



NORTH DAKOTA  
BRAIN INJURY  
NETWORK

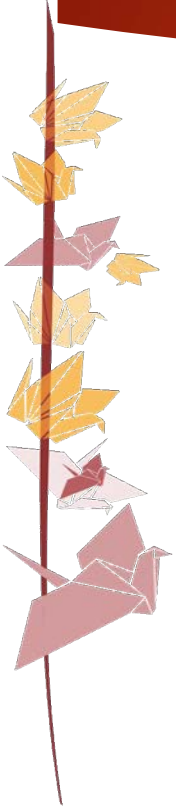
# Emotional Dysregulation following a Brain Injury

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701-777-8004

*Help for Today,  
Hope for Tomorrow.*



# Emotional Dysregulation

- ▶ Refers to moods that are unstable, and unpredictable within a socially acceptable range



“Why do I go from Zero-60?”

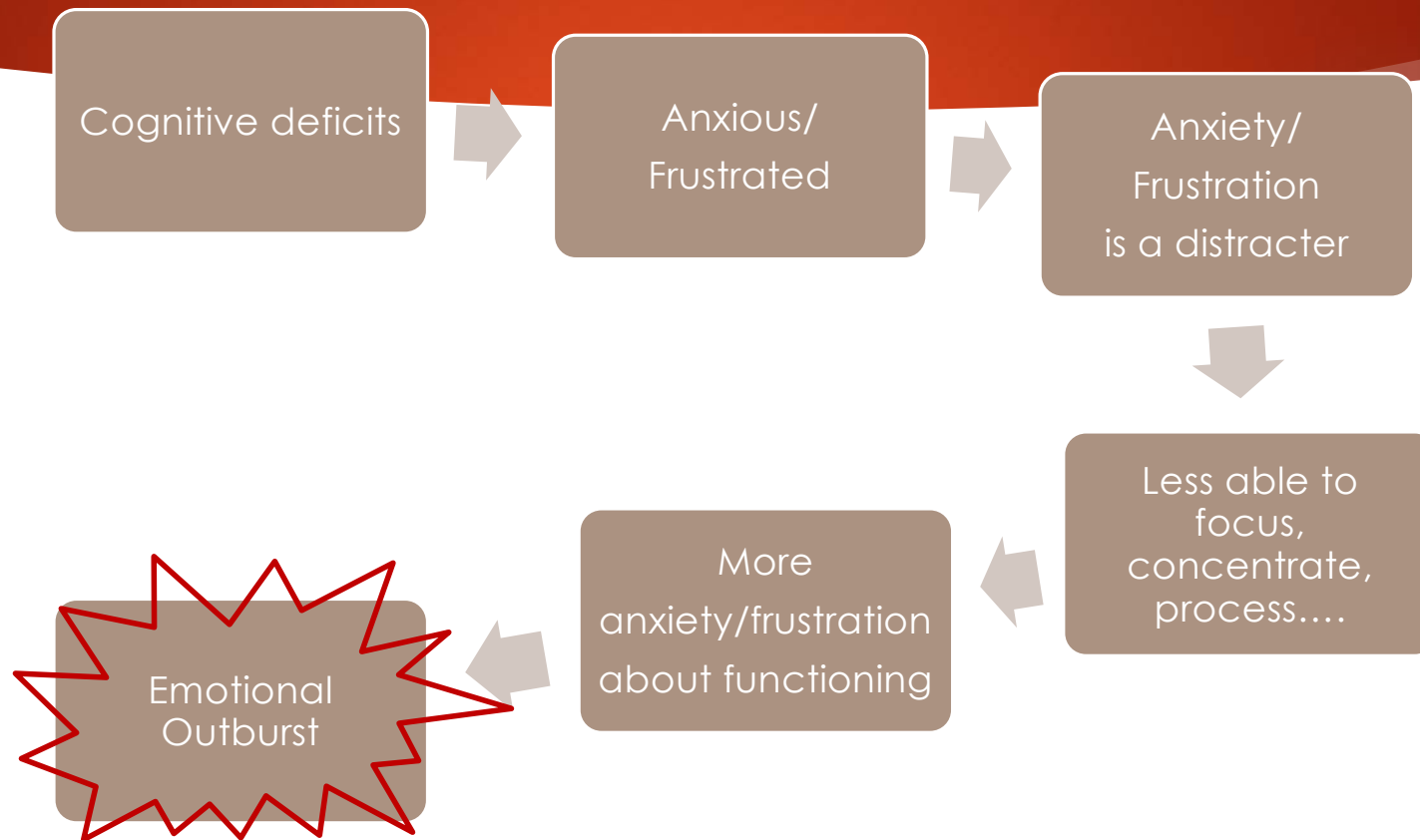




## What to Look for:

- ▶ Saying or doing things without thinking
- ▶ Trouble knowing when to stop an activity
- ▶ Doing things quickly without regard for safety
- ▶ Moods shifting rapidly such as sudden urge to yell or cry
- ▶ Intention and behavior may be disconnected such as laughing at a sad story

# Cognitive-Behavioral Spiral



# ROWBOATS

- ▶ **R**educe amount of information
- ▶ **O**ne instruction at a time
- ▶ **W**ritten & verbal when possible
- ▶ **B**reaks are helpful
- ▶ **O**ften is better, routines help
- ▶ **A**sk person for paraphrase/repeat
- ▶ **T**ake time, go slowly
- ▶ **S**imple & organized info is best



# Accommodations for Emotional Dysregulation

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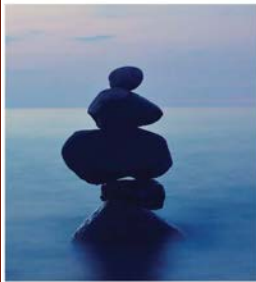
- ▶ Use mindfulness techniques (see mindfulness page for ideas)







# MINDFULNESS



Focusing one's awareness on the present moment, while calmly acknowledging and accepting one's feelings, thoughts, and bodily sensations

