may help participants retain information between groups.

**Steps may be taken to increase participant connection with the group's content;** for example, having a set folder for each participant wherein they can collect their handouts and homework sheets, providing copies of these documents to their designated support person, allowing for video or audio recording of sessions, etc. We encourage group leaders and/or participating programs to be aware of their group's identified cognitive limitations and to work with participants to develop individualized strategies to help them get the most out of this curriculum.

## **The following are things to consider related to facilitating this group:**

1. While it would be ideal for individuals to attend all seven sessions of this curriculum, each section is meant to be a stand-alone unit to accommodate people transitioning into and out of the criminal justice setting at unpredictable times.
2. The group is most effective with a minimum of four participants and a maximum of twelve participants.

3. If possible, facilitators should schedule the seven sessions in advance, allow 1.5 hours per session, and hold the group in the same place and on the same day and time of day at each meeting. Consistency in the setting of the group will add a sense of stability and structure to the group, which may serve to minimize distractibility among participants.
4. Group facilitators are expected to have a basic understanding of TBI prior to facilitating the AHEAD group modules. Facilitators may consider contacting their state's brain injury program and/or alliance/associations, as many of these agencies offer in-person trainings. To find out who the contacts are in your state, visit the following websites: <https://www.nashia.org/>, <http://www.biausa.org/>, <http://usbia.org/>.

**Facilitators can visit the following website to access on-line training on brain injury:**

<http://www.ohiovalley.org/informationeducation/tbi101/index.cfm>

The following web addresses will direct facilitators to sets of informational videos, which provide background information on Traumatic Brain Injury. The viewing of these resources prior to conducting the curriculum is recommended, particularly for facilitators who are not already well versed in the causes, symptoms, and treatment of Traumatic Brain Injury.

- ☐ Curriculum facilitator training videos developed specifically for use with this curriculum - found at the beginning of each week.
- ☐ Series of videos about Traumatic Brain Injury:  
<https://www.youtube.com/playlist?list=PL3aX-SwPBm1jaGX49ZFzk1IfOI7vLGuOC>
- ☐ Brief overview of brain injury and strategies created by the Brain Injury Alliance of Colorado:  
<https://vimeo.com/200048378> (Brain Injury 101)  
<https://vimeo.com/231905469> (Brain Injury 102: Strategies and Accommodations)



**CAUTION:**

*Participants with TBI may have concurrent mental health diagnoses, such as posttraumatic stress disorder, substance abuse disorders, mood disorders, etc. This curriculum is not designed to address the clinically significant symptoms that may be triggered by discussions in the modules. We recommend that other mental health resources specific to these comorbid conditions be identified ahead of time and be made available for group members, as needed.*



# MATERIALS NEEDED

## INSTRUCTOR MATERIALS

- ❑ **Facilitator Guide**

- ❑ **Class Handouts**

Included in each section of the curriculum are the handouts to be copied and distributed to group members for each session, or as homework assignments, as indicated.

## STUDENT MATERIALS

- ❑ **Paper and pencil**

*(or other writing instrument)*

- ❑ **TBI folder**

*(should include the participant's TBI assessment and/or TBI assessment feedback, as available)*

## SUPPLIES AND EQUIPMENT

- ❑ **Whiteboard or large writing pad**

- ❑ **Markers**

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# WEEK 1

# UNDERSTANDING TBI AND SYMPTOM RECOGNITION

## GOALS/OBJECTIVES:

To introduce members to the group and facilitate a conversation about their current understanding of TBI and its related symptoms. In this session, you will:

- ☐ Designate group rules and explain the purpose of curriculum;
- ☐ Facilitate psycho-education on TBI symptoms and symptoms recognition; and
- ☐ Identify a support person who can help you practice what you learn in this group
- ☐ Discuss how you experience and deal with triggers and symptoms
- ☐ Identify skills for coping with symptoms and the situations that trigger them.

## TIME:

Allow 1.5 hours for the session.

## NUMBER OF PARTICIPANTS:

A minimum of four participants is recommended.

# WEEK 1

## PREPARATION



### VIDEO

Watch the following video:

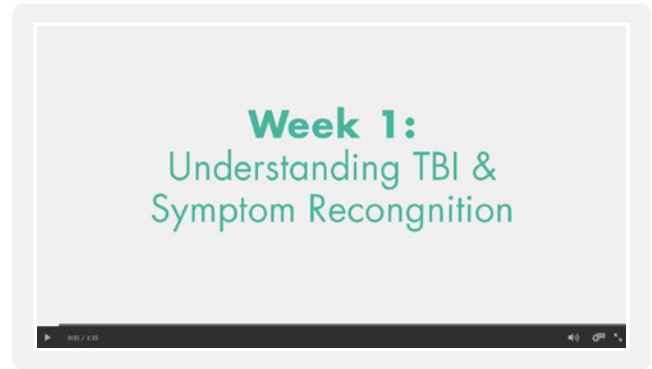
[https://youtu.be/r\\_PfzyKW6Wo](https://youtu.be/r_PfzyKW6Wo)



### PRINT HANDOUTS

- ☐ TBI Symptoms
- ☐ 4-7-8 Breath Relaxation Exercise
- ☐ Dealing with Triggers
- ☐ Symptom Recognition Log

*These handouts should be distributed to the group at the points indicated throughout the session. They can be found in the handouts section of week 1.*



### WRITE

Write the following learning objectives on the white board so that participants may reference them throughout the treatment group:

- What is a Traumatic Brain Injury?
- TBI Symptoms - What are they?
- Break
- Dealing with Triggers
- Reflection/Homework



# WEEK 1

## INTRODUCTORY ACTIVITIES



### ESTABLISH GROUP RULES

5 MINUTES

Now we are going to review the rules that we will follow throughout the duration of this treatment group. If you have any questions about any of the group rules, I can help to clarify what is meant by that rule.

- 1. Confidentiality:** The information we discuss in this group is private, and members are expected to keep it that way. What is discussed in the group may be highly personal at times, and should not be discussed outside of the group.
- 2. Respect:** Give your attention and consideration to your fellow participants, and they will do the same for you. Examples of respectful behavior include: Not talking over each other and paying attention to the person talking (listen, don't just wait for your turn to talk). Encouraging each other by responding to each other in a positive manner. *Have the participants give other examples of how to show respect, and add those to the list as desired.*
- 3. Participation:** You are expected to take part in the discussion and contribute to this group. The pace of this group, however, may limit some participation. Often individuals who have TBI struggle to stay on topic. Let's briefly discuss one way that the group leader(s) can signal you if you are off topic and/or when we need to wrap up discussion and move on.

**Note:** Ask the group participants what other rules they believe should be in place, and add them to the list if they are applicable and constructive rules that are agreed upon by most or all the group members. It may be helpful to write the group rules on the board, or to create a written list on a large sheet of paper that may be posted in the group room for easy reference. Be sure to communicate to participants the expectations you have for their behavior (for example, how you would like people to excuse themselves from the group if a break becomes necessary, how the group should handle conflicts among group members, etc.). Setting these specifics out ahead of time will help to avoid confusion when these situations inevitably occur.



## DISCUSSION PROMPT

What other rules does the group want to establish?



## ICE BREAKER AND INTRODUCTION

5-10 MINUTES

*WRITE the following self-introduction questions on the white board so members can refer to them. (You may want to do this before the group starts to save time.)*

- If you were a superhero, which superhero would you be, and why? What would your superpowers be? (You can make up your own superhero, or pick one from pop culture)
- What is one thing you want to get out of this group?



## EXPLAIN THE NATURE AND PACING OF THE GROUP

2-5 MINUTES

- Because we only have an hour and a half for each group meeting, it is important that we cover everything that is necessary.
- I will provide a brief overview of what each group will be about, and then I will guide you through several topics about TBI (such as symptoms, symptom recognition, triggers, effective habits, stress management, etc.).
- **Important:** To get through all the material, I will be keeping us on point by giving reminders when that section's time is almost up. If we are off-topic, I will redirect you to the relevant topic. If you would like to continue to discuss the topic that I redirected you from, please let me know after group so that we can discuss it at greater length. If necessary, we'll use the signal we agreed upon earlier to wrap up discussions.

# WEEK 1

## CONTENT



### CURRENT UNDERSTANDING OF TBI

5-10 MINUTES

Ask participants to share their current understanding of the effect of their own TBI.

- What do you know about TBI in general?
- What has changed for you since you experienced your TBI?
- What symptoms do you know of that are associated with TBI?
- What symptoms have you experienced in yourself or noticed in others?



### TBI SYMPTOM EDUCATION

10-15 MINUTES

Provide group with the TBI symptoms handout refer to during this psychoeducational section. Ask the following questions:

- What is TBI? What are its causes/effects?
- How is it different from bodily injury?
- How does TBI change your life?

1. TBIs, like any kind of illness or injury, have certain kinds of associated symptoms.

2. Many of these symptoms fall into one of four categories:

- Thinking/remembering
- Physical
- Emotional/mood
- Sleep

3. These symptoms could include





- Difficulty thinking clearly
- Balance problems
- Sleeping more than usual
- Irritability (explain if needed)
- Sensitivity to light

4. There are many cognitive issues that TBIs can cause as well.

- **Executive Functioning** refers to multi-tasking, making decisions, starting/ stopping tasks and activities, and processing input from your environment. All these areas can be affected. *(Explain how these may be affected using the examples from the chart on page 13.)*
- **Issues staying focused** on certain tasks (problems with attention).  
*For example: forgetting to complete tasks you've started, such as putting in a load of laundry but becoming distracted and forgetting to move it to the dryer.*
- **Difficulty controlling impulses** (reckless behaviors or difficulty "putting on the brakes"). *For example: When in an argument with someone, you find yourself unable to calm down, despite the urging of others and despite knowing you should walk away. Without thinking of the consequences, you may engage in behaviors you will later regret, such as physical violence or saying things in anger that you do not mean.*
- **Indecisiveness in situations.**  
*For example: When confronted with a seemingly easy decision, such as what to buy at the grocery store, you waffle back and forth and are unable to easily settle on one choice.*
- **Poor long-term planning.** You may not be easily able to keep your eye on the future or be mindful of the long-term consequences of the choices you make today. *For example, you may impulsively decide to purchase something that is out of your price range because you really like or want it, without taking into consideration that you do not have the savings in place to pay for it without going into debt.*

- You may have **long-term and short-term memory issues** from loss of consciousness or being dazed. You may struggle to remember details of your injury, may struggle to remember the details of conversations and interactions with others, and may find it difficult to recall certain periods in your past.

Below is a chart outlining TBI symptoms. Use it as reference for the symptoms you will list on the board throughout the discussion.

<b>PHYSICAL</b> 	<ul style="list-style-type: none"> <li>• Headache</li> <li>• Nausea</li> <li>• Vomiting</li> <li>• Balance problems</li> <li>• Dizziness</li> <li>• Vision problems</li> <li>• Fatigue</li> <li>• Sensitivity to light</li> <li>• Sensitivity to noise</li> <li>• Numbness/tingling in limbs</li> <li>• Feeling dazed or stunned</li> </ul>
<b>COGNITIVE</b> 	<ul style="list-style-type: none"> <li>• Feeling mentally “foggy”</li> <li>• Feeling slowed down</li> <li>• Difficulty concentrating</li> <li>• Difficulty remembering</li> <li>• Forgetting recent conversations or information</li> <li>• Confused about recent events</li> <li>• Answers questions slowly</li> <li>• Repeats questions</li> </ul>
<b>EMOTIONAL</b> 	<ul style="list-style-type: none"> <li>• Irritability</li> <li>• Sadness</li> <li>• More emotional</li> <li>• Nervous</li> </ul>
<b>SLEEP</b> 	<ul style="list-style-type: none"> <li>• Drowsiness</li> <li>• Sleeping less than usual</li> <li>• Sleeping more than usual</li> <li>• Trouble falling asleep</li> </ul>



## DISCUSSION PROMPT

These symptoms are very common in other medical or psychological issues.

**In what way can they sometimes look like other things?** (If not mentioned, bring up other issues that might have overlapping symptoms: alcohol and drug abuse, dementia, bipolar disorder, etc.).

**Does having a TBI change who we are?**

**Does it define us?**

Facilitators should think of examples to share (especially if the group is struggling with these questions), and may say something like: “Just as with any lifetime condition, having a TBI does influence some parts of how a person can interact with the world and function day to day. However, it is important to remember that a person is much more than their injury or illness. For example, you wouldn’t define someone with diabetes only as a diabetic and not as a person, because you would realize that there is much more to what makes them who they are. While it may be true that you are living with the effects of TBI, what is more important is that you are LIVING! You are constructing a complex life full of interesting experiences and people. Your TBI cannot and will not define you, as long as you continue to define yourself.

### BREAK

### 5 MINUTES

*Now we are going to take a five-minute break. During this break, we are going to practice a stress management technique (“4-7-8 Breath Relaxation Exercise” Handout, located in the Week 1 Handout section) that you can use when you are feeling angry or stressed; it is called guided breathing. Facilitator should read handout aloud.*



## SYMPTOM RECOGNITION

10 MINUTES

We are going to spend some time discussing how to recognize symptoms of TBI. To recognize the symptoms, you must be aware that they are present.

- How do we tell the difference between symptoms and other internal stimuli (example: psychosis)? Many of the symptoms of a TBI, such as intense changes in mood, feeling disoriented or confused, and difficulty resisting impulses, are similar to the symptoms experienced in other mental health conditions.
- How do we explain our symptoms to ourselves and others?  
For example, you might explain TBI to a loved one by saying something like:

“Due to an injury to my brain, I sometimes have trouble remembering things and staying on track. As a result, I may need reminders and it may take me longer to read something, or to complete tasks, than it used to. What I need from you to help me is to\_\_\_\_\_.

*(participants can fill in the blank)*

I ask you to be patient with me as I learn how to function with these changes in my brain.”

Many symptoms of TBI have triggers. Facilitator should pass out “Dealing with Triggers” handout to group members, and read through the handout so that all group members are able to follow along.

# WEEK 1

## GROUP ACTIVITY



### DISCUSSION OF SYMPTOMS

5 MINUTES

Break into small groups or pairs. Discuss the following:

- When have you noticed your symptoms happening?
- What makes them better or worse? (Stress, noise levels, etc.)

Bring the group back together after five minutes and discuss the following:

- Now that we have identified these, how can we increase our recognition of TBI symptoms?
- We will be exploring many different strategies over the course of this group, so – if you haven't learned any strategies previously, don't worry - you will get information on strategies that might be helpful. In this group, you will learn methods for managing your TBI symptoms and the stressors that may come with your symptoms.
- What are other ways we can help ourselves to be aware of our TBI symptoms?



# WEEK 1

## REFLECTION/ HOMEWORK



10-15 MINUTES

As we come to the end of our group, let's take some time to reflect on what we did today.

Facilitator should ask the group:

- What are things that went well?
- What are some things we could change for next time?
- What are some things you will take away from our group today?

Before the next session, I would like you to complete two tasks.

1. Identify someone in your life whom you trust, a person you will feel comfortable telling about this group and asking for help with some of our activities. This person can be a family member or friend- it's up to you. Let this person know that you are asking them to be your Support Person, which means that you will be asking for their help in practicing and staying accountable for the skills you'll learn in this group. Ideally, your Support Person should be someone who either lives with you, or whom you see frequently, so that they are able to help you on a regular basis.
2. Second, I'm going to hand out a worksheet that will help guide you as you try to recognize symptoms on your own over the time until we next see each other. Facilitator should pass out the "Symptom Recognition Log" Handout which can be found in the handout section for this week and read through the instructions on it with the group members.



### DISCUSSION PROMPT

Do you have any questions?

# **WEEK 1**

# **HANDOUTS**

TBI SYMPTOMS

4-7-8 BREATH RELAXATION EXERCISE

DEALING WITH TRIGGERS

SYMPTOM RECOGNITION LOG

# TBI SYMPTOMS

Brain injuries can range in scope from mild to severe. Traumatic brain injuries (TBI) can result in permanent neurobiological damage that can, to varying degrees, produce lifelong challenges for the individual. According to the Center for Disease Control, a brain injury resulting in altered mental status and/or loss of consciousness for up to 30 minutes may be called "mild." Unconsciousness lasting from 30 minutes to 24 hours is associated with brain injuries of moderate severity, while unconsciousness lasting longer than 24 hours (coma) are classified as severe. The effect of a traumatic brain injury on an individual's level of functioning afterward depends on the following:

- The severity of initial injury
- The rate/completeness of physiological recovery
- Which of the brain's functions are directly affected by the injury
- The meaning of the dysfunction to the individual (in other words, how reliant was the person on those functions before they were lost?)
- Resources available to aid recovery (medical, counseling, etc.)
- What areas of function remain intact and operational after the injury

## EFFECTS OF A TRAUMATIC BRAIN INJURY CAN INCLUDE:



### COGNITIVE DEFICITS

Cognitive deficits, including difficulties with

- Attention
- Concentration
- Distractibility
- Memory
- Speed of Processing
- Confusion
- Perseveration
- Impulsiveness
- Language Processing

Specifically, difficulties with **speech and language** may include

- Not understanding the spoken word (called "receptive aphasia")
- Difficulty speaking and being understood (called "expressive aphasia")
- Slurred speech
- Speaking very quickly or very slowly
- Problems with reading
- Problems with writing



## SENSORY DEFICITS

Sensory deficits are defined as difficulties with interpretation of touch, temperature, movement, limb position and fine discrimination. These may include:

- A decrease in, or loss of, hearing ability
- Ringing in the ears (called “tinnitus”)
- An increased sensitivity to sounds
- Partial or total loss of vision
- Weakness of eye muscles and double vision (diplopia)
- Blurred vision
- Problems judging distances visually
- Involuntary eye movements (called “nystagmus”)
- Intolerance of light (called “photophobia”)
- Lost or diminished sense of smell (called “anosmia”)
- Lost or diminished sense of taste
- Inability to filter senses, easily overloaded



## PERCEPTUAL DEFICITS

Perceptual deficits have to do with the integration or patterning of sensory impressions into psychologically meaningful data- in other words, difficulty in understanding and making sense of the goings-on in the world around you. Specifically, these deficits may include:

- Seizures, which are involuntary convulsions which can involve disruption in consciousness, sensory perception, or motor movements
- Physical paralysis/spasticity
- Chronic pain
- Control of bowel and bladder
- Sleep disorders
- Loss of stamina/energy
- Appetite changes
- Poor regulation of body temperature
- Menstrual difficulties



## SOCIAL-EMOTIONAL SYMPTOMS

Social-emotional symptoms may include the following:

- Dependent behaviors (needing to rely on help from others to accomplish tasks)
- Emotional lability (mood swings, unpredictable emotional displays, intense moods)
- Lack of motivation
- Irritability
- Aggression
- Depression
- Disinhibition/Impulsivity
- Denial/lack of awareness

# 4-7-8 BREATH RELAXATION EXERCISE

Place yourself into a comfortable but upright seated position, with your back straight. Exhale completely through your mouth, making a “whoosh” sound.

- 1 Close your mouth and inhale quietly through your nose to a mental count of four.
- 2 Hold your breath for a count of seven.
- 3 Exhale completely through your mouth, making a whoosh sound to a count of eight.
- 4 That was one complete breath. Now, inhale again and repeat the cycle three more times for a total of four breaths.

## FAQ:

### **Are the numbers important?**

The absolute time you spend on each phase is not important; the ratio of 4:7:8 is important. If you have trouble holding your breath, speed the exercise up but keep to the ratio of 4:7:8 for the three phases. With practice you can slow it all down and get used to inhaling and exhaling more and more deeply.

### **Why should I do it?**

This exercise is a natural tranquilizer for the nervous system. Unlike tranquilizing drugs, which are often effective when you first take them but then lose their power over time, this exercise is subtle when you first try it but gains in power with repetition and practice. Use this new skill whenever anything upsetting happens - before you react. Use it whenever you are aware of internal tension. Use it to help you fall asleep.

