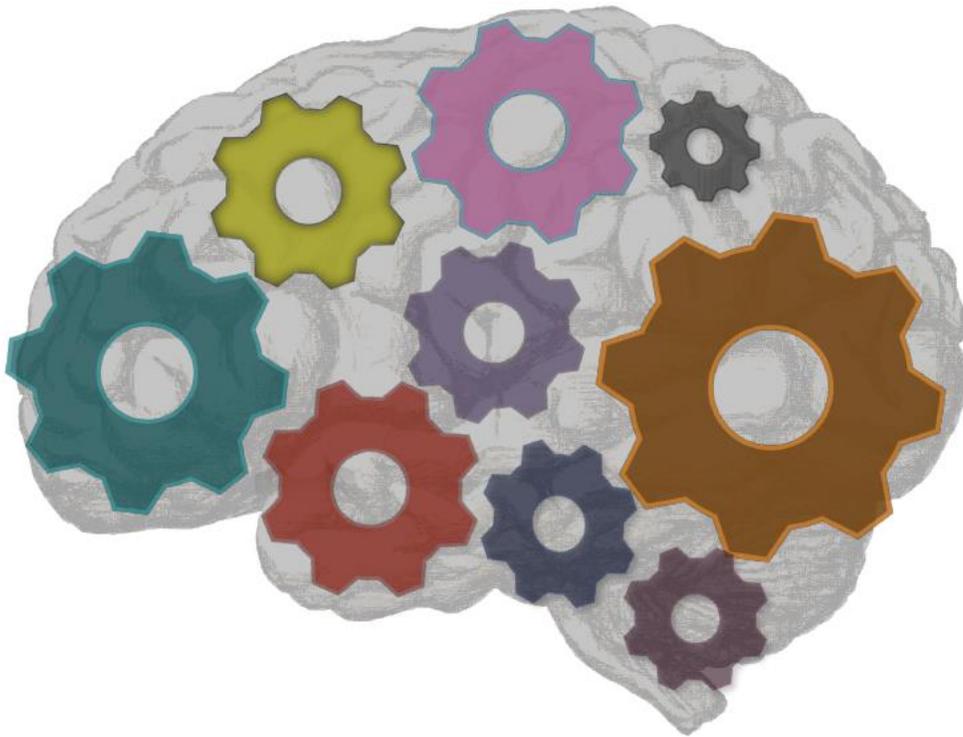


**Cognitive Strategies for Juvenile Clients,  
Parents/Caregivers, Community Mental Health  
& Criminal Justice Professionals**



**MINDSOURCE**  
BRAIN INJURY NETWORK



UNIVERSITY *of*  
DENVER



**Memory Problems**



**Delayed Processing**



**Attention Problems**



**Inhibition Problems/Impulsivity**



**Physical and Sensorimotor Problems**



**Language Problems**



**Organization Problems**



**Mental Inflexibility**



**Emotional Dysregulation**



**Appendix – Sleep**

Cover art by Deborah Daugherty, February 2019

Prepared under the direction of Dr. Kim Gorgens, Judy Dettmer & Dr. Karen McAvoy, March 2020

# Foreword

These materials were designed with three audiences in mind: professionals in criminal justice settings, professionals in community mental health settings, and for the juvenile clients and their parents/caregivers who are served in those two settings. The symptom questionnaire is a self-report instrument designed to assess complaints in nine areas: memory problems, slow or delayed processing, attention problems, disinhibition or impulsivity, physical and sensorimotor problems, language impairments, organization problems, mental inflexibility, and emotional dysregulation. Given the important role that sleep disturbance plays in these complaints, there is a special section with a sleep hygiene checklist as well. These deficits are common to juveniles with brain injury but also to persons with substance dependence, mental illness, and psychosocial stressors. Professionals will find them relevant to work with the broadest range of clients.

The materials are color-coded with one double-sided tip sheet for each of the audiences for each of the deficit areas (i.e., four pages for each of the deficit areas). ***Juvenile justice and community mental health professionals are advised to demonstrate and implement these strategies during their meetings. It will be helpful for clients to practice these strategies under supervision, so they can learn and be reinforced for their successful use.***

This is expected to be a living document with regular updates and refinements suggested by professionals in the field and client/family feedback. Please share your ideas with MINDSOURCE in Colorado at [www.mindsourcencolorado.org/contact](http://www.mindsourcencolorado.org/contact).

***The current version was revised on March 16, 2020.***

# Adolescent Symptom Questionnaire

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

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

In the past two months, how much have you been bothered by the following problems? **Please only mark one box per item.**

	<b>MEMORY CONCERNS</b>	I do not experience this problem at all	I experience this problem but it does not bother me	I am mildly bothered by this problem	I am moderately bothered by this problem	I am extremely bothered by this problem
1.	Losing or misplacing important items (e.g. homework, backpack, phone)					
2.	Forgetting what people tell me					
3.	Forgetting what I've read					
4.	Losing track of time					
5.	Forgetting what I did yesterday					
6.	Forgetting things I've just learned					
7.	Forgetting class, practices, or appointments					
8.	Forgetting to turn off the lights or your electronics (computer, game devices, etc.)					

	<b>DELAYED PROCESSING</b>	I do not experience this problem at all	I experience this problem but it does not bother me	I am mildly bothered by this problem	I am moderately bothered by this problem	I am extremely bothered by this problem
1	Trouble following conversations					
2	Remembering only one or two steps when someone is giving me instructions or directions					
3	Taking too long to figure out what someone is trying to tell me					

	<b>ATTENTION PROBLEMS</b>	I do not experience this problem at all	I experience this problem but it does not bother me	I am mildly bothered by this problem	I am moderately bothered by this problem	I am extremely bothered by this problem
1.	Difficulty concentrating					
2.	Easily distracted					
3.	Difficulty concentrating in noisy places					
4.	Difficulty following conversations					
5.	Difficulty concentrating on challenging tasks, such as homework or chores					

	<b>INHIBITION PROBLEMS</b>	I do not experience this problem at all	I experience this problem but it does not bother me	I am mildly bothered by this problem	I am moderately bothered by this problem	I am extremely bothered by this problem
1	Saying things without thinking					
2	Doing things without thinking					
3	Not following directions					
4	Dominating conversations					
5	Interrupting when others are speaking					

	<b>PHYSICAL and SENSORIMOTOR PROBLEMS</b>	<b>I do not experience this problem at all</b>	<b>I experience this problem but it does not bother me</b>	<b>I am mildly bothered by this problem</b>	<b>I am moderately bothered by this problem</b>	<b>I am extremely bothered by this problem</b>
1	Feeling physical pain (e.g., headache, body pain).					
2	Getting enough sleep					
3	Feeling fatigued (extremely tired)					
4	Feeling sensitive to light (bright lights bother my eyes)					
5	Focusing my eyes					
6	Lacking depth perception					

	<b>LANGUAGE PROBLEMS</b>	<b>I do not experience this problem at all</b>	<b>I experience this problem but it does not bother me</b>	<b>I am mildly bothered by this problem</b>	<b>I am moderately bothered by this problem</b>	<b>I am extremely bothered by this problem</b>
1.	Difficulty understanding what people tell me					
2.	Difficulty understanding what I've read					
3.	Difficulty finding the right word when speaking					

4.	Difficulty getting people to understand what I am trying to say					
5.	Difficulty writing emails, papers, etc.					

	<b>ORGANIZATION PROBLEMS</b>	I do not experience this problem at all	I experience this problem but it does not bother me	I am mildly bothered by this problem	I am moderately bothered by this problem	I am extremely bothered by this problem
1.	Difficulty getting to sessions (e.g., class, therapy, meetings) on time					
2.	Difficulty starting important tasks first					
3.	Difficulty starting tasks					
4.	Difficulty switching from one task to another					
5.	Difficulty completing tasks correctly					
6.	Difficulty keeping up with time sensitive tasks (e.g., homework)					

	<b>MENTAL FLEXIBILITY</b>	I do not experience this	I experience this	I am mildly bothered by	I am moderately bothered by	I am extremely bothered

		problem at all	problem but it does not bother me	this problem	this problem	by this problem
1.	Difficulty deciding what to do when faced with a new problem.					
2.	Difficulty changing my mind once I've made a decision					
3.	Difficulty learning a new way of doing things					
4.	Struggling to understand why people do things differently than me					

	<b>EMOTIONAL PROBLEMS</b>	I do not experience this problem at all	I experience this problem but it does not bother me	I am mildly bothered by this problem	I am moderately bothered by this problem	I am extremely bothered by this problem
1.	Feeling anxiety (e.g., panic, wound up)					
2.	Feeling irritation (e.g., angry, pissed off)					
3.	Crying easily (e.g., teary-eyed, weepy)					
4.	Feeling depression (e.g., blue, unhappy)					
5.	Feeling traumatized (e.g., disturbed, troubled)					
6.	Overreacting to events (e.g., (getting upset, throwing a fit)					





# Criminal Justice

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

1. Where possible, work with a team that includes your client's parent/caregiver, mental health provider(s), and school.<sup>1</sup>
2. Provide your clients with a basic organization system like a folder or a calendar for important paperwork and information. Encourage them to make a habit of keeping all their important materials in one location.<sup>1, 2</sup>
3. Deliver important information in as many different forms as possible. For example, in addition to the conversation, make paper available and encourage clients to write

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<sup>1</sup> Slomine, B. & Locascio, G. (2009). Cognitive rehabilitation for juveniles with acquired brain injury. *Developmental Disabilities Research Reviews, 15*, 133-143.

<sup>2</sup> Lally, P., & Gardner, B. (2013). Promoting habit formation. *Health Psychology Review, 7*, 137-158.

down information, and provide them with multiple reminders of important dates and tasks.<sup>3</sup>

4. To help your client remember new information, such as appointments and tasks that need to get done, ask them to summarize or paraphrase new information, and immediately correct any inaccuracies.<sup>4</sup>
5. If your client is late to meetings because of time-keeping difficulties, you can model and encourage them to make a habit of checking the time frequently. Prompts such as alarms on a watch or phone can be good reminders.<sup>4, 5, 6, 7</sup>
6. To help your client remember meetings or important court dates, encourage them to use inexpensive aids such as the calendar and reminder function on their phone or a portable paper calendar.<sup>5, 6, 7, 8</sup>
7. Sleep is essential for memory function. Ask your client about their sleep and review the attached sleep checklist to promote better sleep habits.<sup>8</sup>

Compiled by A. Campbell, J. Cervantes, T. Linn, & J. Lodovic (March, 2020)

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<sup>3</sup> Shaw, D. R. (2016). A systematic review of pediatric cognitive rehabilitation in the elementary and middle school systems. *NeuroRehabilitation, 39*, 119-123.

<sup>4</sup> Melton, A. K., & Bourgeois, M. S. (2005). Training compensatory memory strategies via the telephone for persons with TBI. *Aphasiology, 19*, 353-364.