Focus on breathing for 60 seconds. Take a deep breath in through the nose, hold for 6 seconds, and then breathe out through the mouth for 6 seconds

If agitated tune into what the body is doing (e.g., tapping foot, clenching fists)

Focus on input from your five senses: touch, sight, smell, hearing, and taste (e.g., choose any color and spend 1 minute finding objects near you in that color)

Describe an object in the room for 60 seconds (identify the texture, shape, and physical features)

Utilize free mindfulness apps to learn more grounding exercises

**You cannot breathe in the past, you cannot breathe in the future, but you can focus on breath today**



CITATIONS

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# Accommodations for Emotional Dysregulation

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- ▶ Pay attention to what is happening in your body when you feel agitated. For example, are you tapping your foot, clenching your fists?



# Tracking Mood

- ▶ Power of Patients-techy way
- ▶ Mood logs-old school way
- ▶ Doesn't matter HOW just matters

its collected and analyzed for **common themes**

## 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)							

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# Accommodations for Emotional Dysregulation

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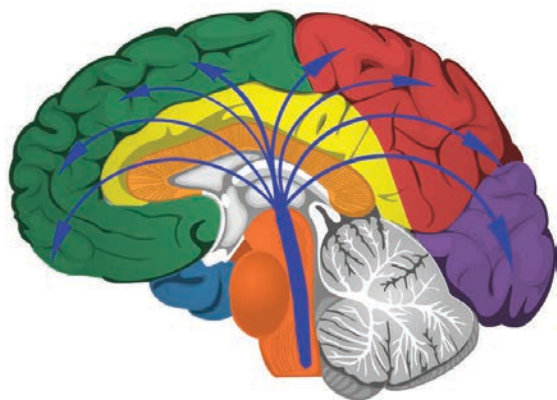
- ▶ Ask for a short break