### **How often?**

Do it at least twice a day. You cannot do it too frequently. Do not do more than four breaths at one time for the first month of practice. Later, if you wish, you can extend it to eight breaths. If you feel a little lightheaded when you first breathe this way, do not be concerned - it will pass.

# DEALING WITH TRIGGERS

A **trigger** is something that sets off a reaction in you. Triggers can be internal (something that comes from a thought or emotion you create) and/or external (something in the outside world that causes you to react to it.)

## INTERNAL TRIGGER REACTIONS INCLUDE:

- Feelings of anger, anxiety, or sadness
- Memories
- Loneliness
- Frustration
- Feeling out of control
- Feeling vulnerable
- Racing heartbeat
- Physical pain
- Negative self-talk

## EXTERNAL TRIGGERS INCLUDE:

- Seeing something on the news or online that reminds you of your traumatic event
- Watching a movie or television show that reminds you of your traumatic event
- Certain smells
- The anniversary of a significant or traumatic event
- Holidays
- Visiting a specific place
- Seeing a person who reminds you of someone connected to your traumatic event

## EVALUATE YOUR TRIGGERS

It is okay to sometimes avoid external triggers (as long as this avoidance doesn't negatively interfere with your day-to-day quality of life), but it is wise to continually evaluate your triggers and to practice good coping strategies. The physical and emotional symptoms of trauma can take some time to diminish in intensity. Continued coping strategy practice is essential. If you are struggling with symptoms of trauma, it is a wise idea to seek professional help from a counselor trained in helping clients process traumatic events. While it can be scary to ask for help, getting help in coping with your triggers will ultimately lead to a longer, healthier, happier life for you and yours.

When you find yourself faced with a trigger, do your best to ask yourself the following questions:

- What type of situation are you in? Are you safe?
- What is happening around you?
- What kind of emotions are you feeling?
- What thoughts are you having?
- What does your body feel like?

The following is a list of methods and practices for coping with the experience of triggers. More information on each of these methods can be found either within this curriculum or with a simple Internet search, and can be practiced on your own in privacy.

- ✓ **Mindfulness**
- ✓ **Safe place imagery/Guided visualization**
- ✓ **Grounding techniques**
- ✓ **Journaling**
- ✓ **Social Support**
- ✓ **Deep Breathing**
- ✓ **Coping Affirmations**
- ✓ **Relaxation/Self-soothing exercises**
- ✓ **Connect to your body**
- ✓ **Connect to others**
- ✓ **Regulate (exercise, focus on breathing, grounding)**

# SYMPTOM RECOGNITION LOG

A helpful strategy is to create your own Daily Symptom Recognition Log. Each day, you should fill out the symptom log. Tracking the times and ways that you experience your symptoms will help you to better understand them, and that understanding can lead to better symptom management. Taking note of how you felt when you went through each symptom will help you to make a plan for how you are going to react next time you experience this.

Bring this log with you to the next meeting of our group!

Answer the following questions:

## 1. WHAT SYMPTOMS DID I EXPERIENCE TODAY?

(list the name of the symptom if you know what it is called, describe the symptom if you don't know what to call it)

---

---

## 2. I EXPERIENCED THESE SYMPTOMS WHEN I WAS

(list where you were/what you were doing)

---

---

## 3. I HAVE FELT THIS SYMPTOM BEFORE WHEN I WAS...

---

---

## 4. MY REACTION TO FEELING THIS SYMPTOM WAS...

---

---

## 5. THE WAY I REACTED MADE ME FEEL...

---

---

## 6. NEXT TIME WHEN I EXPERIENCE THIS SYMPTOM, I WANT TO...

---

---



# WEEK 2

## MEMORY SKILLS AND GOAL SETTING

### GOALS/OBJECTIVES:

To increase group member understanding of the difficulties related to attending to and utilizing information following a TBI, and to increase their knowledge of strategies to use that will aid memory and goal-setting skills.

- ☐ Members will discuss the new information and practice within the group
- ☐ Members will utilize the new memory skills to plan for the week ahead

### TIME:

Allow 1.5 hours for the session.

### NUMBER OF PARTICIPANTS:

A minimum of four participants is recommended.

# WEEK 2

## PREPARATION



### VIDEO

Watch the following video:

<https://youtu.be/AJC-oc5baP4>



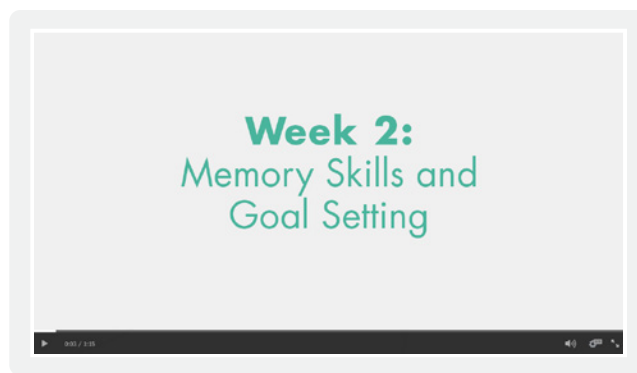
### PRINT HANDOUTS

- ☐ Practical Memory Strategies
- ☐ Progressive Muscle Relaxation Script
- ☐ S.M.A.R.T. Goals Defined and S.M.A.R.T. Goals Log
- ☐ Take Home Impressions

*These handouts can be found in the handout section for this week, the facilitator's guide will indicate when these should be referenced.*

*Below is a link to a Fact Sheet entitled "Memory and Traumatic Brain Injury" (MSKTC, 2016), which should be printed by the facilitator and handed to participants as a handout where indicated.*

[http://www.msktc.org/lib/docs/Factsheets/TBI\\_Memory.pdf](http://www.msktc.org/lib/docs/Factsheets/TBI_Memory.pdf)



### WRITE

Write the following learning objectives on the white board for reference throughout the treatment group:

- Structure and topic
- Homework review
- TBI and Memory
- Break
- Introducing S.M.A.R.T. Goals (25-30 minutes)
- Discussion: developing a S.M.A.R.T. Goal and S.M.A.R.T. Goal Log
- Reflection/Homework

**Note:** The "Break" section of this group asks the facilitator to utilize the Progressive Muscle Relaxation exercise featured in Module One; please see Module One for this document. It is not necessary to print copies of this for each participant, as the facilitator will be using the handout to verbally lead the exercise while the group members practice the exercise.

# WEEK 2

## INTRODUCTORY ACTIVITIES



### ESTABLISH GROUP RULES

5 MINUTES

Now we are going to review the rules that we will follow throughout the duration of this treatment group. If you have any questions about any of the group rules, I can help to clarify what is meant by that rule.

- 1. Confidentiality:** The information we discuss in this group is private, and members are expected to keep it that way. What is discussed in the group may be highly personal at times, and should not be discussed outside of the group.
- 2. Respect:** Give your attention and consideration to your fellow participants, and they will do the same for you. Examples of respectful behavior include: Not talking over each other and paying attention to the person talking (listen, don't just wait for your turn to talk). Encouraging each other by responding to each other in a positive manner. *Have the participants give other examples of how to show respect, and add those to the list as desired.*
- 3. Participation:** You are expected to take part in the discussion and contribute to this group. The pace of this group, however, may limit some participation. Often individuals who have TBI struggle to stay on topic. Let's briefly discuss one way that the group leader(s) can signal you if you are off topic and/or when we need to wrap up discussion and move on.

**Note:** Ask the group participants what other rules they believe should be in place, and add them to the list if they are applicable and constructive rules that are agreed upon by most or all the group members. It may be helpful to write the group rules on the board, or to create a written list on a large sheet of paper that may be posted in the group room for easy reference. Be sure to communicate to participants the expectations you have for their behavior (for example, how you would like people to excuse themselves from the group if a break becomes necessary, how the group should handle conflicts among group members, etc.). Setting these specifics out ahead of time will help to avoid confusion when these situations inevitably occur.



## DISCUSSION PROMPT

What other rules does the group want to establish?



## ICE BREAKER AND INTRODUCTION

5-10 MINUTES

*Facilitator can utilize one or both of the below Icebreakers to warm up the group and build rapport. The facilitator should participate in the Icebreaker by sharing their responses as well as soliciting responses from participants.*

- What is your favorite movie or television show, and why?
- If you could only eat one candy or dessert for the rest of your life, which dessert would you choose?

### **Review Take-Home Impressions Form**

- During the past week, have you done anything differently because of what you learned in previous groups? If so, please describe what you did.
- Were you able to use your new strategies/skills in any way? Please describe your experience.



## EXPLAIN THE NATURE AND PACING OF THE GROUP

2-5 MINUTES

- Because we only have an hour and a half for each group meeting, it is important that we cover everything that is necessary.
- Today, I will guide you through several topics about memory skills and goal setting. We will discuss how TBI affects memory, and how it may have affected your own memory since your injury.
- Also, we will discuss the importance of goal setting and how established goals can assist you in your ongoing treatment.

- Lastly, we will discuss and review some practical memory skills to assist you with some difficulties in memory. Specifically, we will discuss the concept of S.M.A.R.T. goals and practice developing a specific S.M.A.R.T. goal that you would like to achieve in your treatment.
- **Important:** To get through all the material, I will be keeping us on point by giving reminders when that section's time is almost up. If we are off-topic, I will redirect you to the relevant topic. If you would like to continue to discuss the topic that I redirected you from, please let me know after group so that we can discuss it at greater length. If necessary, we'll use the signal we agreed upon earlier to wrap up discussions.



## DISCUSSION PROMPT

Do you have any questions?



## HOMework REVIEW

5-10 MINUTES

Last week, you were asked to work on recognizing your TBI symptoms by using the Symptom Recognition Log and, you were asked to share your experiences within this group with your Support Person.

- How did it go?
- What were some challenges?
- Do you feel you were successful?

**Note:** If participants have not completed the previously assigned homework, please ask the following question:

- What led to your decision to not complete the assignment?
- What will you need to do differently this week so that you are able to complete your homework assignment from this group? (Reminders, write a note, etc.)

# WEEK 2

## CONTENT



### TBI AND MEMORY

5-15 MINUTES

Briefly, discuss how TBI affects memory.

- How can TBI affect memory? (Examples include: entering a room and forgetting why you went in there, becoming distracted in the middle of tasks and failing to complete them, being unable to remember the name of a new friend, failing to remember to complete a task you were asked to complete earlier that day, not being able to remember appointments or conversations).

*Facilitator should hand out the MSKTC (2016) fact sheet handout and read through it with the participants (use the following link to obtain the handout: [http://www.msktc.org/lib/docs/Factsheets/TBI\\_Memory.pdf](http://www.msktc.org/lib/docs/Factsheets/TBI_Memory.pdf)), then, ask the following questions of the group:*

- Do some of these symptoms present themselves in your daily life?
- Does anyone want to share some personal examples of experiencing these symptoms?

Because TBI can influence your ability to remember information, we are going to review some practical skills that you can use to help you remember information better.

*Facilitator should pass out the handout on Practical Memory Strategies which can be found in the handout section for this week.*

Take a few minutes to look over the memory strategies suggested on this handout.

*Facilitator may want to read them aloud, as some participants may have difficulty reading.*

Allow participants approximately two minutes to review this handout before continuing.

- Do any of you use any of these strategies already?
- Which strategies do you use?
- How have they been effective?
- How often did you have to practice them?

After asking these process questions, review the remainder of the Practical Memory Strategies handout with the participants to ensure understanding of the material.

Emphasize the importance of establishing a routine of using these strategies in their daily lives. Also, emphasize the importance of writing down information that is essential to remember.

- What are some things that might get in the way of you using these strategies?

**Note:** *Some participants may not be fully competent at writing, in which case they should be encouraged to ask their support person for help in creating reminder notes or other memory aids.*

## BREAK

5 MINUTES

*Now we are going to take a five-minute break. During this break, we are going to practice a stress management technique that you can use when you are feeling angry or stressed.*

- *Progressive muscle relaxation (found in the handouts section for this week).*



## INTRODUCE THE TOPIC OF GOAL SETTING

25 MINUTES

*Prior to beginning this treatment group, you each met with a clinician discuss the results of your symptoms questionnaire. As we discussed during that brief meeting, we will attempt to individualize this treatment group for each of you to focus on the recommendations suggested by your individual results.*

Please take out your symptoms questionnaire. For the next 25 minutes, we will use the information you got as feedback to help us determine goals for you throughout the course of this group. During this section, the goal will be to decide the ways in which each group member will measure their progress throughout the treatment group. Everyone's goal will be different; keep your mind on your own goal!

- For example, if a group member has an identified deficit in short term memory it may be suggested that the client utilize a notebook throughout the treatment group to record information that they will need to recall later. Additionally, it may be suggested that they act as a self-advocate to request additional time from the group facilitator or other participants to allow for more time to record the information.
- **Important:** The over-arching purpose of this treatment group is to empower the participants and instill a sense of self-advocacy in them as they transition into other settings. Emphasize that the goals they outline for themselves should feel empowering to them.





## INTRODUCE S.M.A.R.T. GOALS

25-30 MINUTES

Facilitator should pass out S.M.A.R.T. Goals handout (found in the handout section for this week).

- Discuss goal setting and the importance of learning skills to help set goals.
  - How do each of you define "goals?"
- A goal is an observable and measurable end result that you intend to achieve or accomplish. A well-planned goal also includes some sort of timeframe.
  - What are the most important parts of that definition?

*WRITE what the participants identify as the most important aspects of that definition on the white board.*

- Why do you think goals are important?  
*Allow participants some time to process this question in group discussion.*
- Goals help us to focus our energy, form plans, live a purpose-centered life, and give us a feeling of accomplishment.
  - Sometimes we say that we have specific goals, but they are not defined well.
  - For example, I could say that my goal is to become rich and that is it.  
Why is that a poorly defined goal?

*WRITE examples that the participants state on the white board, and begin to organize them into the components of S.M.A.R.T. goals.*

*If participants struggle with determining why this is a poorly defined goal, begin emphasizing the aspects of S.M.A.R.T. goals. Explain the domino theory of goal setting: Using this strategy, goals are like dominoes. Our pathway is defined by how we set up our own personal dominoes. Advantages of this method of goal setting are that it is a mindful approach focused on process over outcome and gain over blame.*

- Some questions you might ask yourselves are: But how do you set up these dominoes and establish goals? What goals are worth establishing?
  - Questions like these are why we are going to review how to make S.M.A.R.T. goals.

- Now we are going to be discussing the setting of S.M.A.R.T. goals.  
*Pass out the S.M.A.R.T. Goals handout.*
- S.M.A.R.T. is an acronym that stands for
  - S** – specific (significant, stretching)
  - M** – measurable (meaningful, motivational)
  - A** – actionable (agreed upon, attainable,, acceptable)
  - R** – realistic (relevant, reasonable, rewarding)
  - T** – time-based, (timely, tangible, trackable)
- **EXPLAIN:** This style of goal setting helps identify certain aspects of goals so you can achieve them. For example, say your goal was to one day run a marathon. You know it is going to take a lot of little steps to achieve that big, final goal. If you were going to set out to train for a marathon, you would start by breaking down the steps you need to take to get there into smaller, S.M.A.R.T. steps. Instead of your goal being just to “run a marathon,” which would be very difficult to accomplish right off the bat, your first S.M.A.R.T. goal could be, for example, “Go for a two mile run three days this week.” This is a S.M.A.R.T. goal because it is Specific (you know exactly what you need to do), Measurable (you will know if you did run on three days or not and how far you ran), Attainable (you know you are capable of going on a run three times in one week), Realistic (you have the time and ability to do it), and Time-bound (the goal takes place only within the next week). At the end of that first week, you will know if you met or did not meet that first S.M.A.R.T. goal step towards running the marathon, and you can make your next week’s goal based on how the first S.M.A.R.T. goal went.
- **Setting S.M.A.R.T. goals** is important because they break down big goals into smaller pieces that are less discouraging and intimidating. If you set out to climb a huge mountain, standing at the base and staring up at the top could easily make you feel discouraged and overwhelmed. Think of S.M.A.R.T. goals as something that will help you look only at your feet on the path up the mountain, not at the mountain itself. Once you start seeing the journey up the mountain not as a crazy climb to the top, but as putting one foot in front of the other at a pace you can manage, it becomes a lot easier to believe you can climb the mountain!

# WEEK 2

## GROUP ACTIVITY



### S.M.A.R.T. GOAL DEVELOPMENT

5 MINUTES

Now you will have the opportunity to practice what you just learned. You will have about five minutes to set one specific S.M.A.R.T. goal that you would like to complete, and then you will share it with the group. When we discuss our S.M.A.R.T. goals, we will provide each other with constructive feedback.

Here are some suggestions for developing a well-defined goal:

- Write out a short list of beliefs and/or values that are most important to you.
- Now, think of various goals that you are considering for yourself over the next year.
- Narrow your list down to those goals that most closely match your beliefs and values (our beliefs and values tend to be motivators for us, so matching goals and values is a good way to increase your odds of success). Ask yourself, "What small thing can I do THIS WEEK to start myself on the path towards this goal?" That small thing will become your first S.M.A.R.T. goal. Once you meet the first goal, create a new S.M.A.R.T. goal to guide you through the next step toward your big goal!

# WEEK 2

## REFLECTION/ HOMEWORK



10-15 MINUTES

For homework this session, I would like to you complete two tasks.

1. Facilitator should pass out the “Take Home Impressions” handout (found in handout section for this week, see below). Please take your time and complete this worksheet, because it will help you to reflect on what you learned in this session. Please bring it with you to our next meeting and share your responses with your group leader.
2. For our next meeting, I would like you to use the SMART Goals Log and the information you learned about SMART goals today to set at least one new goal for yourself. Facilitator should pass out “SMART Goals Log” handout (found in handout section for this week, see below). Use this sheet to help you create S.M.A.R.T. goal(s) and start working on meeting those goals. Review your goal(s) with your designated support person. Encourage your support person to help you stay on task with your goals over the course of the next few weeks. Be prepared to discuss the next time we meet.



### DISCUSSION PROMPT

Do you have any questions?

# **WEEK 2**

# **HANDOUTS**

PRACTICAL MEMORY STRATEGIES

PROGRESSIVE MUSCLE RELAXATION SCRIPT

S.M.A.R.T. GOALS DEFINED AND S.M.A.R.T. GOALS LOG

TAKE HOME IMPRESSIONS

# PRACTICAL MEMORY STRATEGIES

## EXTERNAL MEMORY AIDS

Limits the work that the memory has to do and creates reminders.

- Dates and datebooks
- Notebooks
- Lists
- Alarm clocks
- Calendars
- Wall charts
- Post-it notes
- Utilize technology - apps and tools
- Photo albums and cameras

## ESTABLISHING A ROUTINE

Following a daily routine can help you get used to your responsibilities and expectations. This helps reduce the reliance on memory and increase your ability to remember tasks.

- Make a list of daily activities and keep it visible.
- Use charts, pictures, and noticeboards for daily events.

## ADAPT THE ENVIRONMENT

Changing your environment so as to rely less on your own memory.

- Keeping paper/notepad handy to write down important information and messages.
- Picking a specific place to put important things such as glasses, notepads, lists. Always putting these back in that place.
- Keeping important things on you with a lanyard or pockets.
- Labeling perishable food with the date it was opened.

## COMBINING SEVERAL STRATEGIES

It is often helpful to utilize a combination of multiple aids and strategies. This can cover multiple problem areas and create a system which is specific and useful for you.

Can you think of some examples of doing this?