<sup>5</sup> Pershelli, A. (2007). Memory Strategies to Use with Students Following Traumatic Brain Injury. *Physical Disabilities: Education and Related Services, 26*(1), 31-46. Retrieved from <https://eric.ed.gov/?id=EJ795379>

<sup>6</sup> DePompei, R., Gillette, Y., Goetz, E., Xenopolous-Oddsson, A., Bryen, D., & Dowds, M. (2008). Practical applications for use of PDAs and smartphones with juveniles and adolescents who have traumatic brain injury. *Neurorehabilitation, 23*, 487-499.

<sup>7</sup> Fish, J., Evans, J.J., Nimmo, M., Martin, E., Kersel, D., Bateman, A., Wilson, B.A., Manly, T. (2006). Rehabilitation of executive dysfunction following brain injury: "Content-free" cueing improves everyday prospective memory performance. *Neuropsychologia, 45*, 1318-1330.

<sup>8</sup> Houston, J., Warnock, L., & Lash, M. (1999). *Traumatic brain injury in children and teens: A national guide for families*. Wolfboro, NH: Lash and Associates.



## Memory Problems

# Community Mental Health

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

1. Where possible, work with a team that includes your client's parent/caregiver, criminal justice professional(s), and school.<sup>1</sup>
2. Provide your client with a basic organization system, such as a folder or organizational planner. Encourage them to keep all their important items/materials in one location.<sup>2,3</sup>
3. Deliver important information in as many modalities as possible. For example, in addition to the conversation, make paper available and encourage clients to write down information, and provide them with multiple reminders of important dates and tasks.<sup>1,2</sup>
4. Using visual imagery techniques while reading can increase retention. Including things like pictures or descriptions can help individuals in remembering written information.<sup>4</sup>
5. If your client has difficulty keeping track of time or remembering information needed to complete tasks, setting up recognition cues and reminders, such as task lists and reminder notes, can be

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<sup>1</sup> American Speech-Language-Hearing Association (n.d.). *Pediatric traumatic brain injury*. Retrieved from [www.asha.org/Practice-Portal/Clinical-Topics/Pediatric-Traumatic-Brain-Injury/](http://www.asha.org/Practice-Portal/Clinical-Topics/Pediatric-Traumatic-Brain-Injury/).

<sup>2</sup> Shaw, D. R. (2016). A systematic review of pediatric cognitive rehabilitation in the elementary and middle school systems. *NeuroRehabilitation, 39*, 119-123.

<sup>3</sup> (MSKTC), M. S., Tessa Hart, P., & Angelle Sander, P. (2014). *TBI Factsheets, Memory and Traumatic Brain Injury*. Retrieved from <https://msktc.org/tbi/factsheets/Memory-And-Traumatic-Brain-Injury>.

<sup>4</sup> Dehn, M.J. (2010). *Long-term memory problems in children and adolescents: Assessment, intervention, and effective instruction*. John Wiley and Sons, 252-261.

helpful. It can be useful to develop verbal and visual cues, (e.g. verbal reminders and check-ins, visual posters and drawings) that help your client stay mindful during sessions.<sup>5,6</sup>

6. Encourage clients to complete tasks that challenge their memories, such as asking them to memorize new names. This may help them remember recent information.
7. To help your client remember new information, such as appointments and tasks that need to get done, ask them to summarize or paraphrase new information, and immediately correct any inaccuracies.<sup>6,7</sup>
8. If your client misses important appointments or information, ensure that when important meetings are scheduled, they are immediately put in your clients' calendars along with appropriate notes. Encourage them to set alarms for each appointment and correct them immediately if they repeat back information incorrectly.<sup>3,6</sup>
9. Consider scheduling regular appointments that fall on the same day and time of each week if possible.<sup>1,7</sup>
10. Sleep is essential for memory function. Ask about your client's sleep and review the attached sleep checklist to promote better sleep habits.<sup>1,3</sup>

Compiled by A. Campbell, J. Cervantes, T. Linn, & J. Lodovic (March, 2020)

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<sup>5</sup> Jacobson, R. (2018). How to help kids with working memory issues. *Child Mind Institute*. Retrieved from <https://childmind.org/article/how-to-help-kids-with-working-memory-issues/>.

<sup>6</sup> Slomine, B. & Locascio, G. (2009). Cognitive rehabilitation for juveniles with acquired brain injury. *Developmental Disabilities Research Reviews*, 15, 133-143.

<sup>7</sup> Mateer, C. A., Kerns, K. A., & Eso, K. L. (1996). Management of attention and memory disorders following traumatic brain injury. *Journal of Learning Disabilities*, 29(6), 618-632.



## Memory Problems

### Client

Memory is your brain's storage of what you have learned and experienced. It allows you to remember and deal with situations as they happen. People with memory problems can lose parts or all their memory. Memory problems can make it hard to have a conversation or follow directions. You might lose important items, forget what people tell you, forget what you learned in school, and forget appointments or meetings. You may feel anxious, frustrated, or ashamed because of these problems. These tips may be helpful:

1. Commit to a routine each day. For example, always keep important items (like your phone, wallet, and keys) in one place, such as by the front door, so you don't forget where they are when you need them.<sup>1</sup>
2. Keep track of important information in as many ways as possible. For example, bring a notebook, smartphone, or planner to appointments so you can write down your next meeting time.<sup>2</sup>

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<sup>1</sup> Slomine, B. & Locascio, G. (2009). Cognitive rehabilitation for juveniles with acquired brain injury. *Developmental Disabilities Research Reviews, 15*, 133-143.

<sup>2</sup> Shaw, D. R. (2016). A systematic review of pediatric cognitive rehabilitation in the elementary and middle school systems. *NeuroRehabilitation, 39*, 119-123.

3. If you have a smartphone, use reminders or alarm applications to keep track of important dates or things you need to do. If you do not have a smart phone, take notes during school, treatment, or in other meetings and appointments to keep track of important dates or assignments.<sup>3,4</sup>
4. Physical activity can help your memory. Try going for a walk every day and make time for physical activities (e.g. playing sports, walking your dog, etc.) to help your memory. You can also bring clay or a stress ball to class to stay active while sitting if your school approves it.<sup>5</sup>
5. Sleep is essential for your memory function. If you have trouble sleeping, look at the sleep tip sheet for advice on getting enough sleep.<sup>6</sup>

Compiled by A. Campbell, J. Cervantes, T. Linn, & J. Lodovic (March 2, 2020)

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<sup>3</sup> DePompei, R., Gillette, Y., Goetz, E., Xenopolous-Oddsson, A., Bryen, D., & Dowds, M. (2008). Practical applications for use of PDAs and smartphones with juveniles and adolescents who have traumatic brain injury. *Neurorehabilitation*, 23, 487-499.

<sup>4</sup> American Speech-Language-Hearing Association (n.d.) Pediatric traumatic brain injury. Retrieved from [www.asha.org/Practice-Portal/Clinical-Topics/Pediatric-Traumatic-Brain-Injury/](http://www.asha.org/Practice-Portal/Clinical-Topics/Pediatric-Traumatic-Brain-Injury/)

<sup>5</sup> Hartman, B. A., Miller, B. K., & Nelson, D. L. (2000). The effects of hands-on occupation versus demonstration on children's recall memory. *American Journal of Occupational Therapy*, 54, 477-483.

<sup>6</sup> Dise-Lewis, J. E., Calvery, M. L., Lewis, H. C., Puls, M., Griebel, C., & Denlinger, K. (2002). *BrainSTARS: Brain Injury Strategies for Teams and Re-education for Students*. Wake Forest, NC: Lash & Associates Publishing/Training Inc.



## Memory Problems

### Parent/Caregiver

Memory is the brain's storage of what has been learned and experienced. Teens with memory complaints may have trouble following conversations or have trouble remembering and following instructions. They may appear unfocused, seem like they have an attitude problem, or they may appear confused. You may feel frustrated and your teen may also feel frustrated and anxious. The use and repeated practice of the following suggestions can be helpful:

1. Where possible, work with a team that includes your teen's criminal justice professional(s), mental health professional(s), and school.<sup>1</sup>
2. Your teen may have a hard time remembering where they left important items. You can encourage them to keep important items (such as phone, wallet, and/or keys), in one designated location to establish a routine.<sup>2</sup>
3. Your teen may forget important appointments or events. Encourage them to write down or record important dates and times.<sup>3,4</sup>
4. To help your teen remember new information, ask them to paraphrase or summarize important points.<sup>5</sup>
5. If your teen misses important appointments or information, make sure that when important meetings are scheduled, they are immediately put in your teen's calendars along with appropriate notes.

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<sup>1</sup> Slomine, B., & Locascio, G. (2009, January). Cognitive Rehabilitation for Children with Acquired Brain Injury. *Developmental Disabilities Research Reviews*, 15, 133-143.

<sup>2</sup> Rolle, C. E., Anguera, J. A., Skinner, S. N., Voytek, B., & Gazzaley, A. (2017). Enhancing spatial attention and working memory in younger and older adults. *Journal of Cognitive Neuroscience*, 29, 1483-1497.

<sup>3</sup> Dise-Lewis, J. E., Calvery, M. L., Lewis, H. C., Puls, M., Griebel, C., & Denlinger, K. (2002). *BrainSTARS: Brain Injury Strategies for Teams and Re-education for Students*. Wake Forest, NC: Lash & Associates Publishing/Training Inc.

<sup>4</sup> (MSKTC), M. S., Tessa Hart, P., & Angelle Sander, P. (2014). *TBI Factsheets, Memory and Traumatic Brain Injury*. Retrieved from Model Systems Knowledge Translation Center (MSKTC): <https://msktc.org/tbi/factsheets/Memory-And-Traumatic-Brain-Injury>

<sup>5</sup> Pershelli, A. (2007). Memory Strategies to Use with Students Following Traumatic Brain Injury. *Physical Disabilities: Education and Related Services*, 26(1), 31-46. Retrieved from <https://eric.ed.gov/?id=EJ795379>

Encourage them to set alarms for each appointment and correct them immediately if they repeat back information incorrectly.<sup>6</sup>

6. Consider working with your teen to schedule regular appointments that fall on the same day and time of each week if possible.<sup>7</sup>
7. If you find yourself feeling frustrated, use a mindfulness technique to take a break for one minute. First notice five things you can see around you. Second, notice four things around you that you can touch. Third, notice three things that you can hear. Fourth, notice two things you can smell. Finally, notice one thing that you can taste.<sup>8</sup>
8. Sleep is essential for memory. Ask your teen about their sleep and use the tips on the attached checklist to support better sleep for them (and yourself too).<sup>9</sup>

Compiled by A. Campbell, J. Cervantes, T. Linn, & J. Lodovic (March 2, 2020)

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<sup>6</sup> Pershelli, A. (2007). Memory Strategies to Use with Students Following Traumatic Brain Injury. *Physical Disabilities: Education and Related Services*, 26(1), 31–46. Retrieved from <https://eric.ed.gov/?id=EJ795379>

<sup>7</sup> American Speech-Language-Hearing Association (n.d.). *Pediatric traumatic brain injury*. Retrieved from [www.asha.org/Practice-Portal/Clinical-Topics/Pediatric-Traumatic-Brain-Injury/](http://www.asha.org/Practice-Portal/Clinical-Topics/Pediatric-Traumatic-Brain-Injury/).

