



A.H.E.A.D.

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

A PSYCHO-EDUCATIONAL CURRICULUM
FOR TRAUMATIC BRAIN INJURY

FACILITATORS' GUIDE FOR YOUTH

INTRODUCTION

The Traumatic Brain Injury (TBI) Education & Skill-Building Youth Group Curriculum was developed in partnership with MINDSOURCE-Brain Injury Network and University of Denver Graduate Students (Alexandra Murphy, Haley Hawkins, Kayla Storm, Catie O'Brien, Tera Hunter-Johnson, Alex Bahr, Evan Davies, Erica Flooding, Conor Johnson, Emma Rosenblum, Meli Sarkissian, Amber Jackson, Laura Hauglid, Marissa Jennings, Stephanie Sanchez, Zakk Parlato, Jahsana Banks, Alyssa Dugger, Brooke Miller, Erin Murray, Kelsie Smith, Natasha Fominykh, Madeleine Kelly, Blair Motluk, Emma Oremus, Chelsie Padilla, Zianya De la Mora, Angelie Severino, Claire Beck-Alper, Ayla Sjoberg, and Evan Praznik). 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 the symptoms that they deal with, such as short-term memory loss, delayed speed of processing, and difficulty with emotional regulation.

This group curriculum is 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. Some individuals may not have received a diagnosis of TBI. Others may have had a diagnosis of "concussion" but are experiencing the long term challenges associated with brain injury. By definition a concussion is the same as a mild TBI. There are three levels of severity of brain injury; mild, moderate, and severe. The diagnosis at the time of injury does not necessarily predict level of impairment a person may experience down the road. In fact, if a person has had a complicate or multiple concussions and continue to experience symptoms long term, this may be considered a moderate brain injury. It is important that part of this group is to educate the participant about this difference as it will help the individual be a better self-advocate when they understand this (e.g. certain services may be available to them and care/treatment may be more appropriate if they know they have a brain injury).

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 TBI Education & Skill Building psychoeducational curriculum. This guide will walk you through how to implement each session. There are a total of 6 sessions with an optional session on acceptance. 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** (all these sections are italicized), 🗣️ **DISCUSSION**, 🖋️ **WRITE**). The symbol “*” designates helpful notes for each module. All homework assignments are found at the end of each module.

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.*

- <http://www.newhealthadvisor.com/group-therapy-activities.html>

CONSIDERATIONS PRIOR TO IMPLEMENTING THE TBI EDUCATION & SKILL-BUILDING GROUP:

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. If someone has a known TBI, they are a good candidate for participation in this group. In the absence of an existing diagnosis, you may want to consider implementing a screening protocol to identify those individuals 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://www.brainline.org/article/ohio-state-university-tbi-identification-method>. 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, it is recommended that they participate in a neuropsychological screen for impairment. This can provide valuable information by helping to tailor this curriculum to an individual's identified deficits and strengths.

Ideally, each participant should meet with the group facilitator prior to starting the group to review their test results and to identify their goals. Use this information to tailor the curriculum to each individual in the group. Each participant should also identify a support person such as a mental health provider, friend, or family member to work with between group sessions. The facilitator should record this information, so they can remind the participant to get their support person's help with practice between group sessions. Facilitators should have multiple copies of all handouts to provide participants and their parents, guardians, support person, and probation officers. This will further reinforce the practical application of the skills learned. Participants are encouraged to start a binder for group materials, note-taking, etc. Overall, facilitators should be flexible with their application of the material in each individual group and be responsive to the discussions, allowing improvisation when necessary. Facilitators should consider providing any other additional materials that may help participants retain information between groups.

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. It is recommended that they participate in secondary screen or neuropsychological evaluation as available.

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 six 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. The curriculum may also be used in different settings (correctional facility, probation class, schools, etc.) so the activities should be adjusted to fit each setting accordingly.
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 six sessions in advance, allow 1 to 1.5 hours per session, and hold the group in the same place and on the same day and time of day for 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. Allow plenty of time to contact the individuals beforehand and incentivize them when they are in the room for each module.
4. Incentivizing the juveniles might be a difficult task for a variety of reasons. Candy is an effective method as an incentive and actual food is more effective, particularly for adolescents who are scheduled to complete modules after a long day of school.
5. Positive language with a clear and concise message is also recommended. Consider approaching each individual with language that focuses on their specific strengths and avoid pathologizing or stigmatizing language.
6. These modules were developed to encourage constructive feedback for program improvement. At the start of each module, ask the juveniles to keep in mind one thing that they liked or did not like to discuss at the end of the module.
7. Group facilitators should have a basic understanding of TBI prior to running the TBI group modules. The following are online trainings: <https://vimeo.com/200048378>, <https://vimeo.com/231905469> or <https://tbi.osu.edu>. The link below directs you to a series of videos about Traumatic Brain Injury. <https://tinyurl.com/BI-Playlist>. You may also consider contacting your state's brain injury program and/or state brain injury alliance/associations, as many of these agencies offer in-person trainings. The contacts in your stat are here: nashia.org, biausa.org, usbia.org. There is a correlation between a knowledgeable and confident educator and increased participation and engagement in group learning settings. To learn more about Brain injury and its behavioral effects, please visit cokidswithbraininjury.com and/or brainline.org.
8. There are several exceptions that require facilitators to break confidentiality. Facilitators who are mental health or correctional personnel are mandatory reporters and are required to report any of the following disclosures:
 - Suicidal intent or inability to care for oneself. Reporting is meant to ensure the safety and appropriate care of the participant.
 - Homicidal intent; in the event of homicidal intent, the facilitator has the duty to warn the object of the participant's intent. This is intended to protect both the participant and the person they wish to harm.

- Child or elder abuse, which is reported to the Department of Human Services. Child abuse is described as the abuse (physical, sexual, mental, etc.) or neglect of a child under the age of 18. Elder abuse is described as the abuse (physical, sexual, mental, etc.) or neglect of an at-risk elder (someone with intellectual or physical deficits, as well as elder who is dependent on their caretaker)."

**CAUTION:**

Participants with a brain injury history 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 following 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)

- ❑ **Symptom Questionnaire**

SUPPLIES AND EQUIPMENT

- ❑ **Whiteboard or large writing pad**

- ❑ **Markers**

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WEEK 1

UNDERSTANDING CONCUSSION, TRAUMATIC BRAIN INJURY AND SYMPTOM RECOGNITION

*Make sure you take time to acquaint yourself with this curriculum so you can be as engaged, energetic, and confident as possible when working with the kids!

GOALS/OBJECTIVES:

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

- ☐ Designate group rules and explain the purpose of curriculum.
- ☐ Facilitate psychoeducation on concussion symptoms and symptoms recognition.
- ☐ Begin a conversation on utilizing memory aids, getting into good memory habits, and learning skills.
- ☐ Identify skills for coping with symptoms and the situations that trigger them.

TIME:

The entire session should last for approximately 60-90 minutes.

NUMBER OF PARTICIPANTS:

A minimum of four participants is suggested.

WEEK 1

PREPARATION

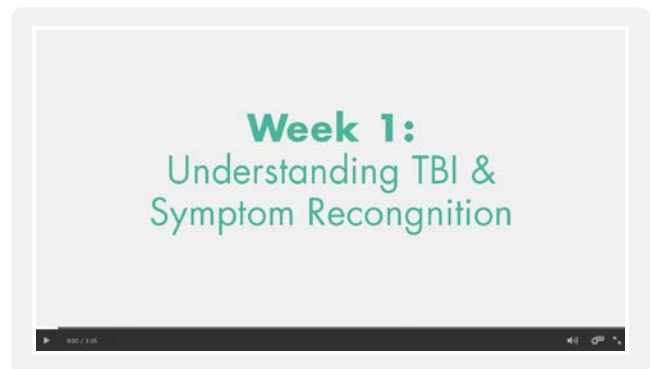
At the start of group take time to greet the participants, thank them for coming, ask them their names and share yours as well. Acknowledge this may not be the most fun way to spend their time, but these skills can be useful to them in the future. Overall, meet the participants where they are emotionally and developmentally to help establish a fun and engaging environment.



VIDEO

Watch the following video:

https://youtu.be/r_PfzyKW6Wo



HANDOUTS AND MATERIALS

- ☐ Take Home Impressions form
- ☐ Brain Injury Symptoms
- ☐ 4-7-8 Breath Relaxation Exercise
- ☐ Dealing with Triggers handout
- ☐ Symptom Recognition Log
- ☐ Candy/Food/Incentive for Group Activity

**All handouts/forms will need to be provided. Provide enough copies of handouts/forms for all participants and facilitators. Extra copies can be provided as needed for parents, teachers, probation officers, therapists, etc. Also, be sure to provide enough food/candy for all participants.*



WRITE

Write the following module outline on the white board:

- Structure, icebreaker, and topic
- Current understanding of concussion
- Concussion symptom education
- Break
- Symptom recognition
- Group activity
- Reflection

This curriculum uses the word 'concussion' but some people will better recognize or respond to 'brain injury.' Plan to adjust terminology as necessary.

WEEK 1

INTRODUCTORY ACTIVITIES



ESTABLISH GROUP RULES

2-5 MINUTES

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

1. Confidentiality
2. Respect
3. Participation

I am going to go over the rules for this group. If you have any questions about any of the group rules, please ask, and I can help to explain what that rule means.

There are 3 main rules:

The first is:

- 1. Confidentiality:** This means that what we discuss today stays in this room and is not shared with others.

That brings us to our second rule:

- 2. Respect:** Please be kind to one another, by...
 - Listening when someone else is speaking,
 - Not talking over each other,
 - And encouraging one another

The last rule is:

- 3. Participation:** We ask that you take part in the discussion. Your ideas are important to the group. At times, I may need to cut discussion short. I will tell the group when discussion time is over.

Note: As a reminder, rules only need to be reviewed in depth if there are new members who have not participated in previous weeks. Rules are discussed at the start of each group and only a brief reminder should be utilized for groups with no new members.



DISCUSSION PROMPT

What other rules does the group want to establish?

Some participants may take these modules out of sequence. Review homework from previous group if applicable.



ICE BREAKER AND INTRODUCTION

10 MINUTES

WRITE the following self-introduction questions on the white board. You may want to do this before the group starts.

- What is one thing you love to do?
- Tell us about a time when you felt proud of yourself.
- What is one thing you want to get out of this group?

Have group members write their answers on a sheet of paper. Once they are finished, advise group members to crumple their paper and throw it into the middle of the room. Each member will then pick up a random paper from the middle and read the answers. Allow all group members to share, then facilitate a brief discussion.

- What surprised you?
- In what ways are we alike? Different?
- What questions do you have for other members of the group?
- Has anyone attended a concussion workshop before?



EXPLAIN THE NATURE AND PACING OF THE GROUP

2-5 MINUTES

- Because we only have 60-90 minutes 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 Concussions (such as symptoms, symptom recognition, triggers, effective habits, stress management, etc.).
- 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.

WEEK 1

CONTENT



CURRENT UNDERSTANDING OF TBI

5 MINUTES

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

- All of you were asked questions about incidents in your past that may have involved a concussion or injury to your brain. Based on the questions you answered in the questionnaire called the OSU-TBI, all of you have experienced an injury to the brain or concussion that may be impacting you today.
- How many of you have heard of a concussion?
- What do you know about concussions in general?
- How many of you know that a concussion is, in fact, a traumatic brain injury or TBI?
- A concussion is a mild traumatic brain injury or mild TBI. A traumatic brain injury is caused by a force to your body or head that changes how clearly you can think or how you feel physically. For example, after a concussion or TBI you may experience a headache, dizziness, or feel off balance. You may also have trouble remembering what happened or feel foggy. A traumatic brain injury or TBI can be diagnosed as either mild, moderate or severe by a doctor. After one concussion or mild TBI, you may have noticed some changes in how you think, act or feel and those may have gone away. If you have a few concussions, you may notice that some of those changes stick around longer and many continue to bother you today. You do not need to lose consciousness to have a concussion.
- If you have an injury to the brain that brought you to a hospital for a night or several days, say, after a car accident, bike accident, or fight, you may have had a more moderate or severe brain injury. The changes you or others notice likely have stayed around longer and continue to bother you today.

- As we move forward, whether you had a concussion or several concussions, a moderate or severe traumatic brain injury, I am going to use the words traumatic brain injury or TBI. Does anyone have any questions about why I am doing that?
- What has changed since you experienced your TBI?

**** It is important to use the term traumatic brain injury or TBI when describing a concussion with lasting symptoms or a moderate to severe TBI because it helps community providers and medical professionals understand how to support and the services to provide.****



SYMPTOM QUESTIONNAIRE

15 MINUTES

Provide participants with Symptom Questionnaire handout. Read the directions and each question. Allow participants enough to complete the questions before moving on to the next. Make sure all participants complete the Symptom Questionnaire before moving on.



TBI SYMPTOM EDUCATION

15 MINUTES

Have participants reference the completed Symptom Questionnaire for the following section.

TBI, like any injury, have certain kinds of associated symptoms.

1. Most commonly, you see headaches and dizziness with concussions or mild TBI; however, many other symptoms can emerge with mild, moderate or severe TBI
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
- Sleeping more than usual
- Sensitivity to light
- Balance problems
- Irritability (explain if needed)

4. Cognitive complaints can result from a TBI. 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. Here are some examples.

- **Difficulty staying focused on certain tasks (limited attention).** For example, forgetting to complete tasks you've started, such as beginning to take notes in class but becoming distracted and doodling instead.
- **Difficulty controlling impulses (reckless behaviors or unable to "put 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 t-shirt to put on in the morning, you waver back and forth and are unable to easily settle on one choice.
- **Difficulty with long-term planning.** You may not be 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 skip class to spend time with friends, without taking into consideration that you missed a big test that day.
- **You may have long-term or short-term memory issues from loss of consciousness or being dazed.** You may struggle to remember details of your injury, the details of conversations and interactions with others, and certain periods from your past or material from class. It is important to remember that not everyone who gets a concussion will experience long-term memory impacts.

5. Substance use, while not a symptom of a TBI, can increase your likelihood of getting a concussion or moderate to severe TBI, and delay your recovery as well.

Substance use is mentioned due to the high correlation between substance use and TBI in adolescents.