# PROGRESSIVE MUSCLE RELAXATION SCRIPT

This script is designed to be read out loud by the leader of this exercise. If you are planning to practice alone, read through the script ahead of time to become familiar with the content and process. The reading of the script will be difficult during the practice of Progressive Muscle Relaxation (PMR), but exact adherence to the script is not necessary. Once you are familiar with the exercise, feel free to modify it to fit your specific needs and comforts.

- 1 Find yourself a quiet place to relax, a place where you feel safe and are least likely to be disturbed by the sounds or presence of others. This is your time...a time for complete and utter relaxation.
- 2 For this relaxation, you can either sit or lie down. Just make sure that you are warm enough, and that you are reasonably comfortable. Let your hands rest loosely in your lap, or by your side. Now close your eyes.
- 3 Become aware of your breathing, and notice how your abdomen rises and falls with each breath...
- 4 Now take a long slow deep breath in through your nose, all the way down into your stomach. Hold the breath for just a moment, and then exhale through your mouth. Allow your breath to carry away all stress and tension as the air floods out of your lungs.
- 5 Take another slow breath in through your nose. Fill your lungs completely. Hold it for a moment...and release the breath through your mouth. Empty your lungs completely.
- 6 Take a third deep breath in. Hold it for a moment, and then let it go.
- 7 Feel that your body has already undergone a change. The tension in your body has begun to loosen and subside.
- 8 Now let your breathing rhythm return to normal...and relax....
- 9 During this relaxation, I will ask you to tense various muscles throughout your body. Please do this without straining. You do not need to exert yourself, just contract each muscle firmly but gently as you breathe in. If you feel uncomfortable at any time, you can simply relax and breathe normally.
- 10 Bring your awareness to your feet and toes. Breathe in deeply through your nose, and as you do, gradually curl your toes down and tense the muscles in the soles of your feet. Hold your breath for just a few seconds and then release the muscles in your feet as you breathe out. Feel the tension in your feet wash away as you exhale. Notice how different your feet feel when tensed and when they are relaxed.
- 11 Take another deep breath in again, tense the muscles in the soles of your feet and hold this position for a few seconds.
- 12 Now release. Feel yourself relaxing more and more deeply with each breath. Your whole body is becoming heavier, softer and more relaxed as each moment passes.

- 13 Take a deep breath in, and tense the muscles in your thighs. Hold for just a moment, and then release everything. As you do this, the blood flow to your muscles increases, and you may notice a warm tingling sensation. Enjoy this feeling of soothing relaxation in your thighs.
- 14 Again, breathe in deeply and tighten your thigh muscles. Hold for a moment. Now release. Focus on letting your muscles go limp and loose.
- 15 Draw in a nice deep breath and gradually tighten the muscles in your buttocks. Hold this contraction for a few seconds, and then release your breath. Feel the tension leaving your muscles. Feel them relaxing completely.
- 16 Once more, breathe in deeply and tighten the muscles in your buttocks. Hold for a moment. Now release them. You are becoming more and more deeply relaxed.
- 17 Take another breath, and this time, gradually tighten all the muscles in your legs, from your feet to your buttocks. Do this in whatever way feels natural and comfortable to you. Hold it...and now release all these large strong muscles. Enjoy the sensation of release as you become even more deeply relaxed.
- 18 Now bring your awareness to your stomach. Draw in a nice deep breath and then tighten these muscles. Imagine you are trying to touch your belly button to your spine. Now release your breath and let your muscles relax. Notice the sensation of relief that comes from letting go.
- 19 Once again, draw in a deep breath and then tighten your stomach muscles. Hold for a few seconds... and then let them relax as you exhale and release all tension.
- 20 Bring your awareness to the muscles in your back. As you slowly breathe in, arch your back slightly and tighten these muscles.... Now release your breath and let your muscles relax.
- 21 Again, draw in a deep breath and then tighten your back muscles. Hold for a few seconds...and then let them relax and release.
- 22 Now give your attention to your shoulder muscles and the muscles in your neck. As you slowly draw in a nice deep breath, pull your shoulders up towards your ears and squeeze these muscles firmly. Now breathe out completely, and allow your contracted muscles to go loose and limp.
- 23 Again, pull your shoulders up towards your ears and squeeze these muscles firmly.
- 24 Now feel the tension subside as you relax and breathe out.
- 25 Feel the heaviness in your body now. Enjoy the feeling. Feel yourself becoming heavier and heavier. Feel yourself becoming more and more deeply relaxed. You are calm, secure, and at peace.
- 26 Now it's time to let go of all the tension in your arms and hands. Let's start with your upper arms. As you breathe in, raise your wrists towards your shoulders and tighten the muscles in your upper arms. Hold that breath and that contraction for just a moment...and then gently lower your arms and breathe all the way out. You may feel a warm, burning sensation in your muscles when you tighten them. Feel how relaxing it is to release that tightness and to breathe away all the tension.



# S.M.A.R.T. GOALS DEFINED



- **Specific**  
*Clear, concise, tangible*



- **Measurable**  
*Dollars, volume, time, experiences*



- **Actionable**  
*You can do something to actually make this happen*



- **Realistic**  
*50% realistic is fine*



- **Timed**  
*Deadlines announced, committed to*

(Scheduling Institute, 2014)

# S.M.A.R.T. GOALS LOG

	Day:	Date:	Time:
My S.M.A.R.T. goal is:			
Break down this goal into the 5 S.M.A.R.T. categories:	Specific:		
	Measurable:		
	Actionable:		
	Realistic:		
	Time-limited:		
To achieve this goal, I will use these supports (people, resources, tools, skills, etc.):			
I can also use these memory aids (or other strategies):			

# TAKE-HOME IMPRESSIONS

You are encouraged to fill out this handout after attending each meeting of this group. Doing this is optional, but it is designed to help you retain as much of what you learned in today's session as possible. In your own words, please answer the following prompts:

## 1. SOMETHING I LEARNED ABOUT TBI TODAY THAT I DID NOT KNOW BEFORE IS:

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## 2. SOMETHING I LEARNED TODAY THAT I WANT TO SHARE WITH SOMEONE IN MY LIFE IS:

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---

---

I will share this with: \_\_\_\_\_

because: \_\_\_\_\_

---

## 3. I STILL HAVE QUESTIONS ABOUT:

---

---

---

## 4. ONE STRATEGY I LEARNED TODAY THAT I BELIEVE WILL HELP ME IS:

---

---

---

## 5. THESE ARE THREE SITUATIONS WHERE I CAN SEE MYSELF USING THAT STRATEGY/SKILL:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

# WEEK 3

## EMOTIONAL REGULATION

### GOALS/OBJECTIVES:

This optional treatment module contains information to allow the participants to better understand how their TBI is related to their emotional dysregulation. This module should be utilized if several participants have expressed issues with mood swings, or if collateral information suggests client issues with emotional dysregulation.

**Emotional dysregulation** refers to the inability of a person to control or regulate their emotional responses to provocative stimuli.

The primary goals of this week will be for participants to:

- ☐ Identify what occurs during their mood swings
- ☐ Better understand their emotional responses to various situations
- ☐ Allow participants to practice coping skills to reduce or navigate emotional outbursts
- ☐ Provide psycho-education on how emotional dysregulation is related to TBI, and facilitate discussion during group about coping with emotional dysregulation.

### TIME:

Allow 1.5 hours for the session.

### NUMBER OF PARTICIPANTS:

A minimum of four participants is recommended.

# WEEK 3

## PREPARATION



### VIDEO

Watch the following video:

<https://youtu.be/Y02clqBzrbs>

For trainer info on emotional dysregulation and TBI, see:

<https://tinyurl.com/ahead-trainerinfo>



### PRINT HANDOUTS

☐ Brain Injury and Emotion Regulation

☐ Mood Log

☐ Take Home Impressions

*These handouts can be found in the handout section for this week, the facilitator's guide will indicate when these should be referenced.*



### WRITE

Write the following group rules on the white board for reference for participants throughout the treatment group:

- **Confidentiality:** The information we discuss in this group is private, and members are expected to keep it that way.
- **Respect:** Give your attention and consideration to participants, and they will do the same for you. Examples include:
  - No talking over each other,
  - Pay attention to the person talking (listen, don't just wait for your turn to talk), and
  - Encourage each other, etc.
- **Participation:** You are expected to take part in the discussion and contribute to this group. The pace of this group, however, may limit some participation. Let's briefly discuss one way that the group leader(s) can signal you when we need to wrap up discussion and move on.

**Note:** *If additional rules were agreed upon, be sure to include each additional rule during this review.*

# WEEK 3

## PREPARATION



### WRITE

Write the following learning objectives on the white board for reference throughout the treatment group:

- Structure and topic
- Homework review
- Emotional Dysregulation & TBI
- Break
- Group Activity
- Reflection/Homework

# WEEK 3

## ACTIVITIES



### ESTABLISH GROUP RULES

5 MINUTES

Now we are going to review the rules that we will follow throughout the duration of this treatment group. If you have any questions about any of the group rules, I can help to clarify what is meant by that rule.

- 1. Confidentiality:** The information we discuss in this group is private, and members are expected to keep it that way. What is discussed in the group may be highly personal at times, and should not be discussed outside of the group.
- 2. Respect:** Give your attention and consideration to your fellow participants, and they will do the same for you. Examples of respectful behavior include:
  - Not talking over each other
  - Paying attention to the person talking (listen, don't just wait for your turn to talk)
  - Encouraging each other by responding to each other in a positive manner.Have the participants give other examples of how to show respect, and add those to the list as desired.
- 3. Participation:** You are expected to take part in the discussion and contribute to this group. The pace of this group, however, may limit some participation. Let's briefly discuss one way that the group leader(s) can signal you when we need to wrap up discussion and move on.

**Note:** Ask the group participants what other rules they believe should be in place, and add them to the list if they are applicable and constructive rules that are agreed upon by most or all the group members. It may be helpful to write the group rules on the board, or to create a written list on a large sheet of paper that may be posted in the group room for easy reference. Be sure to communicate to participants the expectations you have for their behavior (for example, how you would like people to excuse themselves from the group if a break becomes necessary, how the group should handle conflicts among group members, etc.). Setting these specifics out ahead of time will help to avoid confusion when these situations inevitably occur.



## DISCUSSION PROMPT

What other rules does the group want to establish?



## ICE BREAKER AND INTRODUCTION

5-10 MINUTES

*If incorporating new participants into the group, write the Icebreaker questions outlined in Group 1 on the white board so members can refer to them. The facilitator should utilize one or both of the following Icebreaker questions in order to warm up the group and build rapport. The facilitator should feel free to share their own responses to these questions alongside the group members.*

- If you were an animal, what animal would you be, and why?
- What famous person or people (athlete, scientist, author, etc.) inspires you, and why?

### **Review Take-Home Impressions Form**

- During the past week, have you done anything differently because of what you learned in previous groups? If so, please describe what you did.
- Were you able to use your new strategies/skills in any way? Please describe your experience.



## EXPLAIN THE NATURE AND PACING OF THE GROUP

2-5 MINUTES

- Because we only have an hour and a half for each group meeting, it is important that we cover everything that is necessary.
- Today, I will guide you through talking about emotions and how traumatic brain injuries may affect your ability to manage your mood.
- We will also talk about different strategies you can use to manage your moods.



- Lastly, we will do an activity centered on recognizing emotions in others.
- I will ask you to track your own mood as a homework assignment.
- **Remember:** To get through all the material, I will be keeping us on point by giving reminders when that section's time is almost up. If we are off-topic, I will redirect you to the relevant topic. If you would like to continue to discuss the topic that I redirected you from, please let me know after group so that we can discuss it at greater length. If necessary, we'll use the signal we agreed upon earlier to wrap up discussions.
- Do you have any questions before we begin?
- **Remember:** The facilitator's rationale for choosing to conduct this session of this treatment group is that it is deemed suitable for the unique needs of participants in this group. To decide if this session is appropriate for your group members, as yourself: What evidence is there that these participants have issues with dysregulated moods?



## HOMWORK REVIEW

5-10 MINUTES

During the previous week, you were asked to develop at least one S.M.A.R.T. goal using the S.M.A.R.T. Goal Log and share it with a member of your support person. By sharing this goal with them, they will be able to assist you and hold you accountable for maintaining progress toward your specific goal.

- How did it go?
- What are some of the goals you shared?
- What were some challenges?
- Do you feel you were successful in meeting or working toward your goal?

**Note:** If participants have not completed the previously assigned homework, please ask the following question:

- What led to your decision to not complete the assignment?
- What do you need to do for yourself this week to help you be able to complete the homework assignment?

# WEEK 3

## CONTENT



### CURRENT UNDERSTANDING OF EMOTIONAL DYSREGULATION

5-10 MINUTES

Facilitator should hand out the “Brain Injury and Emotion Regulation” handout (found in the handouts section for this week).

- What signs of emotional dysregulation have you noticed in your life? When was the last time that you experienced this?
- Had this emotional dysregulation occurred prior to their TBI? Did the emotional dysregulation happen more frequently or more intensely after your TBI?
- Have family members, friends, staff, etc., told you that you exhibit signs of emotional dysregulation?



### THE COMMONALITY OF MOOD SWINGS/EMOTIONAL OUTBURSTS IN INDIVIDUALS WITH TBI

5-10 MINUTES

*WRITE the following bolded words on the white board to facilitate ease of discussion with the participants. The following section provides information regarding these common areas of emotional dysregulation and coping strategies.*

- **Mood swings**, or rapid changes in one's emotional state, may occur because of your TBI. These mood swings are a common symptom of TBI. General moodiness is a part of everyone's life, but in some circumstances, changes in mood may be severe and have a negative effect on your health, relationships, and daily life.

- **Tracking moods** can help facilitate a greater understanding of shifts and changes in emotions. Keeping written track of and journaling about moods may help some individuals to notice patterns in mood shifts as well as potential triggers that might affect mood.
- **Exercise** produces endorphins, which are hormones that help control stress and improve mood. Even moderate exercise can help relieve frequent or abrupt changes in mood.
- **Maintaining a schedule** can be helpful. Doing things at the same time every day can help regulate emotional highs and lows.
- **Sleep** can help improve mood. Sleep deprivation, which can affect appetite and energy level, can also contribute to sadness, irritability, and general lowness of mood.
- **Nutrition** is a vital component of mood management. Getting enough nutrients and avoiding the consumption of large amounts of sugar, alcohol, and caffeine may help reduce the frequency of mood swings.
- **Therapy** is also an excellent alternative to self-medication.



## DISCUSSION PROMPT

Open discussion for participants on their thoughts on the above. Also, prompt for other approaches (healthy and unhealthy) participants have used to manage their moods. If medications are discussed, allow for discussion of pros and cons of medication management (side effects, usefulness of medications in some areas of mood stabilization, etc.). Let participants know that medication management may be a useful strategy, but that because medication for Traumatic Brain Injury symptoms requires a highly individualized approach, it should be discussed with their physician. It is important that a prescribing psychiatrist is familiar with the treatment of Traumatic Brain Injury symptoms with medication.

Discuss how participants can approach communicating the following information to loved ones in their lives:

- When we have trouble keeping our emotions in check, it may be difficult to understand and make sense of them.

- Sometimes people that have a TBI will have sudden and unpredictable mood swings, which can be hard to deal with.
- We are going to have a discussion on how to be better prepared when you start to experience this symptom.
  - How will you know when you feel your emotions are getting out of control? (Examples: racing heart rate, eyes tearing up, fists clenching, breathing heavily)
  - What can your loved one/support person do to help you when you notice your emotions becoming difficult to manage? (Examples: suggest that you remove yourself from the area to calm down, use a previously agreed-upon code word to let you know you are approaching dysregulation, escort you out of the situation, etc.)



## OPTIONAL DISCUSSION: EMOTIONAL DYSREGULATION AND OTHER SYMPTOMS OF TBI

5-10 MINUTES

*Utilizing a white board or large sheet of paper, write out some mood-related symptoms of TBI that can appear with emotional dysregulation.*

- Impulsivity, Aggression/Anger, Depression, Irritability, Indecisiveness
- What else do members come up with?
- How can emotional dysregulation affect others? Can you give specific examples of times in the past that their swinging moods have affected your loved ones?

*WRITE the group's suggestions/input down.*

## BREAK

5 MINUTES

*Now we are going to take a five-minute break. During this break, we will be doing stretches. Stretching helps to relieve tension in the muscles and can help alleviate stress.*

- *Begin different muscle stretches (e.g. arms, shoulders, head, neck). These stretches can be based on the personal preferences of the group facilitator. Group participants may also be encouraged to walk around the room or do brief contained cardio exercises such as jumping jacks to "shake out" any tension or pent-up energy they may be feeling.*

# WEEK 3

## GROUP ACTIVITY



### RECOGNIZING EMOTIONS OF OTHERS 10-15 MINUTES

Now that we have discussed how to recognize this change of emotions within ourselves, it is important to learn how to recognize it in others. We are going to do an activity where you will learn to recognize different emotions. Being able to better identify the responses of others to emotions will allow you to better be able to understand when you are beginning to behave in a manner that may not be beneficial to you or others.

Play videos, clips, or use vignettes for examples of different emotions.  
(Click on the emotions listed below to be routed to short movie clips demonstrating the following emotional states.)

- **Irritability:** <https://www.youtube.com/watch?v=6dncx6O5J4U>
- **Panicked/Overwhelmed:** <https://www.youtube.com/watch?v=IW2JBJSaXUI>
- **Depression:** [https://www.youtube.com/watch?v=KoRkv5zY\\_io](https://www.youtube.com/watch?v=KoRkv5zY_io)
- **Anger/Impulsivity:** <https://www.youtube.com/watch?v=iuosfJ8Ki7Y>
- **Indecisiveness:** <https://www.youtube.com/watch?v=AVAMX8XFNZs&t=7s>

What did you notice in each of the enclosed videos?

# WEEK 3

## REFLECTION/ HOMEWORK



10 MINUTES

As we come to the end of group today, I would like us all to take a minute to reflect on the topics we have discussed today.

- What things helped you today? What things would you like to explore more?
- For a homework assignment, I would like you to keep an emotional journal.

*Provide participants with the Mood Log handout (found in handout section).*

- For homework this week, I would like you to use this Mood Log worksheet to help you note every time you notice your mood changing.

*Facilitator may want to write these instructions on the board, noting that instructions are also contained on the handout itself.*

- When you feel yourself going through a mood swing, write down on this worksheet what day and time it is, what you are feeling at that moment and what you are doing at the time of the mood change.

*Facilitator should pass out the "Take-Home Impressions" handout.*

- I would also like you to take with you this Take-Home Impressions Handout and complete it, asking your Support Person for help completing it if necessary. Please use it to help you reflect back on what you learned in group today and to help you identify any questions you might still have. Please bring this sheet back with you to the next meeting of this group.



### DISCUSSION PROMPT

Do you have any questions?

# **WEEK 3**

# **HANDOUTS**

BRAIN INJURY AND EMOTION REGULATION

MOOD LOG

TAKE HOME IMPRESSIONS

# BRAIN INJURY AND EMOTION REGULATION

A brain injury can change the way people feel and express emotions. A person with TBI can have several types of emotional difficulties. These include:

## **DIFFICULTY CONTROLLING EMOTIONS, SOMETIMES KNOWN AS “MOOD SWINGS.”**

Some people may experience emotions very quickly and intensely but with very little lasting effect. For example, they may get angry easily, but get over it quickly. Or, they may feel like they are “on an emotional roller coaster,” meaning that they are happy one moment, sad the next, and then angry, and so on. This is called “emotional lability.” “Lability” means undergoing continuous change.

## **WHAT CAUSES THIS PROBLEM?**

- Mood swings and emotional lability are often caused by damage to the part of the brain that controls emotions and behavior.
- Often, there is no specific event that triggers a sudden emotional response. This may be confusing for friends and family members who may think they accidentally did something that upset the injured person.
- In some cases, the brain injury can cause sudden episodes of crying or laughing. These emotional expressions or outbursts may not have any relationship to the way the person actually feels (in other words, they may cry without feeling sad, or laugh without feeling happy). In some cases the emotional expression may not match the situation (such as laughing at a sad story). Usually, the person cannot control these expressions of emotion.