<sup>8</sup> Hofmann, S. G., & Gómez, A. F. (2017). Mindfulness-based interventions for anxiety and depression. *Psychiatric Clinics of North America*, 40 (4), 739–749.

<sup>9</sup> Dise-Lewis, J. E., Calvery, M. L., Lewis, H. C., Puls, M., Griebel, C., & Denlinger, K. (2002). *BrainSTARS: Brain Injury Strategies for Teams and Re-education for Students*. Wake Forest, NC: Lash & Associates Publishing/Training Inc.



## Delayed Processing

# Criminal Justice

Delayed processing is a decreased ability to quickly process information like language and sensory information. Juveniles with delayed processing can appear “spacey”, mentally “foggy”, and slow-moving. In criminal justice settings, juveniles may appear uncooperative, non-compliant, defiant, and may even appear intoxicated because they are slower to respond. These clients may feel sad, mad, or anxious. The use and repeated practice of the following suggestions can be helpful:

1. Where possible, work with a team that includes your client’s parent/caregiver, mental health professional(s), and school. <sup>1</sup>
2. Clients with delayed processing may find it hard to keep up with too much information or tasks with several steps. You should periodically invite them to paraphrase or summarize important information to ensure their understanding. <sup>2</sup>
3. Encourage your client to alert you if the pace of conversation is moving too quickly. <sup>2</sup>
4. Clients with delayed processing are more susceptible to distractions. To increase the likelihood that your client can participate fully in the conversation, speak to them one-on-one, away from other conversations and minimize distractions where possible (e.g. seat client away from open doors/limit busy peripheral views, turn off screens in the room, limit outside noise, ask your client to put away phone or other devices). <sup>3</sup>

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<sup>1</sup> Slomine, B., & Locascio, G. (2009). Cognitive rehabilitation for children with acquired brain injury. *Developmental Disabilities Research Reviews, 15*, 133–143. doi: DOI: 10.1002/ddrr.56

<sup>2</sup> Chapman, S., Sparks, G., Levin, H., Dennis, M., Roncadin, C., Zang, L., & Song, J. (2004). Discourse macrolevel processing after severe pediatric traumatic brain injury. *Developmental Neuropsychology, 25*(1&2), 37-60. doi:10.1080/87565641.2004.9651921

<sup>3</sup> Shultz, E. L., Hoskinson, K. R., Keim, M. C., Dennis, M., Taylor, H. G., Bigler, E. D., Rubin, K. H., Vannatta, K., Gerhardt, C. A., Stancin, T., & Yeates, K. O. (2016). Adaptive functioning following pediatric traumatic brain injury: Relationship to executive function and processing speed. *Neuropsychology, 30*(7), 830–840. <https://doi.org/10.1037/neu0000288>

5. Because your client may take longer to understand and follow directions, provide extra time on assignments and activities. When possible, allow them extra time to respond and to complete tasks like required paperwork.<sup>4</sup>
6. If the client appears “blank” or is not responding in a typical way, repeat your main points and do not elaborate or add details until you have secured their participation.<sup>5</sup>
7. Physical activity has been shown to improve processing speed. Add physical movement to your session whenever possible. For example, take a walk or toss a ball with your client during meetings.<sup>6</sup>
8. Sleep is essential for cognitive processing. Ask about sleep and review the attached sleep checklist with your client.<sup>7</sup>

Compiled by C. Deadman, S. Frey, J. Milos, and K. Widener (March, 2020)

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<sup>4</sup> Colorado Department of Education. (2018). *Brain Injury in Children and Youth*.

[http://www.cde.state.co.us/cdesped/tbi\\_manual\\_braininjury](http://www.cde.state.co.us/cdesped/tbi_manual_braininjury)

<sup>5</sup> Jantz, Paul B., et al. *Working with Traumatic Brain Injury in Schools : Transition, Assessment, and Intervention*, Routledge, 2014. ProQuest eBooks Central, <https://ebookcentral.proquest.com/lib/du/detail.action?docID=1596950>.

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

<sup>7</sup> Soffer-Dudek, N., Sadeh, A., Dahl, R. E., & Rosenblat-Stein, S. (2011). Poor Sleep Quality Predicts Deficient Emotion Information Processing over Time in Early Adolescence. *Sleep, 34*(11), 1499–1508. doi: 10.5665/sleep.1386



## Delayed Processing

# Community Mental Health

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

1. Where possible, work with a team that includes your client's parent/caregiver, criminal justice professional(s), and school.<sup>1</sup>
2. Encourage the client to alert you if the pace of conversation is moving too quickly.<sup>2</sup>
3. Clients with delayed processing will be more susceptible to distractions during your sessions. To ensure your client can participate fully, you can minimize distractions during sessions (e.g., seat client facing away from open doors/limit busy peripheral views, turn off screens in the room, limit outside noise, ask your client to put away phone or other devices).<sup>3</sup>
4. In group settings, it may take longer your client longer to follow directions. You can encourage others not to interrupt while your client is trying to respond. You can also provide them more time to complete therapy assignments or other activities.<sup>4</sup>

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<sup>1</sup> Slomine, B., & Locascio, G. (2009). Cognitive rehabilitation for children with acquired brain injury. *Developmental Disabilities Research Reviews, 15*, 133–143. doi: DOI: 10.1002/ddrr.56

<sup>2</sup> Lash, M. (2002). Teaching strategies for students with brain injuries. *TBI Challenge! 4*(2).

<sup>3</sup> Shultz, E. L., Hoskinson, K. R., Keim, M. C., Dennis, M., Taylor, H. G., Bigler, E. D., Rubin, K. H., Vannatta, K., Gerhardt, C. A., Stancin, T., & Yeates, K. O. (2016). Adaptive functioning following pediatric traumatic brain injury: Relationship to executive function and processing speed. *Neuropsychology, 30*(7), 830–840. <https://doi.org/10.1037/neu0000288>

<sup>4</sup> Edwards, A. D., & Parks, R. L. (2015). Traumatic brain injury and the transition to college: Students' concerns and needs. *College and University, 90*(3), 47-49,51-54.

5. If your client appears “blank” or is not responding, it may be helpful to repeat your important points in session. Do not add more details until you have secured their participation again.<sup>5</sup>
6. To help your client understand complex instructions, break them into smaller tasks, allowing time in between each section to ensure that the client has completed it.
7. Regular physical activity has been shown to improve executive functions. Try encouraging movement whenever possible such as taking a walk during your session or incorporating movement, such as yoga or sports, into the client's treatment plan to improve processing speed.<sup>6</sup>
8. Sleep is essential for cognitive processing. Ask about sleep and review the attached sleep checklist with your client.<sup>7</sup>

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<sup>5</sup> Jantz, Paul B., et al. *Working with Traumatic Brain Injury in Schools : Transition, Assessment, and Intervention*, Routledge, 2014. ProQuest eBook Central

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

<sup>7</sup> Cohen-Zion, M., Shabi, A., Levy, S., Glasner, L. Wiener, A. (2016). Effects of partial sleep deprivation on information processing speed in adolescents. *Journal of the International Neuropsychological Society*, 22, 388-398.



## Delayed Processing

### Client

Delayed processing is when your brain takes a little longer to make sense of things you see or hear. You might find it hard to follow conversations or you may take longer to react to the people and things around you. When people give you directions with a lot of steps, you might only remember one or two.

You may find yourself feeling sad, mad, or anxious. These tips can help:

1. When you have trouble remembering things with a lot of steps. Write the steps down and go over them a few times in your head.
2. You may be distracted more easily by other people, music, or the television. Make a quiet place for yourself to study and do homework in away from distractions. For example, you can use noise-canceling earphones or earplugs to reduce noise.<sup>1</sup>
3. When you feel frustrated, take a break and use this mindfulness exercise. Breathe in through your nose, holding your breath for six seconds, then breathe out through your mouth. <sup>2</sup>

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<sup>1</sup> Krause, M. O., Kennedy, M. R. T., Nelson, P. B. (2014). Masking release, processing speed and listening effort in adults with traumatic brain injury. *Brain Injury*, 11(28), 1473-1484.

<sup>2</sup> Bonner, C. H. (2019, May 20). Children with Traumatic Brain Injury: A Parents' Guide. Retrieved from <https://www.brainline.org/article/children-traumatic-brain-injury-parents-guide>

4. Slower processing may make it harder to stay on task. Write down, or plan, daily activities like class schedules, meetings, or sports games and practices so that you know what you have to complete each day.<sup>3</sup>
5. Moving and participating in physical activities (e.g. playing sports with friends, walking your dog, etc.) activates the part of your brain where processing happens. Make time for physical activity every day.<sup>4</sup>
6. Sleep is essential for cognitive processing. Review the attached sleep checklist to help promote better sleep.<sup>5</sup>

Compiled by C. Deadman, S. Frey, J. Milos, and K. Widener (March, 2020)

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<sup>3</sup> Colorado Department of Education. (2018). *Brain Injury in Children and Youth*.

[http://www.cde.state.co.us/cdesped/tbi\\_manual\\_braininjury](http://www.cde.state.co.us/cdesped/tbi_manual_braininjury)

<sup>4</sup> Archer, T., Svensson, K., & Alricsson, M. (2012). Physical exercise ameliorates deficits induced by traumatic brain injury. *Neurologica Scandinavica*, *125*(5), 293-302.

<sup>5</sup> Cohen- Zion, M., Shabi, A., Levy, S., Glasner, L., Wiener, A. (2016). Effects of partial sleep deprivation on information processing speed in adolescents. *Journal of the International Neuropsychological Society*, *22*, 388-398.



## Delayed Processing

# Parent/Caregiver

Delayed processing is a decreased ability to quickly process information like language and sensory information. Teens with delayed processing can have trouble following conversations, take a long time to respond to questions or instructions, or remember only parts of what you tell them. Your teen may seem uncooperative, non-compliant, or resistant. Your teen may feel mad, sad, and anxious and you may also feel frustrated and hopeless at times. The use and repeated practice of the following suggestions can be helpful:

1. Where possible, work with a team that includes your teen's mental health professional(s), criminal justice professional(s), and school. <sup>1</sup>
2. When giving your teen directions such as for chores, ask them to summarize the task to ensure that they understand the instructions. <sup>2</sup>
3. Delayed processing could make your teen more easily distracted. Help your teen create a working environment that is quiet and allows them to work on homework, reading, and chores with fewer distractions. For example, you can use bookcases or partitions to create a small space within a large room or you can suggest they use noise-canceling earphones or earplugs. <sup>3</sup>
4. If you find yourself feeling frustrated, use a mindfulness technique to take a break for one minute. Breathe in through your nose, holding your breath for six seconds, then breathe out through your mouth. <sup>4</sup>

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<sup>1</sup> Slomine, B., & Locascio, G. (2009). Cognitive rehabilitation for children with acquired brain injury. *Developmental Disabilities Research Reviews*, 15, 133–143. doi: DOI: 10.1002/ddrr.56

<sup>2</sup> Piccolino, A. L., & Solberg, K. B. (2014). The impact of traumatic brain injury on prison health services and offender management. *Journal of Correctional Health Care*, 20(3), 203-212.