# Fatigue

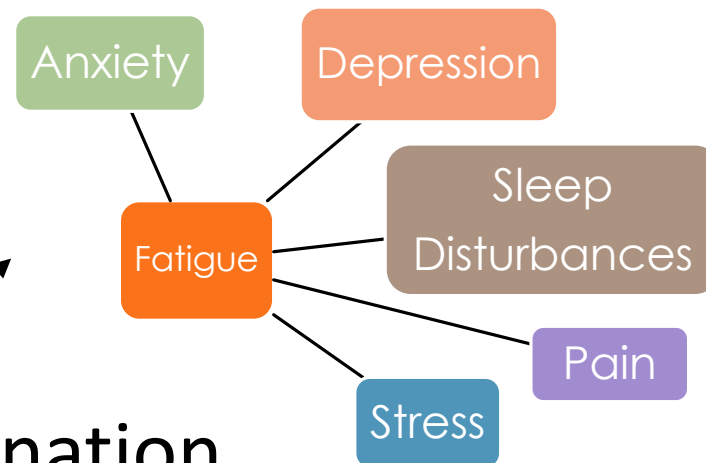
## Primary Fatigue

Directly from injury to parts of the brain controlling arousal, attention, and response



## Secondary Fatigue

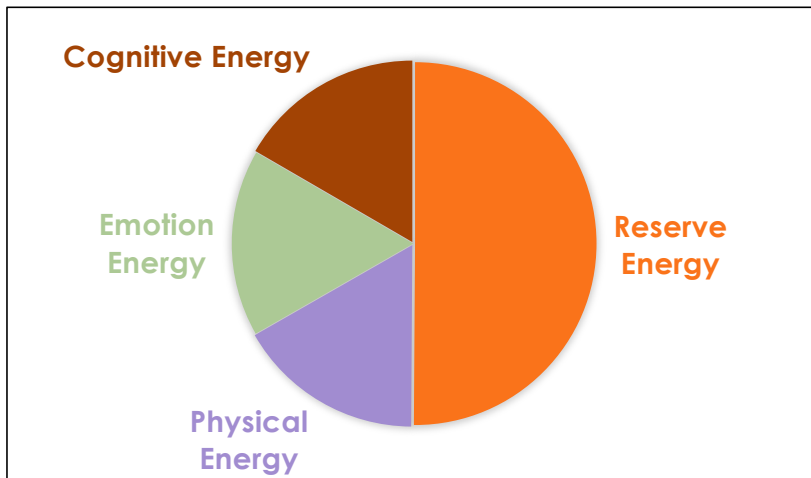
Factors that exacerbate fatigue such as :



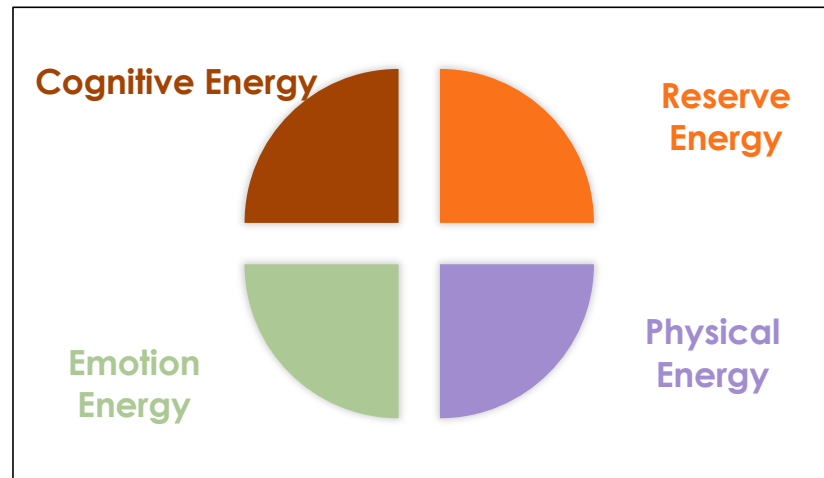
Often a Combination

# Fatigue Pie

Before Brain Injury



After Brain Injury



# Brain Injury Fatigue Explained to a Millennial

“Zach Morris”  
Phone



iPhone 3



iPhone 15



# Accommodations for Emotional Dysregulation

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- ▶ Write down important information before you go into emotional situations