# MOOD LOG

## INSTRUCTIONS

The purpose of tracking your emotions as they change throughout the week is to help you gain some understanding of times that you are prone to feeling that way, and to help you gauge the intensity and frequency of your mood changes. This can help you to tailor your responses (such as when you will use the exercises and strategies learned in this group) to your own emotions in ways that will help you stay in control and navigate when the emotional waters get rough. If you feel comfortable doing so, you may want to share this log with your support person and/or treatment provider when it is completed to get their input and help them to understand your mood swings from your perspective.

For one week, use this mood log to help you track your mood swings. For each day, track what emotions you felt and how intensely you felt them. Do this by placing a letter in the box next to the number that indicates how intense the emotion was. For example, if it is Monday and you are feeling very mad, you would place an "M" in the box under Monday and next to one of the high numbers (8, 9, or 10, depending on just how mad you feel.) Use "D" for depressed, "A" for anxious, "M" for mad, "O" for other, or make up your own symbols for your own unique emotions.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<b>10</b> (extreme)							
<b>9</b>							
<b>8</b>							
<b>7</b>							
<b>6</b>							
<b>5</b> (moderate)							
<b>4</b>							
<b>3</b>							
<b>2</b>							
<b>1</b> (mild)							

# TAKE-HOME IMPRESSIONS

You are encouraged to fill out this handout after attending each meeting of this group. Doing this is optional, but it is designed to help you retain as much of what you learned in today's session as possible. In your own words, please answer the following prompts:

## 1. SOMETHING I LEARNED ABOUT TBI TODAY THAT I DID NOT KNOW BEFORE IS:

---

---

---

## 2. SOMETHING I LEARNED TODAY THAT I WANT TO SHARE WITH SOMEONE IN MY LIFE IS:

---

---

---

I will share this with: \_\_\_\_\_

because: \_\_\_\_\_

---

## 3. I STILL HAVE QUESTIONS ABOUT:

---

---

---

## 4. ONE STRATEGY I LEARNED TODAY THAT I BELIEVE WILL HELP ME IS:

---

---

---

## 5. THESE ARE THREE SITUATIONS WHERE I CAN SEE MYSELF USING THAT STRATEGY/SKILL:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

# WEEK 4

# COMMUNICATION MASTERY

## GOALS/OBJECTIVES:

Engage members in a conversation about communication skills and how those may change following a TBI.

The primary goals of this week will be for participants to:

- ☐ Normalize difficulty in communication, and encourage members to share experiences
- ☐ Introduce different communication styles and ask members to identify pros and cons of each
- ☐ Introduce skills for effective communication and practice skills in an activity
- ☐ Participants will utilize communication skills to communicate their homework within the group

## TIME:

Allow 1.5 hours for the session.

## NUMBER OF PARTICIPANTS:

A minimum of four participants is recommended.

# WEEK 4

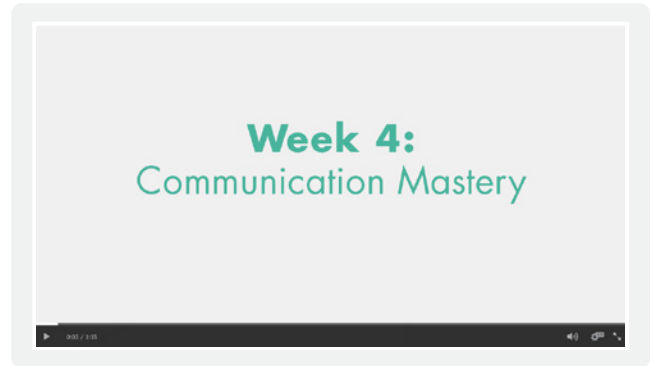
## PREPARATION



### VIDEO

Watch the following video:

<https://youtu.be/fZReF6XmphU>



### PRINT HANDOUTS

- ☐ Understanding Your Communication Styles
- ☐ Four Part I-Statements
- ☐ Fifteen Effective Communication Techniques
- ☐ Take Home Impressions

*These handouts can be found in the handout section for this week, the facilitator's guide will indicate when these should be referenced.*



### WRITE

Write the following group rules on the white board for reference for participants throughout the treatment group:

- **Confidentiality:** The information we discuss in this group is private, and members are expected to keep it that way.
- **Respect:** Give your attention and consideration to participants, and they will do the same for you. Examples include:
  - No talking over each other,
  - Pay attention to the person talking (listen, don't just wait for your turn to talk)
  - Encourage each other, etc.
- **Participation:** You are expected to take part in the discussion and contribute to this group. The pace of this group, however, may limit some participation. Let's briefly discuss one way that the group leader(s) can signal you when we need to wrap up discussion and move on.

**Note:** *If additional rules were agreed upon, be sure to include each additional rule during this review.*

# WEEK 4

## PREPARATION



### WRITE

Write the following learning objectives on the white board for reference throughout the treatment group:

- Structure and topic
- Homework review
- Communication difficulties
- Introduction to communication styles
- Break
- Communication Skills Activity
- Reflection/Homework

Write the following four styles of communication on the white board for the participants to reference while you are presenting them. These will be utilized later in this treatment group for the activity and group discussion:

- Assertive
- Aggressive
- Passive
- Passive Aggressive

# WEEK 4

## ACTIVITIES



### ESTABLISH GROUP RULES

5 MINUTES

Now we are going to review the rules that we will follow throughout the duration of this treatment group. If you have any questions about any of the group rules, I can help to clarify what is meant by that rule.

- 1. Confidentiality:** The information we discuss in this group is private, and members are expected to keep it that way. What is discussed in the group may be highly personal at times, and should not be discussed outside of the group.
- 2. Respect:** Give your attention and consideration to your fellow participants, and they will do the same for you. Examples of respectful behavior include:
  - Not talking over each other
  - Paying attention to the person talking (listen, don't just wait for your turn to talk)
  - Encouraging each other by responding to each other in a positive manner.Have the participants give other examples of how to show respect, and add those to the list as desired.
- 3. Participation:** You are expected to take part in the discussion and contribute to this group. The pace of this group, however, may limit some participation. Often individuals who have TBI struggle to stay on topic. Let's briefly discuss one way that the group leader(s) can signal you if you are off topic and/or when we need to wrap up discussion and move on.

**Note:** Ask the group participants what other rules they believe should be in place, and add them to the list if they are applicable and constructive rules that are agreed upon by most or all the group members. It may be helpful to write the group rules on the board, or to create a written list on a large sheet of paper that may be posted in the group room for easy reference. Be sure to communicate to participants the expectations you have for their behavior (for example, how you would like people to excuse themselves from the group if a break becomes necessary, how the group should handle conflicts among group members, etc.). Setting these specifics out ahead of time will help to avoid confusion when these situations inevitably occur.



## DISCUSSION PROMPT

What other rules does the group want to establish?



## ICE BREAKER AND INTRODUCTION

5-10 MINUTES

*If incorporating new participants into the group, write the Icebreaker questions outlined in Group 1 on the white board so members can refer to them. Facilitator should utilize one or both of the following Icebreaker questions to warm up the group and build rapport. The facilitator should feel free to participate in this Icebreaker activity by sharing their responses alongside group members.*

- What song always makes you feel happier when you hear it?
- If you could travel to any country in the world, where would you go, and why?

### **Review Take-Home Impressions Form**

- During the past week, have you done anything differently because of what you learned in previous groups? If so, please describe what you did.
- Were you able to use your new strategies/skills in any way? Please describe your experience.



## EXPLAIN THE NATURE AND PACING OF THE GROUP

2-5 MINUTES

- Because we only have an hour and a half for each group meeting, it is important that we cover everything that is necessary.
- Today, I will guide you through several topics on communication skills and how those may change following a TBI. We will discuss how TBI affects communication, and how it may have changed since your injury. We will also discuss different communication styles and you will all identify the pros and cons of each. Finally, we will discuss skills for effective communication and practice these skills in an activity.

- Remember, to get through all the material, I will be keeping us on point by giving reminders when that section's time is almost up. If we are off-topic, I will redirect you to the relevant topic. If you would like to continue to discuss the topic that I redirected you from, please let me know after group so that we can discuss it at greater length. If necessary, we'll use the signal we agreed upon earlier to wrap up discussions.
- **Remember:** To get through all the material, I will be keeping us on point by giving reminders when that section's time is almost up. If we are off-topic, I will redirect you to the relevant topic. If you would like to continue to discuss the topic that I redirected you from, please let me know after group so that we can discuss it at greater length. If necessary, we'll use the signal we agreed upon earlier to wrap up discussions.
- Do you have any questions before we begin?



## HOMEWORK REVIEW

5-10 MINUTES

During the previous week, you were asked to use the "Mood Log" (found in handouts section) worksheet to chart your mood.

- How did it go?
- What were some challenges?
- Do you feel you were successful?

**Note:** If participants have not completed the previously assigned homework, please ask the following question:

- What led to your decision to not complete the assignment?
- What do you need to do for yourself this week to help you be able to complete the homework assignment?



# WEEK 4

## CONTENT



### CONVERSATION ON ORAL COMMUNICATION

10 MINUTES

- What do you find difficult about communicating with others?
- How do you think TBI may affect communication?
- How do you suspect your ability to communicate with others changed since your TBI?
- Remember, communication is difficult. It is normal to have the difficulties we are discussing after a TBI.



### ORAL COMMUNICATION STYLES

5-10 MINUTES

Facilitator should distribute the “Understanding Your Communication Style” handout (found below in the handout section for this week). There are four main communication styles we are going to discuss today: Passive, Passive-Aggressive, Aggressive, and Assertive..

- **Passive:** When you avoid expressing your opinions and feelings, and do not respond to hurtful or anger-inducing situations. Instead, you allow annoyances to mount, until you have an explosive outburst that is out of proportion to the triggering incident. Afterward, you might feel shame, guilt, or confusion, and go back to being passive.
- **Passive-Aggressive:** You appear passive on the surface but are really acting out anger in a subtle, indirect, or behind-the-scenes way. You may feel powerless, stuck, and resentful and feel incapable of dealing directly with the object of your resentment. Instead, you express anger by subtly undermining the person who you resent.

- **Aggressive:** When you express your feelings and opinions in a way that violates the rights of others. You can be verbally or physically abusive.
- **Assertive:** You clearly state your opinions and feelings without violating the needs of others. You value yourself and your time, and are a strong advocate for yourself while being very respectful of the rights of others.



## DISCUSSION PROMPT

Open discussion for participants on their thoughts on the above.

- What are your experiences with each communication style?
- How do you think a TBI may affect these styles? (Examples: struggling to make/maintain eye contact, experiencing difficulty noticing subtle social cues such as body language, difficulty establishing and maintaining a comfortable sense of one's or others' personal space, being unaware of the appropriate time to enter a conversation and interrupting others as a result)
- Which of these four communication styles feels most natural to you? Which one do you think you use the most?
- Do you believe that any aspects of your communication may have changed since your TBI?

## BREAK

**5 MINUTES**

Now we are going to take a five-minute break. During this break, we are going to do a guided breathing exercise. Breathing exercises are well-researched strategies for helping us manage our out-of-control emotions and they help us focus our attention.

• Let's focus in on a specific breathing technique called square breathing. Imagine drawing a square in the air in front of you. As you draw your finger across the top of the square, breathe in and count to 7. As you draw the side of the square, hold that breath for 7 seconds. As you draw the bottom of the square, breathe out slowly through your lips. As you draw the other side of the square, hold once more for seven seconds before drawing in a new breath.



## INTRODUCE COMMUNICATION SKILLS

10-20 MINUTES

Now we are going to discuss effective communication skills.

- Talking alone does not facilitate a discussion. There are certain aspects of interaction with others that you may not necessarily think about, but which have significant effects on the interaction.
- Can anyone name some of these (e.g. eye contact, tone of voice, body language)?
- These are some skills that can help communication:
  - **Maintain frequent eye contact.** This lets the person you are interacting with know that you are interested and engaged. Use "open" body language. Open body language means not crossing your arms, not looking away, and facing the person you are interacting with. (Here, the facilitator may illustrate the difference between open and closed body language.)
  - **Keep a positive or neutral tone of voice.** Much about a person's thought process can be understood from *how* they say something, not *what* they say. For example, if you suspect your friend is upset and you ask them what's wrong, and they respond by saying, "I'm fine," with a negative tone, you know that they are not actually fine. (Facilitator may demonstrate how saying the same statement, such as, "Today is an awesome day," using different tones communicates very different meanings.)

*Facilitator should distribute "Four Part I-Statements" handout (found in the handouts section for this week).*

- **"I Statements"** are a great and simple conversation tool that people can use to get across what they are truly thinking or feeling to someone else, without causing the other person to get defensive. The important thing about I Statements is that rather than approaching an issue in a way that attacks or places blame on someone else, you approach the issue from your own point of view and speak about how you are feeling because of the other person's actions. I Statements are assertive, not aggressive, because they allow you to stand firm in your own point of view without attacking the other person.

Here's how an I Statement is structured:

**"When you \_\_\_\_\_, I feel \_\_\_\_\_, because \_\_\_\_\_."**

Example: Say your friend was supposed to return your phone call, but didn't. Instead of saying something like, "I can't believe you forgot to call me back! You don't care about me!" You could use the I Statement technique to say, "When you forget to call me back, I feel disappointed, because I really look forward to our conversations." Which approach do you think would lead to a more productive conversation? Why?

Example: "When you criticize my driving in the car, it makes me feel nervous, because I cannot concentrate on the road."

Example: "When you yell at me, it makes me feel flustered and upset, because I feel like you are trying to intimidate me rather than communicate with me."

*Have group participants come up with their own scenarios and I Statements.*

- o Another important communication skill is **staying away from "absolutes."** Absolutes are words such as "always," and "never." For example, "You always do this!" or "You never listen to me!" Why might these statements cause problems in communication? (Answer: They overgeneralize, and cause the other person to feel defensive.) After all, is anything in life ever ALWAYS or NEVER true? Very rarely. Let's look at the following examples to see how staying away from using absolute terms makes a conversation or conflict less hostile.

Example: Your spouse forgot to take out the garbage for the third week in a row. Instead of saying, "You always forget to take out the trash when it's your turn!" you might say, "I've noticed you've forgotten to take out the trash the past few weeks. Is there something I can do to help you remember?"

Practice taking the absolutes out of the following statements and/or re-wording them as I Statements for better communication.

1. "You never ask me how my day was when I get home. You must not care about me!"
2. "Whenever we are out with friends, you always put me down in front of them."
3. "It's never my turn to pick where we go to dinner. You always choose!"
4. "You're never honest with me about your feelings."

# WEEK 4

## GROUP ACTIVITY



### COMMUNICATION PRACTICE

10 MINUTES

Let's try and use what we have been discussing now.

- **Remember:** you can reference the board and our examples.
- I want you to break up into pairs. I would like you to utilize all of the skills to communicate this topic to with your partner using whichever communication style you think would be best. Here are two scenarios to use to practice using assertive communication skills.
  1. You and the other person made plans to meet at the movies at six o'clock, but the other person didn't show up until six thirty, causing you to miss the movie.
  2. You agreed to let your friend live with you on the condition that they split the rent, but it has been two months and they still have not paid their share.



### DISCUSSION PROMPT

10 MINUTES

- After discussing with your partner, what were the difficulties in utilizing the different communication skills?
- How did using I Statements and staying away from absolutes make the conversation/confrontation easier?
- What strategies can you use to remind yourself to use these skills when you're in an emotionally heated situation?
- We have covered a lot of material today about communication and how to communicate with others effectively. Are there any questions about what we have discussed today?

# WEEK 4

## REFLECTION/ HOMEWORK



10 MINUTES

As we come to the end of group today, I would like us all to take a minute to reflect on the topics we have discussed today.

- What things helped you today? What things would you like to explore more?
- For a homework assignment, I would like you to review the handouts we've provided and work on practicing some communication strategies. If there is a conflict you feel comfortable addressing, give it a try. Then, review how addressing it using these new skills went with your support person, and be prepared to share in our next meeting.



### DISCUSSION PROMPT

Do you have any questions?

# **WEEK 4**

# **HANDOUTS**

UNDERSTANDING YOUR COMMUNICATION STYLES

FOUR PART I-STATEMENTS

FIFTEEN EFFECTIVE COMMUNICATION TECHNIQUES

TAKE HOME IMPRESSIONS

# UNDERSTANDING YOUR COMMUNICATION STYLE

Good communication skills require a high level of self-awareness. Understanding your personal style of communicating will go a long way toward helping you to create good and lasting impressions on others. By becoming more aware of how others perceive you, you can adapt more readily to their styles of communicating. This does not mean you must be a chameleon, changing with every personality you meet. Instead, you can make another person more comfortable with you by selecting and emphasizing certain behaviors that fit within your personality and resonate with another.

There are four basic communication styles:

## **AGGRESSIVE**

## **PASSIVE**

## **PASSIVE AGGRESSIVE**

## **ASSERTIVE**

### ELEMENTS OF THE AGGRESSIVE STYLE:

#### **1. Mottos and Beliefs**

- "Everyone should be like me."
- "I am never wrong."
- "I've got rights, but you don't."

#### **2. Attitudes**

- Close minded
- Poor listener
- Has difficulty seeing the other person's point of view
- Interrupts others
- Monopolizes conversation

#### **3. Characteristics**

- Achieves goals, often at others' expense
- Domineering and bullying
- Patronizing
- Condescending and sarcastic



#### **4. Behavior**

- Puts others down
- Doesn't ever think they are wrong
- Bossy
- Moves into people's space, overpowers
- Jumps on others, pushes people around
- Know-it-all attitude
- Doesn't show appreciation for help from others

#### **5. Nonverbal Cues**

- Points, shakes finger
- Frowns
- Squints eyes critically
- Glares
- Stares
- Rigid posture
- Critical, loud, yelling tone of voice
- Fast, clipped speech

#### **6. Verbal Cues**

- "You must (should/ought to/better)..."
- "Don't ask why. Just do it."
- Verbal abuse

#### **7. Confrontation and Problem Solving**

- Must win arguments
- Uses threats or personal attacks
- Operates from win/lose position

#### **8. Feelings Felt**

- Anger
- Hostility
- Frustration
- Impatience

#### **9. Effects**

- Provokes counter-aggression, alienation from others, ill health
- Wastes time and energy over-supervising others
- Pays high price in human relationships
- Fosters resistance, defiance, sabotaging, striking back, forming alliances, lying, covering up
- Forces compliance with resentment

## ELEMENTS OF THE PASSIVE STYLE:

### 1. Mottos and Beliefs

- "Don't express your true feelings."
- "Don't make waves."
- "Don't disagree."
- "Others have more rights than I do."