<sup>3</sup> Krause, M. O., Kennedy, M. R. T., Nelson, P. B. (2014). Masking release, processing speed and listening effort in adults with traumatic brain injury. *Brain Injury*, 11(28), 1473-1484.

<sup>4</sup> Bonner, C. H. (2019, May 20). *Children with Traumatic Brain Injury: A Parents' Guide*. Retrieved from <https://www.brainline.org/article/children-traumatic-brain-injury-parents-guide>

5. If you think your teen might need extra help in the classroom, you can contact your teen's teacher, the school's principal, or the Director of Special Education in the school district. The school may choose to conduct an evaluation of eligibility and will need close communication, cooperation and input from parents and medical/psychological providers.<sup>5,6</sup>
6. Brain activity is tied directly to physical movement, encourage your teen to be active and be active with them (e.g. walking, sports, etc.).<sup>7, 8</sup>
7. Sleep is essential for cognitive processing. Ask your teen about their sleep and use the tips on the attached checklist to support better sleep for them (and yourself too).<sup>9</sup>

Compiled by C. Deadman, S. Frey, J. Milos, and K. Widener (March, 2020)

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<sup>5</sup> Center for Parent Information and Resources. (2017). <https://www.parentcenterhub.org/evaluation/>

<sup>6</sup> Brain Injury Alliance of Colorado. (2014). *S.A.I.L. Self-advocacy for independent life: Empowering people with brain injuries and their families with the skills of self-advocacy*. Hawley, L. (Ed.) Colorado.

<sup>7</sup> Archer, T., Svensson, K., & Alricsson, M. (2012). Physical exercise ameliorates deficits induced by traumatic brain injury. *Neurologica Scandinavica*, 125(5), 293-302.

<sup>8</sup> Rosano, C., Venkatraman, V. K., Guralnik, J., Newman, A. B., Glynn, N. W., Launer, L., . . . Aizenstein, H. (2010). Psychomotor Speed and Functional Brain MRI 2 Years After Completing a Physical Activity Treatment. *The Journal of Gerontology: Series A*, 65A (6), 639-647.

<sup>9</sup> Cohen- Zion, M., Shabi, A., Levy, S., Glasner, L., Wiener, A. (2016). Effects of partial sleep deprivation on information processing speed in adolescents. *Journal of the International Neuropsychological Society*, 22, 388-398.



## Attention Problems

# Criminal Justice

There are three different kinds of attention: sustained, selective, and shifting/divided. Sustained attention is the ability to focus on one thing for a short period of time, selective attention is the ability to focus on one thing despite interruptions and shifting/divided attention is the ability to shift focus from one thing to another. Young people with attention problems can have difficulties in one or all of these areas, as well as difficulty sustaining mental focus. Clients with this problem may feel ashamed, frustrated, and hopeless. In a criminal justice setting, juveniles with attention problems may fidget, be non-compliant with assigned tasks, or go off-topic during the conversation. The use and repeated practice of the following suggestions can be helpful:

1. Where possible, work with a team that includes your client's parents, mental health professional(s), and their school.
2. Once you have your client's attention, use visual aids such as handouts to maintain their attention throughout the meeting. You can provide paper and encourage your client to record important information.<sup>1, 2</sup>
3. Your client's ability to pay attention can change throughout the day, consider scheduling appointments during whatever time of day that their attention is best. When scheduling the next appointment, encourage your client to use the calendar on an electronic device or a portable paper calendar to record the date and time of their next appointment.<sup>1</sup>
4. To help your client complete required assignments, break assignments into smaller and shorter steps and present them one at a time.<sup>1, 2</sup>

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<sup>1</sup> Dupar, L. (2011). *365 ways to succeed with ADHD: A Full Year of Valuable Tips and Strategies from the World's Best Coaches and Experts*. Granite Bay, CA: Coaching for ADHD.

<sup>2</sup> Colorado Department of Education. (2018). *Brain Injury in children and youth. A manual for educators*. Colorado Department of Education.

5. To confirm your client's understanding and retention of important information, you can ask them to periodically summarize your conversation. For example, ask them to repeat what they need to complete before the next meeting.<sup>3</sup>
6. Physical activity has been shown to improve attention. Incorporate movement into your meetings whenever possible, such as during breaks. For example, ask your client to stand with you during the meeting, walk around the building with them, or throw a ball or crumpled up piece of paper back and forth to engage your client in the conversation.<sup>3</sup>
7. Busy and/or noisy environments can be especially distracting for clients with attention problems. When possible, seat your client facing away from open doors and try to minimize other distractions.<sup>4</sup>
8. Sleep has a direct effect on attention. Ask your client about their sleep and use the attached sleep hygiene worksheet with them.

Compiled by Barthel, B., Kagie, J., Sower, E., & Williams, S. (March, 2020)

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<sup>3</sup> Neumann, D., Lequerica, A. (2015). Cognitive problems after traumatic brain injury. *Archives of Physical Medicine and Rehabilitation*, 96(1), 179-180.

<sup>4</sup> Smith, M., Robinson, L., Segal, J. (2019). *ADHD in Children*. Retrieved from <https://www.helpguide.org/articles/add-adhd/attention-deficit-disorder-adhd-in-children.htm>



## Community Mental Health

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

1. Where possible, work with a team that includes your client's parent/caregiver, criminal justice professional(s), and school.
2. Once you have your client's attention, use visual aids such as handouts to maintain their attention throughout the meeting. You can provide paper and encourage your client to record important information.<sup>1, 2</sup>
3. Your client's ability to pay attention can change throughout the day, consider scheduling appointments during whatever time of day that their attention is best. When scheduling the next session, encourage your client to use the calendar on an electronic device or a portable paper calendar to record the date and time of their next appointment.<sup>1</sup>

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<sup>1</sup> Dupar, L. (2011). *365 ways to succeed with ADHD: A Full Year of Valuable Tips and Strategies from the World's Best Coaches and Experts*. Granite Bay, CA: Coaching for ADHD.

<sup>2</sup> Colorado Department of Education. (2018). Brain Injury in children and youth. A manual for educators. Colorado Department of Education

4. To help your client complete required assignments, break assignments into smaller and shorter steps and present them one at a time.<sup>1, 2, 3</sup>
5. To confirm your client's understanding and retention of important information, you can ask them to periodically summarize your conversation. For example, ask them to repeat what they need to complete before your next meeting.<sup>2</sup>
6. Physical activity has been shown to improve attention. Incorporate movement into your meetings whenever possible, such as during breaks. For example, ask your client to stand with you during the meeting, walk around the building with them, or throw a ball or crumpled up piece of paper back and forth to engage your client in the conversation.<sup>1, 2</sup>
7. Busy and/or noisy environments can be especially distracting for clients with attention problems. When possible, seat your client facing away from open doors and try to minimize other distractions.<sup>2, 4</sup>
8. Sleep has a direct effect on attention. Ask your client about their sleep and review the attached sleep hygiene worksheet with them to promote better sleep habits.

Compiled by Barthel, B., Kagie, J., Sower, E., & Williams, S. (March, 2020)

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<sup>3</sup> Smith, M., Robinson, L., Segal, J. (2019). *ADHD in Children*. Retrieved from <https://www.helpguide.org/articles/add-adhd/attention-deficit-disorder-adhd-in-children.htm>

<sup>4</sup> *Attention-Deficit Hyperactivity Disorder (ADHD): The Basics*. (2016). Retrieved from [https://www.nimh.nih.gov/health/publications/attention-deficit-hyperactivity-disorder-adhd-the-basics/qf-16-3572\\_153275.pdf](https://www.nimh.nih.gov/health/publications/attention-deficit-hyperactivity-disorder-adhd-the-basics/qf-16-3572_153275.pdf)



# Client

There are different kinds of attention. One type allows you to think about one thing for a short amount of time, another type helps you ignore distractions, and another type allows you to change your attention from one thing to another. Teens with attention problems have a hard time staying focused during appointments or class, may get off-topic when talking with others, and may have a hard time remembering important things. These problems can make you feel ashamed or frustrated. Using and practicing these tips can be helpful:

1. Movement helps the brain focus. If you find yourself becoming distracted, try moving around. For example, ask the adult in charge (such as your teacher or probation officer) if you can stand up, go on a walk, or leave the room for a few minutes before going back to a task.<sup>1</sup>
2. If you become distracted while completing lengthy tasks, such as homework or chores, break them up into small steps. Make checklists and work on only one step at a time.<sup>1</sup>
3. Distracting places can make attention problems worse (for example, spaces that are noisy, messy, or have busy views). Work or study in places that are quiet and away from possible distractions. Noise-cancelling headphones or earplugs can help block out background noise.<sup>2</sup>

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<sup>1</sup> Dupar, L. (2011). *365 ways to succeed with ADHD: A Full Year of Valuable Tips and Strategies from the World's Best Coaches and Experts*. Granite Bay, CA: Coaching for ADHD.

<sup>2</sup> Colorado Department of Education. (2018). *Brain Injury in children and youth. A manual for educators*. Colorado Department of Education.

4. If you find yourself feeling frustrated, use a mindfulness technique to take a break for one minute. Breathe in through your nose, holding your breath for six seconds, then breathe out through your mouth.<sup>3</sup>
5. Recording information can be helpful. To help you remember important details, you can take notes or record voice messages after important meetings.<sup>4</sup>
6. To help you remember meetings or important dates, use the calendar or reminders on your phone/watch/computer or use a regular paper planner or calendar.<sup>5</sup>
7. Sleep is essential for attention. You should use the attached sleep checklist tips to help you sleep better.

Compiled by Barthel, B., Kagie, J., Sower, E., & Williams, S. (March, 2020)

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<sup>3</sup> Hofmann, S. G., & Gómez, A. F. (2017). Mindfulness-based interventions for anxiety and depression. *Psychiatric Clinics of North America*, 40 (4), 739–749.

<sup>4</sup> Silva, D., & Toner, M. (2017). *ADHD Go-To Guide: Facts and Strategies for Parents and Teachers*. Apollo Books.