DISCUSSION PROMPT

Some of these symptoms can look like “typical” behavior for someone your age. It is important to be patient and forgiving with yourself and your symptoms. Recognize that you are living with the effects of a TBI while also trying to develop into adulthood. Be kind to yourself as you navigate both worlds.

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

10 MINUTES

Now we are going to take a ten-minute break. During this break, we are going to practice a stress management technique (4-7-8 Breath Relaxation Exercise) that you can use when you are feeling angry or stressed; it is called guided breathing. After the exercise, take the remaining time to use the bathroom and ask questions if you need to.



4-7-8 BREATH RELAXATION EXERCISE

2-3 MINUTES

Provide participants with the 4-7-8 Breath Relaxation Exercise. This breathing exercise should take 2-3 minutes. The remaining time is to be used for bathroom breaks and questions.

- Breathe in through your nose, out through your mouth, holding count with the facilitator.
- Inhale for four counts, hold your breath for seven counts, and exhale for eight counts.
- Repeat 4 times.



SYMPTOM RECOGNITION

10 MINUTES

We are going to spend some time discussing how to recognize the symptoms of TBI.





- How do we tell the difference between TBI symptoms and other bodily experiences, such as hunger or exhaustion?
- How do we explain our symptoms to others? For example, you might explain a TBI to a friend, parent, or teacher by saying something like what you see on the board. How would you fill in the blank? You can write this down to help you communicate with the people in your life.

Provide participants with the Dealing with Triggers handout and read through it. Encourage participants to share that information with their parents, therapists, etc. as needed.

Many symptoms of TBI can be triggered or exaggerated by your emotions or the environment. You can feel triggered by internal stimuli (emotions, thoughts) or external stimuli (smells, sights, events). Something that triggers you will cause you to experience an unpleasant and often strong emotional response.

WRITE the following on the whiteboard for next activity: *Due to an injury to my brain, I sometimes have trouble remembering things and staying on track. As a result, it may take me longer to read something, or to complete tasks than it used to. I need you to help me with: _____. Be patient with me as I learn how to function with these changes in my brain.*

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

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

WEEK 1

GROUP ACTIVITY



DISCUSSION OF SYMPTOMS

15 MINUTES

Candy/food/incentive will be utilized during this activity. ASK participants if they have any food allergies prior handing out candy or food.

Five questions will be presented to you. Up to two people will be given the opportunity to share per question. These questions will be about your own experiences. Please raise your hand when you want to share, and you will be given candy for your participation.

1. Have you ever felt triggered? If so, why?
2. Can you describe a time when you had to explain symptoms of your TBI to a friend, family member, teacher, etc.? What was this like for you? How did they respond?
3. How can you advocate for yourself in school? What could you tell your teachers if you are experiencing symptoms in class?
4. What is one of your strengths?
5. How can you use your strengths when you are coping with concussion symptoms?
Use examples if necessary (i.e., "One of my strengths is that I am a good writer, so I might write in a journal when I feel triggered.")

WEEK 1

REFLECTION/ HOMEWORK



15 MINUTES

As we come to the end of our group, let's take some time to reflect on what we did today. You should practice what you have learned before the next session.

Provide participants with the Take-Home Impressions form and have them complete it (allow 5 minutes for completion of form). This form is for participants to fill out here but to utilize at home.

The following discussion questions will cover the material on the handout.

- Can you identify internal or external stimuli that make your symptoms better or worse (stress, noise levels, etc.)?
- How will you practice what we learned today in your own life this week?
- Think of a support person (friend, parent, behavioral health specialist, etc.) that could help you recognize your symptoms. Why did you choose that person?
- What was the most useful content in this workshop? The least useful?

Over the following weeks, we will be exploring more strategies to manage your TBI symptoms and stressors that may trigger them.



DISCUSSION PROMPT

Do you have any questions?

WEEK 1

HANDOUTS

TAKE-HOME IMPRESSIONS

BRAIN INJURY SYMPTOMS

4 -7- 8 BREATH RELAXATION EXERCISE

DEALING WITH TRIGGERS

SYMPTOM RECOGNITION LOG

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) _____

BRAIN INJURY SYMPTOMS

BRAIN INJURIES CAN RANGE IN SCOPE FROM MILD TO SEVERE. THE IMPACT OF BRAIN INJURY CAN INCLUDE:



PHYSICAL

- Headache
- Nausea
- Fatigue
- Numbness/Tingling
- Feeling dazed/stunned
- Balance Problems
- Dizziness
- Difficulties with interpretation of touch, temperature, movement, limb position and fine discrimination
- Trouble with integration or patterning of sensory impressions into psychologically meaningful data
- Partial or total loss of vision
- Diplopia: weakness of eye muscles and double vision
- blurred vision
- Problems judging distance
- Nystagmus: involuntary eye movements
- Photophobia: intolerance of light
- Decrease or loss of hearing
- Tinnitus: ringing in the ears
- Increased sensitivity to sounds
- Anosmia: loss or diminished sense of smell
- Loss or diminished sense of taste
- Convulsions associated with epilepsy that can be several types and can involve disruption in consciousness, sensory perception, or motor movements
- Spasticity: physical paralysis
- Chronic pain
- Control of bowel and bladder
- Menstrual difficulties
- Regulation of body temperature
- Loss of stamina
- Appetite changes



COGNITIVE

- Feeling mentally “foggy”
- Feeling slowed down
- Difficulty with concentrating and/or memory
- Forgetting recent information and/or conversations
- Confusion
- Repeating questions
- Difficulty with attention, distractibility, speed of processing
- Difficulty with perseveration, impulsiveness, language processing
- Struggling with “executive functions”
- Receptive aphasia: not understanding the spoken word
- Expressive aphasia: difficulty speaking and being understood
- Slurred speech or speaking very fast/very slow
- Difficulty with reading and/or writing



EMOTIONAL

- Irritability
- Sadness/Depression
- Nervousness
- Aggression
- Disinhibition
- Dependent behaviors/lack of motivation
- Denial/lack of awareness
- Struggling with emotional ability or being more emotional



SLEEP

- Drowsiness
- Trouble falling asleep
- Sleeping less than usual or more than usual

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 This is one 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

*Make sure you take time to acquaint yourself with this curriculum so you can be as engaged, energetic, and confident as possible when working with the kids!

GOALS/OBJECTIVES:

To increase group member knowledge of strategies to 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:

The entire session should last for approximately 60-90 minutes.

NUMBER OF PARTICIPANTS:

A minimum of four participants is suggested.

WEEK 2

PREPARATION



VIDEO

Watch the following video:

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



HANDOUTS AND MATERIALS

- ☐ Practical Memory Strategies
- ☐ Muscle Relaxation Script
- ☐ Memory Flash Cards
- ☐ S.M.A.R.T. Goals Defined
- ☐ Take-Home Impressions Form (Optional)
- ☐ Candy (for memory activity)

*All handouts/forms will need to be provided. Provide enough copies of handouts/forms for all participants and facilitators. Extra copies can be provided as needed for parents, teachers, probation officers, therapists, etc. Also, be sure to provide enough food/candy for all participants.



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.

*At the start of group take time to greet the participants, thank them for coming, ask them their names and share yours as well. Acknowledge this may not be the most fun way to spend their time, but these skills can be useful to them in the future. Overall, meet the participants where they are emotionally and developmentally to help establish a fun and engaging environment.



WRITE

Write the following module outline on the white board:

- Structure and topic
- Concussion and Memory
- Break
- Introducing SMART goals
- Discussion: developing a SMART goal
- Reflection

*This curriculum uses the word 'concussion' but some people will better recognize or respond to 'brain injury.' Plan to adjust terminology as necessary.

WEEK 2

INTRODUCTORY ACTIVITIES



ESTABLISH GROUP RULES

2-5 MINUTES

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

1. Confidentiality
2. Respect
3. Participation

I am going to go over the rules for this group. If you have any questions about any of the group rules, please ask, and I can help to explain what that rule means.

There are 3 main rules:

The first is:

- 1. Confidentiality:** This means that what we discuss today stays in this room and is not shared with others.

That brings us to our second rule:

- 2. Respect:** Please be kind to one another, by...
- Listening when someone else is speaking,
 - Not talking over each other,
 - And encouraging one another

The last rule is:

- 3. Participation:** We ask that you take part in the discussion. Your ideas are important to the group. At times, I may need to cut discussion short. I will tell the group when discussion time is over.

Note: As a reminder, rules only need to be reviewed in depth if there are new members who have not participated in previous weeks. Rules are discussed at the start of each group and only a brief reminder should be utilized for groups with no new members.



DISCUSSION PROMPT

What other rules does the group want to establish?



ICE BREAKER AND INTRODUCTION

5-10 MINUTES

For our icebreaker today, pretend you are stranded on an island by yourself. Introduce yourself by saying your name and saying three items you would take with you and why.

Review Take-Home Impressions Form From Module 1

- Have you recognized any of your own concussion symptoms this week? Did you explain them to someone in your support system?

Some participants may take these modules out of sequence. Review homework from previous group with the following questions if applicable.

- During the past week, have you done anything differently because of what you learned in the previous groups? If so, please describe what you did.



EXPLAIN THE NATURE AND PACING OF THE GROUP

2-5 MINUTES

- Because we only have an hour 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 a concussion impacts memory, and how it may have affected your memory since your injury.

- Also, we will discuss the importance of goal setting and how established goals can assist you as you move through this program.
- 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.
- **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.



DISCUSSION PROMPT

Do you have any questions?

WEEK 2

CONTENT



CONCUSSION AND MEMORY

10-15 MINUTES

Because a concussion can influence your ability to remember information, we are going to review some skills that you can use to help you remember information better. Do any of you have current strategies you use to help you remember your schedule?

Pass out the handout on Practical Memory Strategies (page 44).

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

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

- 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?

If participants are struggling to engage, reassure participants that there is no wrong answer and provide applicable examples to help lead discussion.

After asking these questions, review the remainder of the Practical Memory Strategies handout with the participants to ensure an understanding of the material. Emphasize the importance of establishing a routine when 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 these strategies?
- If you need reminders to use these strategies, communicate this to the people around you. Your friends and family can remind you to practice these skills.

- Now we will learn a game that you can play on your own time to help improve your memory. Think of memory like a muscle, the more you train it, the stronger it will get! On the other hand, if you do not exercise it, then it can get weaker.

Pass out Memory Practice Flash Cards handout.

Ask participants if they have any food allergies prior handing out candy or food.

Go over the name of each shape on the handout. Then pass out the blank answer sheet and flip the handout over and point to each section on the paper and ask participants to name which shape is in that section.

To change things up, switch the task so that participants have to point to where each shape is (i.e. "Where is the star?" versus "What shape was in the top center"?). Do an example of this exercise before handing out the paper to participants to avoid cheating.

Participants ability will vary depending on the severity of their concussion and you may need to adjust the number of shapes memorized depending on their ability level.

- Practicing exercises like this can help you train your brain to better remember new information. I encourage you all to take this handout home and practice on your own time or make up your own games to train your memory. The more you practice, the more your memory will improve.

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.

Refer to progressive muscle relaxation handout.



INTRODUCE THE TOPIC OF GOAL SETTING

10-15 MINUTES

In the event that participants have not received a neuropsychological screening evaluation, ask them instead to share feedback they have received from teachers, counselors, peers, or family members.

- Now we are going to talk about goals. Studies show that people who organize their day with set events and goals actually have better memory regarding their day-to-day activities and are able to function well and achieve goals.
- Prior to beginning this group, you each met with a clinician discuss the results of your neuropsychological screenings.
- 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 feedback summaries (or reports). For the next 10 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 delayed memory (e.g., a score of Clearly Below Average or otherwise indicated on the feedback summary) 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.

The over-arching purpose of this treatment group is to empower the participants and instill a sense of self-advocacy as they transition into other settings. Emphasize that the goals they outline for themselves should feel empowering.



DISCUSSION PROMPT

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 time frame.



WRITE

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 participant examples on the white board.



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

10-15 MINUTES

Pass out the S.M.A.R.T. Goals handout (page 48).

- S.M.A.R.T. is an acronym that stands for
 - S** – specific, significant, stretching
 - M** – measurable, meaningful, motivational
 - A** – agreed upon, attainable, achievable, acceptable, action-oriented
 - R** – realistic, relevant, reasonable, rewarding, results-oriented
 - T** – time-based, time-bound, timely, tangible, trackable

This style of goal setting helps identify certain aspects of goals so you can achieve them. Setting S.M.A.R.T. goals is important because they break down big goals into smaller pieces that are less discouraging and intimidating. For example, say your goal was to find a job. 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 find a job, 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 “find a job,” which would be very difficult to accomplish right off the bat, your first S.M.A.R.T. goal could be, for example, “apply to three jobs 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 apply to three jobs or not), Attainable (you know you are capable of applying to three jobs), 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 finding a job, and you can make your next week’s goal based on how the first S.M.A.R.T. goal went.

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 within the next week, 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.
- Identify the 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 bigger goal!

WEEK 2

REFLECTION & APPLIED PRACTICE



5 MINUTES

Pass out the Take-Home Impressions form and ask the participants to complete it.

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

- Please share your responses if you'd like.

For our next meeting, I would like you to review your S.M.A.R.T. goal(s) and start working on meeting that goal. Review your goal(s) with your designated support person and encourage them 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? What were your favorite and least favorite parts of the session?

WEEK 2

HANDOUTS

PRACTICAL MEMORY STRATEGIES

MUSCLE RELAXATION SCRIPT

MEMORY FLASH CARDS

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

TAKE-HOME IMPRESSIONS (OPTIONAL)

PRACTICAL MEMORY STRATEGIES

EXTERNAL MEMORY AIDS

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

- Diaries and datebooks
- Notebooks
- Lists
- Calendars
- Wall charts
- Post-it notes

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
- Have your Behavioral Health Specialist (BHS) help you

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

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?

1. ONE STRATEGY I LEARNED TODAY IS:

2. THREE SITUATIONS WHERE I CAN SEE MYSELF USING THAT STRATEGY/SKILL:

1. _____

2. _____

3. _____

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.

PREPARATION

Here is how to prepare:

- Find a quiet, comfortable spot to practice.
- Sit up or lie down while you practice.
- Have a blanket or sheet handy. Often when people are relaxed, they find they are cooler and need a light blanket.
- Take a few minutes to think about your breathing. (You can keep your eyes open or closed.) Try to do stomach breathing. Fill your stomach as you breathe in and then breathe out. Begin to slow your breathing down. Try to focus only on your breathing.