# Accommodations for Emotional Dysregulation

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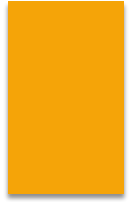


Thursday	
8:30	Breakfast
8:50	Math Block
9:30	Speech Group
10:00	Social Skills
10:30	Computers
11:15	Reading Block
11:45	Writing Block
12:20	Recess
12:40	Lunch
1:10	D.E.A.R.
1:30	Music (1 <sup>st</sup> Grade)/Reading Block (2 <sup>nd</sup> Grade)
2:15	Dismissal

- ▶ Create a daily schedule to reduce feeling overwhelmed

# Schedules/Structure

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- ▶ You know 'what's next' and don't waste energy thinking about what to do next
- ▶ You habituate a new task or behavior
- ▶ Automates activities in your day
- ▶ You feel more in control being able to enjoy your day and your life

# Implementing Structure Ideas

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- ▶ We need to write in time ON and time OFF
- ▶ A regular wake up time
- ▶ Morning rituals to prepare for the day ahead (showering, dressing, breakfast etc.)
- ▶ Fitness activities (walking, stretching, gym, yoga etc.)
- ▶ Meal times
- ▶ Leisure time (hobbies, 'you' time, a nap, etc.)
- ▶ Time with family and friends
- ▶ Evening rituals to prepare your mind and body for rest (unplug from computers, television 1-2 hours before your bedtime; read a book, have a bath, meditate/pray, etc.)
- ▶ A regular bedtime

# Examples of structure



**WEEKLY MEAL PLAN**

AM NN PM	<b>MON</b>	<b>THINGS TO BUY</b>
AM NN PM	<b>TUES</b>	
AM NN PM	<b>WED</b>	
AM NN PM	<b>THU</b>	
AM NN PM	<b>FRI</b>	
AM NN PM	<b>SAT</b>	
AM NN PM	<b>SUN</b>	
		<b>NOTES:</b>

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**SLEEPTIME TRACKER**

WEEK OF \_\_\_\_\_ GOAL \_\_\_\_\_

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Slept at	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Woke up at	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep interruptions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of Hours Slept	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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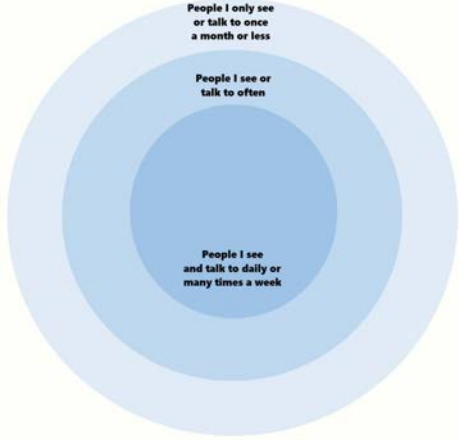
# Accommodations for Emotional Dysregulation

- ▶ Make a list of people that make you feel safe and heard. Reach out to them when needing support

**Check-In: Who Is in Your Life Right Now?**

By completing this exercise, you will get an idea of how everyone you know fits into your life. When you identify and label everyone, you will be able to see more clearly who might best help you in your recovery.

1. Write the **names or initials** of people on the circle based on how often you see them.
2. **Circle** the names of people who are now or could be supportive.
3. Write an **X** by the names of people who are not supportive, or who might be harmful.
4. **Try** to move the unhelpful people away from the center.
5. **Plan** to move the helpful people closer.