<sup>5</sup> Smith, M., Robinson, L., Segal, J. (2019). *ADHD in Children*. Retrieved from <https://www.helpguide.org/articles/add-adhd/attention-deficit-disorder-adhd-in-children.htm>



## Parent/Caregiver

There are different kinds of attention. One type allows us to think about one thing for a short amount of time, another type helps us to ignore distractions, and another type allows us to change our attention from one thing to another. Teens with attention problems may have difficulties following instructions, completing chores and homework, or following along and participating in conversations. They may also feel ashamed, frustrated, and hopeless, and these problems can be challenging for you too. The use and practice of the following tips can be helpful:

1. When possible, work with a team that includes your teen's mental health professional(s), their school, and criminal justice supervisor (if applicable).
2. If you notice your teen having trouble completing chores, break them into small steps. Make sure to get your teen's attention first, then make a list of instructions with your teen and direct them to work on only one step at a time.<sup>1</sup>
3. If you notice your teen is having trouble paying attention while doing homework or see that they are becoming fidgety, you can help them regain

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<sup>1</sup> Neumann, D., Lequerica, A. (2015). Cognitive problems after traumatic brain injury. *Archives of Physical Medicine and Rehabilitation*, 96(1), 179-180.

their focus by encouraging them to move around since physical movement directly benefits attention.<sup>2</sup>

4. Help your teen create a distraction-free place to complete homework or assignments. That may be a space with less noise or noise-canceling earphones or earplugs.<sup>2, 3</sup>
5. If you find yourself feeling frustrated, try using the following mindfulness exercise: use “The Five Senses” exercise. Find five things in the room you can see, four things you can feel, three things you can hear, two things you can smell, and one thing you can taste. You can also do this exercise with your teen.<sup>4</sup>
6. Sleep is essential for attention. Ask your teen about their sleep and use the tips on the attached checklist to support better sleep for them (and yourself too).

Compiled by Barthel, B., Kagie, J., Sower, E., & Williams, S. (March, 2020)

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<sup>2</sup> Colorado Department of Education. (2018). Brain Injury in children and youth. *A manual for educators*. Colorado Department of Education.

<sup>3</sup> Silva, D., & Toner, M. (2017). *ADHD Go-To Guide: Facts and Strategies for Parents and Teachers*. Apollo Books.

<sup>4</sup> Neece, C. L. (2014). Mindfulness based stress reduction for parents of young children with developmental delays: Implications for parental mental health and child behavior problems. *Journal of Applied Research in Intellectual Disabilities*, 27(2), 174-186.



## Inhibition Problems/Impulsivity

# Criminal Justice

Impulsivity is the conscious or unconscious inability to suppress or refrain from engaging in an action or thought. Impulsive behaviors are unplanned, may be risky or dangerous, and are often carried out without thinking about the consequences. In criminal justice settings, impulsive juveniles may appear inconsiderate, thoughtless, or sensation-seeking. Adolescents with impulse problems may also have trouble following instructions, may interrupt others, or may try to control conversations. These juveniles may also feel ashamed, frustrated, anxious, and sad. The use and repeated practice of the following suggestions can be helpful:

1. Where possible, work with a team that includes your client's parent/caregiver, mental health professional(s), and their school.
2. If the juvenile appears stressed or agitated or distracted, consider using a mindfulness activity or breathing technique to deescalate them. For example, use the "Five Senses Exercise" and have your client do the following: find five things in the room that they can see; find four things in the room that they can feel; notice three things in the room that they can hear; identify two things in the room that they can smell; focus on one thing in the room that they can taste.<sup>1</sup>
3. If you are working with your juvenile in a group setting and they are frequently disruptive with their questions, consider asking them to repeat questions or instructions in their head, or write them down, before making comments.<sup>2</sup>

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<sup>1</sup> Positive Psychology Program. (2019). *22 mindfulness exercises, techniques, & activities for adults*.

<https://positivepsychology.com/mindfulness-exercises-techniques-activities/>.

<sup>2</sup> Colorado Department of Education. (2018). *Brain injury in children and youth: A manual for educators*. Denver, CO: Colorado Department of Education.

4. Establish eye contact and ensure that you have the juvenile's attention before providing them with any directions.<sup>3</sup>
5. Physical activity has been shown to improve attention. Incorporate movement into your meetings whenever possible. For example, ask your client to stand with you during the meeting, or throw a ball or crumpled up piece of paper back and forth to engage your client in the conversation.
6. Cognitive Behavioral Strategies can be very helpful for persons who act before thinking. Consider teaching a STOP/RELAX and THINK strategy, relaxation techniques or cognitive reframing exercises to help young clients have the option to think through options before choosing a behavior.
7. Sleep is essential for impulse control. Ask about the juvenile's sleep and review the attached checklist with them to help promote better sleep.

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

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<sup>3</sup> Colorado Department of Education. (2018). *Brain injury in children and youth: A manual for educators*. Denver, CO: Colorado Department of Education.



## Inhibition Problems/Impulsivity

# Community Mental Health

Impulsivity is the conscious or unconscious inability to suppress or refrain from engaging in an action or thought. Impulsive behaviors are unplanned, may be risky or dangerous, and are often carried out without thinking about the consequences. In criminal justice settings, impulsive juveniles may appear inconsiderate, thoughtless, or sensation-seeking. Adolescents with impulse problems may also have trouble following instructions, may interrupt others, or may try to control conversations. These juveniles may also feel ashamed, frustrated, anxious, and sad. The use and repeated practice of the following suggestions can be helpful:

1. Where possible, work with a team that includes your client's parent/caregiver, mental health professional(s), and their school.
2. If the juvenile appears stressed or agitated or distracted, consider using a mindfulness activity or breathing technique to deescalate them. For example, use the "Five Senses Exercise" and have your client do the following: find five things in the room that they can see; find four things in the room that they can feel; notice three things in the room that they can hear; identify two things in the room that they can smell; focus on one thing in the room that they can taste.<sup>1</sup>
3. If you are working with your juvenile in a group setting and they are frequently disruptive with their questions, consider asking them to repeat questions or instructions in their head, or write them down, before making comments.<sup>2</sup>

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<sup>1</sup> Positive Psychology Program (2019). *22 mindfulness exercises, techniques, & activities for adults*.

<https://positivepsychology.com/mindfulness-exercises-techniques-activities/>.

<sup>2</sup> Colorado Department of Education. (2018). *Brain injury in children and youth: A manual for educators*. Denver, CO: Colorado Department of Education.

4. Establish eye contact and ensure that you have the juvenile's attention before providing them with any directions.<sup>2</sup>
5. Physical activity has been shown to improve attention. Incorporate movement into your meetings whenever possible. For example, ask your client to stand with you during the meeting, or throw a ball or crumpled up piece of paper back and forth to engage your client in the conversation.
6. Cognitive Behavioral Strategies can be very helpful for persons who act before thinking. Consider teaching a STOP, RELAX, and THINK strategy, relaxation techniques or cognitive reframing exercises to help young clients have the option to think through options before choosing a behavior.
7. Sleep is essential for impulse control. Ask about the juvenile's sleep and review the attached checklist with them to help promote better sleep.

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

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## Inhibition Problems/Impulsivity

### Client

Impulsivity is when you find it hard to think before you act or say something. You might notice yourself cutting someone off before they finish talking or doing the first thing that comes to mind. You may also find it hard to control your emotions and show them in a way that others will understand. Even though you aren't doing those things on purpose, it can be frustrating. Using and practicing the following suggestions can be helpful:

1. **Stop, Think, Act!** When you notice yourself acting on the first thing that pops into your mind, STOP, and count to 3 while you think about the possible outcomes of what you are about to do.<sup>1</sup>



2. If you are feeling stressed out or agitated, consider using a mindfulness activity or breathing technique to help you regain control. First, find five things in the room that you can see; find four things in the room that you

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<sup>1</sup> Chapman, R., Shedlack, K., & France, J. (2006). Stop-think-relax: An adapted self-control training strategy for individuals with mental retardation and coexisting psychiatric illness. *Cognitive and Behavioral Practice, 13*(3), 205-214. doi: 10.1016/j.cbpra.2005.08.002

can feel; notice three things in the room that you can hear; identify two things in the room that you can smell; focus on one thing in the room that you can taste.<sup>2</sup>

3. When working with others in a group, write down your thoughts or ideas as they pop into your head. This can help you avoid interruptions.<sup>3</sup>
4. If you find it hard to stay focused in any setting, physical or mental breaks can help. Get moving. For example, try walking around for 5 minutes before trying to focus again, or, offer to pass out or collect papers for your teacher in your classroom.<sup>4</sup>
5. Sleep is essential for impulse control. Poor sleep can make it hard to think before you act or say something. Review the attached sleep checklist to help you sleep better.

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

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<sup>2</sup>Positive Psychology Program. (2019). *22 mindfulness exercises, techniques, & activities for adults*.

<https://positivepsychology.com/mindfulness-exercises-techniques-activities>.

<sup>3</sup> LaCount, P., Hartung, C., Shelton, C., & Stevens, A. (2018). Efficacy of an organizational skills intervention for college students with ADHD symptomatology and academic difficulties. *Journal of Attention Disorders, 22(4)*, 356 – 367.

<sup>4</sup> Colorado Department of Education. (2018). *Brain injury in children and youth: A manual for educators*. Denver, CO: Colorado Department of Education.



## Inhibition Problems/Impulsivity

### Parent/Caregiver

Impulsivity makes it hard to think before acting or saying something. Teens with impulse control complaints may cut you off before you finish talking or do the first thing that comes to their mind. Teens with this problem might also find it hard to control their emotions or express them in a way that others will understand. This can be frustrating for you and your teen may feel ashamed, frustrated, anxious, and sad. The use and repeated practice of the following suggestions can be helpful:

1. Where possible, work with a team that includes your teen's school, criminal justice professional(s), and therapist(s).<sup>1</sup>
2. Stop, Think, Act! Sometimes, your teen may act or say something without thinking. When you notice that happening, tell them to STOP and count to 3 and help them talk about their behavior before proceeding.<sup>2</sup>



3. When you get frustrated, use a mindfulness technique to take a brief break. For example, use the "Five Senses Exercise" and do the following: find five things in the

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<sup>1</sup> Carfi, R., Gwiazda, Stanley, J., & Stephens, S. (2016). *Behavior after brain injury: Challenges for children and adolescents*. Retrieved from <https://bianj.org/wp-content/uploads/2016/08/Behavior-After-BI-2016-update.pdf>

<sup>2</sup> Chapman, R., Shedlack, K., & France, J. (2006). Stop-think-relax: An adapted self-control training strategy for individuals with mental retardation and coexisting psychiatric illness. *Cognitive and Behavioral Practice, 13*(3), 205-214. doi: 10.1016/j.cbpra.2005.08.002

room that you can see; find four things in the room that you can feel; notice three things in the room that you can hear; identify two things in the room that you can smell; focus on one thing in the room that you can taste.<sup>3, 4</sup>

4. Physical activity has been shown to improve impulse control. Incorporate movement wherever possible into your teen's daily schedule. For example, throw a ball back-and-forth, or go on a short walk with them if you want to have a conversation.
5. Sleep is essential for impulse control. Ask your teen about their sleep and use the tips on the attached checklist to support better sleep for them (and yourself too).<sup>5</sup>

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

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<sup>3</sup> Hofmann, S.G., & Gomez, A.F. (2017). Mindfulness-based interventions for anxiety and depression. *Psychiatric Clinics of North America*, 40 (4), 739-749.