PROGRESSIVE MUSCLE RELAXATION

Steps to follow for progressive muscle relaxation:

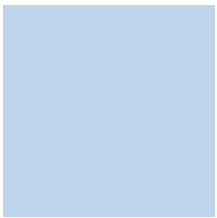
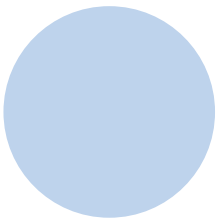
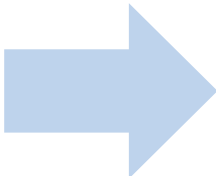

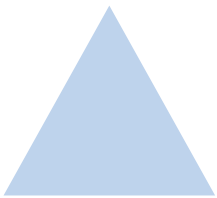




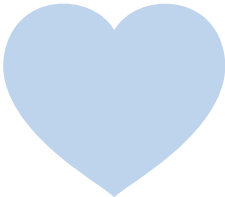

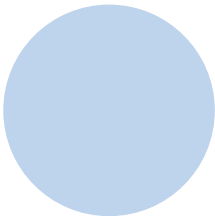
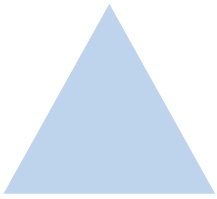
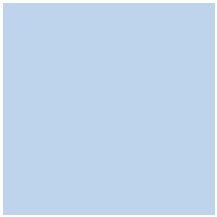


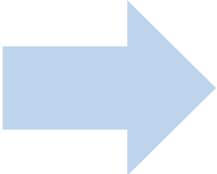
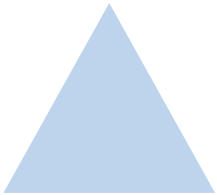
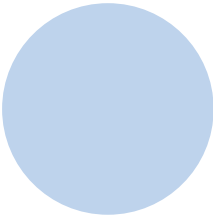





- Take in a deep breath. Hold that breath for a count of 4, let it out, and begin to relax. Do this about 4 times. As you breathe in, think about good, soothing energy flowing in. As you breathe out, breathe out your stress and bad thoughts.
- Allow your mind to focus on one body part at a time. Move from the top of your head all the way down to your toes.
- Relax your head and your scalp. Repeat this 2 or 3 times.
- Move down to your eyes. Relax your eyes and the muscles around your eyes. Squeeze your eyes tight for 4 counts, then relax. Notice the difference in your eyes and face when your eyes are squeezed and tense, and when they are relaxed.
- Focus on your mouth. Relax your mouth. Allow it to go limp.... Move down your neck, and relax your neck muscles.... Relax your shoulders....
- When you get to your arms, you may relax them one at a time or both at the same time. You may even choose to relax each finger, one at a time.
- Move all the way down to your toes using this skill.

EXTRA TIPS

Tips that may help body areas that are tense or painful:

- As you move down your body, you may want to tighten and then relax certain body parts. This helps to show how different your body feels when it is tense and when it is relaxed. You can tense and then relax your eyes, hands, toes, mouth, and shoulders. You should get more relaxed as you move down your body. If you feel relaxed, you may not feel like doing this part past your mouth or shoulders.
- Warm often feels good. Think about any part of your body being warmed by the sun. For example, if your right arm has pain, you can focus on this arm. Think about warm rays of sun on your arm.

MEMORY FLASH CARDS

MEMORY FLASH CARDS

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



- **Specific** *(What, exactly, in detail, do you want to achieve?)*



- **Measurable** *(How will you know when you've reached your goal? Quantify it!)*



- **Actionable** *(What resources are needed - do you have them...including time?)*



- **Realistic** *(What's the outcome - the change - you're expecting?)*



- **Timed** *(Break it into steps. When will each step be completed?)*

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 3

COMMUNICATION MASTERY

*Make sure you take time to acquaint yourself with this curriculum, so you can be as engaged, energetic, and confident as possible when working with the kids!

*Please refer to the facilitator reading list at the end of the section to further acquaint yourself with more detailed information about traumatic and acquired brain injuries and communication, as discussed in this section.

GOALS/OBJECTIVES:

To engage members in a conversation about communication skills and how those may change following a brain injury.

- ☐ Normalize difficulty in communication and encourage members to share experiences.
- ☐ Introduce different communication styles and ask members to identify the pros and cons of each.
- ☐ Introduce skills for effective communication and practice skills in an activity.
- ☐ Participants will use 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 3

PREPARATION



VIDEO

Watch the following video:

<https://youtu.be/Y02clqBzrbs>

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



HANDOUTS AND MATERIALS

- ☐ Four-Part "I Statements" Worksheet
- ☐ How to Communicate Clearly
- ☐ Take-Home Impressions (optional)
- ☐ Snacks

*All handouts/forms will need to be provided. Provide enough copies of handouts/forms for all participants and facilitators. Please be mindful to provide extra copies for parents, teachers, probation officers, therapists, etc. as appropriate.



WRITE

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

- Avoidant
- Indirect
- Aggressive
- Clear

*This curriculum uses the word 'brain injury' but some people will better recognize or respond to 'concussion.' Plan to adjust terminology as necessary.

WEEK 3

INTRODUCTORY ACTIVITIES



ESTABLISH GROUP RULES

2-5 MINUTES

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

1. Confidentiality
2. Respect
3. Participation

I am going to go over the rules for this group. If you have any questions about any of the group rules, please ask, and I can help to explain what that rule means.

There are 3 main rules:

The first is:

- 1. Confidentiality:** This means that what we discuss today stays in this room and is not shared with others.

That brings us to our second rule:

- 2. Respect:** Please be kind to one another, by...
 - Listening when someone else is speaking,
 - Not talking over each other,
 - And encouraging one another

The last rule is:

- 3. Participation:** We ask that you take part in the discussion. Your ideas are important to the group. At times, I may need to cut discussion short. I will tell the group when discussion time is over.

Note: As a reminder, rules only need to be reviewed in depth if there are new members who have not participated in previous weeks. Rules are discussed at the start of each group and only a brief reminder should be utilized for groups with no new members.



ICE BREAKER AND INTRODUCTION

2-5 MINUTES

Facilitator(s) should introduce themselves at this time.

Please share your name, age, and your favorite movie and what you like about it. Also, please share whether you have participated in any of the previous groups. If you have previously participated, please share your favorite thing you've learned so far.

Thank you for coming today. We appreciate your willingness to participate, as it will make the session more fun. At the end of today's session, we will ask you to share one thing you liked and one thing you disliked about today's group. We want to make sure this module is something you find useful, so your input is very important to us.



APPLIED PRACTICE REVIEW

2-5 MINUTES

Ask the participants who were present for the previous module about their practice and if they have new goals based on their practice. For participants who have not done this module, define S.M.A.R.T. goals and ask them to begin thinking about potential goals they have for themselves based on examples presented by peers.

Last week you worked on establishing S.M.A.R.T. Goals:

- Has anyone had the chance to start working toward their goal?
- Has anyone started any new goals?
- What has everyone found helpful about using S.M.A.R.T. Goals?



DISCUSSION PROMPT

Are there any other rules you'd like to establish?

Be sure to write any additional rules on the whiteboard.



EXPLAIN THE NATURE AND PACING OF THE GROUP

2-5 MINUTES

- Since we only have about an hour for each group meeting, it is important that we try to stay on topic.
- Today, we are going to work together and learn about different styles that people use to communicate. We are going to discuss the positives and negatives of each communication style. We will show how to advocate for yourself by learning how to ask for what you need. We will then practice these skills.
- In order to get through all the material, I will give reminders when that section's time is almost up. If at any point I move on from a topic and you would like to continue to talk about it, please let me know after group or during a break.

WEEK 3

CONTENT



CONVERSATION ON VERBAL COMMUNICATION

5 MINUTES

Now we're going to discuss verbal communication. The styles we use to communicate with others can sometimes change after experiencing a brain injury. This change can make it more difficult to communicate our needs to others, in a way that is clear and concise. By learning the different styles of communication and new communication skills, we can work to help each other learn new strategies for more effective communication. Let's start with some questions.

- What do you find difficult about communicating with others?
- How do you feel when you must advocate for yourself?
- How do you think your ability to communicate with others has personally changed since your brain injury?



DISCUSSION PROMPT

What do you hope to get out of today's session?

The purpose of the preceding questions and discussion prompt are to encourage participants to consider the areas in which this curriculum can help them build communication skills. Make sure answers stay focused on either positive interactions or on constructive review of situations that did not go well.

Note: Effective communication takes time to develop and some people have trouble mastering it. Just remember to be patient and keep trying the skills you learn today, even if they're hard at first. Think of it like learning a new sport; once you learn the correct skills, you will feel more confident in your performance.



VERBAL COMMUNICATION STYLES

5 MINUTES

There are 4 main communication styles we are going to discuss today: Avoidant, Indirect, Aggressive, and Clear.

1. Avoidant: When you avoid expressing your opinions and feelings and do not respond to upsetting situations. Instead, you allow your frustration or anger to build up until you have an outburst that is going to make things worse. Afterward, you might feel shame, guilt, or confusion, and go back to being passive.

- Imagine I am holding a bottle of soda in my hand and begin to shake it up. What do you think would happen to the soda if I opened it? (Allow participants time to respond.) Similar to the soda, avoiding expressing emotions often leads to an explosion.

2. Indirect: When you appear calm 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. You feel unable to directly deal with what is upsetting you. Instead, you express anger through nonverbal behaviors like silence or tone of voice.

Facilitators role-play a conversation in which one of them expresses emotions through nonverbal behaviors (e.g., saying, "I'm fine," in an angry or upset tone of voice).

3. Aggressive: When you express your feelings and opinions in a way that violates the rights of others. You can be verbally or physically abusive.

Facilitators role-play a conversation in which one of them expresses emotions using verbal aggression (e.g., yelling).

4. Clear: When you clearly state your opinions and feelings without violating the needs of others. You value yourself and are a strong advocate, while being very respectful of the rights of others.

- I would like you to think back on our soda example from before. Imagine I opened the soda slowly after shaking it to allow it time to depressurize. This is what clear communication looks like; taking time to let feelings out in a respectful way to avoid an explosion.

Ask the following:

- What are your experiences with each communication style?
- Which communication style do you think is best?
- Which style feels most natural to you, or you use the most?
- How do you think having a brain injury may affect these styles?

BREAK

5 MINUTES

Now we are going to take a five-minute break. I will let you know when time is almost up. At that time, I would like you all to come back to your seats.

**Distribute snacks (optional) to participants at this time. (*For DYS participants only – inform them that snacks must be consumed during the training and may not leave the room with them, per DYS staff's directives).*



NONVERBAL COMMUNICATION

5 MINUTES

As we said earlier, we are always communicating, whether verbally or nonverbally. In fact, most of our communication is done without words. We do not normally think about body language, but it is just as important as the words we say. Some of the nonverbal communication skills we use include eye contact, body language, tone of voice, and facial expressions. Here are some examples:

- **Making eye contact shows confidence in your words and shows others you are interested in theirs.**
- **Be aware of everyone's personal space; being too far away or too close to someone could make the situation uncomfortable.**
- **Be aware of your posture when speaking with others.** A straight, forward stance shows you are engaged in a conversation.
- **Facial expressions can tell a lot about someone's mood.**
Try offering a smile when appropriate to convey a comfortable, friendly environment to everyone in the conversation.

Because nonverbal communication is so important, I want you to listen to the following scenario and be prepared to answer a few questions.

Scenario: You're walking down the hallways when notice someone looking at you. The other person has started using certain body cues and facial expressions that make it look like they want to fight. What do these nonverbal cues look like? How could you respond with your eye contact in this situation? How could we be aware of our body language in the hallway? Are there any ways you could use your facial expressions to respond positively? What negative nonverbal cues should you make sure to not give off?

Ask the following:

- Are you able to read body language?
- Do you think you misread body language?

Please pair with the person next to you and practice using the nonverbal cues we discussed. For example, you may talk to your partner about how your day has been. During this conversation you can try using appropriate eye contact and posture.



CLEAR COMMUNICATION PRACTICE

10 MINUTES

Distribute How to Communicate Clearly handout.

If you attended the previous weeks of this program, you would have participated in a breathing exercise. Breathing exercises are well-researched strategies for helping us manage our emotions and focus our attention. This exercise can also be useful in teaching us how to pause before we respond to someone. However, rather than relying on breathing alone, we are going to teach you how to manage your emotions and focus your attention using communication skills.

If you look at your handout, you'll see a concept called the Three C's. The Three C's stand for clear, concise and conscientious. Clear communication is used to make your message straightforward and understandable. Concise means short, so you are getting to the point quickly. Conscientious means you are thinking about who you're talking to and how your conversation may affect them.

We are going to practice using the Three C's in a way that also allows you to pause and think before responding to someone. If someone you know, like a parent, a friend, or teacher, asks you a question you are not prepared for you

can use the Three C's to ask for a minute to collect your thoughts. You can also use this time to prepare an answer in an upsetting situation.

For example, if your teacher confronts you about an assignment you don't remember, you can say, "I'm not sure what you're talking about. Can I have a minute to think about it?" Another example is if you are asked a surprising question. You might respond with, "that's a good question. I'll need a minute to think about that." These responses let the other person know you've acknowledged their concern, but you need time to figure things out before you respond to them.



DISCUSSION PROMPT

Try to think of a situation where the Three C's and asking for time might have come in handy.



INTRODUCE ADDITIONAL COMMUNICATION SKILLS

10 MINUTES

Now we are going to discuss other effective communication skills. Earlier we talked about different verbal and nonverbal communication styles. Now, we are going to go over communication skills.

Some skills that can help communication are:

- Frequent eye contact. This lets the person you are talking to know that you are interested and engaged in what they are saying.
- 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 an angry 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.)

- Using “I Statements” is a great way to get across what you are truly thinking or feeling without causing the other person to get defensive. The best part about “I Statements” is that you approach the issue from your own point of view and talk about how the other person’s actions make you feel without attacking or blaming them.

Distribute Four-Part “I Statements” handout

Here’s how an “I Statement” is structured:

“When you _____, I feel _____, because _____.”

