

WEEK 1

HANDOUTS

TBI SYMPTOMS

4-7-8 BREATH RELAXATION EXERCISE

DEALING WITH TRIGGERS

SYMPTOM RECOGNITION LOG

TBI SYMPTOMS

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

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

EFFECTS OF A TRAUMATIC BRAIN INJURY CAN INCLUDE:



COGNITIVE DEFICITS

Cognitive deficits, including difficulties with

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

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

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



SENSORY DEFICITS

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

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



PERCEPTUAL DEFICITS

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

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



SOCIAL-EMOTIONAL SYMPTOMS

Social-emotional symptoms may include the following:

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

4-7-8 BREATH RELAXATION EXERCISE

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

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

FAQ:

Are the numbers important?

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

Why should I do it?

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

How often?

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

DEALING WITH TRIGGERS

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

INTERNAL TRIGGER REACTIONS INCLUDE:

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

EXTERNAL TRIGGERS INCLUDE:

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

EVALUATE YOUR TRIGGERS

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

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

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

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

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

SYMPTOM RECOGNITION LOG

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

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

Answer the following questions:

1. WHAT SYMPTOMS DID I EXPERIENCE TODAY?

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

2. I EXPERIENCED THESE SYMPTOMS WHEN I WAS

(list where you were/what you were doing)

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

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

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

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

WEEK 2

HANDOUTS

PRACTICAL MEMORY STRATEGIES

PROGRESSIVE MUSCLE RELAXATION SCRIPT

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

TAKE HOME IMPRESSIONS

PRACTICAL MEMORY STRATEGIES

EXTERNAL MEMORY AIDS

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

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

ESTABLISHING A ROUTINE

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

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

ADAPT THE ENVIRONMENT

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

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

COMBINING SEVERAL STRATEGIES

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

Can you think of some examples of doing this?

PROGRESSIVE MUSCLE RELAXATION SCRIPT

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

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

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

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



- **Specific**
Clear, concise, tangible



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



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



- **Realistic**
50% realistic is fine



- **Timed**
Deadlines announced, committed to

(Scheduling Institute, 2014)

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

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

TAKE-HOME IMPRESSIONS

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

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

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

HANDOUTS

BRAIN INJURY AND EMOTION REGULATION

MOOD LOG

TAKE HOME IMPRESSIONS

BRAIN INJURY AND EMOTION REGULATION

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

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

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

WHAT CAUSES THIS PROBLEM?

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

MOOD LOG

INSTRUCTIONS

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

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

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

TAKE-HOME IMPRESSIONS

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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

HANDOUTS

UNDERSTANDING YOUR COMMUNICATION STYLES

FOUR PART I-STATEMENTS

FIFTEEN EFFECTIVE COMMUNICATION TECHNIQUES

TAKE HOME IMPRESSIONS

UNDERSTANDING YOUR COMMUNICATION STYLE

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

There are four basic communication styles:

AGGRESSIVE

PASSIVE

PASSIVE AGGRESSIVE

ASSERTIVE

ELEMENTS OF THE AGGRESSIVE STYLE:

1. Mottos and Beliefs

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

2. Attitudes

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

3. Characteristics

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

4. Behavior

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

5. Nonverbal Cues

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

6. Verbal Cues

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

7. Confrontation and Problem Solving

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

8. Feelings Felt

- Anger
- Hostility
- Frustration
- Impatience

9. Effects

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

ELEMENTS OF THE PASSIVE STYLE:

1. Mottos and Beliefs

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

2. Communication Style

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

3. Characteristics

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

4. Behaviors

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

5. Nonverbal Cues

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

6. Verbal Cues

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

7. Confrontation and Problem Solving

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

8. Feelings Felt

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

9. Effects

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

ELEMENTS OF THE PASSIVE AGGRESSIVE STYLE:

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

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

ELEMENTS OF THE ASSERTIVE STYLE

1. **Mottoes and Beliefs**

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

2. **Communication Style**

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

3. **Characteristics**

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

4. **Behavior**

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

5. **Nonverbal Cues**

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

6. **Verbal Cues**

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

7. Confrontation and Problem Solving

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

8. Feelings Felt

- Enthusiasm
- Contentment

9. Even tempered

Effects

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

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

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

Passiveness also has its critical applications:

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

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

FOUR-PART "I" STATEMENTS

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

The four parts of an 'I' Statement are:

The action: "When..."

Your response: "I feel..."

Preferred outcome: "I would like..."

The benefit: "That way..."

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

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

1 THE ACTION

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

Begin with something like:

"When messages are not passed on . . ."

"When I hear a raised voice . . ."