<sup>4</sup> Positive Psychology Program. (2019). *22 mindfulness exercises, techniques, & activities for adults*. <https://positivepsychology.com/mindfulness-exercises-techniques-activities/>.

<sup>5</sup> Carfi, R., Gwiazda, Stanley, J., & Stephens, S. (20016). *Behavior after brain injury: Challenges for children and adolescents*. Retrieved from <https://bianj.org/wp-content/uploads/2016/08/Behavior-After-BI-2016-update.pdf>



## Physical and Sensorimotor Problems

### Criminal Justice

Physical and sensorimotor problems include pain, blurred vision, poor depth perception, light sensitivity, and difficulty hearing. In day-to-day life, your client may experience dizziness, headaches, difficulty hearing, and difficulty concentrating. In criminal justice settings, this can present as irritability, laziness, or lack of focus during appointments. This can often result in cognitive overload and your client may shut down or have an outburst in reaction. Your clients may also feel sad, anxious, and frustrated. The use and repeated practice and use of the following suggestions may be helpful.

1. Where possible, work with a team that includes your client's parent/ caregiver, mental health professional(s), and their school.
2. Keep in mind that many sensorimotor issues are not even visible, felt or understood by the client so if your client does not communicate that they are feeling uncomfortable, they are not lying, they may really not feel or understand their nebulous feelings.<sup>1</sup>
3. Provide your client with written reminders for appointments and, if possible, provide reminders for both the client and their parent/caregiver using technology such as phone calls, text message, or e-mail.<sup>2</sup>
4. If your client is sensitive to light, control the environmental light as much as possible. Avoid overhead lights, especially fluorescent, if possible. Close blinds to soften sunlight in your office and use floor or desk lamps where you can.<sup>2</sup>
5. For your clients with visual difficulties, ensure you have alternate format materials available including large-print options and offer close-in seating for these clients during appointments or group meetings.<sup>1</sup>

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<sup>1</sup> Langlois, J., Rutland-Brown, W., & Wald, M. (2006). The epidemiology and impact of traumatic brain injury: A brief overview. *Journal of Head Trauma Rehabilitation, 21*(5), 375–378. PMID:16983222

<sup>2</sup> Negiloni, K., Ramani, K. K., Jeevitha, R., Kalva, J., & Sudhir, R. R. (2018). Are children with low vision adapted to the visual environment in classrooms of mainstream schools? *Indian Journal of Ophthalmology, 66*(2), 285-289.

6. When you notice your client become distracted or frustrated during an appointment, allow them to take a brief walk to the restroom or water fountain to regain their focus.<sup>3</sup>
7. Make sure that your meeting spaces are accessible for young clients with any degree of physical or sensory limitation.<sup>4</sup>
8. It is important to note that your client either may not be aware when they are becoming overloaded. Watch for signs of agitation or that the client is shutting down. If this happens, suggest a break and brief physical activity (e.g. standing up and stretching, taking a short walk in the hallway, etc.).<sup>4</sup>
9. If your client appears agitated or distracted, consider using a mindfulness activity or breathing technique to de-escalate them. For example, use the “Five Senses Exercise” and have your client do the following: find five things in the room that they can see; find four things in the room that they can feel; notice three things in the room that they can hear; identify two things in the room that they can smell; focus on one thing in the room that they can taste.<sup>5</sup>
10. Sleep is essential for processing sensory information and the body’s overall physical health. Ask your client about their sleep and encourage them to use the attached sleep hygiene materials.

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

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<sup>3</sup> Max, J. E., Castillo, C. S., Robin, D. A., Lindgre, S .D., Smith, W. L., Sato, Y., Mattheis, P. J., & Stierwalt, J. A. G. (1998). Predictors of family functioning after traumatic brain injury in children and adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 37(1), 83–90.

<sup>4</sup> Legge, G. E., Yu, D., Kallie, C. S., Bochsler, T. M., & Gage, (2010). *Visual accessibility of ramps and steps*. *Journal of Vision*, 10(11).

<sup>5</sup> Hoffman, S. G., & Gomez, A.F. (2017). *Mindfulness-based interventions for anxiety and depression*. *Psychiatric Clinics of North America*, 40(4), 739-749.



## Physical and Sensorimotor Problems

# Community Mental Health

Physical and sensorimotor problems include pain, blurred vision/poor depth perception, light sensitivity, and difficulty hearing. In day-to-day life, your client may experience dizziness, headaches, difficulty reading, and difficulty concentrating. In a mental health setting, this can present as irritability, laziness, poor coordination or lack of focus or control during meetings. This can often result in cognitive overload and your client may shut down or have an outburst in reaction. Young clients with this problem may feel sad, anxious, and frustrated. The use and repeated practice of the following suggestions can be helpful:

1. Where possible, work with a team that includes your client's parent/caregiver(s), school, and the criminal justice professional(s) assigned to their case.
2. Because physical and sensorimotor symptoms are not always visible, work you're your client to create open and honest communication regarding their symptoms and be receptive to their suggestions for accommodations.<sup>1</sup>
3. Keep in mind that many sensorimotor issues may not even visible, felt or understood by the client so if your client does not communicate that they are feeling uncomfortable, they are not lying, they may really not feel or understand their nebulous feelings.
4. Be as flexible as possible with your appointment schedule.<sup>2</sup> Consider allowing these clients to call-in for appointments.
5. If your client is sensitive to light, control the environmental light as much as possible. Avoid overhead lights, especially fluorescent, if possible. Close blinds to soften the sunlight in your office, use floor or desk lamps where you can, and suggest your client wear sunglasses if necessary.<sup>3</sup>
6. For your clients with visual difficulties, ensure you have alternate format materials available including large print options and offer close-in seating for these clients during group meetings. If necessary, be prepared to read to your client.<sup>3</sup>

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<sup>1</sup> Understood Team (2019, December 24). *Understanding Sensory Processing Issues*. *Understood.org*

<sup>2</sup> Legge, G. E., Yu, D., Kallie, C. S., Bochsler, T. M., & Gage, R. (2010). Visual accessibility of ramps and steps. *Journal of Vision*, 10(11), 8.

<sup>3</sup> Owsley, C., & McGwin, G. (2010). Vision and driving. *Vision Research*, 50(23), 2348-61

7. When you notice your client become distracted or frustrated during a meeting, allow them to take a brief walk to regain their focus.<sup>2</sup> Once they have returned, describe to them what you recognize as signs that they are at overload so that they can start recognizing them on their own.
8. It is important to note that your client may not be aware when they are becoming overloaded. Watch for signs of agitation. If this happens, suggest a break.<sup>2</sup> Once the client returns, describe those signs to them so that they can start recognizing them on their own.
9. Ensure that your meeting spaces are accessible for clients with any degree of limitation.<sup>4</sup>
10. Consider incorporating a symptom tracking journal with older teens in order to understand what aggravates or improves their functioning. <sup>2</sup> With younger teens, discuss this possibility with a parent/caregiver.
11. If you notice your client is distracted or agitated during the session, use a brief mindfulness exercise. Walk them through the process and tell them to take a moment to notice five things they can see, four things they can feel, three things they can hear, two things they can smell, and one thing they can taste.<sup>5</sup>
12. Sleep is essential for processing sensory information and the body's overall physical health. Ask your client about their sleep and encourage them to use the attached sleep hygiene materials to promote better sleep.

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

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<sup>4</sup> Max, J. E., Castillo, C. S., Robin, D. A., Lindgre, S .D., Smith, W. L., Sato, Y., Mattheis, P. J., & Stierwalt, J. A. G. (1998). Predictors of family functioning after traumatic brain injury in children and adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 37(1), 83–90.

<sup>5</sup> Hoffman, S. G., & Gomez, A.F. (2017). Mindfulness-based interventions for anxiety and depression. *Psychiatric Clinics of North America*, 40(4), 739-749



## Physical and Sensorimotor Problems

### Client

Physical and sensorimotor (nerve) problems can include pain, blurry vision, difficulty hearing, sensitivity to loud noise, and/or pain when looking at bright lights. In day-to-day life you may feel dizzy, have headaches, and you may not be able to stay focused. These are all things that can happen when your brain is full. These problems can also affect your mood and how you perform, making you feel sad or frustrated. Using and practicing the following suggestions can be helpful:

1. Notice what makes you feel better and worse by keeping a journal of your daily activity, eating habits, drug or alcohol use, and sleep.<sup>1</sup> Notice what your body does when you are becoming distressed (e.g. clenching fist, clenching jaw, tapping foot). This will help you begin to tune into your needs and when you need to ask for breaks.
2. Try to avoid caffeine, alcohol, and tobacco. They can each make physical symptoms worse.<sup>2</sup>
3. Meditation has been shown to help reduce pain and other sensitivities.<sup>3</sup> Take one minute to notice five things that you can see, four things that you can feel, three things you can hear, two things you can smell, and one thing you can taste.

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<sup>1</sup> *Classroom Interventions for Students with Traumatic Brain Injuries*. (2018, August 15). Retrieved from <https://www.brainline.org/story/after-brain-injury-telling-your-story-journaling-workbook>

<sup>2</sup> Hilton, L., Hempel, S., Ewing, B. A., Apaydin, E., Xenakis, L., Newberry, S., Colaiaco, B., Maher, A. R., Shanman, R. M., Sobrero, M. E., ... Maglione, M.A. (2016). Mindfulness Meditation for Chronic Pain: Systematic Review and Meta-analysis. *Annals of behavioral medicine: A publication of the Society of Behavioral Medicine*, 51(2), 199-213.

<sup>3</sup> Beurkins, N. (n.d.). *Sensory-Motor Problems*. Retrieved February 1, 2020, from <https://www.horizonsdrc.com/symptoms-concerns/sensory-motor-problems>

4. Physical activity directly benefits the brain and these symptoms. Get your body moving as much as possible (taking walks, working out, playing sports).<sup>4</sup>
5. Speak up for yourself whenever you need help. Ask for breaks if you feel tired, ask to dim the lights if they are too bright, and ask to shut the doors if it is noisy.<sup>5</sup>
6. In a classroom setting, sit toward the front of the room so you can see better.
7. Sleep is essential. You should look at and use the attached sleep checklist.