Example: You were expecting your friend to respond to an important text, but they never responded. Instead of saying, “I can’t believe you ignored my text! You don’t care about me!” You could use an “I Statement” and say, “When you didn’t text me back, I felt disappointed, because I really wanted to discuss something with you.”

- Which approach do you think would lead to a better conversation? Why?

Ask participants to rephrase the following statement a student said to his teacher:

“You’re completely unfair! You only call on me when you know I don’t know the answer. You just want to embarrass me. It’s your fault that I’m failing.”

Rephrase options could include:

- “When you yell at me, it makes me feel angry, because I feel like you are trying to intimidate me rather than teach me.”
- “When you yell at me, I feel angry because I am working hard even though I don’t get the material. Can you explain this in a different way?”

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 oversimplify and cause the other person to feel defensive.) Let's look at an example to see how staying away from "absolutes" makes conflicts less threatening.

Example: Your parent yells at you for forgetting to do the dishes for the third day in a row. Instead of saying, "You never do the dishes when I ask!" they might say, "I know sometimes you forget to do the dishes, but will you remember to do them today, so we have dishes to use for dinner this evening?" Which statement do you think would make you more willing to help?

Let's practice these new skills. Try taking the absolutes out of the following statements and/or re-wording them as "I Statements" for better communication:

1. "You always take hours to respond to my text messages. You must not care about me!"
2. "Whenever I have friends over, you always yell at me in front of them."
3. "It's never my turn to pick what we watch on TV. You always choose!"
4. "You're never honest with me about your feelings."

WEEK 3

GROUP ACTIVITY



GROUP ACTIVITY

5-10 MINUTES

Now that we have learned which communication styles are least helpful and which is the most helpful, let's continue practicing the skills we have discussed. We're going to try some role-playing using the clear communication style because we know it is the most helpful.

I want you to break up into pairs. I would like you to use all the skills you have learned so far to practice with each other, using the clear communication style. Between you and your partner, decide who is who in each scenario. Here are two scenarios to use to practice using your communication skills:

1. You and the other person made plans to meet during lunch to work on your assigned project together. However, your partner did not show up, which forced you to finish the project on your own. You are upset because your partner left you with all the workload and now you do not want to work on another project with them in the future. Your partner minimizes your feelings.

Allow participants five minutes to discuss the first example before moving on to the second. Either have partners switch halfway between the five minutes or have one partner do scenario 1 and the second partner do scenario 2.

2. You agreed to let your friend borrow your favorite jacket on the condition they give it back in one week. It has now been two months and you see your friend wearing your jacket at school. You are upset and ask for it back but your friend insists it is their jacket and they returned your jacket.



DISCUSSION OF ACTIVITY/WRAP-UP

5-10 MINUTES

- Did anyone have difficulty using the clear communication style? If so, why?
- How did using “I Statements” and avoiding absolutes make the conversation or confrontation easier?
- What strategies can you use to remind yourself to use these skills when you are in an emotionally heated situation?
- We have covered a lot of material today about communication and how to communicate with others effectively. What challenges do you foresee in using the skills you learned today?
- As mentioned earlier, your feedback is an important part of this group. What were the most and least helpful things that we went over today?

WEEK 3

PRACTICE



2 MINUTES

If a conflict arises between now and our next meeting, give these skills a try. Please be prepared to share in our next meeting.



DISCUSSION PROMPT

Do you have any questions?

WEEK 3

HANDOUTS

FOUR-PART “I” STATEMENTS

HOW TO COMMUNICATE CLEARLY

TAKE-HOME IMPRESSIONS (OPTIONAL)

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 do not blame them for your feeling that way. 'I' statements can be an effective way of getting your message across when you are angry, irritated, upset or just 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.



THE ACTION

You need to describe the action or situation causing the problem objectively. Give a true 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.



YOUR RESPONSE

People do not always know the effects of their actions. When you are talking about your response you are on safe ground. You are discussing the facts. 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 do not do it. For example, "I feel like ignoring you"; "I want to walk out".

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



YOUR PREFERRED OUTCOME

Discuss what you would like to be able to do or have: "I'd like to have messages left for me in" 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*)

HOW TO COMMUNICATE CLEARLY

WHAT IS CLEAR COMMUNICATION?

- Influencing others
- Setting your boundaries
 - Respecting your own rights, while keeping a positive relationship with the other person.
- A form of persuasive communication

The difference between being aggressive and clear and how to avoid crossing the line:

SPEAKING UP FOR YOURSELF WITHOUT BEING AGGRESSIVE

Use the three C's

1. **Clear:** When you want to be heard, make sure that your messages are straightforward and understandable. Use language that makes the listener clear on what you are saying. Avoid big or flashy words that can cause confusion.
2. **Concise:** Do not beat around the bush or avoid the topic. By getting to the point quickly, you are able to limit the amount of confusion or misunderstanding distracting from your concern or issue at hand.
3. **Conscientious:** This means giving respect to the others in a conversation. When people in a conversation feel respected, they are more willing to listen to what you have to say. Starting a conversation with a calm greeting or refraining from aggressive body language are two ways you can be conscientious in a conversation.

The goal of assertive communication is to get your point across in a way that the other person wants to hear. Speak to other the way you want to be spoken to.

HOW TO DEFEND YOURSELF WITHOUT LETTING YOUR EMOTIONS GET THE BETTER OF YOU

1. 🚗 😡 **The hit and run:** they dump on you then leave. Tell them you would like to revisit that issue after you have had time to consider what they need. Give yourself time to think first.
2. 😱 ⌚ **The hallway ambush:** they corner you as you are on your way to do something else and want a response now. Tell them you will get back to them as soon as you have had time to think about it.
3. 😞 😡 **The misplaced blame:** not even your fault or responsibility. Say, "I can see that you're frustrated by that. Why do not you talk with "Joe" about why things were handled that way."
4. 😡 😡 **The appropriately placed (but over the top) blame:** Your slip. Do not over-apologize, just acknowledge your mistake and move on. Say, "I'm sorry that I did that. I will try to make it up to you."

*Adapted from: Assertiveness Skills: A Guide to Positively Successful Communication
Rockhurst University Continuing Education Center, Inc (2008).*

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

EMOTION REGULATION

*Make sure you take time to acquaint yourself with this curriculum, so you can be as engaged, energetic, and confident as possible when working with the kids!

BRAIN INJURY AND EMOTIONAL DYSREGULATION

GOALS/OBJECTIVES:

This module contains information to teach participants to better understand how their brain injury is related to their emotional dysregulation (lability). This module should be utilized to help participants learn how to identify and label their emotions and develop coping and emotional regulation skills.

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
- ☐ Practice coping skills to reduce or navigate emotional outbursts
- ☐ Provide psychoeducation on how emotional dysregulation is related to brain injury
- ☐ 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 4

PREPARATION



VIDEO

Watch the following video:

<https://youtu.be/fZReF6XmphU>



HANDOUTS/MATERIALS

For trainer information on emotional dysregulation and TBI, see: <http://braininjuryeducation.org/TBI-Basics/Behavioral-and-Emotional-Impacts-of-TBI/>

Handouts (Make copies for parents, guardians and/or probation officers):

- ☐ Bodily Map of Emotions Handout
- ☐ Emotion Log
- ☐ One-Minute Breathing Space
- ☐ The Body Scan Meditation
- ☐ Befriending Fear Exercise
- ☐ Emotional Recognition & Regulation
- ☐ Take-Home Impressions (optional)

Additional Supplies needed:

- ☐ Pencils
- ☐ Bag of colored candy (M&M, Skittles, Jelly Beans, etc.)
- ☐ Colored pencils or crayons

*At the start of group take time to greet the participants, thank them for coming, ask them their names and share yours as well. Overall, you want to establish a fun and engaging environment.



WRITE

Write **Module Outline** on the whiteboard for reference by participants throughout the treatment group:

- Structure and Topic
- Applied Practice Review
- Mood Dysregulation & Brain Injuries
- Mindfulness Break
- Group Activity
- Reflection
- Applied Practice Assignment

WEEK 4

INTRODUCTORY ACTIVITIES



ESTABLISH GROUP RULES

2-5 MINUTES

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

1. Confidentiality
2. Respect
3. Participation

I am going to go over the rules for this group. If you have any questions about any of the group rules, please ask, and I can help to explain what that rule means.

There are 3 main rules:

The first is:

- 1. Confidentiality:** This means that what we discuss today stays in this room and is not shared with others.

That brings us to our second rule:

- 2. Respect:** Please be kind to one another, by...

- Listening when someone else is speaking,
- Not talking over each other,
- And encouraging one another

The last rule is:

- 3. Participation:** We ask that you take part in the discussion. Your ideas are important to the group. At times, I may need to cut discussion short. I will tell the group when discussion time is over.

Note: As a reminder, rules only need to be reviewed in depth if there are new members who have not participated in previous weeks. Rules are discussed at the start of each group and only a brief reminder should be utilized for groups with no new members.



DISCUSSION PROMPT

What other rules does the group want to establish?

WRITE Group Rules on the whiteboard for participants to reference throughout the treatment group.

1. Confidentiality
2. Respect
3. Participation
4. Practice

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



ICE BREAKER

5 MINUTES

ASK participants if they have any food allergies prior handing out candy or food.

WRITE the candy colors and correlated questions for each:

- Brown: If you could live anywhere in the world, where would you choose?
- Orange: What is one of your favorite hobbies?
- Red: If you could have an endless supply of your favorite food, what would it be?
- Green: What is your favorite holiday and why?
- Yellow: If you were an animal, what would you be and why?
- Blue: What is one of your favorite songs or music genres at the moment?

TO DO: Open a small bag of colored candies. After explaining the activity to the group, the facilitator(s) should participate first as an example. The bag should then be handed to the participant on your right. Have participants continue passing the

bag around in a circle after they have chosen their two candies and shared their fun facts/answers.

Let's take a minute to get to know each other a little better. I'm going to open this bag of M&Ms and pass it around in a circle. When the bag is in your hands, please share your name with the group and then pour (not grab) two candies into your hand. Each candy color is associated with a fun question to answer before passing the bag along to the next group member. I'll start us off.



APPLIED PRACTICE REVIEW

5 MINUTES

Last week you worked on Communication Skills. You were asked to practice these skills on your own when you had a conflict with someone.

- What went well?
- What were some challenges?
- What will you do differently or the same next time?

Note: *If participants have not completed the applied practice, please ask the following questions:*

- *What led to your decision to not use the communication skills you learned?*
- *What would help you try them?*

WEEK 4

CONTENT



UNDERSTANDING OF MOOD SWINGS & EMOTIONAL OUTBURSTS

5-10 MINUTES

Distribute Handout (page 82) and crayons/colored pencils. Review with the group to illustrate and explain how brain injury can impact an individual's ability to regulate their emotions. Discuss how participants can recognize their emotions using the Body Map of Emotions. Ask participants to identify where they feel specific emotions and to describe the sensation.

It can be difficult to figure out what emotion you're feeling, but your body gives you cues to help! Think about what your body feels like for each emotion and label it on the map.

- What happens in your body when you feel sad?
- What happens in your body when you feel angry?
- What happens in your body when you feel excited?
- What happens in your body when you feel anxious?
- What does it feel like when your emotions are getting out of control?

Share your map with your parents, team and P.O.!

Note: *If participants are struggling to engage, reassure participants that there is no wrong answer and provide applicable examples for each of these emotions to help lead discussion.*



DISCUSSION: EFFECTIVE STRATEGIES FOR MANAGING EMOTIONS

5-10 MINUTES

WRITE the following bolded words on the whiteboard to facilitate ease of discussion with the participants. The following section provides information regarding common strategies for regulating emotions.

Since we've discussed some ways to physically identify emotions, let's talk about a few strategies you could use to manage those emotions.

- **Deep breathing** reduces stress hormones in your body and makes you feel calmer. Just taking a few deep breaths when your emotions feel out of control can help!
- **Distractions** can help you move your attention elsewhere when you're feeling strong, negative emotions. Distracting yourself with an activity you enjoy, and/or positive thoughts can lead to happier feelings and put you back in control.
- **Positive humor** helps regulate emotions by decreasing negative feelings and increasing positive feelings. Sharing a funny joke with a peer, watching a funny video, and trying to have more laughter during your day are easy ways to boost your mood!



DISCUSSION

- Have you used any of these strategies?
- Did they work for you?
- Why or why not?

Prompt for other approaches (healthy and unhealthy) participants have used to manage their moods. If medications are brought up, point out that it can be a helpful tool for some people and should be discussed with their treatment team.

MINDFULNESS BREAK

5 MINUTES

See Body Scan Meditation Handout (page 82-83) for an activity.

Pick the mindfulness activity based on what you think is most useful and relevant to the students in your group.

- Now we're going to take a five-minute break.
- We will be doing a mindfulness activity. Mindfulness helps to bring our attention to the present and allows us to experience the world around us without judgment, worries, or a need to analyze. It's all about becoming aware of what you're feeling inside your body, what you're thinking about, and what physical sensations you're having.

After the break is finished, encourage the participants to do mindfulness on their own if they found it useful.

*There are TONS of free apps available for download that guide meditation and mindfulness. If you found this practice helpful there are a variety of popular top-rated applications such as **Headspace**, **Mindfulness Daily**, **Aura**, and **Smiling Mind**.*

WEEK 4

GROUP ACTIVITY



MANAGING EMOTIONS

15 MINUTES

Hand out **Emotional Regulation Plans** (pages 88-92) and work through steps with participants.

Now we're going to create a plan for managing your emotions in the moment. Let's go through the activity together.

- Think of a situation that triggers a difficult emotion for you. It could be anything that you have noticed causes a sudden change in how you're feeling. If the situation is listed on the first section of the emotional regulation plan, you can check its box. If not, you can just write your situation at the top.
- How does that situation make you feel? Draw that feeling on the figure.
- Think of the things you might already do when you are in that emotional situation. On your handout, check all the boxes that apply.
- Let's come up with an action plan that can help you respond to the situation more calmly.
 - These can be things you do yourself or with the help of someone else. You can either check one of the listed actions or write out your own. Consider using one of the strategies we talked about today!
- Share your action plan with your parents, team and P.O.! If you had trouble identifying triggers, or a plan to help you better respond to them, they can help you with the process.