### 2. Communication Style

- Indirect
- Always seems to agree
- Doesn't speak up
- Hesitant to voice own opinion

### 3. Characteristics

- Apologetic, self-conscious
- Trusts others, but not self
- Doesn't express own wants and feelings
- Allows others to make decisions
- Doesn't get what he or she wants

### 4. Behaviors

- Sighs a lot
- Tries to sit on both sides of the fence to avoid conflict
- Clams up when feeling treated unfairly
- Asks permission unnecessarily
- Complains instead of taking action
- Lets others make choices
- Has difficulty implementing plans
- Self-effacing

### 5. Nonverbal Cues

- Fidgets
- Nods head often; comes across as pleading
- Lack of facial animation
- Smiles and nods in agreement
- Downcast eyes
- Slumped posture
- Low volume, meek
- Fast, when anxious; slow, hesitant, when doubtful

### 6. Verbal Cues

- "You should do it."
- "You have more experience than I do."
- "I can't..."
- "This is probably wrong, but..."
- "I'll try..."
- Monotone, low energy

## **7. Confrontation and Problem Solving**

- Avoids, ignores, leaves, or postpones the conversation
- Withdraws, is sullen and silent
- Agrees externally, while disagreeing internally
- Expend energy to avoid conflicts that are anxiety provoking
- Spends too much time asking for advice, supervision
- Agrees too often

## **8. Feelings Felt**

- Powerlessness
- Wonders why doesn't receive credit for good work
- Chalks lack of recognition to others' inabilities

## **9. Effects**

- Gives up being him or herself
- Builds dependency relationships
- Doesn't know where he or she stands
- Slowly loses self esteem
- Promotes others' causes
- Is not well-liked

# **ELEMENTS OF THE PASSIVE AGGRESSIVE STYLE:**

Passive Aggressive is a style in which individuals appear passive on the surface but are really acting out anger in a subtle, indirect, or behind-the-scenes way. People who develop a pattern of passive-aggressive communication usually feel powerless, stuck, and resentful – in other words, they feel incapable of dealing directly with the object of their resentments. Instead, they express their anger by subtly undermining the object (real or imagined) of their resentments. Passive-Aggressive communicators will often:

- Mutter to themselves rather than confront the person or issue
- Experience difficulty acknowledging their anger
- Use facial expressions that don't match how they feel - i.e., smiling when angry
- Use sarcasm
- Deny there is a problem, even when asked directly
- Appear cooperative while purposely doing things to annoy and disrupt
- Use subtle forms of sabotage to "get even"

# ELEMENTS OF THE ASSERTIVE STYLE

## 1. **Mottoes and Beliefs**

- Believes that both self and others are valuable
- Knowing that assertiveness doesn't mean you always win, but that you handled the situation as effectively as possible
- "I have rights, and so do others."

## 2. **Communication Style**

- Effective, active listener
- States limits and expectations
- States observations, not labels or judgments
- Expresses self directly, honestly, and as soon as possible about feelings and wants
- Checks on others feelings

## 3. **Characteristics**

- Non-judgmental
- Observes behavior rather than labeling it
- Trusts self and others
- Confident
- Self-aware
- Open, flexible, versatile
- Maintains a sense of humor
- Decisive
- Proactive, initiating

## 4. **Behavior**

- Operates from choice
- Knows what it is needed and develops a plan to get it
- Action-oriented
- Firm
- Realistic in their expectations
- Fair, just
- Consistent
- Takes appropriate action toward getting what they want without denying rights of others

## 5. **Nonverbal Cues**

- Open and natural gestures
- Attentive, interested facial expression
- Direct eye contact
- Confident or relaxed posture
- Vocal volume appropriate, expressive
- Varied rate of speech

## 6. **Verbal Cues**

- "I choose to..."
- "What are my options?"
- "What alternatives do we have?"

## **7. Confrontation and Problem Solving**

- Negotiates, bargains, trades off, compromises
- Confronts problems at the time they happen
- Doesn't let negative feelings build up

## **8. Feelings Felt**

- Enthusiasm
- Contentment

## **9. Even tempered**

Effects

- Increased self-esteem and self-confidence
- Increased self-esteem of others
- Feels motivated and understood
- Others know where they stand

Clearly, the assertive style is the one to strive for. Keep in mind that very few people are all one or another style. In fact, the aggressive style is essential at certain times such as:

- When a decision must be made quickly;
- During emergencies;
- When you know you're right and that fact is crucial;
- Stimulating creativity by designing competitions destined for use in training or to increase productivity.

Passiveness also has its critical applications:

- When an issue is minor;
- When the problems caused by the conflict are greater than the conflict itself;
- When emotions are running high and it makes sense to take a break in order to calm down and regain perspective;
- When your power is much less than the other party's;
- When the other's position is impossible to change for all practical purposes (i.e., government policies, etc.)

The passive aggressive style generally has no critical applications and should be avoided.

# FOUR-PART "I" STATEMENTS

'I' statements allow you to clearly state how you, personally, perceive and respond to a situation. You tell the other person how you feel, but you don't blame them for your feeling that way. 'I' statements can be particularly effective way of getting your message across when you are angry, irritated, upset, or are not getting what you want or need.

The four parts of an 'I' Statement are:

**The action: "When..."**

**Your response: "I feel..."**

**Preferred outcome: "I would like..."**

**The benefit: "That way..."**

Saying to someone "I think", "I need", "I want" or "I would like" is more likely to result in a positive outcome than starting with something like "You should" or "You are".

This approach also encourages the other person to tell you how they feel and be clear and specific about their needs.

1

## THE ACTION

You need to describe the action or situation causing the problem objectively. Give a factual description of what happened.

Begin with something like:

"When messages are not passed on . . ."

"When I hear a raised voice . . ."

"When I'm told we are going out . . ."

Rather than:

"When you don't pass on a message . . ."

"When you rant and rave at me . . ."

"When you don't bother to tell me you've arranged to go out ..."

The last three ways are likely to cause the other person to be defensive. An objective description of the event can help the other person understand the effect their action has on you.

## 2

**YOUR RESPONSE**

People don't always know the effect that their actions may have on others. When you are talking about your response to their action, rather than their action alone, you're on safer ground. People are less likely to argue the point if you say "I get angry" or "I feel frustrated".

1. Your response might be an emotion. For example, you might explain that you feel hurt, angry or ignored.
2. Telling people what you do can sometimes be easier than saying how you feel. For example, "I withdraw"; "I shout at you"; "I do everything myself".
3. You might tell the other person what you feel like doing, even if you don't do it. For example, "I feel like ignoring you"; "I want to walk out".

Avoid blaming others for how you feel. They may get defensive and reject the accusation with statements like: "If you get angry, that's your problem!"

## 3

**YOUR PREFERRED OUTCOME**

Discuss what you would like to be able to do or have. This focuses on what would improve the situation for you without blaming the other person.

1. When I am told we're going to a party at the last minute (action).
2. I feel angry (response).
3. I would like to have a day's notice, so that I can plan for the evening (preferred outcome).
4. That way I can arrange a babysitter and be ready on time (the benefit)

## 4

**THE BENEFIT**

Tell the other person what they will get out of changing their behavior - what's in it for them. They need to feel that they are winning too.

**IMPOSE CONSEQUENCE**

The fourth thing to communicate is a consequence, if needed. Remember that if you add a consequence, you need to be prepared to carry out the consequence.

Example: Next time you \_\_\_\_\_, I will \_\_\_\_\_."

# FIFTEEN EFFECTIVE COMMUNICATIONS TECHNIQUES

## 1 USING WISE SILENCE

Surprisingly, remaining silent can be one of the most effective strategies for communication, especially if you are trying to entice someone to share more information with you. Instead of immediately answering after your partner's completed statement, remain silent but attentive. This can encourage people to volunteer more information than they would have done otherwise. Practice this by pairing off, and simply discussing current events in your life. For example:

**Person A:** My daughter just had a baby!

**Person B:** (responds immediately) Aww, how adorable! Is it a boy or girl?

The information about the gender of the baby has to be coaxed out of person A rather than being freely offered. Now let's look at this exercise again.

**Person A:** My daughter just had a baby!

**Person B:** (remains silent but attentive, smiling)

**Person A:** She had an 8lb 5oz baby girl named Abigail. She's my second grandchild but my first granddaughter!

Instead of having to encourage the communication, the conversation continues naturally on its own. Note: When using this strategy, it is important to communicate interest using body language cues, so that the silence tactic does not come off as negative or disinterested.

## 2 ASK QUESTIONS

No matter how much information is readily volunteered, you will never learn everything you need to know without asking a few questions. What type of questions should you be asking?

- **Closed-ended questions** are designed to get a simple yes or no response. This can be a good tool if you need to gather basic information quickly, or want to obtain an answer without a long or drawn out explanation.
- **Open-ended questions** will provide you with a broader and more comprehensive answer. Instead of asking "Can I help you?" (Which is a closed ended question because it can be answered with a yes or no) ask "What brings you to our store today?"



**3**

## **LISTENING**

Communication is effectively useless if you don't listen to and comprehend the responses that you get to your message. Listening isn't just using your ears to collect sounds. You need to understand the things that are said to you in such a way that you can form a coherent and knowledgeable response.

**4**

## **FEEDBACK**

Feedback is an important part of communication, both from your intended recipients and from you. You should be able to convey your information in such a way that your targets can offer feedback or criticism on your information. They should also be able to form direct questions if anything is left unclear. To practice giving and receiving feedback, pair off and try to convey some form of information to your partner. This could be as simple as your favorite beef stew recipe, or as complex as the process for replacing the alternator in a car. Once you have conveyed this information to your partner to the best of your ability, he or she should offer feedback on your technique and the quality of the information.

This exercise is also a good way to learn how to accept criticism easily and well.

**5**

## **OBSERVATION**

This is a good tactic if you have poor verbal or non-verbal communication skills. Find a way to place yourself in or around a large crowd of people. These don't have to be people that you know, and in many cases, it may be better to use people that you are unfamiliar with. A good setting to try practicing this is in a shopping mall, or a public park.

Once you've selected your group, the purpose of this exercise is to observe. Use your eyes and ears to learn how these skilled people communicate. Once you've gathered enough information, you should try to implement some of the tactics you have learned via your observation.

**6**

## **READ**

If possible, focus on reading whenever you can. It doesn't necessarily have to be a book that you read. Pick up a magazine or newspaper or even read something online. What you read is not important; the important part is that you read.

Not only does reading keep you informed, it can help you to adapt and improve your written communication skills. Your verbal skills may also benefit because you will have new and exciting things to discuss with your coworkers or friends.

**7**

## **STRESS MANAGEMENT**

Communication can be very stressful, especially if your skills are not up to par.

If you find yourself overly stressed by a situation, remove yourself from it for a few moments. This could be any situation that causes stress or anxiety, such as an argument or disagreement with a boss or coworker. Simply step away for a moment and take the time to compose yourself. Once you have done so, you will be able to approach the situation with a clearer head and communication will become infinitely easier.

## 8

**EMPATHY**

Empathy and/or emotional awareness are also essential for a clear transfer of information. You can easily recognize when your own emotions are causing issues with your communication. Being empathetic gives you the ability to discern when the emotions of others are likely to cause a problem. Empathy is made up of one part emotional awareness, and at least two parts body language translation. You can often discern the emotional state of a person by simply looking at how they hold themselves. A happy person will walk with their head up and shoulders back. They will make eye contact and will smile, or respond easily to an offered smile. A sad person, on the other hand, will often walk with their shoulders hunched and head bowed. They will not often respond to an offered smile, and if they do it will not reach their eyes.

Learning to read these intricate emotional cues can make you a more effective communicator.

## 9

**ENTHUSIASM**

One of the easiest ways to get someone to respond to you in a positive manner when you are communicating is to appear enthusiastic regarding what they are telling you. No one is going to want to talk to you if you sigh, roll your eyes, or seem otherwise impatient or bored while they are trying to convey their information. This can be as simple as maintaining eye contact, and modifying your body language to show that you are attentive and interested. Emphatic positive responses can help to magnify this feeling of enthusiasm. As a result, your speaker will be more interested in talking to you and will end the conversation with an overall positive outlook.

## 10

**LANGUAGE CHOICES**

The words you choose to use to describe yourself or others can have a dramatic effect on their overall receptiveness to your communication skills. For example, If you are trying to foster a sense of solidarity and cooperation, use pronouns like “we” and “us” to refer to the group. This will help them to consider themselves part of a team, rather than as an individual. “We need to come up with a plan to tackle this project”, implies that everyone is equal and can contribute to the group. Alternatively, if you are trying to set yourself apart, as a leader or boss, using pronouns like “I” and “me” can do that effectively. “I need to come up with a plan to tackle this project”, implies that you alone have what it takes to come up with a plan, and everyone else on the team will be expected to implement said plan once it has been completed.

## 11

**KEEP A SENSE OF HUMOR**

Keeping your sense of humor, even when things are looking bad, can be a great way to augment your communicative skills. Everyone likes to laugh, and laughing relieves stress and releases endorphins, which can help to improve the overall mood of the conversation. Make sure your humor is appropriate to the situation, though. No one should be cracking jokes at a funeral, after all, and not everyone will appreciate certain types of humor. Using common sense and discretion where humor is concerned is often the safest bet.

## 12 **SMILE**

Nothing sets a nervous team member at ease better than a friendly smile. A smile is your best tool and your best weapon rolled into one. A genuine smile can often entice an otherwise quiet or reserved person to be more open and willing to communicate. They are invaluable for setting nervous or apprehensive individuals at ease.

Your smile also makes an effective communications tool. Where a genuine smile can encourage feelings of warmth and safety, a dangerous smile can create apprehension or even fear. This can be a boon if you find yourself facing a particularly unpleasant person or coworker. This sort of smile usually will not reach your eyes, but leaves no doubt as to who is in charge in the current situation.

## 13 **HONESTY**

Honestly is often one of the largest barriers to effective communication, but it is one of the easiest to overcome. Effective communication is largely based on trust. You have to trust the person you are speaking with to provide the correct information in an easy to understand manner. You put your absolute trust in this person not to lead you astray. Honesty should be paramount in every single thing you do. In this case, it really is the best policy. If you feel the need to lie, for whatever reason, take a step back and remove yourself from the situation momentarily. Determine why you feel like you need to lie to your coworker or boss, and from there, you should be able to easily determine the correct course of action.

## 14 **SPEAK EQUALLY**

A good verbal communicator can speak to an auditorium full of people and have each one leave feeling like he or she was spoken too individually, or that the presentation was designed especially for them. This is the sort of skill level that you should strive to attain. The first step to doing this goes back to observation. Find a seminar or a class taught by a skilled communicator and observe the way he or she works with the audience. From there, you can take the things you have learned and implement them in your own communications.

## 15 **NEVER STOP LEARNING**

This is often the biggest mistake that people make when learning to properly communicate. They think that after they have become an effective communicator, there is nothing left for them to learn. Albert Einstein said it best: Once you stop learning, you start dying. There are new breakthroughs in the fields of communication every single day, as people discover new and more effective ways to do things. If you refuse to continue to learn, you will be left behind and you will find yourself unable to compete with those who have learned the new techniques. There is no skill on this Earth that can replace the ability to effectively communicate. These techniques and strategies will take some time to learn, but once you have mastered them, there will be nothing you cannot accomplish.

# TAKE-HOME IMPRESSIONS

You are encouraged to fill out this handout after attending each meeting of this group. Doing this is optional, but it is designed to help you retain as much of what you learned in today's session as possible. In your own words, please answer the following prompts:

## 1. SOMETHING I LEARNED ABOUT TBI TODAY THAT I DID NOT KNOW BEFORE IS:

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## 2. SOMETHING I LEARNED TODAY THAT I WANT TO SHARE WITH SOMEONE IN MY LIFE IS:

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---

I will share this with: \_\_\_\_\_

because: \_\_\_\_\_

---

## 3. I STILL HAVE QUESTIONS ABOUT:

---

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---

## 4. ONE STRATEGY I LEARNED TODAY THAT I BELIEVE WILL HELP ME IS:

---

---

---

## 5. THESE ARE THREE SITUATIONS WHERE I CAN SEE MYSELF USING THAT STRATEGY/SKILL:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

# WEEK 5

## TBI AND ANGER: IDENTIFICATION, OPTIONS, AND UNDERSTANDING

### GOALS/OBJECTIVES:

This module contains information that will help participants better understand how their respective TBI is related to their experience of anger.

The primary goals of this week will be for participants to:

- ☐ Be better able to identify their anger and the triggers of their anger
- ☐ Learn and practice socially acceptable coping options, and better understand how their anger effects themselves and others
- ☐ Provide psycho-education on how anger is related to TBI—why this anger feels extreme, the causes of anger, the fact that anger issues are a common side effect of TBI, etc.
- ☐ Facilitate discussion with the participants about what their own anger looks like
- ☐ Practice skills for coping with anger, using visual aids to better understand anger (e.g. the anger volcano or dam)
- ☐ Assign homework regarding practicing the identification of anger

### TIME:

Allow 1.5 hours for the session.

### NUMBER OF PARTICIPANTS:

A minimum of four participants is recommended.

# WEEK 5

## PREPARATION



### VIDEO

Watch the following video:

<https://youtu.be/EOAFmzyv19M>



### PRINT HANDOUTS

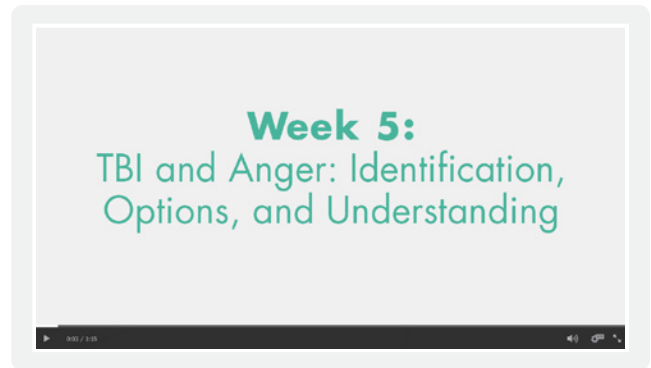
- ☐ Understanding TBI & Anger
- ☐ Jim's Anger Management Plan and blank copy for participants
- ☐ Take Home Impressions

*These handouts can be found in the handout section for this week, the facilitator's guide will indicate when these should be referenced.*

*For further background on this topic, the facilitator is encouraged to visit the following links:*

<https://www.brainline.org/article/anger-following-brain-injury>

<http://www.msctc.org/tbi/factsheets/Emotional-Problems-After-Traumatic-Brain-Injury>



### WRITE

Write the following group rules on the white board for reference for participants throughout the treatment group:

- **Confidentiality:** The information we discuss in this group is private, and members are expected to keep it that way.
- **Respect:** Give your attention and consideration to participants, and they will do the same for you. Examples include:
  - No talking over each other,
  - Pay attention to the person talking (listen, don't just wait for your turn to talk)
  - Encourage each other, etc.
- **Participation:** You are expected to take part in the discussion and contribute to this group. The pace of this group, however, may limit some participation. Let's briefly discuss one way that the group leader(s) can signal you when we need to wrap up discussion and move on.

# WEEK 5

## PREPARATION



### WRITE

Write the following learning objectives on the white board for reference throughout the treatment group:

- Structure and topic
- Homework review
- Education about the relationship of anger/aggression and TBI
- Ability to identify anger, and how a history of TBI effects experienced anger
- Trigger identification
- Break
- Coping with anger
- Group Activity
- Reflection/Homework

**Note:** *If additional rules were agreed upon, be sure to include each additional rule during this review.*

# WEEK 5

## ACTIVITIES



### ESTABLISH GROUP RULES

5 MINUTES

Now we are going to review the rules that we will follow throughout the duration of this treatment group. If you have any questions about any of the group rules, I can help to clarify what is meant by that rule.

- 1. Confidentiality:** The information we discuss in this group is private, and members are expected to keep it that way. What is discussed in the group may be highly personal at times, and should not be discussed outside of the group.
- 2. Respect:** Give your attention and consideration to your fellow participants, and they will do the same for you. Examples of respectful behavior include:
  - Not talking over each other
  - Paying attention to the person talking (listen, don't just wait for your turn to talk)
  - Encouraging each other by responding to each other in a positive manner.Have the participants give other examples of how to show respect, and add those to the list as desired.
- 3. Participation:** You are expected to take part in the discussion and contribute to this group. The pace of this group, however, may limit some participation. Often individuals who have TBI struggle to stay on topic. Let's briefly discuss one way that the group leader(s) can signal you if you are off topic and/or when we need to wrap up discussion and move on.