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

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<sup>4</sup> Team, U. (2019, December 24). *Understanding Sensory Processing Issues*. Retrieved from <https://www.understood.org/en/learning-thinking-differences/child-learning-disabilities/sensory-processing/issues/understanding-sensory-processing-issues>



## Physical and Sensorimotor Problems

### Parent/Caregiver

Physical and sensorimotor problems can include pain, blurred vision, difficulty hearing, and light or noise sensitivity. You may notice your teen experiencing dizziness, headaches, or trouble concentrating. This can also result in their brain getting overloaded and may cause your teen to shut down or have an outburst. These problems can impact their performance and mood and your teen may feel ashamed and you may feel frustrated too. The use and repeated practice of the following suggestions can be helpful:

1. Where possible, work with a team that includes your teen's school, mental health professional, and the criminal justice professionals assigned to their case.
2. Help your teen set reminders for homework, chores, or appointments using sticky notes, calendars, or phone reminders.<sup>1</sup>
3. Prepare your teen for changes in schedule or routine by informing them of these changes as soon as possible.<sup>2</sup>
4. When you feel frustrated, take a brief break with mindfulness. Take a moment to notice five things you can see, four things you can feel, three

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<sup>1</sup> Janis, O., Mann, L. (1976). Coping with decisional conflict. *American Scientist*, 64, 657-667.

<sup>2</sup> Colorado Department of Education. (2018). *Brain Injury in Children and Youth: A Manual for Educators*.

things you can hear, two things you can smell, and one thing you can taste.<sup>3</sup>

5. If your teen is sensitive to light, control the environmental light in their room or your home as much as possible. Close blinds to soften the sunlight and use floor lamps where you can.<sup>1</sup>
6. If you think your teen might need extra help in the classroom, you can contact your teen's teacher, the school's principal, or the Director of Special Education in the school district. The home, school and medical/psychological provider may need to meet to decide the appropriateness of evaluation. If everyone is in agreement, the school may choose to conduct an evaluation of eligibility and will need close communication, cooperation and input from parents and medical/psychological providers.
7. Sleep is essential for sensory function. Ask your teen about their sleep and use the tips on the attached checklist to support better sleep for them (and for yourself).

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

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<sup>3</sup> Hoffman, S. G & Gomez, A. F. (2017). Mindfulness-based interventions for anxiety and depression. *Psychiatric Clinics of North America*, 40 (4), 739-749



# Criminal Justice

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

1. Where possible, work with a team that includes your client's parent/caregiver, mental health professional(s), and their school.
2. To ensure that your client understands and recalls information presented during meetings, you can periodically encourage them to verbally summarize or paraphrase important information back to you.<sup>1</sup> You can encourage your client to record key points on paper or by voice recording if written language is a problem.
3. Add as much visual content as possible to communicate ideas and deliver information. For example, instead of giving a client a handout with large blocks of text, use pictures or graphs to convey as much of the relevant information as possible.<sup>2</sup>

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<sup>1</sup> Jantz, P. B., Davies, S. C., & Bigler, E. D. (2014). *Working with traumatic brain injury in schools: Transition, assessment, and intervention*. Routledge.

<sup>2</sup> Marks, S., Shaw-Hegwer, J., Schrader, C., & Longaker, T. (2003). Instructional management tips for teachers of students with autism spectrum disorder (ASD). *Teaching Exceptional Children*, 35(4), 50.

4. Some clients with language problems can have difficulty with abstract concepts and sarcasm. For example, try to stay away from figurative speech (i.e. “music to my ears”).<sup>3</sup>
5. Using alternate forms of communication can help clients express their thoughts and ideas more easily. For example, use art or music to express their ideas.<sup>3</sup>
6. When there are multiple topics that need to be addressed during a meeting, discuss one topic at a time and, if possible, provide and follow an outline.<sup>4</sup>
7. Sleep is essential for language function.<sup>5, 6</sup> Ask your client about their sleep.

Compiled by S. Brown, H. Kanani, & T. Thorsen (March, 2020)

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<sup>3</sup> Key-DeLyria, S. E. (2016). Sentence processing in traumatic brain injury: Evidence from the P600. *Journal of Speech, Language & Hearing Research, 59*(4), 759–771.

<sup>4</sup> New York State Education Department. (2002). *Traumatic brain injury: A guidebook for educators*. Albany, NY: Author.

<sup>5</sup> Drummond, S.P., Brown, G.G., Gillin, J.C., Sticker, J.L., Wong, E.C. & Buxton, R.B. (2000). Altered brain response to verbal learning following sleep deprivation. *Nature, 403*(6770), 655-657.

<sup>6</sup> Liberalesso, P. B. N., D’Andrea, K., Fabianne Klagenberg, Cordeiro, M. L., Zeigelboim, B. S., Marques, J. M., & Jurkiewicz, A. L. (2012). Effects of sleep deprivation on central auditory processing. *BMC Neuroscience, 13*, 83.



## Language Problems

# Community Mental Health

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

1. Where possible, work with a team that includes your client's parent/caregiver, criminal justice professional(s), and their school.
2. To ensure that your client understands and recalls information presented during meetings, you can periodically encourage them to verbally summarize or paraphrase important information back to you.<sup>1</sup> You can encourage your client to record key points on paper or by voice recording if written language is a problem.
3. Add as much visual content as possible to communicate ideas and deliver information. For example, instead of giving a client a handout with large

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<sup>1</sup> Jantz, P. B., Davies, S. C., & Bigler, E. D. (2014). *Working with traumatic brain injury in schools: Transition, assessment, and intervention*. Routledge.

blocks of text, use pictures, graphs, or maps to convey as much of the relevant information as possible.<sup>2</sup>

4. Some clients with language problems can have special difficulty with abstract concepts and sarcasm, so aim to be concrete wherever possible. For example, try to stay away from figures of speech (e.g., “music to my ears”).<sup>2</sup>
5. Using alternate forms of communication can help clients express their thoughts and ideas more easily. For example, encourage clients to use art or music to express their ideas instead of written assignments.<sup>3</sup>
6. Sleep is essential for language function.<sup>45</sup> Ask your client about their sleep and review the attached sleep checklist with them to help promote better sleep.

Compiled by S. Brown, H. Kanani, & T. Thorsen (March, 2020)

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<sup>2</sup> Key-DeLyria, S. E. (2016). Sentence processing in traumatic brain injury: Evidence from the P600. *Journal of Speech, Language & Hearing Research, 59*(4), 759–771.

<sup>3</sup> Colorado Department of Education. (2001). *Brain Injury in Children and Youth* [Manual].

<sup>4</sup> Drummond, S.P., Brown, G.G., Gillin, J.C., Sticker, J.L., Wong, E.C. & Buxton, R.B. (2000). Altered brain response to verbal learning following sleep deprivation. *Nature, 403*(6770), 655-657.

<sup>5</sup> Liberalesso, P. B. N., D'Andrea, K., Fabianne Klagenberg, Cordeiro, M. L., Zeigelboim, B. S., Marques, J. M., & Jurkiewicz, A. L. (2012). Effects of sleep deprivation on central auditory processing. *BMC Neuroscience, 13*, 83.



## Language Problems

### Client

People with language problems can have a hard time keeping up with conversations and they can struggle to put their own thoughts into words. They may also have a hard time with reading or writing. These problems can make you feel nervous to talk to people, can make it hard to complete assigned work, and they can make you feel frustrated, ashamed, and nervous. Using the following tips can be helpful:

1. Do not be afraid to speak up if you are having trouble understanding someone. Ask the person you are talking to, to repeat themselves or ask their question in a different way.<sup>1</sup>
2. If you are having trouble following what people say, you may find it helpful to write down or record important information or tasks on paper or by voice memo on your phone.<sup>2</sup>
3. If you have a hard time communicating your ideas out loud, try using notes or electronic devices (e.g., cell phones, computers, tablets) to express yourself.<sup>3</sup>
4. To better follow what you are reading, try to read in places with no

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<sup>1</sup> Jantz, P. B., Davies, S. C., & Bigler, E. D. (2014). *Working with traumatic brain injury in schools: Transition, assessment, and intervention*. Routledge.

<sup>2</sup> Colorado Department of Education. (2001). *Brain Injury in Children and Youth [Manual]*.

<sup>3</sup> Kristi L. Morin, Jennifer B. Ganz, Emily V. Gregori, Margaret J. Foster, Stephanie L. Gerow, Derya Genç-Tosun & Ee Rea Hong (2018). A systematic quality review of high-tech AAC interventions as an evidence-based practice, *Augmentative and Alternative Communication*, 34(2), 104-117

distractions. You can read sentences aloud to yourself when possible and use a bookmark or finger to focus on one line at a time and not lose your place.<sup>4</sup>

5. Sleep is essential for language, and not getting enough sleep can make your language problems worse. Review and use the attached sleep checklist to improve your sleep.<sup>5, 6</sup>

Compiled by S. Brown, H. Kanani, & T. Thorsen (March, 2020)

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<sup>4</sup> Ostoits, J. (1999). Reading strategies for students with ADD and ADHD in the inclusive classroom. *Preventing School Failure, 43(3)*, 129.

<sup>5</sup> Drummond, S.P., Brown, G.G., Gillin, J.C., Sticker, J.L., Wong, E.C. & Buxton, R.B. (2000). Altered brain response to verbal learning following sleep deprivation. *Nature, 403(6770)*, 655-657.

<sup>6</sup> Liberalesso, P. B. N., D'Andrea, K., Fabianne Klagenberg, Cordeiro, M. L., Zeigelboim, B. S., Marques, J. M., & Jurkiewicz, A. L. (2012). Effects of sleep deprivation on central auditory processing. *BMC Neuroscience, 13*, 83.



## Language Problems

### Parent/Caregiver

Teens with language problems may have a hard time following directions, putting their thoughts into words, and with reading or writing. At home, your teen may seem like they do not want to talk or may not respond when you ask a question. Teens with language problems may feel frustrated, ashamed, and anxious, and these problems can be challenging for you as well. Practicing the following tips can be helpful:

1. Where possible, work with a team that includes your teen’s mental health professional(s), criminal justice professional(s), and school.
2. To make sure that your teen understands any directions you give them, you can pause and summarize important points that you have mentioned.<sup>1</sup>
3. When you get frustrated, take a brief break and use this grounding exercise, the “Five Senses Technique.”<sup>2</sup> Acknowledge FIVE things that you SEE around you; acknowledge FOUR things you can TOUCH around you; acknowledge THREE things you HEAR; acknowledge TWO things you can SMELL; acknowledge ONE thing you can TASTE.
4. Teens with language problems often have an easier time following conversation when they are face-to-face.<sup>3</sup>

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<sup>1</sup> Jantz, P. B., Davies, S. C., & Bigler, E. D. (2014). *Working with traumatic brain injury in schools: Transition, assessment, and intervention*. Routledge.

<sup>2</sup> Hofmann, S.G., & Gomez, A.F. (2017). Mindfulness – based interventions for anxiety and depression. *Psychiatric Clinics of North America*, 40 (4), 739-749.

<sup>3</sup> Holler, J., Kendrick, K.H. & Levinson, S.C. Processing language in face-to-face conversation: Questions with gestures get faster responses. *Psychon Bull Rev* 25, 1900–1908 (2018). <https://doi.org/10.3758/s13423-017-1363-z>

5. Some teens with language problems can have special difficulty with abstract concepts and sarcasm, so aim to be concrete wherever possible. For example, try to stay away from figures of speech (e.g., “music to my ears”).<sup>4</sup>
6. If you think your teen might need extra help in the classroom, you can contact your teen’s teacher, the school’s principal, or the Director of Special Education in the school district.<sup>5,6</sup>
7. Sleep is essential for language function.<sup>7, 8</sup> Ask your teen about their sleep and use the tips on the attached checklist to support better sleep for them (and yourself too).