Adapted from the SUBI Client Workbook

# Accommodations for Emotional Dysregulation

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- ▶ Caregivers - the most important thing you can do is **remain calm yourself**, do not react to the person's emotions. You can gently guide the person to a quiet area to help them regain control.

# Breath

- ▶ Its FREE
- ▶ Its ALWAYS WITH YOU
- ▶ NATURAL TRANQUILIZER
  - ▶ 4 squared breathing
  - ▶ Belly breathing
  - ▶ In through NOSE
  - ▶ 4-7-8
  - ▶ Etc, etc, etc!

## 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 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.

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# De-escalation Techniques

- ▶ **Active Listening**- “I understand you are frustrated...”
- ▶ **Orientation**- “Let’s go for walk...”
- ▶ **Redirection**-direct/distract to a more appropriate behavior
- ▶ **Setting Limits**-If/then
- ▶ **Withdrawing Attention**-ignore
- ▶ **Contracting**-for higher functioning, a written outline of what consequences are for problem behavior



# De-escalation Strategies

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- ▶ Act **calm** even if you're not
- ▶ Give a **choice**
- ▶ Use **humor** to lighten the mood
- ▶ Ask them to **draw** a picture
- ▶ Talk about something **they like**
- ▶ Say, "I can see where you are coming from"
- ▶ Try to understand **their perspective**
- ▶ Let the person talk **without interrupting**
- ▶ Avoid needing to get the last word
- ▶ Remind them they are not trouble
- ▶ Say, "**I am here for you**"
- ▶ **Ignore**, if you can
- ▶ Offer to change something you are doing

# 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!



“

Rewarding positive behavior  
creates a trend of more prosocial  
behaviors.

”

# Communication after Brain Injury

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- ▶ Communicating is more than just talking. To actually "communicate" we also must share information with another person.
- ▶ To be effective social communication combines:
  - ▶ being able to listen to and remember what you hear
  - ▶ taking turns with the other person, and not interrupting
  - ▶ sharing the information you have accurately and without rambling
  - ▶ saying things in an organized manner and making sense
  - ▶ using tone and emotions that fit the situation
  - ▶ "give and take" with the other speaker. Don't make the other person do all the work
    - ▶ being aware of how what you are saying is affecting the other person

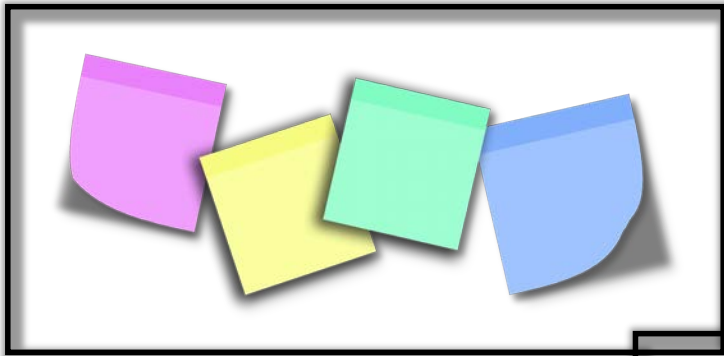
# Activities that don't rely on language

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- ▶ Choose activities most suitable for the person's interests, ability and age. Helpful shared activities could include:
  - ▶ Going for a walk.
  - ▶ Playing games (e.g. football, pool, dominoes, cards, Connect 4).
  - ▶ Looking through photos or a magazine.
  - ▶ Making or sharing a cup of tea and a biscuit
  - ▶ Cooking/baking activities.
  - ▶ Watching sport.
  - ▶ Watching DVDs or funny 'You Tube' clips.
  - ▶ Computer games, games on a tablet device.
  - ▶ Gardening/potting or caring for plants.
  - ▶ Helping with simple chores (e.g. washing up, cleaning cupboard, folding sheets, pairing socks).