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

Rather than:

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

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

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

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

2**YOUR RESPONSE**

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

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

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

3**YOUR PREFERRED OUTCOME**

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

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

4**THE BENEFIT**

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

IMPOSE CONSEQUENCE

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

Example: Next time you _____, I will _____."

FIFTEEN EFFECTIVE COMMUNICATIONS TECHNIQUES

1 USING WISE SILENCE

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

Person A: My daughter just had a baby!

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

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

Person A: My daughter just had a baby!

Person B: (remains silent but attentive, smiling)

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

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

2 ASK QUESTIONS

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

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

3**LISTENING**

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

4**FEEDBACK**

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

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

5**OBSERVATION**

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

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

6**READ**

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

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

7**STRESS MANAGEMENT**

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

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

8

EMPATHY

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

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

9

ENTHUSIASM

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

10

LANGUAGE CHOICES

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

11

KEEP A SENSE OF HUMOR

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

12 SMILE

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

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

13 HONESTY

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

14 SPEAK EQUALLY

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

15 NEVER STOP LEARNING

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

TAKE-HOME IMPRESSIONS

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

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

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

HANDOUTS

UNDERSTANDING TBI & ANGER

JIM'S ANGER MANAGEMENT PLAN AND
BLANK COPY FOR PARTICIPANTS

TAKE HOME IMPRESSIONS

UNDERSTANDING TBI & ANGER

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

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

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

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

ANGER WARNING SIGNS

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

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

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

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

EARLY INTERVENTION STRATEGIES

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

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

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

Provide Appropriate Level of Supervision.

Provide the least restrictive environment possible.

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

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

MANAGEMENT STRATEGIES

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

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

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

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

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

SELF-CONTROL STRATEGIES

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

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

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

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

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

Do I need to apologize to anyone?

Do I need to explain why I left?

Do I need to tell anyone my feelings?

What can I do to avoid this next time?

Here are some example statements that illustrate rethinking the situation:

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

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

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

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

ANGER CUE CARDS

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

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

DIFFERENT ANGER REACTIONS TO BRAIN INJURY

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

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

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

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

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

Conclusion:

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

JIM'S EXAMPLE ANGER MANAGEMENT PLAN

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

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

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

I SHOULD DO THE FOLLOWING:

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

I SHOULDN'T DO THE FOLLOWING:

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

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

ANGER MANAGEMENT PLAN

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

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

I SHOULD DO THE FOLLOWING:

I SHOULDN'T DO THE FOLLOWING:

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

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:

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I will share this with: _____

because: _____

3. I STILL HAVE QUESTIONS ABOUT:

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

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

1) _____

2) _____

3) _____

WEEK 6

HANDOUTS

WHAT IS IMPULSIVITY AFTER BRAIN INJURY

TIPS AND SUGGESTIONS FOR CAREGIVERS

STEPS FOR JOURNALING ABOUT IMPULSIVE BEHAVIOR

STOP, THINK, PLAN, DO

WHAT IS IMPULSIVITY AFTER BRAIN INJURY?

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

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

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

WHAT DOES IMPULSIVITY LOOK LIKE?

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

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

TIPS AND SUGGESTIONS FOR CAREGIVERS

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

TEACHING “STOP + THINK + DO” AS FOLLOWS:

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

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

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

STEPS FOR JOURNALING ABOUT IMPULSIVE BEHAVIOR

1 IDENTIFY YOUR BEHAVIOR AND TRIGGERS

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

2 REDUCE YOUR VULNERABILITIES

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

3 LIST THE CONSEQUENCES OF THE PROBLEM BEHAVIOR

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

4 SKILLS USED AND REQUIRED

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

5 BEHAVIOR ANALYSIS IN CHRONOLOGICAL ORDER

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

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

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

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

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

PROBLEMATIC BEHAVIOR: Anger

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

STOP, THINK, PLAN, DO



STOP:

Stop what I am doing



THINK:

What do I need to do?

Do I have a checklist that I can use?



PLAN:

Plan the steps needed to finish the task

Fill out the checklist that I can use



DO:

Sit down and start working!

GRIEVING AND TBI **HANDOUTS**

GRIEVING AND TBI RECOGNITION AND COPING STRATEGIES

DEVELOPING A NEW SELF-CONCEPT

TAKE-HOME IMPRESSIONS

GRIEVING AND TBI RECOGNITION AND STRATEGIES

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

Check off the items below that describe you:

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

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

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

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

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

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

DEVELOPING A NEW SELF-CONCEPT

Answer the following questions and bring to the next session:

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

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

3. WHAT FUTURE DO YOU WANT FOR YOURSELF?

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

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

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) _____