**Note:** Ask the group participants what other rules they believe should be in place, and add them to the list if they are applicable and constructive rules that are agreed upon by most or all the group members. It may be helpful to write the group rules on the board, or to create a written list on a large sheet of paper that may be posted in the group room for easy reference. Be sure to communicate to participants the expectations you have for their behavior (for example, how you would like people to excuse themselves from the group if a break becomes necessary, how the group should handle conflicts among group members, etc.). Setting these specifics out ahead of time will help to avoid confusion when these situations inevitably occur.





## DISCUSSION PROMPT

What other rules does the group want to establish?



## ICE BREAKER AND INTRODUCTION

5-10 MINUTES

*If incorporating new participants into the group, write the Icebreaker questions outlined in Group 1 on the white board so members can refer to them. Facilitator should utilize one or both of the following Icebreaker questions to warm up the group and establish rapport. The facilitator should feel free to participate in the Icebreaker by providing their own response to the questions alongside the group members.*

- What is the best advice anyone has ever given you? Share it with the group.
- What is your favorite month of the year, and why?

### **Review Take-Home Impressions Form**

- During the past week, have you done anything differently because of what you learned in previous groups? If so, please describe what you did.
- Were you able to use your new strategies/skills in any way? Please describe your experience.



## EXPLAIN THE NATURE AND PACING OF THE GROUP

2-5 MINUTES

- Because we only have an hour and a half for each group meeting, it is important that we cover everything that is necessary.
- I will provide a brief overview of what this group will be about, and then I will guide you through several topics about TBI (such as symptoms, recognition, anger triggers, effective anger-reducing habits, stress management, etc.).

- **Important:** To get through all the material, I will be keeping us on point by giving reminders when that section's time is almost up. If we are off-topic, I will redirect you to the relevant topic. If you would like to continue to discuss the topic that I redirected you from, please let me know after group so that we can discuss it at greater length. If necessary, we'll use the signal we agreed upon earlier to wrap up discussions.



## HOMEWORK REVIEW

5-10 MINUTES

During the previous week, you were asked to practice working with communication strategies.

- How did it go (can you describe one situation)?
- What style of communication would you say you used most?
- Did you use any particular communication strategy (such as "I" statements)
- Do you feel you were successful with your communication?

**Note:** *If participants have not completed the previously assigned homework, please ask the following question:*

- *What led to your decision to not complete the assignment?*
- *What do you need to do for yourself this week to help you be able to complete the homework assignment?*

# WEEK 5

## CONTENT



### INTRODUCE ANGER AND GOALS FOR THIS MODULE

5-10 MINUTES

Today, I will guide you through several topics about TBI and anger. We will discuss the relationship of anger/aggression and TBI, learn to identify anger and how a history of TBI affects the experience of feeling anger, and identify triggers for anger and physiological responses. We will also learn coping strategies for anger and do a stress management technique.

#### **Describe anger and its causes:**

- There are many physical reasons a person might feel irritable and have an angry outburst. These include pain, headache, lack of sleep, medication side-effects, infections, seizures, illness, or problems with hearing or vision.
- There are also emotional reasons one might feel anger. These include: Feeling humiliated, frustrated, disrespected, or overlooked. It is important to recognize that anger is only a response to an emotion, not truly an emotion itself. For example, if someone feels humiliated, that may turn into anger, but at its core, that anger is actually the emotion of shame or embarrassment.
- Anger can also arise from the emotions we experience when we experience a loss, changes in family and job roles, frustration about being less independent, and disappointment or confusion due to not being able to process or control what's going on around you.

#### **Briefly discuss how TBI affects anger:**

- How can TBI affect how fast you get angry? How can it affect how intense your anger feels to you?

- Discuss how excessive anger is often a symptom present in individuals with TBI. Facilitator may say something like, the brain is made up of a lot of different parts, which all control different aspects of our emotions and behavior. When certain parts of the brain that help us control and process emotions become injured, it becomes more difficult to control emotions such as anger. It may also become more difficult to recognize when that anger is getting out of control.
- Discuss how anger can be a positive emotion when controlled appropriately; discuss how anger can be a negative emotion when it leads to aggressive behaviors.
- Anger is an attempt to communicate, even though it often shuts down communication. This is where coping skills can help.
- What happens when you act out angrily? How does it affect the people in your life?
- Why is it important to be aware of things and situations that tend to make us angry?

*Provide participants with anger handout (located in the Handouts section at the end of this module).*



## **CURRENT ABILITY TO IDENTIFY ANGER**

5-10 MINUTES

- Describe what your anger looks like? Get examples from the group.
- Has your style of anger changed throughout your life?
- Given your understanding of TBI and what we've discussed previously, how do you think your TBI has influenced the way you experience and express anger?
- Next, we will discuss how you can better understand your behavior.



## IDENTIFICATION OF TRIGGERS AND PHYSIOLOGICAL RESPONSES

10 MINUTES

Now that we talked about what anger looks like to all of us, let's discuss what kinds of things seem to make us angry.

- What things seem to make you upset or angry?

Discuss for a few minutes; try to focus on and identify client participant triggers.

- Why do you think these things cause you to get angry?

**Note:** Although these triggers may be personal to specific individuals within the group, allow some group discussion if other participants are offering feedback or insight into potential reasons for why these triggers cause anger.

- So when this trigger occurs, we start to get angry. Can anyone identify some physical responses you have in your body when you get triggered?
  - Examples (if participants have trouble identifying these responses): increased heart rate, angry facial expressions, clenched fists, etc.

**Note:** If group is struggling utilize the following or personal examples of triggers:

- Does your heart rate seem to increase?
- Does your face feel hot?
- Are you clenching your fists?

## BREAK

5 MINUTES

Now we are going to take a five-minute break. During this break, we are going to do our guided breathing exercise. This is a very good technique for when you start to get angry and need to calm down.

- Breathe in through the nose, out through the mouth holding count with the facilitator. Count one in, one out, two in, two out, until you get to ten. At ten, count backwards: Ten in, ten out, nine in, nine out, etc.



## OPTIONS FOR COPING WITH ANGER

5-10 MINUTES

Before the break, we were talking about our triggers and how anger makes us feel. Anger affects us all in many different ways, and we all have different ways of dealing with it.

- What are some ways you cope with anger?

**Remember:** Stress the importance of honesty with these coping strategies. Regardless of whether the skills participants mention are physical or verbal, involve substance use, involve avoidance, etc., it is important to identify their most often utilized coping strategies so that new ones can be implemented to replace those which are maladaptive.

**Note:** When participants begin to voice their coping strategies, write these skills on a white board (or on flip chart if white board is not available); this will allow for easier facilitation of discussion, and will also allow the group to pair their triggers with coping skills.

If common themes appear:

- It seems that many of you share similar ways of coping with anger. Why do you feel that these help you?

We have identified different ways we currently cope with our anger. Let's try to brainstorm some alternative ways we can process anger. Provide Anger Management handout to participants (located in the Handouts section at the end of this module.). Read through the handout out loud. Allow time for discussion.

Follow up questions:

- What has stopped you from utilizing these alternative strategies before?
- What will be your motivation to use these in the future?
- How can they insure that they will utilize these positive coping skills in the future?

Ask group members if they are familiar with safety planning for unhealthy behaviors. If any individuals are, ask them if they can understand how safety planning can work for anger management.

**Safety planning is exactly what it sounds like:** creating a plan in advance that you can use to keep yourself and others safe in situations that are risky. For example, if you know that you tend to get into arguments with a certain family member, and you know you are going to see that family member at an upcoming family gathering, what might you put in your safety plan to help you avoid running into conflict with that person when you see them?

**Answers:** Plan to avoid being in direct conversation with that family member. Practice strategies for steering the conversation away from topics that could cause conflict. Prepare yourself to walk away from the conversation if you feel yourself getting upset. Tell someone else who will be there about your concerns, and ask them to keep an eye out and come interrupt you and lead you away if they see you and the certain family member becoming heated.

Have group participants consider a situation in their lives that they should make a safety plan for, and ask them to share with the group if they are comfortable doing so.

# WEEK 5

## GROUP ACTIVITY



### UNDERSTANDING ANGER MANAGEMENT

10 MINUTES

*Read the following vignette aloud to the group:*

Mark is upset with his girlfriend, Maria, because he believes that recently she has been spending much more time with her friends than with him. He feels ignored, and he misses her attention. This makes him feel angry. When he picks her up for a date one Friday night, he is upset, but he decides not to mention it and to try to have a good time. He hopes that they don't end up fighting. As they drive to the restaurant, Mark asks Maria how her day at work went. She tells him about an annoying co-worker she has, and about how she is stressed about a new project her boss has given her. When they are done discussing Maria's day, she asks Mark how his day went. However, while Mark is telling Maria about his day, Maria pulls out her phone and begins texting a friend. She says, "Don't worry, Mark, I'm listening," but keeps texting, and even laughs out loud at something her friend said, interrupting Mark's story. Mark begins to grip the steering wheel tighter. He feels his heart rate increase, and he feels his patience wearing thin. He notices he is beginning to drive faster. This alarms Maria, and she shouts, "Mark! Slow down!" For Mark, this is the last straw, and his anger boils over. He explodes at Maria, yelling, "You're so selfish! I always listen to you, but you never listen to me! You don't care about me, or how things are going in my life. All you care about is your stupid friends!" They arrive at the restaurant safely, but spend a half hour in the parking lot, yelling at each other in the car. By the end of the argument, neither feels like having dinner. The night is ruined, and Mark drives Maria home.



He isn't sure whether their relationship will last if they cannot stop fighting like this!

Now let's take some time to pick apart this scenario and talk about what could have been done better.

- If Mark had created a safety plan for this situation, what should he have included in it?
- What could Mark have done differently in terms of discussing his feelings with Maria?
- What physical signs of building anger were present for Mark?  
(Answer: clenching his grip on the steering wheel, increased heart rate, urge to yell, driving faster)
- What made this situation unsafe?  
(Answer: Being in a moving vehicle, where he is unable to walk away to de-escalate the situation.)
- What could Mark have said to Maria instead to communicate his feelings better? What communication strategies could he have used?  
(Answer: I Statements, avoiding absolutes such as "always" and "never.")

# WEEK 5

## REFLECTION/HOMEWORK



10 MINUTES

As we come to the end of group today, I would like us all to take a minute to reflect on the topics we have discussed today.

*Facilitator should distribute the “Jim’s Example Anger Management Plan” and the blank “Anger Management Plan” to group members at this time.*

For homework, I would like to you to complete two tasks. First, I would like you to work alone or with your Support Person to outline an Anger Management Plan to use to help you manage your emotions next time you feel angry. Refer to the example copy filled out by “Jim” as a guide for how to create your own plan. As you can see, there are several specific sections in this plan:

- There is a section where you are asked to describe a situation in which you know anger will arise for you.
- The next section guides you in creating a specific reaction plan to use when you feel your symptoms of anger occurring. Be as specific as possible when completing this section- the more specific your safety plan, the better it will be able to help you! The next section asks you to list things that you know you should not do, because you are aware of the potential negative consequences.
- The final section asks you to create a list of people that you have access to that will help you to process the anger you experienced, once you have calmed down.
- If possible, this plan should be carried with you wherever you go for reference, in case you run into a triggering situation unexpectedly.
- Second, I would like you to complete the Take-Home Impressions Handout as a way to reflect on what you learned and worked on in group today, and bring it with you to our next session.



### DISCUSSION PROMPT

Do you have any questions?

# **WEEK 5**

# **HANDOUTS**

UNDERSTANDING TBI & ANGER

JIM'S ANGER MANAGEMENT PLAN AND  
BLANK COPY FOR PARTICIPANTS

TAKE HOME IMPRESSIONS

# UNDERSTANDING TBI & ANGER

The brain-injured person is, in some ways, a different person. What makes him or her angry may be different than what used to upset them before the injury. We need to learn what those things are. Here are some common factors that contribute to anger after brain injury.

**Stimulation factors include:** High noise or activity level, the occurrence of unexpected events, lack of structure or routine.

**Personal factors include:** Frustration, fear/anxiety, embarrassment, shame or guilt, discovery or confrontation of problems, cognitive impairments – especially memory deficits and confabulation (remembering things that did not happen), communication impairments, rigid thinking.

**Medical factors include:** Pain, fatigue, hypoglycemia (low blood sugar), medications (levels low or high), use of alcohol or drugs.

## ANGER WARNING SIGNS

**Speech signs:** Loud high voice, cursing, name-calling, threats, accusations

**Behavioral signs:** Making fists, increased movement and fidgeting, angry facial expressions, moving towards the object of anger, breaking things, throwing things, threatening people, searching for or picking up weapons, hitting, kicking and other forms of violence.

**Physiological signs:** Fast breathing, fast heart rate, sweating, over-aroused, tense muscles, flushed face, bulging eyes.

**Mental signs:** Fantasies of doing any of the speech or behavioral signs, negative thoughts about others, confusion, feelings of frustration, feelings of fear or anxiety, feelings of embarrassment, shame or guilt, feelings of hurt.

## EARLY INTERVENTION STRATEGIES

These strategies are for staff and families to use when the brain-injured person is too confused to be responsible for his or her actions. It is important for staff and families to remember during this time that the anger is due to the injury, and they should not take it personally.

**Prevention:** Make the environment safe by removing potential weapons, keeping alcohol and drugs inaccessible, keeping vehicles and dangerous tools inaccessible, etc.

**Regulate Level of Stimulation:** Some need to avoid over-stimulation, while others need to be kept busy and distracted.

**Provide Appropriate Level of Supervision.**

**Provide the least restrictive environment possible.**

**Provide reorientation as needed;** much of the anger in an agitated confused and disoriented person can come from misperceiving and misunderstanding the situation.

**Staff and families should frequently remind the person of where they are, what is happening and why.**

## MANAGEMENT STRATEGIES

**Withdraw:** Leave the person alone for a short period of time, if this can be done safely. As you leave, tell them briefly what you are doing and why. "You are beginning to get upset. We are going to leave you alone for a few minutes so you can calm down."

**Distract:** Change the subject, the focus of activity or the location. Use a concrete object as a focus when possible.

**Re-orient and Reassure:** Remind the person of where they are, what is going on and why.

**Try to clear up misunderstandings when this can be done without renewing argument.**

**Direct the person in activities that may reduce agitation, such as guided relaxation.**

## SELF-CONTROL STRATEGIES

These strategies are to be phased in when the brain injured person has recovered enough learning abilities and awareness to begin to cooperate in learning to control anger.

**"Back Off, Calm Down, Try Again":** Because the impulsive anger resulting from brain injury often comes and goes suddenly, an effective way to deal with it is for the angry person to back off, calm down and try again. This strategy can be phrased in the individual's own words or whatever expression is comfortable such as "retreat, relax, return" or "take a break" or "time out". The following is a breakdown of these steps, presented in more detail.

**Back Off:** When warning signs appear, the person should leave the situation and go to a safe place. Others may have to cue him or her to leave. If the person will not leave, the other people present should leave instead, if possible. Practicing backing off when not angry (like a fire drill) will help this go more smoothly when it is really needed.

**Calm Down:** When the person has backed off to a safe place, he or she should work on calming down. Many techniques can be used to calm down including deep breathing, listening to soft music, meditation, prayer, closing eyes, going for a walk, or engaging in controlled physical exercise.

**Preparing to Return:** Once calm, the person may need to rethink the situation and prepare to return. If able, the person may want to ask themselves some questions, such as:

Do I need to apologize to anyone?

Do I need to explain why I left?

Do I need to tell anyone my feelings?

What can I do to avoid this next time?

Here are some example statements that illustrate rethinking the situation:

"I don't hate my mother; I'm just angry with her."

"Maybe she had a point I should listen to."

"He's not wrong, we just disagree."

**Try Again:** When the person returns from backing off and calming down he or she may need to apologize, talk through the issue, explain the backing off and feelings, then resume what he or she was doing. Once a person has learned to back off, calm down and try again successfully, he or she can work on calming down in the situation without leaving.

## ANGER CUE CARDS

Anger cue cards can be used to remind the brain injured person of their warning signs such as Loud Voice, Tense Muscles, Confusion, or Thoughts of Hitting. These cards should be carried by the brain-injured person and optional copies can be placed where anger incidents often happen, or where backing off/calming down takes place.

**A Back Off card might say:** "I'm feeling angry, I need to back off!"; "Leave the room"; "Breathe deeply" "Relax muscles." Etc.

## DIFFERENT ANGER REACTIONS TO BRAIN INJURY

**Anger at the cause of injury:** The victim of an injury may be angry at the cause of the injury such as a drunk driver, an assailant, or at the circumstances surrounding an accident. Such people often need help finding effective and satisfying channels for their anger. Often, they can talk this out with a trusted friend or family member.

**Grief Reaction:** It is human nature to grieve when we lose something, not just when someone dies, but also when we suffer an injury or illness. We try to find reasons for our losses. One part of a grief reaction is anger at what we think caused it. This anger can also get displaced onto any handy target. People can work through these reactions by talking out their feelings. This is such a human experience that it usually does not require a psychologist, just a trusted and understanding person. However, poor memory or judgment or emotional or personality problems can complicate grief reactions, and psychotherapy may be needed.

**Frustration:** When frustration contributes to angry reactions, the person needs to begin to recover by trying easier things. Specific preparation can also be taken before difficult tasks. For example, “Now it’s time to go shopping. I know this is sometimes frustrating for you. How will you know if you are starting to get frustrated, and what will you do about it?”

**Normal, Legitimate Anger:** Brain injured people, like everyone else, sometimes have legitimate reasons to get angry. If their legitimate anger is discounted, ignored or “treated”, they may get angrier. If they have expressed their anger inappropriately, their angry actions should be dealt with separately from their legitimate complaint. They should not get their way just because they made a fuss, but the complaint should not be ignored.

**Brain injured people often have impaired judgment** which can contribute to anger problems. Cognitive rehabilitation for judgment can help. People with these difficulties need to check their judgments with caregivers or people they trust. Alcohol and drugs can contribute to anger problems. The clearest solution is abstinence but abuse programs or counseling may be needed. Not taking prescribed medications can also contribute to anger problems. The doctor should be told if the medications have not been taken as directed and if there have been any problems.

**Conclusion:**

Anger is a common problem following brain injury. It has many causes, and there are many solutions to be tried. The rehabilitation team, the family and friends and the brain injured person can all work together to understand and manage the problem to help the brain injured person to work towards recovering self-control.

# JIM'S EXAMPLE ANGER MANAGEMENT PLAN

Here is a situation where I might get angry, and I want to have a plan of action:

*During free time when I'm playing cards or basketball with the other guys. I'm really competitive and I get really angry when I start to lose, or if I get fouled in basketball. Getting fouled in basketball is a pretty big trigger for me.*

If I begin to become angry during this situation, I will do the following things to cope:



## I SHOULD DO THE FOLLOWING:

- Ask the officers if I can have a moment to calm myself down and think
- Ask the officers if I can have a time-out ("space") within staff eyesight—requesting "space" specifically reduces proximity to others and pressure to talk about the issue first
- While having space, utilize a preferred stress management technique learned in group. *Examples are: Progressive Muscle Relaxation, Positive Imagery, Mindfulness of Breath, etc.*
- While taking space, don't think about how the situation is making you angry. Instead, think about how I can start to calm myself down and avoid any bad consequences.
- Remove myself from the situation



## I SHOULDN'T DO THE FOLLOWING:

- Cuss out others
- Jump out of my chair in an aggressive manner
- Yell at others
- Become physically aggressive
- Stay in the situation and become more angry
- Refuse to talk to others about the situation

After I have calmed myself, I can speak to my support person to process my anger.