# Role of Assistive Technology



# Community Integration

- ▶ Essential!
- ▶ Socialization
- ▶ Community participation
- ▶ Productivity



# Screening/Symptom Inventory

\*we have juvenile versions too!



Name: \_\_\_\_\_ Current Age: \_\_\_\_\_ Interviewer Initials: \_\_\_\_\_ Date: \_\_\_\_\_

### Lifetime History of Traumatic Brain Injury (from the OSU TBI-ID) and other Acquired Brain Injuries

Take this simple test to evaluate if you may have sustained a brain injury. It is important to note that this test is not a diagnosis, not to be used for eligibility determination and DOES NOT replace a face-to-face evaluation and assessment with a trained professional. All information is kept confidential. Your answers may be analyzed statistically for program evaluation and research.

**1.** Please think about injuries you have had during your entire lifetime, especially those that affected your head or neck. It might help to remember times you went to the hospital or Emergency Department. Think about injuries you may have received from a car or motorcycle wreck, bicycle crash, being hit by something falling down, being hit by someone, playing sports or an injury during military service.

a. Thinking about any injuries you have had in your lifetime, were you ever knocked out or did you lose consciousness?  
 Yes  
 No (IF NO, GO TO QUESTION 2)

b. What was the longest time you were knocked out or unconscious? (Choose just one, if you are not sure please make your best guess.)  
 knocked out or lost consciousness for less than 30 minutes  
 knocked out or lost consciousness between 30 minutes and 24 hours  
 knocked out or lost consciousness for 24 hours or longer

c. How old were you the first time you were knocked out or lost consciousness?  
 \_\_\_\_\_ years old

**2.** Have you ever had a period of time in which you experienced multiple, repeated impacts to your head (e.g. history of abuse, contact sports, military duty)?

Yes  
 No (IF NO, GO TO QUESTION 3)

a. How old were you when these repeated injuries began?  
 \_\_\_\_\_ years old

b. How old were you when these repeated injuries ended?  
 \_\_\_\_\_ years old

**3.** Have you ever lost consciousness from a drug overdose or being choked/strangled?

Yes  
 No (IF NO, GO TO QUESTION 4)

a. How many times from a drug overdose?  
 \_\_\_\_\_ overdoses

b. How many times from being choked/strangled?  
 \_\_\_\_\_ choked/strangled

**4.** Have you EVER been told by a doctor or other health professional that you had any of the following?


epilepsy or seizures  
 a stroke, cerebral vascular disease or a transient ischemic attack.  
 a tumor of the brain  
 swelling of the brain (edema)  
 toxic effects or poisoning by substances  
 infection like meningitis or encephalitis  
 a brain bleed or hemorrhage  
 loss of oxygen to the brain - like from a time when you stopped breathing, had a near drowning or experienced a strangulation

**Interpreting Findings**  
 The validity of this tool is not based on elicitation of a perfect accounting of a person's lifetime history of brain injury. Instead, it provides a means to estimate the likelihood that consequences have resulted from one's lifetime exposure.


A person may be more likely to have ongoing problems if they have any of the following:

- WORST: One moderate or severe TBI
- FIRST: TBI with loss of consciousness before age 15
- MULTIPLE: A period of time when they experienced multiple blows to the head
- OTHER SOURCES: Any TBI combined with another way their brain function has been impaired

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## Brain Injury Symptom Inventory

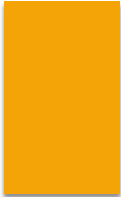
Name: \_\_\_\_\_ Date: \_\_\_\_\_

In recent weeks, how much have you been bothered by the following problems?  
 Please mark only one circle per item.