WEEK 4

REFLECTION & APPLIED PRACTICE



5-7 MINUTES

Handout **Emotion Log** (page 83)

We're almost out of time, but before we go, let's take a minute to reflect on the topics we've discussed today.

- I would like you to notice and log your emotions each day for the next week.
- Throughout each day, notice your emotions and their intensity. On the log, identify which emotions you feel. Feel free to write in any other emotions you may be feeling that are not listed in the "other" section.
 - It can be helpful to also note what you or someone else was doing at the time you experienced the emotion.
- At the end of each day, write down what emotional regulation strategies you used.
- Keep the handouts and action plan you so you can share them with your PO and continue to use them.



DISCUSSION

What would you like to discuss in more depth, such as a confusing topic or activity before we wrap up today?

As we mentioned at the beginning, we would love your feedback!

- What are some skills we talked about today?
- How do you feel this will/won't help you understand and manage emotions?

- What did you learn today that was most helpful?
- What were your favorite and least favorite parts of today?

Note: *If time doesn't allow for discussion, Facilitator should pass out the "Take Home Impressions" handout (found in handout section for this week). 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.*

WEEK 4

HANDOUTS

WHERE DO I FEEL?

EMOTION LOG

ONE-MINUTE BREATHING SPACE

THE BODY SCAN MEDITATION

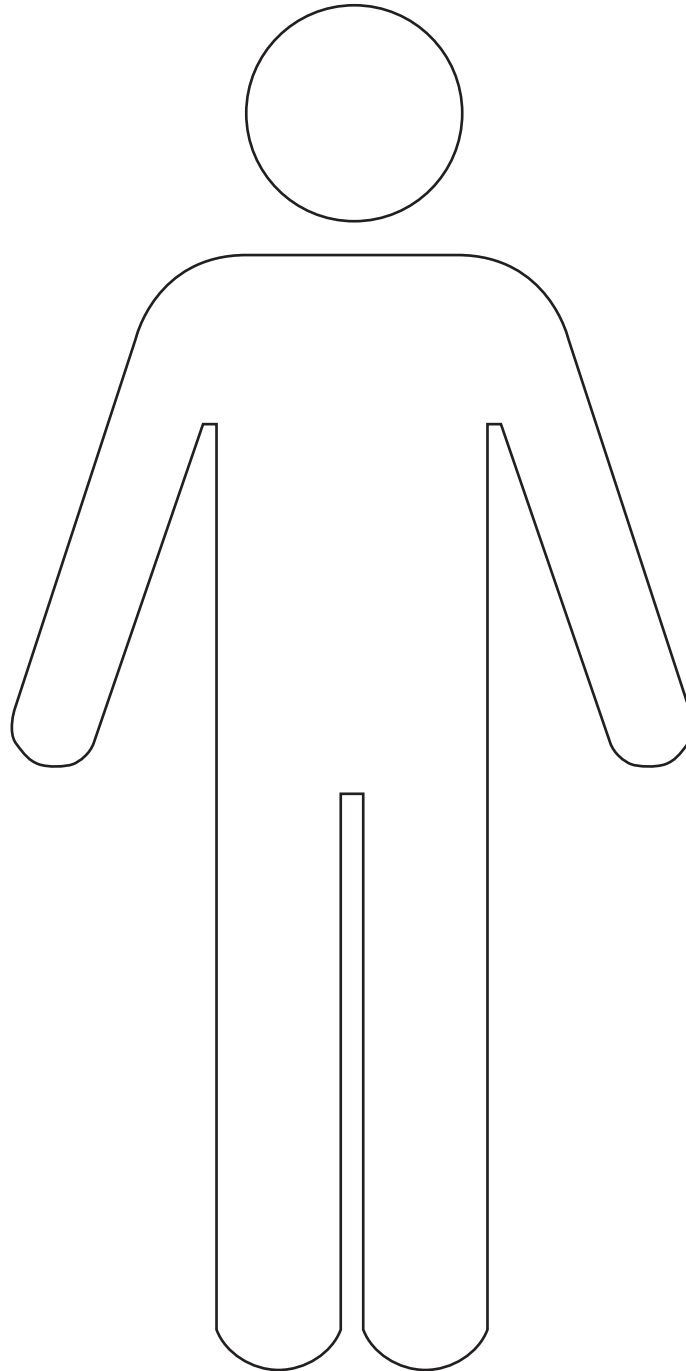
BEFRIENDING FEAR EXERCISE

EMOTIONAL RECOGNITION & REGULATION HANDOUT

TAKE-HOME IMPRESSIONS (OPTIONAL)

WHERE DO I FEEL?

We can recognize emotions by feeling them in our body. Label where you feel each emotion in your body and describe that feeling to the group. Feel free to draw on your body to help describe what happens.



EMOTION LOG

INSTRUCTIONS

Put a checkmark or color the box next to the emotions you feel daily (it can certainly be more than one!) and rank the emotion on a scale from 1 to 10 (1 = felt this emotion very little; 10 = felt this emotion an overwhelming amount). If you felt an emotion other than those listed, write the emotion in the "Other" section and rate it on a 1 to 10 scale.

	HAPPY	ANGRY	SAD	ANXIOUS	CALM	AFRAID	OTHER (SPECIFY)
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

At the end of the week, think back to any emotion regulation skills you used (e.g. listening to music, sharing your emotion with someone else, exercise, etc.). If you used any skills, write them below:

Did you find them helpful? Why or Why not?

ONE-MINUTE BREATHING SPACE

Haven't there been times when you just needed some "breathing space"? This practice provides a way to reconnect with the "here and now". You are just tuning in to what is happening right now, without expecting anything specific. If you remember nothing else, just remember the word "STOP".

S

STOP AND TAKE STOCK

Bring yourself into the present moment by deliberately asking:

What is my experience right now?

Head: Thoughts... *(What are you saying to yourself? What images are coming to mind?)*

Heart: Feelings... *(Enjoying, not enjoying, neutral, upset, excited, sad, mad, etc.)*

Body: Sensations... *(Actual present-moment sensations, tightness, holding, lightness)*

Acknowledge and register your experience, even if it is uncomfortable

T

TAKE A BREATH

Directing awareness to breathing. Gently direct full attention to breathing, to each in breath and each outbreath as they follow, one after the other.

Your breath can function as an anchor to bring you into the present and help you tune into a state of awareness and stillness.

O

OPEN AND OBSERVE

Expanding awareness outward. Expand the field of your awareness around and beyond your breathing, so that it includes a sense of the body as a whole, your posture, and facial expression, then further outward to what is happening around you: sights, sounds, smells, etc. As best you can, bring this expanded awareness to the next moments.

P

PROCEED/NEW POSSIBILITIES

Continuing without expectation. Let your attention now move into the world around you, sensing how things are right now. Rather than react habitually/mechanically, you can be curious/open, responding naturally. You may even be surprised by what happens next after having created this pause.

THE BODY SCAN MEDITATION

The body scan is not for everybody, and it is not always the meditation of choice even for those who love it. But it is extremely useful and good to know about and practice from time to time, whatever your circumstances or condition. If you think of your body as a musical instrument, the body scan is a way of tuning it.

SCRIPT:

When we practice the body scan, we are systematically and intentionally moving our attention through the body, attending to the various sensations in the different regions.

Before we begin this activity, you can choose to stand or sit on the floor, whichever you'd like. Start by bringing your attention into your body.

You can close your eyes if that's comfortable for you.

Notice your body seated or standing. Feel the weight of your body in your seat, or your feet firmly grounded to the floor. Stack your ribs over your waist, and your head and shoulders over your ribs so that your body is aligned.

Take a few deep breaths. Bring your attention to your breath. Feel your lungs expand and lift your ribs on the inhale and feel them relax and drop down again as you exhale.

As you continue to take deep breaths, bring in more oxygen to enliven your body. Notice it filling you up and giving you energy while also relaxing you. And as you exhale, hold on to that sense of relaxation throughout your body.

There might be moments throughout this activity where your mind wanders or your attention leaves your body. That's okay. Remind your thoughts where you want them to be and gently bring them back without judgment.

Notice your feet on the floor, the sensations of your feet touching the floor. The weight and pressure, vibration, temperature. If you're seated, notice your legs and heels pressed into the floor. Maybe your hands are touching the floor too.

Bring your attention to your stomach area. Feel free to stretch your arms above your head. Expand your stomach and feel your muscles appreciate the stretch. Now relax your arms back down, notice any newfound softness around your stomach.

Notice your hands. Are they tense or tight? See if you can allow them to soften. Take a moment to massage your hands, feel them warm up and release any tension they might have.

Notice your neck and shoulders. Are they tense? Release that stress by taking a deep, mindful breath and allowing them to soften. Maybe roll your shoulders forward a few times, and then backward. Take a moment to stretch your neck to one side and feel your opposite shoulder drop a bit more. Switch sides. Drop your head down and feel the back of your neck appreciate that stretch.

Notice the muscles in your face now. Are your temples tight? Your jaw? Scrunch up your face, make the weirdest face you can, and then relax. Feel your jaw loosen, your mouth might even fall open a little bit. You can do this a couple more times if that's helpful. If there is still tension in any part of your face, take a moment to massage them with your fingertips. Appreciate the relaxation and warmth you feel.

Now, open your eyes and take in the space around you.

What do you hear? What do you see? What do you feel?

What feelings or emotions does this bring out in you? Allow yourself to experience any emotions or thoughts you are having. Let them come in, and then feel them go past you. You don't need to become attached to these emotions. Let them go. You experience emotions, but you are **not** your emotions.

Reconnect with your breath again.

Deep breaths in.... And out.

Be aware of your whole body as best you can. Take a moment to appreciate the relaxation your body has given you, and the new energy you have. Take one more deep, energizing breath. And then when you're ready, stretch out your body one last time and come back to the group.

BEFRIENDING FEAR EXERCISE

This next exercise uses the mindfulness of breathing exercise and incorporates promises on the in-breaths and out-breaths.

When we are aware that what we are feeling is fear, we say to our fear:

'Breathing in: **'I know you are there my fear.'**

'Breathing out: **'I will take care of you.'**

We simply practice this over and over. We may also practice with our anger, or loneliness.

EMOTIONAL RECOGNITION & REGULATION HANDOUT

EXERCISES FOR YOUNGER CLIENTS

THE FEELING EXERCISE

Collect a number of interesting objects such as feathers, putty, stones, or anything else that might be interesting to hold. Give each child an object and ask them to spend a minute just noticing what it feels like in their hand. They can feel the texture, if their object is hard or soft, and the shape. Afterwards, ask the children to describe what they felt. With bigger groups, pair children off to take turns completing the exercise together.

THE SEEING GAME

Ask the children to spend one minute silently looking around the room. Their goal is to find things in the room that they've never noticed. Maybe there are some big things like a poster or a picture, or just little details like cracks in the ceiling or an interesting pattern on the door. After the minute is up ask the kids to share the most interesting new things they noticed.

THE FIVE SENSES EXERCISE

Take the children outside if the weather is nice and have them lie silently in the grass. Begin to call out each of the five senses in turn (sight, smell, sound, taste, touch), and ask the children to notice everything they can with that particular sense, until you call out the next one. This exercise can also work well on walks, and in a number of other situations.

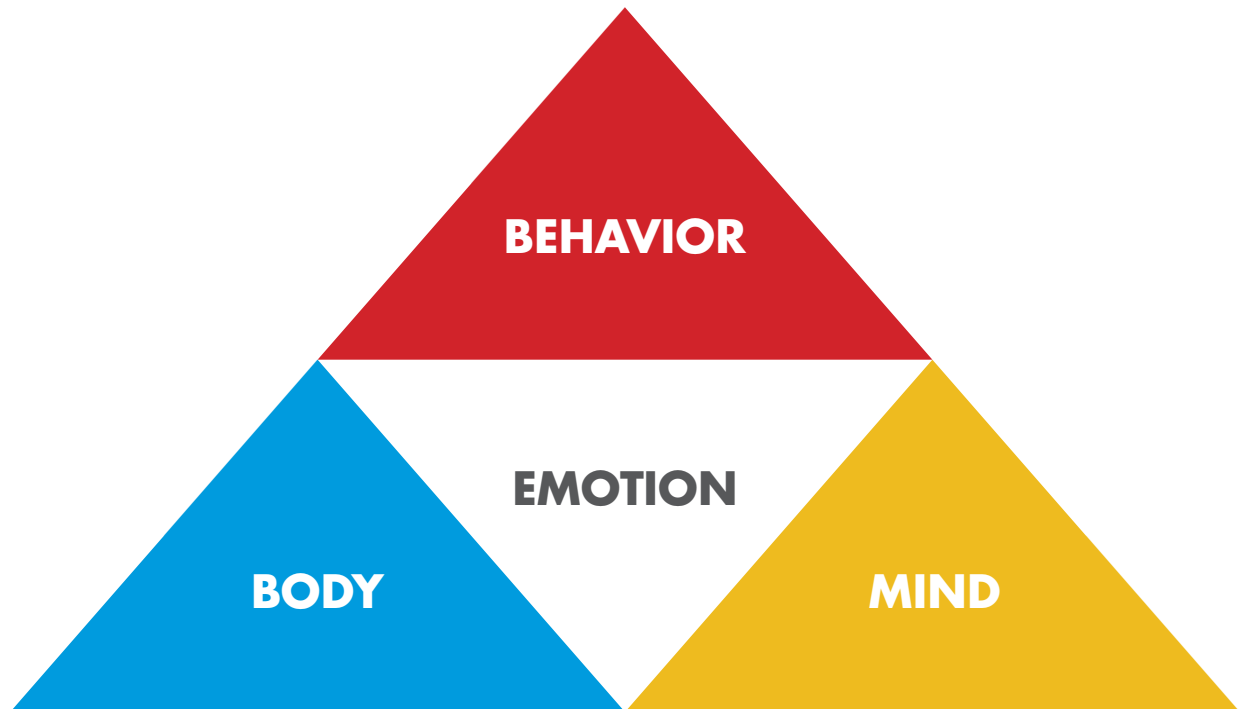
OCEAN BREATHING

Have the children sit or lie down in a comfortable position. Ask everyone to slowly breathe in through their nose, and then out through their pursed lips (as if they are blowing through a straw). Point out that the slow and steady breathing sounds like ocean waves, gently crashing on shore. Let the children continue breathing and making the ocean sound for one to two minutes.