# ANGER MANAGEMENT PLAN

Here is a situation where I get angry and where I can come up with a plan of action:

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If I begin to become angry during this situation, I will do the following things to cope:



## I SHOULD DO THE FOLLOWING:

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## I SHOULDN'T DO THE FOLLOWING:

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After I have calmed myself, I can speak to the following people to process my anger:

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# TAKE-HOME IMPRESSIONS

You are encouraged to fill out this handout after attending each meeting of this group. Doing this is optional, but it is designed to help you retain as much of what you learned in today's session as possible. In your own words, please answer the following prompts:

## 1. SOMETHING I LEARNED ABOUT TBI TODAY THAT I DID NOT KNOW BEFORE IS:

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## 2. SOMETHING I LEARNED TODAY THAT I WANT TO SHARE WITH SOMEONE IN MY LIFE IS:

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I will share this with: \_\_\_\_\_

because: \_\_\_\_\_

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## 3. I STILL HAVE QUESTIONS ABOUT:

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## 4. ONE STRATEGY I LEARNED TODAY THAT I BELIEVE WILL HELP ME IS:

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## 5. THESE ARE THREE SITUATIONS WHERE I CAN SEE MYSELF USING THAT STRATEGY/SKILL:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

## WEEK 6

# TBI AND IMPULSIVITY: WHY IS STOPPING AND THINKING IMPORTANT?

### GOALS/OBJECTIVES:

This treatment module contains information to allow the participants to better understand how their TBI is related to impulsivity issues. The primary goals of this week are for participants to:

- ☐ Better increase their ability to consider the outcomes of their behaviors before acting
- ☐ Identify various situations where they are at increased risk of behaving impulsively
- ☐ Aid participants in identifying specific factors that contribute to their impulsivity
- ☐ Provide psycho-education on how impulsivity is related to TBI
- ☐ Facilitate discussion with the participants about how being aware of their tendency to behave impulsively will assist them in future behaviors
- ☐ Practice skills for identifying the need to think through behaviors
- ☐ Assign homework which involves participants practicing the ability to stop and think, consistently, so as to develop a habit of doing so

### TIME:

Allow 1.5 hours for the session.

### NUMBER OF PARTICIPANTS:

A minimum of four participants is recommended.

# WEEK 6

## PREPARATION



### VIDEO

Watch the following video:

<https://youtu.be/iyuz8IL1wq4>



### PRINT HANDOUTS

- ☐ What Is Impulsivity After Brain Injury
- ☐ Tips and Suggestions for Caregivers
- ☐ Steps for Journaling About Impulsive Behavior
- ☐ Stop, Think, Plan, Do

*These handouts can be found in the handout section for this week, the facilitator's guide will indicate when these should be referenced.*



### WRITE

Write the following group rules on the white board for reference for participants throughout the treatment group:

- **Confidentiality:** The information we discuss in this group is private, and members are expected to keep it that way.
- **Respect:** Give your attention and consideration to participants, and they will do the same for you. Examples include:
  - No talking over each other,
  - Pay attention to the person talking (listen, don't just wait for your turn to talk)
  - Encourage each other, etc.
- **Participation:** You are expected to take part in the discussion and contribute to this group. The pace of this group, however, may limit some participation. Let's briefly discuss one way that the group leader(s) can signal you when we need to wrap up discussion and move on.

**Note:** *If additional rules were agreed upon, be sure to include each additional rule during this review.*

# WEEK 6

## PREPARATION



### WRITE

Write the following learning objectives on the white board for reference throughout the treatment group:

- Structure and topic
- Homework review
- Education about the relationship between impulsivity and TBI
- Ability to identify impulsivity, and how a history of TBI effects likelihood of impulsiveness
- Identification of factors influencing impulsiveness
- Structured 5-minute break for stress management technique
- Group activity emphasizing the use of Stop-Think-Act
- Quiet & Questions
- Wrap-Up

# WEEK 6

## ACTIVITIES



### ESTABLISH GROUP RULES

5 MINUTES

Now we are going to review the rules that we will follow throughout the duration of this treatment group. If you have any questions about any of the group rules, I can help to clarify what is meant by that rule.

- 1. Confidentiality:** The information we discuss in this group is private, and members are expected to keep it that way. What is discussed in the group may be highly personal at times, and should not be discussed outside of the group.
- 2. Respect:** Give your attention and consideration to your fellow participants, and they will do the same for you. Examples of respectful behavior include:
  - Not talking over each other
  - Paying attention to the person talking (listen, don't just wait for your turn to talk)
  - Encouraging each other by responding to each other in a positive manner.Have the participants give other examples of how to show respect, and add those to the list as desired.
- 3. Participation:** You are expected to take part in the discussion and contribute to this group. The pace of this group, however, may limit some participation. Often individuals who have TBI struggle to stay on topic. Let's briefly discuss one way that the group leader(s) can signal you if you are off topic and/or when we need to wrap up discussion and move on.

**Note:** Ask the group participants what other rules they believe should be in place, and add them to the list if they are applicable and constructive rules that are agreed upon by most or all the group members. It may be helpful to write the group rules on the board, or to create a written list on a large sheet of paper that may be posted in the group room for easy reference. Be sure to communicate to participants the expectations you have for their behavior (for example, how you would like people to excuse themselves from the group if a break becomes necessary, how the group should handle conflicts among group members, etc.). Setting these specifics out ahead of time will help to avoid confusion when these situations inevitably occur.



## DISCUSSION PROMPT

What other rules does the group want to establish?



## ICE BREAKER AND INTRODUCTION

5-10 MINUTES

*If incorporating new participants into the group, write the Icebreaker questions outlined in Group 1 on the white board so members can refer to them. One or both of the following Icebreaker questions should be utilized to warm up the group and build rapport. The facilitator should feel free to participate in the Icebreaker alongside the group members.*

- What is something about you that other people would be surprised to learn?
- If you wrote a book about your life, what would it be called?

### **Review Take-Home Impressions Form**

- During the past week, have you done anything differently because of what you learned in previous groups? If so, please describe what you did.
- Were you able to use your new strategies/skills in any way? Please describe your experience.



## EXPLAIN THE NATURE AND PACING OF THE GROUP

2-5 MINUTES

- Because we only have an hour and a half for each group meeting, it is important that we cover everything that is necessary.
- Today, I will guide you through several topics about TBI and impulsivity. The primary goals of this week will be to better increase your ability to consider the outcomes of your behaviors, identify various situations where you are at increased risk of behaving impulsively, and identify factors that contribute to your impulsivity.

- We will also learn how impulsivity is related to TBI, and discuss how being aware of your tendency to behave impulsively will assist you in future behaviors. Finally, we will practice skills for identifying the need to think through behaviors, and assign homework to begin practicing the ability to stop and think, consistently. Provide handouts for Week 6 (Appendix 2 – week 6 handouts).
- **Remember:** To get through all the material, I will be keeping us on point by giving reminders when that section's time is almost up. If we are off-topic, I will redirect you to the relevant topic. If you would like to continue to discuss the topic that I redirected you from, please let me know after group so that we can discuss it at greater length. If necessary, we'll use the signal we agreed upon earlier to wrap up discussions.

Do you have any questions before we begin?



## HOMWORK REVIEW

5-10 MINUTES

During the previous week, you were asked to complete a personal anger management safety plan.

- How did it go?
- What were some challenges?
- Do you feel you were successful?
- Have you had the opportunity to use your safety plan this week?

**Note:** *If participants have not completed the previously assigned homework, please ask the following question:*

- *What led to your decision to not complete the assignment?*
- *What do you need to do for yourself this week to help you be able to complete the homework assignment?*



# WEEK 6

## CONTENT



### INTRODUCE IMPULSIVITY AND GOALS FOR THIS MODULE

5-10 MINUTES

- **Briefly describe impulsive behaviors.** “Impulsive” means rash, quick, or hasty. An impulsive decision is one made very quickly, with little time given to consider the possible outcomes of that decision. (Examples: driving decisions made during road rage incidents, violent behaviors that occur during heated arguments, quick decisions made about financial matters...generally any decision made in “the heat of the moment” without stopping and thinking of the potential consequences, good or bad.).
- **Ask how TBI can affect impulsivity.** Facilitator should distribute “What Is Impulsivity After Brain Injury?” Handout (found in handouts section, see below). TBI can make it more difficult to resist giving in to impulsive thoughts and urges, particularly if the injury occurred to a part of your brain responsible for helping you to control those impulses. Brain injury can sometimes cause changes in your personality. Damage to specific areas of the brain, including the frontal lobe (which controls executive function) can impair impulse control.
- **Importantly, having a TBI does not mean that you are exempt from making responsible, well-thought-out decisions.** A brain that has been injured can be retrained, and so with practice, you will be able to learn to better control your impulses. The better you learn to control your impulses, the more likely you are to avoid unwanted personal and legal consequences in the future.
- **Discuss what the roles of executive functions are.** Executive Functions are a set of mental skills that help you get things done. These skills are controlled by an area of the brain called the frontal lobe. Executive function helps you: Manage time, pay attention, control behavior, and use humor.

- What are other factors that might make managing your impulses (or have made things) more difficult after your TBI?

*If not brought up, prompt participants about:*

- Substance abuse
- Environmental factors (noise, crowds, lighting, etc.)
- Person-centered situational factors (time of day, lack of sleep, hunger, etc.)
- Feel free to elaborate on other factors that the group may have identified individually or in previous groups.



## **IDENTIFICATION OF FACTORS THAT CONTRIBUTE TO IMPULSIVITY, AND STRATEGIES FOR IMPULSE CONTROL**

5-10 MINUTES

Now that we have identified what impulsivity is and what it looks like to each of you, can you think of a time when your impulsivity may have affected your decision-making?

- Does anyone want to volunteer a situation?

Discuss these, and ask these follow up questions:

- What was the outcome of these situations?
- What factors may have contributed to the impulsivity in these scenarios?
  - How can identifying these factors be done in both here and in the community?
  - What do you think may have contributed to you not being able to stop-and-think before acting?

Now let's review some strategies for managing impulsivity.

*Facilitator should draw attention to handout previously distributed. This document outlines some examples of impulsive behaviors, and some important strategies for managing impulsivity. (Facilitator may want to read the strategies aloud for the benefit of the group.)*

This handout includes many examples of what impulsive behavior can look like.

- Do you recognize any of these behaviors in your own life? Ask participants to share specific examples, if they are comfortable doing so.
- Do you have any examples of a time that you were able to curb an impulse before it got the better of you?
- What strategies did you use in that instance to help you be successful at controlling your impulses?

## BREAK

## 5 MINUTES

Now we are going to take a five-minute break. During this break, we are going to practice a visualization stress management technique that you can use when you are feeling angry or stressed. Facilitator should read aloud:

Close your eyes and imagine that it is a warm spring day. You have gone on a hike and have stopped to relax in a beautiful spot next to a small stream. You are sitting on the soft grass next to the stream. It is a perfect day and the sounds of nature are all around you. You feel safe and at peace. You hear birds chirping, the stream bubbling, and feel a slight breeze blowing across your face. Take a moment, and take three deep breaths, in and out. Focus your mind on the sound of the stream, and on the sounds of the birds. Pay attention to how the breeze feels on your skin. Focus on the feel of your breath as it moves into your chest, and out again. Imagine the sun warming you as you sit next to the stream. Imagine that you can hear the stream gently moving past. Take five deep breaths slowly, in and out. When you are ready, imagine that you are getting up to walk away from the stream, and are leaving your worries and anxiety behind you. When you feel ready, take one more deep breath, open your eyes and come back to the room.

# WEEK 6

## GROUP ACTIVITY

### IDENTIFYING IMPULSIVITY

10-15 MINUTES

We are going to read a vignette (or utilize a video clip if available, see links on next page if using video clips) where impulsiveness might be present. I want each of you to identify one instance of impulsivity that we discussed earlier in this group.

#### **Vignette 1:**

Stephanie and Carmen are at a shopping mall. They go into a store with nice perfumes laid out on various tables for customers to try. They know they can't afford the perfumes, but they want to look anyway and test some out. While in the store, Carmen sees a particularly beautiful perfume bottle and reaches out to test it. She sprays it, sniffs it, sighs happily, and reluctantly puts the bottle back down. Stephanie watches her, and when Carmen walks away, Stephanie decides to try to take the bottle out of the store with her. She thinks about how happy Carmen will be when she gives her the gift later on! Stephanie looks around to check if anyone is nearby, then quickly steps forward toward the table where the bottle sits...

#### **Vignette 2:**

Joe has been locked up in the county jail for five months, and misses his family. He looks forward to calling home when he can, even if it's only for a few minutes. He usually calls at around three, and his wife or mom is always around to answer the call. This time, though, Joe calls the home number but the phone only rings and rings before going to voicemail. He tries a couple of times, getting more upset each time he hears the voicemail message pick up. He cannot believe they're not answering! This is it- they have finally given up on him! At the sound of the beep, Joe begins yelling at the answering machine, questioning where his wife is and accusing her of doing things she should not be doing. He yells at his mom, too, accusing her of being in on it and of leaving him high and dry. He yells at the machine until his phone time runs out, and then slams the phone down. This startles the guys around him and earns him a lot of curious looks.

Two options are included here, but feel free to bring other clips that illustrate impulsivity (vignette included in appendices):

- <https://www.youtube.com/watch?v=Cxy88GeEAxg>
- <https://www.youtube.com/watch?v=Gq0jfzgvvrM>

Now let's take some time to pick apart these scenarios and talk about what could have been done better.

- First, what were some instances of impulsivity that you observed?
  - If participants struggle, allow for several minutes of discussion before providing examples (e.g., substance use)
  - What might the consequences of those impulsive actions been?
- Can you identify when the use of Stop-Think-Act could have helped?
  - How could that have changed the outcome of the scenario?

*Facilitator should hand out the "Journaling on Impulsive Behavior" handout and the "Stop, Think, Plan, Do" handout (found below in handout section).*

Review each section (read aloud, preferably) with the participants, noting how the handout emphasizes the Stop-Think-Plan-Do approach. You may want to outline these processes on the white board to ensure that the participants digest them. Suggest to participants that they get help from their support person and/or treatment provider the first time they engage in the journaling exercise, if necessary - it is ok to struggle with it, journaling is a challenging task, especially when one is inexperienced at it! Explain also that because this session is the last meeting of the group, this handout will not function as homework per se, but is something that participants may want to work on in their own time and share with their individual treatment provider.

Provide background by explaining the following to participants:

- What is the function of journaling?

Journaling is a method of organizing thoughts and experiences in such a way that they become clearer to us than when we only keep track of them in our minds. By writing down your experiences and thoughts, you make them easier for yourself and others to understand patterns, thinking errors, and powerful ideas that you may not have known were at play. In this exercise, laying out your symptoms and triggers, and your responses to them, is meant to highlight for you the areas in which you may want to focus your skills-based work going forward. It will also help you to see which areas you are doing well in so far! That's why it will be helpful to share the process and/or results of your journaling with your treatment provider, as a tool to help you both plan the next steps of your work on your TBI symptoms.

## BREAK

5 MINUTES

*Let's take a quick five-minute break to stretch. During this break, I want you to think about what we have discussed today.*

- *After break) Are there any questions you have about the material we have discussed today?*
- *I want you take notice of moments where you may be struggling with impulsivity. What was the outcome of the situation and what could have gone differently?*
- *If you find yourself using the skills, take the time to reflect on what helped you make rational decisions. How did you effectively stop-and-think, and then act? The more you practice stopping and thinking before acting, the more naturally it will come to you in a stressful moment!*



## CLOSING DISCUSSION

10-15 MINUTES

- Review of overall course of TBI modules; participant views of what was most helpful; and participant suggestions. Use the following wrap-up questions as prompts for this closing discussion.
- What piece(s) of information did you find most helpful? Most interesting? Most surprising?

- What topics do you wish you had learned more about?
- What motivates you to face and overcome the challenges your TBI presents in your life? Please share these motivators with the group if you are comfortable doing so.
- What has been your biggest struggle with TBI symptoms?
- What helped you overcome that struggle? If you have not yet overcome it, what do you feel you need to do (in terms of strategies and approaches discussed in this group) to make progress towards your goal?
- What has been your greatest victory so far over the challenge your symptoms present?
- What role does belief in yourself play in your ability to overcome these challenges?
- What is one piece of knowledge or wisdom you would like to share with your fellow TBI group participants?

*Facilitator should hand out “Tips and Suggestions for Caregivers” handout (found below in handout section) and instruct the participants to share same with their Support Person, if applicable. Facilitator should thank group members for participating, and may wish to include a personal farewell (such as good luck wishes) to group members as the group comes to a close. Invite group members to send each other off with well wishes if they desire.*

# **WEEK 6**

# **HANDOUTS**

WHAT IS IMPULSIVITY AFTER BRAIN INJURY

TIPS AND SUGGESTIONS FOR CAREGIVERS

STEPS FOR JOURNALING ABOUT IMPULSIVE BEHAVIOR

STOP, THINK, PLAN, DO



# WHAT IS IMPULSIVITY AFTER BRAIN INJURY?

Impulsive actions are those made without taking into account possible problems and not thinking about possible consequences.

While we can all be impulsive at times, impulsivity after brain injury is caused by damage to the brain, specifically the frontal lobe. The mechanisms that control our ability to stop and consider (and to filter what we pay attention to) are damaged, and often the damage is not repairable. It is important to remember the impulsive behavior you see is related to damage to the brain, and therefore:

- It is not deliberate
- It may not be apparent to the person themselves
- It is unlikely to go away
- It can fluctuate, particularly when a person is tired

## WHAT DOES IMPULSIVITY LOOK LIKE?

As with most things about brain injury, impulsivity after brain injury will be different in each person. Mostly, it will involve the person doing or saying things without thinking first. Impulsivity after brain injury might include one or more of the following:

- Moving on to another task or activity before completing what is already started.
- Rushing into activities without planning first, and making lots of mistakes.
- Interrupting conversations and talking over others.
- Blurting out personal information about self or others without thinking.
- Making hurtful comments.
- Having trouble waiting and taking turns. Not waiting for your turn. Not patiently waiting in line. A student jumping in with answers in a classroom.
- Not recognizing that you have just finished: eating, drinking, or smoking, so you attempt to continue without stopping.
- It can seem like the need for 'instant gratification' – you want, and do, things now! It does not seem possible to wait.
- Buying things on impulse even when not affordable.
- Lashing out physically or verbally without thinking of the consequence.
- Sexually and socially, impulsivity may lead to promiscuous behavior. This can be a danger to the person at times, in terms of both physical and emotional health.
- Not being able to budget effectively and manage finances successfully.
- Ignoring safety rules, such as not looking for traffic before crossing the street.
- Undertaking tasks without first thinking about safety. Using something inappropriate to do a task because it is the first object you see.

# TIPS AND SUGGESTIONS FOR CAREGIVERS

Agree on, and use a consistent approach that encourages thinking and waiting.

## TEACHING “STOP + THINK + DO” AS FOLLOWS:

1. **STOP** – before doing or saying something
2. **THINK** – about what effect this will have and what would be the best strategy
3. **DO** – the action / behavior selected

## IF AN IMPULSIVE BEHAVIOR OCCURS, STOP THE ACTION AND EXPLAIN WHY YOU STOPPED IT.

- ✓ Give clear, consistent feedback each time about:
  - what was OK,
  - what should have happened,
  - and what needs to change.
  - as part of the feedback talk about the effect of impulsive actions for the person and on others.
- ✓ Agree on, and set, safety limits to protect the person you are with and yourself. Talk about those limits and how you will maintain them.
- ✓ Stay positive and calm. Easy to say, but harder to do, when someone does something sudden or unexpected.
- ✓ Reduce the opportunity to be impulsive with structure and planning.
  - Work and agree on the plan for daily routine and activities together.
  - Break activities and tasks into manageable steps.
- ✓ Be aware of safety both at home and in the community and remain vigilant about potential areas that might cause difficulty:
  - In the community: busy roads, shopping centers with excessive noise and distraction, unsafe areas or construction areas. If a child is prone to impulsive actions, you might walk on the road side of the child and stay close enough to be able to stop the child from sudden movement.
  - Look for areas in the home that create distractions, obstacles such as loose rugs, furniture or uneven areas that might be unsafe with sudden movement particularly if balance and stability are issues.
  - Be aware of items that might create a danger such as work tools, knives, and weapons. Remove them or supervise accordingly.
- ✓ Tailor the level of support to the situation. The more potentially dangerous a situation is, the more support and supervision may be needed.
- ✓ Practice strategies when there is not a risky situation to help slow down or reduce impulsive reactions.
- ✓ Support family, friends, and colleagues to understand and work to manage impulsive behavior.