	N/A I don't have this problem at all	I have this problem but it never bothers me	I am slightly bothered by this problem	I am very bothered by this problem	I am extremely bothered by this problem
<b>SECTION 1</b>					
I lose or misplace important items (keys, wallet, papers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I forget what people tell me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I forget what I've read	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I lose track of time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I forget what I did yesterday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I forget things I've just learned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I forget meetings/appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I forget to turn off appliances (iron, stove)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>SECTION 2</b>					
I have a hard time following conversations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can remember only one or two steps of instructions or directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I take too long to figure out what someone is trying to tell me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 Symptom Inventory 1





► Insert pic of



## ATTENTION ACCOMMODATIONS

- Reduce auditory and visual distractions
- Use visual aids to help with focus
- Work in quiet/non-distracting places or wear earphones to drown out noise
- Break larger tasks into smaller, written down steps
- Use highlighters or color coding when following along with handouts
- Take frequent “brain breaks”
- Use a recorder to help remember important details
- Try using doodling or fidget devices to stay focused
- Schedule appointments during most alert time frames



Aside from being awake and alert, one of the most important cognitive abilities is being able to pay attention or concentrate on important things happening around us.



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## ATTENTION



### LOOK FOR:

- Sustained
  - Difficulty staying on task when working independently
  - Difficulty listening across the duration of a conversation/lesson/TV Show
  - Inability to complete tasks
- Selective
  - Difficulty following a conversation and ignoring background noise
  - Reduced concentration caused by auditory or visual distractors
  - Difficulty concentrating caused by fatigue, worry or sadness
- Alternating
  - Leaving tasks incomplete after interruption
- Divided
  - Difficulty focusing on more than 1 thing at a time
  - Difficulty engaging in 2 tasks at once

**TYPES OF ATTENTION:**  
 1. Sustained: the ability to focus on one thing over a period of time  
 2. Selective: the ability to focus on one thing despite distractions  
 3. Alternating: the ability to shift attention from one thing to another  
 4. Divided: the ability to focus on multiple things at the same time

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## ATTENTION ACCOMMODATIONS FOR PROFESSIONALS

- Attention Grabber
  - Check for eye contact and initial attention
  - Begin an activity with something that demands attention or involves active participation (like an ice breaker, a challenge, or demonstration that includes their participation)
  - Utilize visual aids
- Reduce Distractions
  - Allow for work in a quiet space/wear earphones to drown out excess noise
- Break it Down
  - Keep instructions brief, simple, and to the point
  - Summarize critical points of discussion/conversation
  - Present information in short and concise segments, one at a time
  - Suggest using a calendar or reminders on phone/watch/computer
- Hands On
  - Use movement and tactile activities to enhance energy and attention
  - Encourage note taking to record important information. (e.g., having them write down the date of the next meeting they are in the room)
  - Try to schedule appointments earlier in the day



Aside from being awake and alert, one of the most important cognitive abilities is being able to pay attention or concentrate on important things happening around us.



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# Tip Sheets for Individuals & Professionals



# Tip Sheet's Available

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- ▶ Memory
- ▶ Delayed Processing
- ▶ Attention
- ▶ Impulsivity/Inhibition
- ▶ Physical/Sensorimotor
- ▶ Language
- ▶ Organization
- ▶ Mental Inflexibility
- ▶ Emotional Dysregulation
- ▶ Brain Injury Accommodations
- ▶ Anger
- ▶ Fatigue
- ▶ Mindfulness
- ▶ Self-Awareness
- ▶ Sleep





**NORTH DAKOTA  
BRAIN INJURY  
NETWORK**

# Living Life Fully

## After Brain Injury

After a brain injury, survivors may struggle with cognitive and memory tasks, as well as emotional regulation and social-behavioral skills. These challenges cause changes that can leave them feeling anxious and frustrated.

This seven-class in-person series provides survivors with tools and techniques to help them understand, cope with, and proactively manage life after brain injury.

This series is for those living with a brain injury. These classes are led by a Certified Brain Injury Specialist.

Each session you will learn something new and you will get the most out of it by attending all the sessions. Each participant will need to complete a brain injury symptom inventory with Carly prior to the start of class. Carly will set this up with you after you complete your registration.