THE POWER OF LISTENING

Ring a bell, a wind chime, or anything else that creates a long trailing sound. Ask each child to listen, and silently raise their hand when they can no longer hear the sound. After the ringing ends, ask the children to continue listening to any other sounds they can hear for the next minute. When the minute ends, go around the room asking everyone to tell you what sounds they heard.

Emotions are a big part of everyone's life. Some emotions are easy to deal with, while others are more intense and difficult to manage. To start successfully managing our emotions in healthy ways it is helpful to understand what emotions are. Emotions serve a purpose and are designed to give us information, called **emotional messages**. These messages usually get to us in three different ways: 1) our body (physical sensations), 2) our minds (thoughts, memories, imagination) and, 3) our behavior (urges and actions). This is called the **Emotional Triangle**.

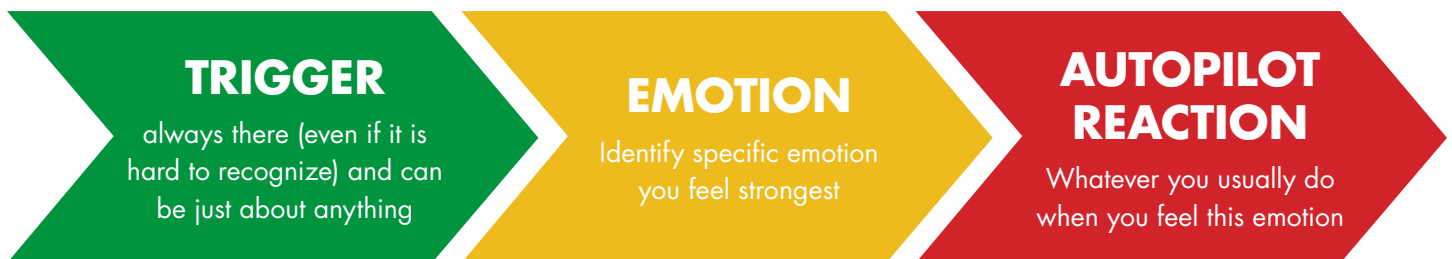


Look for clues in these three areas to identify the specific emotion you are feeling:

EMOTION	MIND	BODY	BEHAVIOR
FEAR	Thoughts race, imagine the worst, mind goes blank	Sweating, heart races, muscles tense, breathing heavy	Fight, flight or freeze
ANGER/ IRRITABILITY	Thoughts race, imagine the worst, mind goes blank	Sweating, heart races, muscles tense, breathing heavy, face gets hot	Confront, fight, yell
SADNESS	Thoughts slowed, think in circles, focused on the negative	Heavy, empty, numb, tired	Withdraw
GUILT	Critical focus on self and others' opinion of self	Sweating, heart races, muscles tense, sick to stomach, breathing heavy, empty, numb, tired	Hide
HAPPINESS/ JOY	Thinking fast, focused on the positive	Energized, bubbly	Approach
CONTENTMENT	Focused on the moment (Mindful)	Calm and relaxed	Stay

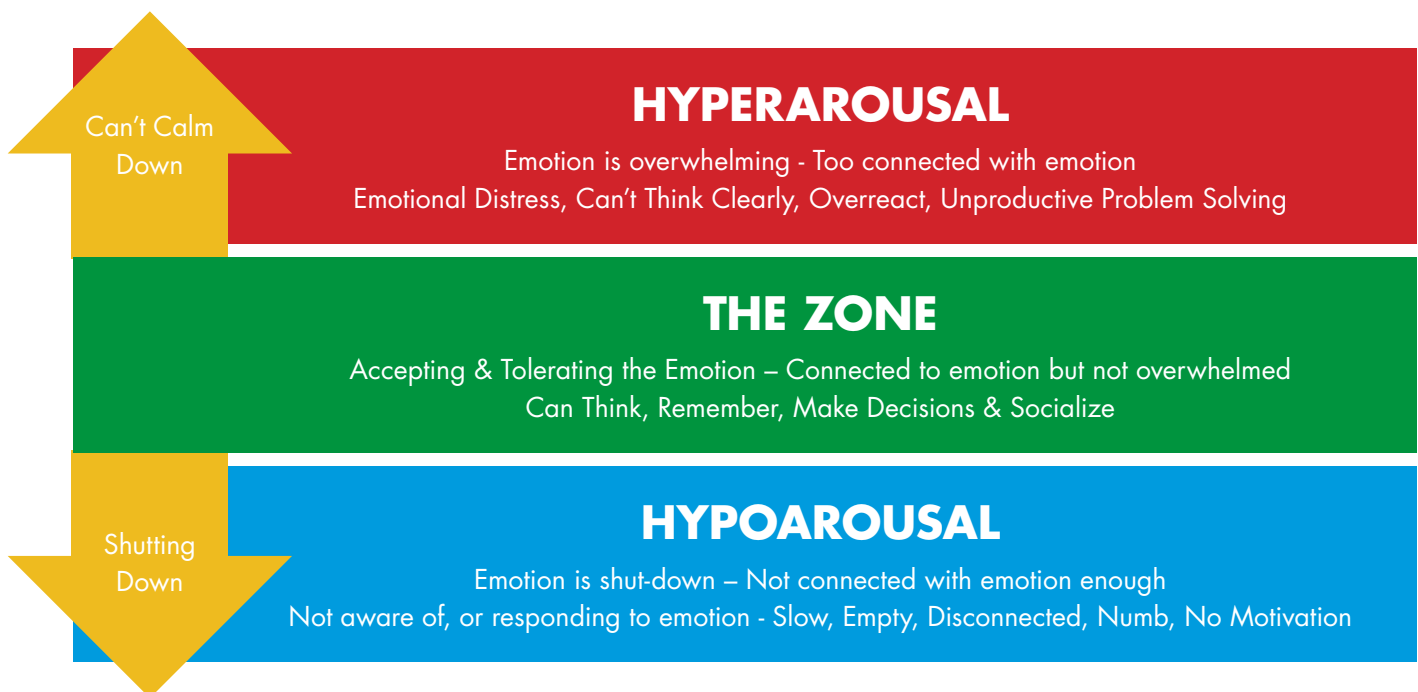
BRAIN INJURY & EMOTIONS

People with a brain injury can be left with changes in emotional reaction and behavior that they did not experience before. A brain injury can change the way people feel and express emotions, as well as increase and intensify emotional triggers. 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 seem to be “on an emotional roller coaster” in which they are happy one moment, sad the next and then angry. This is called **emotional lability**. Mood swings and emotional lability are often caused by damage to the part of the brain that controls emotions and behavior. In some cases, the brain injury can cause emotional reactions or outbursts that may not have any relationship to the way the person feels.



RECOGNIZING & MANAGING EMOTIONS

Learning to recognize and label triggers and emotions will help reduce unwanted emotional reactions. A Useful way to think about how we experience and manage emotions is through the **Zone of Tolerance**, which represents the comfort levels at which we can manage our emotions. When we are on the edge of our “zone” we are **emotionally vulnerable**. When we struggle to stay in our zone, managing simple things in life can also become a struggle, mainly because we get stuck in emotional reactions that have worked for us in the past.



MY EMOTIONAL REGULATION PLAN

NAME: _____ **DATE:** _____

SITUATIONS/TRIGGERS: When these things happen, I am more likely to feel unsafe and upset (circle all that apply)			
Not being listened to	Feeling pressured	Being touched	People yelling
Feeling lonely	Feeling left out	Being stared at	Teasing
Not having a say	Particular class/subject	Not understanding work	Argument
Particular time of day	Contact with:	Other:	Other:

WARNING SIGNS: These are things I notice when I am put in that situation (circle all that apply)			
Sweating	Red and/or hot face	Acting & feeling hyper	Being rude
Sing/hum	Breathing heavy	Wringing hands	Swearing
Pacing	Becoming very quiet	Loud voice	Bouncing legs
Squatting	Damage things	Hurt	Isolating/avoiding others
Crying	Hygiene issues	Clenching teeth	Rocking
Hit someone	Leave the room	Throw things	Hurt others

**Plan derived from Wisconsin Department of Public Instruction.*

MY ACTION PLAN

POSSIBLE WAYS TO RESPOND TO THE SITUATION AND MY FEELINGS: These are things that might help me calm down and keep myself safe when I'm feeling upset (circle all that apply)			
Being around other people	Listening to/writing music	Hugging person/pillow	Sitting/talking with support person
Pacing in private	Coloring/drawing	Reading a book	Singing softly
Exercise/using the gym	A cold splash of water	Writing in a journal	Punching a pillow
Humor	Bouncing a ball	lying down	Singing softly
Time to myself	Fidgeting	Deep breathing	Telling myself to relax

When _____ happens,

I feel _____ and that's ok!

When I feel _____

I will use my strategies of _____

Other ideas about what to do when feeling emotional outburst or mood swings:

**Plan derived from Wisconsin Department of Public Instruction.*

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 5

TBI AND ANGER: IDENTIFICATION, OPTIONS, AND UNDERSTANDING

*Make sure you take time to acquaint yourself with this curriculum so you can be as engaged, energetic, and confident as possible when working with kids!

BRAIN INJURY AND ANGER

GOALS/OBJECTIVES:

This module contains information to help participants better understand how their TBI is related to their experiences with anger.

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

- ☐ Be able to identify anger and its triggers
- ☐ Be able to discuss what their anger looks like
- ☐ Understand how anger is related to TBI
- ☐ Learn anger management skills
- ☐ Find constructive ways to express 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>



HANDOUTS AND MATERIALS

Handouts (Make copies for parents, guardians and/or probation officers):

- ☐ Three Corners Game Signs
 1. No Control Over My Anger
 2. Some Control Over My Anger
 3. Complete Control Over My Anger
- ☐ Progressive Muscle Relaxation Handout
- ☐ Anger Management Plan
- ☐ Take-Home Impressions (Optional)

Additional Supplies needed:

- ☐ Candy/Food for the "Break" section

*At the start of group take time to greet the participants, thank them for coming, ask them their names and share yours as well. Overall, you want to establish a fun and engaging environment.

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 schedule on the whiteboard for participants' reference:

- Structure and Topic
- Applied Practice Review
- Identifying Anger
- Anger & Brain Injury History
- Trigger Identification
- Break/Progressive Muscle Relaxation
- Working Through Your Anger
- Anger Management Planning
- Group Activity
- Applied Practice Assignment

WEEK 5

INTRODUCTORY ACTIVITIES



ESTABLISH GROUP RULES

2-5 MINUTES

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

1. Confidentiality
2. Respect
3. Participation

I am going to go over the rules for this group. If you have any questions about any of the group rules, please ask, and I can help to explain what that rule means.

There are 3 main rules:

The first is:

- 1. Confidentiality:** This means that what we discuss today stays in this room and is not shared with others.

That brings us to our second rule:

- 2. Respect:** Please be kind to one another, by...

- Listening when someone else is speaking,
- Not talking over each other,
- And encouraging one another

The last rule is:

- 3. Participation:** We ask that you take part in the discussion. Your ideas are important to the group. At times, I may need to cut discussion short. I will tell the group when discussion time is over.

Note: As a reminder, rules only need to be reviewed in depth if there are new members who have not participated in previous weeks. Rules are discussed at the start of each group and only a brief reminder should be utilized for groups with no new members.



ICE BREAKER

5 MINUTES

Play the **Three Corners Game**

- This activity is meant to facilitate awareness of each participant's feelings of control towards their own anger and get them thinking about how they respond to frustration.
- Choose three separate corners of the room and assign each with one of the following labels using the handout sheets that you printed when preparing for the group.
 1. No Control Over My Anger
 2. Some Control Over My Anger
 3. Complete Control Over My Anger*

Let's get to know each other a little better with a short game. Three corners of the room have a different label: "No Control Over My Anger", "Some Control Over My Anger", and "Complete Control Over My Anger." I will read different scenarios out loud. After each scenario is read, you must go to the corner of the room that best describes how you would feel in that situation. You can raise your hand and talk about why you chose your corner.

READ the following scenarios out loud (one at a time) and give participants time to move to their chosen corner. After each scenario is read, allow participants to explain why they chose the corner and to discuss their level of control over each frustrating situation.

1. You are at a store in the mall. One of the employees immediately starts following you around while you shop.
2. You arrived home past your curfew because you could not find a ride. Your parents start yelling and tell you that your excuse is unacceptable.

3. You are caught texting in class and your teacher takes your phone for the day.
4. You see your girlfriend/boyfriend flirting with someone else.
- 5) You find out someone has been spreading a rumor about you.



APPLIED PRACTICE REVIEW

5 MINUTES

During the previous week, you were asked to practice emotional regulation

- What did your emotion log look like? What emotions did you experience the most? What was their intensity?
- Did you use any emotional regulation strategies? How did that go?
- Did you discuss emotional regulation with someone important to you? If so, what kind of feedback did you receive?

Note: *If participants have not completed the applied practice, please ask the following question:*

- *If you did not have the chance to practice the strategies can you think of a time in the last week where they might have been helpful?*

WEEK 5

CONTENT



INTRODUCE ANGER AND GOALS FOR THIS MODULE

5 MINUTES

Today, we will discuss anger and its connection to brain injury.

- Anger is a natural emotion we experience but is sometimes unwanted or irrational.
- People express anger in both verbal and non-verbal ways. For example:
 - A harsh tone of voice
 - Staring
 - Frowning
 - Fist and jaw clenching
 - Physical or verbal aggression
- Anger can be more easily triggered when experiencing personal problems such as changes in family structure (like a divorce or a death)
- Common triggers of anger include:
 - Grief and/or sadness
 - Tiredness and hunger
 - Feeling humiliated
 - Stress
 - A feeling of failure or disappointment
 - Being in physical pain
- Being angry is not "bad." The feeling can be helpful in alerting us that something needs to change.

- Anger and aggression are different.
 - Anger is a feeling / Aggression is a behavior
 - Aggression is not a good way to express anger
- The way we perceive situations can cause angry feelings. These thoughts can be intercepted. You have control over how you think.



DISCUSSION PROMPT

- How do you know when you are angry?
- What things seem to make you angry?
- How do you react when that feeling comes up?