# STEPS FOR JOURNALING ABOUT IMPULSIVE BEHAVIOR

## 1 IDENTIFY YOUR BEHAVIOR AND TRIGGERS

Start by identifying the behavior or urge that you would like to address. Next, brainstorm triggers that lead you to the behavior. Triggers may include: people, places, situations, smells, events and times just to name a few. Take some time to journal and list your major triggers that prompt you to act impulsively.

## 2 REDUCE YOUR VULNERABILITIES

Although there are various types of vulnerabilities that lay the groundwork for problematic behaviors, the basic vulnerability factors are being hungry, angry, lonely, or tired. A helpful acronym to remember these four states is HALT. You can use HALT to remind you to take proactive steps towards decreasing or eliminating these vulnerability factors.

## 3 LIST THE CONSEQUENCES OF THE PROBLEM BEHAVIOR

List both the positive consequences that reinforce the behavior and the negative consequences of the problematic behavior.

## 4 SKILLS USED AND REQUIRED

Journal the skills you have already used and the additional skills that would be important for you to develop to help you utilize alternative strategies to the problematic behavior. Some skills include: mindfulness, emotion regulation skills, distress tolerance skills, thought regulation, interpersonal effectiveness skills, relaxation techniques, self-esteem development, assertiveness skills, etc.

## 5 BEHAVIOR ANALYSIS IN CHRONOLOGICAL ORDER

This is the last and most important step. It is recommended you give yourself 20-30 minutes to do this exercise so you can really become conscientiously aware of all the details involved in your behavioral cycle.

To begin, choose a specific and recent example in which the problematic behavior occurred. On a piece of paper write the problematic behavior at the top of the page and then draw a line vertically down the middle of the page (example on the following page).

On the left side of the page, you will write down in chronological order (the order in which they happened) every **(T)hought, (F)eeling, (E)vent, (BS) Body Sensations** and **(B)ehaviors** leading up to the problematic behavior, during the problematic behavior and post-behavior. You want this play-by-play to be as detailed as possible so you truly get a full snapshot of all the internal and external aspects that are involved in your impulsive behavior.

After you have completed the actual chain of events on the left hand side of the page, you will then write on the right hand side alternative thoughts, skills, tools, coping mechanisms, and effective behaviors you could incorporate the next time some of these similar thoughts, feelings, body sensations, behaviors and events occur.

For example, if you tend to have problems with anger your behavior analysis may look something like this...

### **PROBLEMATIC BEHAVIOR:** Anger

(E) I woke up late	Practice Time Management Skills
(B) I was rushing	Take time to relax and meditate 5 min.
(BS) My heart was racing	Breathing exercise
(BS) Shortness of breath	
(T) "I am so irresponsible"	"I am learning & will plan better."
(E) mad, irritable, anxious	Image a happy or calm place in my mind
(B) don't eat breakfast and leave	Prepare a healthy snack the night before
(BS) tension in my shoulders	
(E) stuck in traffic	
(BS) tight fists	Progressive muscle relaxation
(T) "People are so rude"	State the facts to become objective
(E) rage, anger	Opposite emotion exercise
(B) Yell explosively as someone	Journal about what is upsetting me

# STOP, THINK, PLAN, DO



## **STOP:**

Stop what I am doing



## **THINK:**

What do I need to do?

Do I have a checklist that I can use?



## **PLAN:**

Plan the steps needed to finish the task

Fill out the checklist that I can use



## **DO:**

Sit down and start working!

# OPTIONAL MODULE: GRIEVING AND TBI

## GOALS/OBJECTIVES:

This optional module contains information to allow the participants to better understand how grieving is a factor that must be addressed when dealing with TBI. If the facilitator decides to use this module the number of group sessions should be increased to 7 and this module will fit best in week 3 or 4 of the group.

Grief is most often associated with death. However, death is not the only cause of grief. Although death is an important reason, there are other losses in life that we also need to grieve. These too are life-changing and will elicit the same grief responses as death does.

Grief can also result from a disease such as Alzheimer's or a catastrophic injury such as a brain injury. This kind of grief is profound. People must grieve who they were, and the family also grieves the person who is no longer "there", albeit physically present. Even if the injury was not catastrophic and may have previously been unidentified, once a person is aware that they sustained a brain injury, they also become aware of the losses in typical development, identity, personality, relationships, etc. that could have resulted from that injury. Our society is only beginning to understand how profound this type of grief is.

The primary goals of this week will be for participants to:

- ☐ Better understand grief in the context of brain injury
- ☐ Learn how grieving is an on-going process
- ☐ Provide strategies for addressing grief

## TIME:

Allow 1.5 hours for the session.

## NUMBER OF PARTICIPANTS:

A minimum of four participants is recommended.

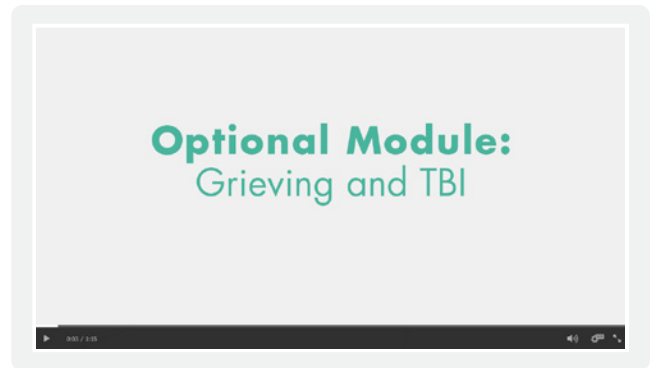
# GRIEVING AND TBI PREPARATION



## VIDEO

The following video provides a helpful example of how grieving related to brain injury can be different from what we traditionally think of related to brain injury:

<https://tinyurl.com/brainline-video>



## PRINT HANDOUTS

☐ Grieving and TBI Recognition and Coping Strategies

☐ Developing a New Self-Concept

☐ Take-Home Impressions

*These handouts can be found in the handout section for this section, the facilitator's guide will indicate when these should be referenced.*



## WRITE

Write the following group rules on the white board for reference for participants throughout the treatment group:

- **Confidentiality:** The information we discuss in this group is private, and members are expected to keep it that way.
- **Respect:** Give your attention and consideration to participants, and they will do the same for you. Examples include:
  - No talking over each other,
  - Pay attention to the person talking (listen, don't just wait for your turn to talk)
  - Encourage each other, etc.
- **Participation:** You are expected to take part in the discussion and contribute to this group. The pace of this group, however, may limit some participation. Let's briefly discuss one way that the group leader(s) can signal you when we need to wrap up discussion and move on.

**Note:** If additional rules were agreed upon, be sure to include each additional rule during this review. For more information on grieving and brain injury, visit [www.brainline.org](http://www.brainline.org)

# GRIEVING AND TBI PREPARATION



## WRITE

Write the following learning objectives on the white board for reference throughout the treatment group::

- Structure and topic
- Homework review
- Grieving & TBI
- Break
- Group Activity
- Reflection/Homework



# GRIEVING AND TBI ACTIVITIES

## ESTABLISH GROUP RULES

5 MINUTES

Now we are going to review the rules that we will follow throughout the duration of this treatment group. If you have any questions about any of the group rules, I can help to clarify what is meant by that rule.

- 1. Confidentiality:** The information we discuss in this group is private, and members are expected to keep it that way. What is discussed in the group may be highly personal at times, and should not be discussed outside of the group.
- 2. Respect:** Give your attention and consideration to your fellow participants, and they will do the same for you. Examples of respectful behavior include:
  - Not talking over each other
  - Paying attention to the person talking (listen, don't just wait for your turn to talk)
  - Encouraging each other by responding to each other in a positive manner.Have the participants give other examples of how to show respect, and add those to the list as desired.
- 3. Participation:** You are expected to take part in the discussion and contribute to this group. The pace of this group, however, may limit some participation. Often individuals who have TBI struggle to stay on topic. Let's briefly discuss one way that the group leader(s) can signal you if you are off topic and/or when we need to wrap up discussion and move on.

**Note:** Ask the group participants what other rules they believe should be in place, and add them to the list if they are applicable and constructive rules that are agreed upon by most or all the group members. It may be helpful to write the group rules on the board, or to create a written list on a large sheet of paper that may be posted in the group room for easy reference. Be sure to communicate to participants the expectations you have for their behavior (for example, how you would like people to excuse themselves from the group if a break becomes necessary, how the group should handle conflicts among group members, etc.). Setting these specifics out ahead of time will help to avoid confusion when these situations inevitably occur.



## DISCUSSION PROMPT

What other rules does the group want to establish?



## ICE BREAKER AND INTRODUCTION

5-10 MINUTES

*If incorporating new participants into the group, WRITE the Icebreaker questions outlined in Group 1 on the white board so members can refer to them. The facilitator should utilize one or both of the following Icebreaker questions in order to warm up the group and build rapport. The facilitator should feel free to share their own responses to these questions alongside the group members.*

- What is a weird fact you happen to know?
- If you could pick up a new skill in an instant what would it be and why?

### **Review Take-Home Impressions Form**

- During the past week, have you done anything differently because of what you learned in previous groups? If so, please describe what you did.
- Were you able to use your new strategies/skills in any way? Please describe your experience.



## EXPLAIN THE NATURE AND PACING OF THE GROUP

2-5 MINUTES

- Because we only have an hour and a half for each group meeting, it is important that we cover everything that is necessary.
- Today, I will guide you through talking about emotions and how traumatic brain injuries may affect your ability to manage your mood.
- We will also talk about different strategies you can use to manage your moods.
- Lastly, we will do an activity centered on recognizing emotions in others.

- I will ask you to track your own mood as a homework assignment.
- **Remember:** To get through all the material, I will be keeping us on point by giving reminders when that section's time is almost up. If we are off-topic, I will redirect you to the relevant topic. If you would like to continue to discuss the topic that I redirected you from, please let me know after group so that we can discuss it at greater length. If necessary, we'll use the signal we agreed upon earlier to wrap up discussions. Do you have any questions before we begin?



## HOMWORK REVIEW

5-10 MINUTES

*If facilitating this module group as group three, use the following homework:*  
During the previous week, you were asked to develop at least one S.M.A.R.T. goal using the SMART Goal Log and share it with a member of your support person. By sharing this goal with them, they will be able to assist you and hold you accountable for maintaining progress toward your specific goal.

- How did it go?
- What are some of the goals you shared?
- What were some challenges?
- Do you feel you were successful in meeting or working toward your goal?

*If facilitating this module group as group four, use the following homework:*  
During the previous week, you were asked to use the "Mood Log" (found in handouts section, below) worksheet to chart your mood.

- How did it go?
- What were some challenges?
- Do you feel you were successful?

**Note:** If participants have not completed the previously assigned homework, please ask the following question:

- What led to your decision to not complete the assignment?
- What do you need to do for yourself this week to help you be able to complete the homework assignment?

# GRIEVING AND TBI CONTENT



## CURRENT UNDERSTANDING OF GRIEVING AND TBI

5-10 MINUTES

### **Discussion: How brain injury is connected to grieving.**

Brain injury often brings about drastic life changes for individuals as well as their families and friends. Individuals with TBI often find that they are less able to carry out responsibilities and daily activities. Activities that were once accomplished easily, often require a good deal more effort. Many individuals find themselves unable to work, drive, live alone, manage their finances, and do things alone. This loss of independence leads to frustration and sadness. They may also lose confidence in themselves.

Family members may notice that their responsibilities have changed too. They may have to take on responsibilities that belonged to the individuals with a TBI or other family members. Changes in responsibilities may affect family members' ability to work like before or do things they enjoy. Some family members reduce their work hours or resign from their jobs to help care for the survivor.

Financial difficulties and worries about the future tend to be difficult for all family members. Because of the losses and changes, many people have a mixture of feelings including sadness, fear, hopelessness, and frustration.

Grieving brain injury is different than grieving as it relates to death and dying. A primary factor in grieving after brain injury is related to a change in our "self-concept".

- Self-concept: how we perceive ourselves based on our beliefs, feelings, and values

After brain injury individuals evaluate their self-concept:

- Compares who they are now to who they were after the injury

- Doubts self-efficacy: our own beliefs about our abilities
- Disruption of beliefs, assumptions, values, and expectations
- Frustration increases with cognitive problems and loss of skills



## ICE BREAKER

5-10 MINUTES

*Write the following bolded phrases on the white board to facilitate ease of discussion with the participants. The following section provides information regarding these common signs of grieving related to brain injury and coping strategies.*

- Longing for what has been lost
- Sadness for what has been lost
- Wishing for what has been lost
- Upset when reminded about what has been lost
- Angry or anxious about what has been lost
- Needing to talk about what has been lost



## DISCUSSION PROMPT

- What signs of grieving have you noticed in your life? When was the last time that you experienced this?
- Have family members, friends, staff, etc., told you that you exhibit signs of grieving?
- What strategies have you used in the past to address grieving?
- What can you see using in the future?

## BREAK

5 MINUTES

Now we are going to take a five-minute break. During this break, we will be doing stretches. Stretching helps to relieve tension in the muscles and can help alleviate stress.

- Begin different muscle stretches (e.g., arms, shoulders, head, neck). These stretches can be based on the personal preferences of the group facilitator. Group participants may also be encouraged to walk around the room or do brief contained cardio exercises such as jumping jacks to “shake out” any tension or pent-up energy they may be feeling.

# GRIEVING AND TBI GROUP ACTIVITY



## COPING STRATEGIES

10-15 MINUTES

*Facilitator should hand out the “Grieving and TBI Recognition and Strategies” handout (found in the handouts section for this week).*

- Now that we have discussed the signs of grieving, we are going to work through the grieving and TBI Recognition and Coping Strategies handout. Check off any of the items that you have or are experiencing.
- Now check any of the coping strategies you can see yourself trying.
- Have the Group share what they checked.

# GRIEVING AND TBI

## REFLECTION/ HOMEWORK



10 MINUTES

As we come to the end of group today, I would like us all to take a minute to reflect on the topics we have discussed today.

- What things helped you today? What things would you like to explore more?
- For a homework assignment, I would like you to keep an emotional journal.

Provide participants with the Developing a New Self-Concept handout (found in handout section for this week, see below).

- For homework this week, I would like you to complete the New Self-Concept handout. Bring the completed handout back next week.
- Facilitator should pass out the Take-Home Impressions handout. I would also like you to take with you this Take-Home Impressions Handout and complete it, asking your Support Person for help completing it if necessary. Please use it to help you reflect on what you learned in group today and to help you identify any questions you might still have. Please bring this sheet back with you to the next meeting of this group.



### DISCUSSION PROMPT

Do you have any questions?

# **GRIEVING AND TBI HANDOUTS**

GRIEVING AND TBI RECOGNITION AND COPING STRATEGIES

DEVELOPING A NEW SELF-CONCEPT

TAKE-HOME IMPRESSIONS



# GRIEVING AND TBI RECOGNITION AND STRATEGIES

Without question, dealing with loss and change after brain injury can take a toll on survivors, family members, and their friends. Think about this question for a moment: How have you reacted to the life changes or losses?

Check off the items below that describe you:

- ☐ Feeling down, blue, or hopeless
- ☐ Having crying spells
- ☐ Feeling irritable
- ☐ Feeling irritable
- ☐ Feeling guilty or worthless
- ☐ Wondering whether or not life is worth living
- ☐ Having difficulty falling or staying asleep, or sleeping too much
- ☐ Experiencing low energy, getting tired easily
- ☐ Eating a lot more or a lot less
- ☐ Keeping to yourself
- ☐ Not enjoying things like before
- ☐ Feeling restless, having difficulty sitting still
- ☐ Can't stop worrying about problems or the future
- ☐ Having difficulty making decisions, concentrating, or remembering things

Look over the items you've checked. The more items you check, the greater your distress and the more likely you need help. Talk with trusted family, friends, and professionals about the items you've checked.

Most people want to feel better and learn to cope with life changes, but don't know how. Here are a few strategies that have worked for other people. Check off which ones you think will work for you:

- ☐ Realize that your feelings are a common, normal response to a difficult situation.
- ☐ Be kind to yourself. Give yourself and others time to adjust.
- ☐ Think about the future you want and the best ways to get there.
- ☐ Appreciate the value of patience and persistence in reaching your goals.
- ☐ Take one step at a time, set goals for each day.
- ☐ Avoid thinking about and making comparisons to how things were.
- ☐ Recognize there is a natural human tendency to worry and focus on the negative.
- ☐ Learn to focus on your successes, strengths, and resources.
- ☐ Recognize the good things in your life and changes for the better.
- ☐ Focus on what you can do instead of what you can't.

- ☐ Be hopeful. Say positive things to yourself and others  
(e.g., "We will make it through this," or "We've come so far.")
- ☐ Make a list of things you are thankful for and qualities you like about yourself. Refer to the list often.
- ☐ Talk to and spend time with people who care about you.
- ☐ Join a support group. Talk to others for support.
- ☐ Build new relationships and improve old relationships.
- ☐ Remember that others face similar challenges. Ask others how they deal with losses and changes.
- ☐ Give up some old responsibilities when you take on new ones.
- ☐ Allow yourself to ask others for help and support.
- ☐ Remain active, try to do things you enjoy.
- ☐ Distract yourself with music, a book, a movie, television, or another activity you enjoy.
- ☐ Try to find new interests and activities.
- ☐ Give yourself breaks and try to be patient with yourself.
- ☐ Learn about treatments, resources, and recovery.

Remember, you must take care of yourself to effectively deal with the losses and changes you are facing. But, sometimes coping with losses and changes may be too difficult for one person to handle on his or her own. Research and experience have told us that depression is a common reaction to brain injury. If you have concerns or questions about how you are feeling, talk with a mental health professional or church about ways to get help.

# DEVELOPING A NEW SELF-CONCEPT

Answer the following questions and bring to the next session:

**1. WHAT ARE YOUR STRENGTHS?** *List a minimum of three things you do well.*

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**2. WHAT DO YOU LIKE ABOUT YOURSELF?** *List a minimum of three things you do well.*

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**3. WHAT FUTURE DO YOU WANT FOR YOURSELF?**

*List a minimum of one goal you have for your future.*

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**4. WHAT STEPS DO YOU NEED TO TAKE TO REACH YOUR GOAL?**

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# TAKE-HOME IMPRESSIONS

You are encouraged to fill out this handout after attending each meeting of this group. Doing this is optional, but it is designed to help you retain as much of what you learned in today's session as possible. In your own words, please answer the following prompts:

## 1. SOMETHING I LEARNED ABOUT TBI TODAY THAT I DID NOT KNOW BEFORE IS:

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## 2. SOMETHING I LEARNED TODAY THAT I WANT TO SHARE WITH SOMEONE IN MY LIFE IS:

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I will share this with: \_\_\_\_\_

because: \_\_\_\_\_

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## 3. I STILL HAVE QUESTIONS ABOUT:

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## 4. ONE STRATEGY I LEARNED TODAY THAT I BELIEVE WILL HELP ME IS:

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## 5. THESE ARE THREE SITUATIONS WHERE I CAN SEE MYSELF USING THAT STRATEGY/SKILL:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_