**DATES & TOPICS**

**2nd and 4th Mondays of  
February/March/April/May 2024  
10:00-11:30 am**

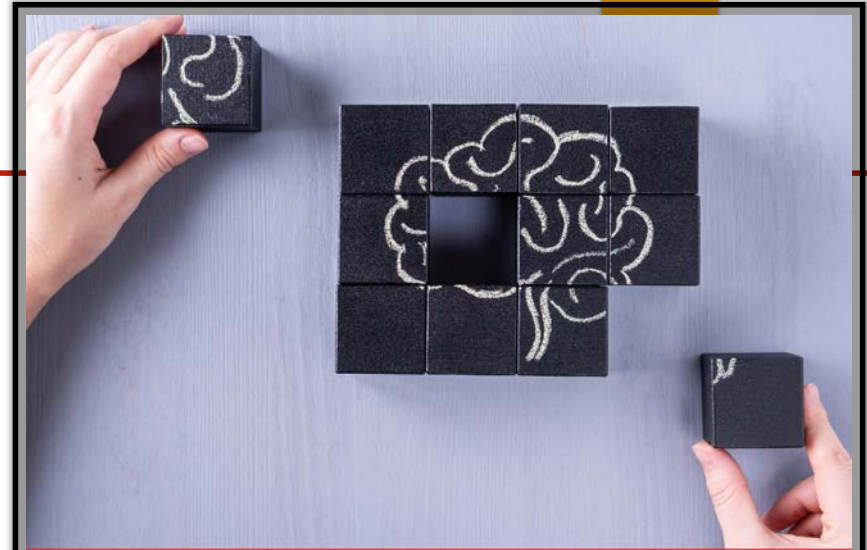
**Mountainbrooke Mental Health  
Recovery Center  
112 N 3rd St, Grand Forks, ND**

- February 12 | Session 1**  
Understanding Brain Injury and Symptom Recognition
- February 26 | Session 2**  
Memory Skills and Goal Setting
- March 11 | Session 3**  
Emotional Regulation
- March 25 | Session 4**  
Communication Mastery
- April 8 | Session 5**  
Brain Injury and Anger: Identification,  
Options, and Understanding
- April 22 | Session 6**  
Why is Stopping and Thinking Important?
- May 13 | Session 7**  
Finding Your New Normal

Register by February 1, 2024

[https://und.qualtrics.com/jfe/form/SV\\_23Tvt9swq47Elm](https://und.qualtrics.com/jfe/form/SV_23Tvt9swq47Elm)

For more information:  
carly.endres@UND.edu  
(701) 777-8004



## Brain Injury Lunch and Learn

**What:** A weekly person-centered group to learn about what a brain injury is, what it means if you have one, and some strategies to help manage your symptoms. Individuals will be given a FREE meal and FREE resources.

**When:** Mondays from 12:30-1:30 pm Central (no class on Labor Day, September 4, 2023)

**Where:** Downtown Engagement Center (DEC), 222 4th St. N. Fargo, ND

Participants will get to select each week's topics, from an evolving list made up of topics such as symptom recognition, why stopping and thinking is important, anger, etc.

### For More Information

Carly Endres, Senior Project Coordinator  
North Dakota Brain Injury Network  
carly.endres@und.edu • (701) 777-8004



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### New Infographics

The North Dakota Brain Injury Network (NDBIN) has a variety of infographics available to help American Indian survivors of a brain injury.

- [View the new resources](#)

**Brain Injury Guide**  
View this helpful guide from NDBIN. It provides information to individuals with a brain injury.

**Brain Injury ID Card**  
An individual with a brain injury may request a free brain injury identification card from NDBIN.

**Brain Injury Screenings**  
Find out where screenings are happening or schedule one in your community.

**FREE Certified Brain Injury Specialist Training**  
June 11 & 12  
8:30 am – 4:30 pm  
Via Zoom



Calm



NORTH DAKOTA  
BRAIN INJURY  
NETWORK

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