INTRODUCE THE CONNECTION BETWEEN TBI AND ANGER

3 MINUTES

Discuss how excessive anger is common after TBI.

A brain injury can cause someone to have a shorter fuse. Individuals with brain injuries often more easily jump to an anger response because the parts of the brain that help control emotions may be compromised. It may also be more difficult to recognize when those emotions, anger in particular, are getting out of control.

Managing your anger starts by identifying what anger feels like.



IDENTIFYING TRIGGERS AND PHYSIOLOGICAL RESPONSES

3 MINUTES

Although these triggers may be personal, prompt an extended group discussion to define the experience of anger.



DISCUSSION PROMPT

Identifying anger is important so that you can intercept a poor behavioral response before it happens. What do you experience when you begin to get angry?

If the group has no answers, ask the following questions:

- Does your heart rate seem to increase?
- Does your face feel hot?
- Do you clench your fists? Jaw?

BREAK - PROGRESSIVE MUSCLE RELAXATION

15 MINUTES

We will now take a short break and practice a progressive muscle relaxation exercise. As we just said, when people feel angry, muscles often tense up. Progressive muscle relaxation is a tool that can help relax your muscles and make you more aware of where tension is located in your body. It can also calm other body sensations when we get angry, such as a fast heart rate, rapid breathing, stomach problems, and headaches.

Close your eyes or find something in the room to focus your gaze on. Relax your whole body, allowing it to feel heavy. Take a deep breath in. Hold it for one second. Let it out slowly. Continue taking deep breaths in and out. Imagine the tension leaving your body each time you breathe out.

Step 1 Clench your right fist tightly. Clench for five seconds. (Provide a pause for them to hold the muscle.)

Notice the tightness. Now slowly let go and relax your fist. Feel the difference as your hand becomes loose. Now, clench your left fist tightly. Clench for five seconds. (Provide a pause for them to hold the muscle.)

Notice the tightness. Slowly let go and relax your fist. Feel the difference as your hand becomes loose.

Step 2 Bring both shoulders towards your ears. Hold for five seconds. (Provide a pause for them to hold the muscle.)

Notice the tightness. Slowly relax your shoulders. Feel the difference as your shoulders become loose.

Step 3 Clench your teeth together and press your tongue to the roof of your mouth. Hold for five seconds. (Provide a pause for them to hold the muscle.)

Notice the tension. Now slowly relax your jaw and tongue. Feel the difference as your mouth begins to loosen.

Step 4 Point your right toes and stretch your foot. Hold for five seconds. (Provide a pause for them to hold the muscle.)

Notice the tension. Slowly relax your foot. Notice the difference in looseness. Now, point your left toes and stretch your foot. Hold for five seconds. (Provide a pause for them to hold the muscle.)

Notice the tension. Slowly relax your foot. Notice the difference in looseness.

Step 5 Take a few deep breaths in and let them out slowly. Open your eyes when you are ready. You may get up, walk around, and/or stretch.

Hand out "Progressive Muscle Relaxation" sheet. This sheet contains an extended version of the exercise. Advise participants to practice outside of class.

Hand out a snack and allow the participants the remainder of the to eat the provided snack, to talk with peers, or relax by themselves.



MANAGING YOUR ANGER

5-10 MINUTES

Before the break, we were discussing how we respond when we get angry and how these responses differ from person to person. It is important to take a step back before responding. YOU are in control of your feelings.

Here are six tools to interrupt and de-escalate an anger response:

WRITE the following six tools on the white board:

1. Think

Slow things down. Take three deep breaths in through your nose and out through your mouth. Take this time to collect your thoughts before responding so that you do so with intent.

2. Express

Once you have some clarity of thought, express your frustration without aggression. Explain what you are angry about and what your needs are.

3. Timeout

Remove yourself from the stressful situation. Take a few moments to be alone so that you feel better prepared to manage frustrating incidents without reacting aggressively.

4. Humor

Laughter is another great way to de-escalate anger. Laughter diffuses tension (do your best to avoid sarcasm).

5. 'I' Statements

When voicing how you feel to another person, use "I Statements" from the "Communications Skills" week. Remember that "I Statements" begin with phrases like "I am" or "I feel."

6. Problem Solving

Focus on how you can resolve the issue (recognizing that not all situations will have a solution). Remind yourself that getting angry won't change the situation but finding a solution to the angering problem sometimes can.

WEEK 5

GROUP ACTIVITY



ROLE PLAY: FRUSTRATING SCENARIO

5-10 MINUTES

We will now practice using these techniques in real life situations.

Refer to the situations described during the "Ice Breaker and Introduction" section. Reenact the situation with the participant playing themselves and a facilitator playing the other person.

Recall the scenarios from the Ice Breaker game.

Choose a volunteer from the group. Read the following scenario out loud.

You arrived home past your curfew because you could not find a ride. Your parents start yelling and tell you that your excuse is unacceptable.

Facilitator 1: Where have you been?! You were supposed to be home over an hour ago!
What's wrong with you, why didn't you answer your phone?! I'm cutting off your data for 2 weeks.

Facilitator 2: identify the moment you feel angry, what physical sensations emerge?
Participant answers

Facilitator 2: Which of the six de-escalation strategies would you implement first?
Participant answers (example: "Calm down and Express")

Facilitator 2: Act it out
Participant implements strategy

Facilitator 2: Which of the six de-escalation strategies would you implement next?
Participant answers (example: "Problem Solving")

Facilitator 2: Act it out

Refer back to the 3 corners game by asking the participant the following:

- Since we've enacted this scenario, how much control do you feel over your anger? Choose a corner of the room that best describes how you feel about the situation.

You can see how simple these strategies are in the "real world". The more you practice them, the more they will become second nature and you will be able to manage your anger responses in constructive ways.



ANGER MANAGEMENT PLANNING

5-10 MINUTES

Ask participants if they are familiar with an anger management plan. Hand out the "Anger Management" sheet.

Making an anger management plan is exactly what it sounds like: creating a plan in advance that you can use to keep yourself and others safe and calm in situations that provoke anger. For example, if you know that you tend to get into arguments with someone, what might you put in your anger management plan to help you avoid running into conflict with that person?

Here are some possible methods:

- Plan to avoid being in direct conversation with that person
- Think of ways to change the subject
- Prepare to walk away from the conversation if you feel yourself getting upset
- Tell someone else who will be there about your concerns
- Ask them to interrupt you and lead you away if they see you becoming agitated
- Use the tools described earlier – think, calm down and express, timeout, humor, "I" statements, and problem solving

Now, take a minute to write down your own anger management plan. Think of a situation that often triggers your anger. Identify possible people and solutions that could help you manage your emotion.

Encourage participants to talk more about their anger with their individual therapist or case manager.

WEEK 5

PRACTICE ASSIGNMENT



10-15 MINUTES

During the coming week, be aware of a situation that makes you angry. Think about the physical effects of this anger and what triggered it. Use one of the management techniques you learned today. If this was not a positive situation, what part of your reaction would you change for a better outcome? Be prepared to share this encounter with the group next week.



DISCUSSION

Provide "Take-Home Impressions" worksheet.

Do you have any questions?

What skills did you learn today?

Are any of them more applicable than others?

What would you improve about this module?

WEEK 5

HANDOUTS

THREE CORNERS GAME SIGNS

PROGRESSIVE MUSCLE RELAXATION

ANGER MANAGEMENT & DE-ESCALATION

MY ANGER MANAGEMENT PLAN

TAKE-HOME IMPRESSIONS (OPTIONAL)

**NO
CONTROL
OVER
MY ANGER**

**SOME
CONTROL
OVER
MY ANGER**

**COMPLETE
CONTROL
OVER
MY ANGER**

PROGRESSIVE MUSCLE RELAXATION

Directions: Close your eyes or find something in the room to focus your gaze on. Relax your whole body, allowing it to feel heavy. Take a deep breath in. Hold it for one second. Let it out slowly. Continue taking deep breaths in and out. Imagine the tension leaving your body each time you breathe out. You may pick any of the following muscles to use during your progressive muscle relaxation. Begin when you are ready:

- 1. Clench your right fist tightly.** Clench for 5 seconds. Notice the tightness. Now slowly let go and relax your fist. Feel the difference as your hand becomes loose. Now, clench your left fist tightly. Clench for 5 seconds. Notice the tightness. Slowly let go and relax your fist. Feel the difference as your hand becomes loose.
- 2. Press your right arm in towards your ribs.** Hold for 5 seconds. Notice the tightness. Now slowly let go and relax your arm. Feel the difference as your arm becomes loose. Now, press your left arm in towards your ribs. Hold for 5 seconds. Notice the tightness. Slowly let go and relax your arm. Feel the difference as your arm becomes loose.
- 3. Bring both shoulders towards your ears.** Hold for 5 seconds. Notice the tightness. Slowly relax your shoulders. Feel the difference as your shoulders become loose.
- 4. Clench your teeth together and press your tongue to the roof of your mouth.** Hold for 5 seconds. Notice the tension. Now slowly relax your jaw and tongue. Feel the difference as your mouth begins to loosen.
- 5. Lower your eyebrows and wrinkle your forehead as much as you can.** Hold for 5 seconds. Notice the tension in your forehead. Now slowly relax the muscles. Feel the difference as your eyebrows and forehead loosen.
- 6. Pull your stomach inward.** Hold for 5 seconds. Notice the tightness in your stomach. Now slowly relax the muscle. Feel the difference as your stomach.
- 7. Press your right leg downwards.** Hold for 5 seconds. Notice the tightness. Now slowly let go and relax your leg. Feel the difference as your leg becomes loose. Now, press your left leg downwards. Hold for 5 seconds. Notice the tightness. Slowly let go and relax your leg. Feel the difference as your leg becomes loose.
- 8. Point your right toes and stretch your foot.** Hold for 5 seconds. Notice the tension. Slowly relax your foot. Notice the difference in looseness. Now, point your left toes and stretch your foot. Hold for 5 seconds. Notice the tension. Slowly relax your foot. Notice the difference in looseness.

As you finish, take a few deep breaths in and let them out slowly. Open your eyes when you are ready. Get up, walk around, and/or stretch to release any remaining feelings of tension.

Adapted from: http://www.aboutkidshealth.ca/En/Documents/Progressive_Muscle_Relaxation_Script_EN.pdf

ANGER MANAGEMENT & DE-ESCALATION

THINK

Slow things down. Take three deep breaths in through your nose and out through your mouth. Take this time to collect your thoughts before responding so that you do so with intent.

CALM DOWN AND EXPRESS

Once you've gotten some clarity of thought, express what you're frustrated with assertively but not aggressively. Say what you are concerned about and what your needs are.

TIMEOUT

Remove yourself from the stressful situation. Take a few moments to be alone so that you feel better prepared to manage frustrating incidents without reacting aggressively.

HUMOR

Laughter is another great way to de-escalate anger. After taking a timeout, take the initiative to lighten things up. Laughter diffuses tension brought on by anger so implementing humor is effective, however avoid sarcasm.

'I' STATEMENTS

When voicing how you feel to another person, use "I Statements" from the "Communications Skills" week. This is a great tool for expressing yourself. Remember that "I Statements" begin with phrases like "I am" or "I feel."

PROBLEM SOLVING

After vocalizing your concerns and needs, focus on how you can resolve the issue (although not all situations will have a solution). Remind yourself that getting angry won't change the situation but finding a solution to the angering problem might.

MY ANGER MANAGEMENT PLAN

Here is a situation where I might get angry:

If I begin to get angry during this situation, **I will do** the following:

Make this list of options excessive. Have as many options as possible, and work with your individual counselor, other staff members, unit supervisor, or peers, to provide multiple alternatives. Alternatives will allow you to have options that work if something isn't available (e.g. talking to a positive peer if school is in session).

I SHOULDN'T do the following:

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

WHO	WHY

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 6

IMPULSIVITY: WHY IS STOPPING AND THINKING IMPORTANT?

*Make sure you take time to acquaint yourself with this curriculum, so you can be as engaged, energetic, and confident as possible when working with the kids!

GOALS/OBJECTIVES:

This treatment module contains information to allow the participants to better understand how their brain injury is related to impulsivity issues.

The primary goals of this week are to:

- ☐ Bring awareness to the consequences of impulsive behaviors
- ☐ Identify various situations where participants are at increased risk of behaving impulsively
- ☐ Provide psychoeducation on how impulsivity is related to brain injuries
- ☐ Practice skills for managing impulsivity
- ☐ Practice skills outside of class

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>



HANDOUTS AND MATERIALS

Handouts (Make copies for parents, guardians and/or probation officers):

- ☐ Stop-Think-Plan-Do Model
- ☐ Impulsive Behavior Worksheet
- ☐ Take-Home Impressions Form



WRITE

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

- Structure and topic
- Applied Practice Review
- Impulsivity and brain injury
- Mindfulness Break
- Group activity
- Reflection and Discussion
- Wrap-up

WEEK 6

INTRODUCTORY ACTIVITIES



ESTABLISH GROUP RULES

2-5 MINUTES

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

1. Confidentiality
2. Respect
3. Participation

I am going to go over the rules for this group. If you have any questions about any of the group rules, please ask, and I can help to explain what that rule means.

There are 3 main rules:

The first is:

- 1. Confidentiality:** This means that what we discuss today stays in this room and is not shared with others.

That brings us to our second rule:

- 2. Respect:** Please be kind to one another, by...

- Listening when someone else is speaking,
- Not talking over each other,
- And encouraging one another

The last rule is:

- 3. Participation:** We ask that you take part in the discussion. Your ideas are important to the group. At times, I may need to cut discussion short. I will tell the group when discussion time is over.

Note: As a reminder, rules only need to be reviewed in depth if there are new members who have not participated in previous weeks. Rules are discussed at the start of each group and only a brief reminder should be utilized for groups with no new members.



ICE BREAKER AND INTRODUCTION

5-10 MINUTES

Have each member of the group pick a number from 1 to 10. The number they pick corresponds to the number of the question they will answer (see questions below). The rest of the group can answer the same question or pick a different number and answer a different question.

1. What is your favorite movie and/or book?
2. What is your favorite food?
3. What is your favorite sports team?
4. If you were stuck on an island what three things would you bring?
5. If you had a yacht, what would you name it?
6. What is your favorite song?
7. What is your favorite subject in school?
8. Who is your favorite non-fictional character?
9. If you go travel anywhere (earth or space) where would you go?
10. If you could have a superpower, which one would it be?



APPLIED PRACTICE REVIEW

5-10 MINUTES

Last week you were asked to complete a personal anger management safety plan.

- What were your impressions from the anger management module?
- Have you had the opportunity to use your safety plan this week?

If participants attended the previous module but did not complete the practice, ask them the following questions:

- What would make it easier for you to do the practice?



EXPLAIN THE NATURE AND PACING OF THE GROUP

2-5 MINUTES

Today, I will guide you through several topics about brain injury and impulsivity. The primary goals for this session will be to help you have a better understanding of impulsivity and its connection to brain injuries. It is going to be important for us to identify various situations where you are at an increased risk of behaving impulsively and identify the factors that contribute to your impulsivity.

We will also learn how impulsivity is related to brain injuries and discuss how awareness of your impulsivity will help you in future decision making. Finally, we will practice decision-making skills, and review a practice assignment on "Stop-Think-Do". 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. Do you have any questions before we begin?

WEEK 6

CONTENT



INTRODUCE IMPULSIVITY AND GOALS FOR THIS MODULE

5-10 MINUTES

Ask participants to provide their own definition of impulsivity.

Briefly describe impulsive behaviors.

- “Impulsive” means rash, quick, or hasty (without careful consideration of future consequences). An impulsive decision is one made very quickly, with little time given to consider the possible outcomes of that decision.
- Examples can include:
 - Destroying property when angry
 - “Borrowing” something without asking first
 - Acting without thinking
 - Irritability and temper outbursts
 - Yelling out answers before questions have been completed
 - Intruding or interrupting conversations
 - Not waiting patiently for your turn

Ask participants how they think brain injuries can affect impulsivity.

- Brain injuries 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. Learning to identify impulsivity can help you improve your life skills and this will help you navigate through life. The more you learn about this, you will be more likely to avoid unwanted personal consequences in the future.

- It is important to remember the impulsive behavior is related to the injury on the brain, it is often not deliberate, it might not be noticeable by the person, and it can fluctuate depending on other factors such as:
 - Substance abuse
 - Environmental factors (noise, crowds, lighting, etc.)
 - Person-centered situational factors (time of day, lack of sleep, hunger, etc.)



STRATEGIES FOR IMPULSE CONTROL

5-10 MINUTES

Can you tell me about a time when you behaved impulsively?

Discuss these situations and ask these follow up questions:

- What was the outcome?
- What factors contributed to your impulsivity in these situations?

Hand out the stop-think-plan-do model and write it on the board. Explain each section of the model and what it means, provide examples or ask participants to offer examples for each section. Once you review the model with the participants, ask the following questions.

- Can you think of a time that you were able to stop and think before acting?
- What strategies did you use in that instance?

MINDFULNESS BREAK

5 MINUTES

Now we are going to take a five-minute break. During this break, we are going to practice a mindfulness exercise. Mindfulness is the ability to be fully present, aware of where we are and what we are doing, and not be overwhelmed by our surroundings. Mindfulness is a good strategy for dealing with overwhelming emotions and helping you manage impulsive behavior. For this exercise you can stay in your chairs, or you can sit on the floor.

Read the following exercise out loud.

Begin by bringing your attention into your body.

You can close your eyes if that's comfortable for you.

You can notice your body seated wherever you're seated, feeling the weight of your body on the chair, on the floor.

Take a few deep breaths.

And as you take a deep breath, bring in more oxygen enlivening the body. And as you exhale, have a sense of relaxing more deeply.

You can notice your feet on the floor, notice the sensations of your feet touching the floor. The weight and pressure, vibration, heat.

You can notice your legs against the chair, pressure, pulsing, heaviness, lightness.

Notice your back against the chair.

Bring your attention into your stomach area. If your stomach is tense or tight, let it soften. Take a breath.

Notice your hands. Are your hands tense or tight? See if you can allow them to soften.

Notice your arms. Feel any sensation in your arms. Let your shoulders be soft.

Notice your neck and throat. Let them be soft. Relax.

Soften your jaw. Let your face and facial muscles be soft.

Then notice your whole-body present. Take one more breath.

Be aware of your whole body as best you can. Take a breath. And then when you're ready, you can open your eyes.

After the break is finished, encourage the participants to do mindfulness on their own if they found it useful.

WEEK 6

GROUP ACTIVITY



10-15 MINUTES

Hand out the **Impulsive Behavior Worksheet** (page 127) and read the instructions for the participants.

By writing down your experiences and thoughts, you make it easier to understand patterns and it may show you what areas need improvement. You can share these patterns with your parents or PO.



DISCUSSION AND WRAP-UP

5-10 MINUTES

Hand out the Take-Home Impressions form and ask the participants to complete it. Use the following wrap-up questions and the answers to the take-home impressions form as prompts for this closing discussion:

Please share your responses to the take-home form.

- What piece(s) of information did you find most helpful? Most interesting? Most surprising?
- Can you think of any other strategies that can help you with your impulsivity?
- What role does belief in yourself play in your ability to overcome these challenges?
- Do you have question about the material we discussed today?
- How do you think that the stop-think-do model is helpful? How can you use this model in your own life?
- Is there any advice you want to share with your peers?

WEEK 6

HANDOUTS

STOP-THINK-PLAN-DO MODEL

IMPULSIVE BEHAVIOR WORKSHEET

TAKE-HOME IMPRESSIONS FORM

STOP-THINK-PLAN-DO MODEL



STOP:

Before doing/saying something.



THINK:

About impact of behavior and of another strategy.



PLAN:

Steps needed to engage in strategy/behavior



DO:

The action/behavior

IMPULSIVE BEHAVIOR WORKSHEET

To begin, choose a specific and recent example of impulsive behavior. On a piece of paper, write the specific event at the top of the page and then draw a line vertically down the middle of the page.

On the left side of the page you will write down every *(T)hought, (F)eeling, (E)vent, (BS) Body Sensations* and *(B)ehaviors* leading up to and during the problem. You want this to be as detailed as possible.

After you have completed this, you will then write on the right-hand side alternative thoughts, skills, or tools you could use next time.

For example, if you tend to have problems with anger and you punched someone it might look like this:

I got angry, irritable, mad <i>(F)</i>	Imagine my happy place
I had not had breakfast that day <i>(E)</i>	Take time to eat something
Tense shoulders <i>(BS)</i>	Breathing exercise
Punched another person <i>(E)</i>	Walk away

TAKE-HOME IMPRESSIONS FORM

You are encouraged to fill out this handout after attending each meeting. 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:

Today I learned:

I will share this with: _____, because:

I still have questions about:

This strategy will help me:

I will use this strategy when:

OPTIONAL MODULE: GRIEF AND ACCEPTANCE: USING ACT SKILLS

*Make sure you take time to acquaint yourself with this curriculum, so you can be as engaged, energetic, and confident as possible when working with the kids! Be mindful of age groups and brain injury levels; coping and deficits will vary.

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. It also includes information on acceptance of the injury and living a meaningful life despite the individual's challenges. 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 2 or 3 of the group.

Grief is most often associated with death. However, death is not the only cause of grief. There are other losses in life that are life-changing and will elicit the same grief responses as death. Grief resulting from a disease such as Alzheimer's or a catastrophic injury such as a brain injury is profound. Individuals and their families and friends grieve the loss of the person that existed before the injury. 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, and participants must be given a space to explore their feelings on this subject.

Since receiving the brain injury diagnosis and becoming involved in the criminal justice system, participants may be feeling intimidated, overwhelmed, and powerless. Accepting the injury and their new reality is important for individuals to create a meaningful life after the injury. Experiences with grief and acceptance can differ depending on when the injury occurred in the individual's life. Acceptance and Commitment Therapy (ACT) has some easy-to-understand themes that focus on empowering the individual. ACT is focused on accepting the injury and its permanence, deciding what is important to the individual in life, and working to realistically incorporate those values into their life. Commitment to these ideals is another core concept of the intervention. This module will help participants understand that their lives can still be meaningful even after the injury.

Here are some videos to give a little background information:

- ❑ <https://www.brainline.org/blog/adam-ease/denial-versus-accepting-reality-after-brain-injury-significant-difference>
- ❑ <https://www.brainline.org/video/acceptance-post-injured-self-kindly-gradually-slowly>

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

- ❑ Have a better understand grief in the context of brain injury
- ❑ Learn how grieving is an on-going process
- ❑ Provide strategies for addressing grief
- ❑ Empower the individuals to live a life meaningful to them
- ❑ Strategies for acceptance

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>



MATERIALS

- ☐ Colored pencils/pens/crayons
- ☐ Plain piece of paper for each participant
- ☐ Snacks (check for allergies, dietary restrictions)
- ☐ Scribes/ readers if necessary
- ☐ Take-Home Impressions Form



WRITE

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

- Structure and topic
- Homework review
- Grieving & TBI
- Break
- Group Activity (Empowerment and Acceptance)
- Homework/Reflection



WRITE

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

- 1. Confidentiality:** The information we discuss in this group is private, and members are expected to keep it that way.

2. Respect: Give your attention and consideration to participants, and they will do the same for you. Examples include:

- a. No talking over each other
- b. Pay attention to the person talking (listen, don't just wait for your turn to talk)
- c. Encourage each other, etc.

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

GRIEVING AND TBI

INTRODUCTORY ACTIVITIES



ESTABLISH GROUP RULES

2-5 MINUTES

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

1. Confidentiality
2. Respect
3. Participation

I am going to go over the rules for this group. If you have any questions about any of the group rules, please ask, and I can help to explain what that rule means.

There are 3 main rules:

The first is:

- 1. Confidentiality:** This means that what we discuss today stays in this room and is not shared with others.

That brings us to our second rule:

- 2. Respect:** Please be kind to one another, by...

- Listening when someone else is speaking,
- Not talking over each other,
- And encouraging one another

The last rule is:

- 3. Participation:** We ask that you take part in the discussion. Your ideas are important to the group. At times, I may need to cut discussion short. I will tell the group when discussion time is over.

Note: As a reminder, rules only need to be reviewed in depth if there are new members who have not participated in previous weeks. Rules are discussed at the start of each group and only a brief reminder should be utilized for groups with no new members.



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 could pick up a new skill in an instant what would it be and why?



REVIEW TAKE-HOME IMPRESSIONS FORM

5-10 MINUTES

During the past week, have you done anything differently because of what you learned in previous groups? If so, please describe what you did.



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 grief and acceptance.

- We will also talk about different strategies you can use to help you move forward.
- Lastly, we will do an activity centered on acceptance and the future.
- **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?

GRIEVING AND TBI CONTENT



CURRENT UNDERSTANDING OF GRIEVING AND TBI

5-10 MINUTES

When you think about grieving what are some of the symptom/changes that come to mind? How does this apply to your experience with TBI? Right after the injury and now?

Try to rephrase things into easy to understand language rather than using clinical/medical terms.

What are a few ways to move through the grieving process? Can you think of any activities that can make you feel better?



DISCUSSION: HOW BRAIN INJURY IS CONNECTED TO GRIEVING

5-10 MINUTES

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 focus on school, complete chores, plan their days, and do things alone. This loss of independence leads to frustration and sadness. They may also lose confidence in themselves.

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

Give participants a piece of paper and various coloring/drawing utensils. Have them write Brain Injury or Concussion at the top and draw/write the following on the paper throughout the discussion. Encourage them to decorate the page however they want to, using only one side.

- How has the expression of who you are now changed since the injury?
Comparison of before and after
- 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

BREAK (W/SNACKS?)

5 MINUTES

Participants can continue coloring on the first side of the paper, if they choose.

GRIEVING AND TBI GROUP ACTIVITY



15 MINUTES

Now I want everyone to take their piece of paper and hold it tightly directly in front of your face. How do you feel trying to have a group discussion with your Brain Injury paper in front of you like this? Do you feel engaged in the discussion, can you see what is happening in the room?

Pause for answers.

So, while you're so focused on the brain injury, you get disconnected from what is happening around you. If I asked you to do a math problem like this or to type on a computer, would you be able to?

Pause for answers.

While you are focused on the paper, it makes it difficult for you to stay connected to what is happening in your life and for you to do the things that you need to during the day.

And if I asked you to hold the paper like this for the rest of the day, how do you think you would be feeling? Probably pretty tired, right? So now, just take the paper and lay it on the table in front of you. You can still see it; you know that it is there. Do you feel more connected to the group discussion now? Would you be able to type on your computer like this?

Pause for answers.

Having the Brain Injury on the desk in front of you is still not the most comfortable, but this way you can do the things that you need to do. Even though you have this brain injury, you can still do the things that you want to do in your life. Now we are going to talk about some things that will let you put the Brain Injury on the desk instead of keeping it in front of your face so that you will be able to go about your life without having to focus on the Injury.



VALUES ACTIVITY

10 MINUTES

On the back of your paper, I want everyone to write a list of values that they have. These can be anything that you think is important, like honesty or kindness.

Ask for a few suggestions to write on the board.

How can we live by these values in a realistic way? What are some things that we can do?

Write suggestions on the board. For Kindness, maybe write "say something nice to someone every day."

Things like these that we have on the board can help you make meaning in your lives. You have to remember that you are still important and in control of the way that you choose to live your life. Doing simple activities like these can help you to remember that.



WRAP-UP

5 MINUTES

What are things that went well? What are things we could change for next time? What are some things that you will take away from the group today? Do you have any questions?

If time allows, consider the following:

Think about how they can still live meaningful lives even after injury.

Talk about the thoughts that they may have holding them back and awareness of the fact that you have to cope all the time w/ brain injury. Acceptance is acknowledging what is different, what's the same and how to blend those to form new identity.

OPTIONAL MODULE HANDOUTS

TAKE-HOME IMPRESSIONS

TAKE-HOME IMPRESSIONS FORM

You are encouraged to fill out this handout after attending each meeting. 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:

Today I learned:

I will share this with: _____, because:

I still have questions about:

This strategy will help me:

I will use this strategy when:

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CERTIFICATE OF COMPLETION

THIS ACKNOWLEDGES THAT

HAS SUCCESSFULLY COMPLETED THE
BRAIN INJURY AND IMPULSIVITY MODULE

Module Facilitator

Date