Compiled by S. Brown, H. Kanani, & T. Thorsen (March, 2020)

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<sup>4</sup> Key-DeLyria, S. E. (2016). Sentence processing in traumatic brain injury: Evidence from the P600. *Journal of Speech, Language & Hearing Research, 59*(4), 759–771.

<sup>5</sup> Center for Parent Information and Resources. (2017). [www.parentcenterhub.org/evaluation/](http://www.parentcenterhub.org/evaluation/)

<sup>6</sup> Brain Injury Alliance of Colorado. (2014). *S.A.I.L. Self- advocacy for independent life: Empowering people with brain injuries and their families with the skills of self-advocacy*. Hawley, L. (Ed.) Colorado.

<sup>7</sup> Drummond, S.P., Brown, G.G., Gillin, J.C., Sticker, J.L., Wong, E.C. & Buxton, R.B. (2000). Altered brain response to verbal learning following sleep deprivation. *Nature, 403*(6770), 655-657.

<sup>8</sup> Liberalesso, P. B. N., D'Andrea, K., Fabianne Klagenberg, Cordeiro, M. L., Zeigelboim, B. S., Marques, J. M., & Jurkiewicz, A. L. (2012). Effects of sleep deprivation on central auditory processing. *BMC Neuroscience, 13*, 83.



## Organization Problems

# Criminal Justice

Organization is the ability to use time, energy or resources in an effective way to achieve goals or complete tasks. Youth with organizational difficulties can have problems keeping a schedule, identifying responsibilities, starting assignments, switching from one task to another, or keeping up with time-sensitive tasks (e.g. homework, completing paperwork, etc.). In criminal justice settings, this can present as missed appointments or overall noncompliance. Clients with this problem may feel sad, anxious, and frustrated. The repeated use and practice of the following suggestions can be helpful:

1. Where possible, work with a team that includes your client's parent or caregiver, mental health professionals(s), and the school.<sup>1</sup>
2. To help your client best manage their schedule (appointments, therapeutic homework, etc.), you can suggest using a notebook, planner, or the use of a digital calendar or reminder app on their phone. You can review weekly and monthly appointments with the client and their parent or caregiver during meetings.<sup>2, 3, 4</sup>
3. To help your client transition between time-sensitive tasks, use a timer or give verbal warnings (e.g., "We have 5 more minutes to finish our meeting").<sup>2</sup>

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<sup>1</sup> Erwin, E. J., Maude, S. P., Palmer, S. B., Summers, J. A., Brotherson, M. J., Haines, S. J., Stroup-Rentier, V., Zheng, Y., & Peck, N. F. (2016). Fostering the foundations of self-determination in early childhood: A process for enhancing child outcomes across home and school. *Early Childhood Education Journal*, 44(4), 325–333. [https://doi-org/du.idm.oclc.org/10.1007/s10643-015-0710-9](https://doi.org/du.idm.oclc.org/10.1007/s10643-015-0710-9).

<sup>2</sup> Catroppa, C., and V. Anderson. "Planning, Problem-solving and Organizational Abilities in Children following Traumatic Brain Injury: Intervention Techniques." *Pediatric Rehabilitation* 9.2 (2006): 89-97. Web.

<sup>3</sup> Colorado Department of Education. (2018). *Brain injury in children and youth: A manual for educators*.

<sup>4</sup> U.S. Department of Veterans Affairs (n.d.) *Rocky Mountain MIRECC TBI Toolkit*. Retrieved from [https://www.mirecc.va.gov/visn19/tbi\\_toolkit/](https://www.mirecc.va.gov/visn19/tbi_toolkit/)

4. If your client has a hard time completing assignments, help them by breaking tasks down into smaller, simple steps, and encourage them to cross off each step as it is completed. One strategy you could do with your client is the “Get Ready, Do, Done” model. First, decide what they want TO DO. Second, imagine how it would be DONE. Third, think of the STEPS to complete the task. Finally, get what they need to be READY.<sup>5</sup>
5. You can help your clients maintain as much routine as possible by scheduling recurring appointments or assignments on the same day at the same time when possible.<sup>6</sup>
6. Sleep is essential for managing organizational difficulties. Ask your client about their sleep and review the attached sleep checklist with them to help promote better sleep.<sup>7</sup>
7. Poor sleep can contribute to organizational difficulties. You can review the attached sleep checklist with your client to help promote better sleep habits.<sup>8</sup>

Compiled by K. McCarver, L. Kennedy, J. Rubino, & A. Guajardo (March, 2020)

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<sup>5</sup> Ward, S. (2016). Strategies for Improving Executive Function Skills to Plan, Organize, and Problem Solve for School Success. Retrieved from <http://www.glenbardgps.org/wp-content/uploads/2016/06/sarah-ward-executive-function-lecture-handout-December-6-2016-Glenbard-IL.pdf>.

<sup>6</sup> Brain Injury Alliance of Colorado. (2014). *S.A.I.L. Self-advocacy for independent life: Empowering people with brain injuries and their families with the skills of self-advocacy*. Hawley, L. (Ed.). Colorado.

<sup>7</sup> Department of Veteran Affairs and Department of Defense. (2009). *Clinical practice guidelines: Management of concussion/mild traumatic brain injury* (version 1.1 – 2009). Washington, DC: The Management of Concussion/mTBI Working Group.

<sup>8</sup> Department of Veteran Affairs and Department of Defense. (2009). *Clinical practice guidelines: Management of concussion/mild traumatic brain injury* (version 1.1 – 2009). Washington, DC: The Management of Concussion/mTBI Working Group



## Organization Problems

# Community Mental Health

Organization is the ability to use time, energy or resources in an effective way to achieve goals or complete tasks. Youth with organizational difficulties can have problems keeping a schedule, prioritizing responsibilities, starting assignments, switching from one task to another, or keeping up with time-sensitive tasks (e.g. completing homework, keeping a schedule, etc.). In community mental health settings, this can present as overall noncompliance, and these clients may feel sad, anxious, and frustrated. The repeated use and practice of the following suggestions can be helpful:

1. Where possible, work with a team that includes your client's parent or caregiver, criminal justice professionals, and the school.<sup>1</sup>
2. To help your client best manage their schedule (appointments, therapeutic homework, etc.), you can suggest using a notebook, planner, or the use of a digital calendar or reminder app on their phone. You can review weekly and monthly appointments with the client and their parent or caregiver during meetings.<sup>2, 3</sup>
3. You can help your client maintain as much routine as possible by scheduling recurring appointments on the same day at the same time when possible, and communicating the appointment dates and times to the teen and parent/caregiver at the end of every session.<sup>2, 4</sup>

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<sup>1</sup> Erwin, E. J., Maude, S. P., Palmer, S. B., Summers, J. A., Brotherson, M. J., Haines, S. J., Stroup-Rentier, V., Zheng, Y., & Peck, N. F. (2016). Fostering the foundations of self-determination in early childhood: A process for enhancing child outcomes across home and school. *Early Childhood Education Journal*, 44(4), 325–333. <https://doi-org.du.idm.oclc.org/10.1007/s10643-015-0710-9>.

<sup>2</sup> Colorado Department of Education. (2018). *Brain Injury in Children and Youth: A manual for educators*.

<sup>3</sup> Catroppa, C., and V. Anderson. (2006). Planning, problem-solving and organizational abilities in children following traumatic brain injury: Intervention techniques. *Pediatric Rehabilitation*.

<sup>4</sup> Brain Injury Alliance of Colorado. (2014). *S.A.I.L. Self-advocacy for independent life: Empowering people with brain injuries and their families with the skills of self-advocacy*. Hawley, L. (Ed.). Colorado.

4. To help your client transition between tasks, use a timer or give verbal warnings (e.g., “we have 10 more minutes of our session left...”), warning the client when you will transition to a new task.<sup>2</sup>
5. If the teen has a hard time completing assignments, help them by breaking tasks down into smaller, simple steps, and encourage them to utilize a checklist and cross off each step as it is completed. One strategy you could do with your client is the “Get Ready, Do, Done” model. First, decide what they want TO DO. Second, imagine how it would be DONE. Third, think of the STEPS to complete the task. Finally, get what they need to be READY.<sup>5, 2, 3</sup>
6. Sleep is essential for managing organizational difficulties. Ask your client about their sleep and review the attached sleep checklist with your client to help promote better sleep habits.<sup>6</sup>

Compiled by K. McCarver, L. Kennedy, J. Rubino, & A. Guajardo (March, 2020)

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<sup>5</sup> Ward, S. (2016). *Strategies for Improving Executive Function Skills to Plan, Organize, and Problem Solve for School Success*. Retrieved from <http://www.glenbardgps.org/wp-content/uploads/2016/06/sarah-ward-executive-function-lecture-handout-December-6-2016-Glenbard-IL.pdf>.

<sup>6</sup> Department of Veteran Affairs and Department of Defense. (2009). *Clinical practice guidelines: Management of concussion/mild traumatic brain injury* (version 1.1 – 2009). Washington, DC: The Management of Concussion/mTBI Working Group.



## Organization Problems

### Client

Organization is the ability to use your time and effort in a productive way to complete tasks. If you have trouble with organization, you may have problems keeping up with a schedule or putting important goals first. You may have problems with starting tasks or switching from one task to another. You may feel anxious, sad, and frustrated. The use and repeated practice of the following tips can be helpful:

1. Reach out to parent(s)/caregiver(s), counselors, and/or teacher(s) to ask for support.<sup>1, 2</sup>
2. If you find yourself feeling frustrated, use a mindfulness technique to take a break and focus on your five senses. First, notice **five things** you can **see** around you. Second, notice **four things** around you that you can **touch**. Third, notice **three things** you can **hear**. Fourth, notice **two things** you can **smell**. Finally, notice **one thing** you can **taste**.<sup>3</sup>
3. To keep track of different dates (classes, court dates, therapy, etc.), you can use a notebook, planner, or the digital calendar or reminder app on your phone. You can

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<sup>1</sup> Erwin, E. J., Maude, S. P., Palmer, S. B., Summers, J. A., Brotherson, M. J., Haines, S. J., Stroup-Rentier, V., Zheng, Y., & Peck, N. F. (2016). Fostering the foundations of self-determination in early childhood: A process for enhancing child outcomes across home and school. *Early Childhood Education Journal*, 44(4), 325–333. <https://doi-org.du.idm.oclc.org/10.1007/s10643-015-0710-9>.

<sup>2</sup> Donders, J; Strom, D. *The Effect of Traumatic Brain Injury On Children With A Learning Disability Pediatric rehabilitation*, 1997 Jul-Sep, Vol.1(3), pp.179-184.

<sup>3</sup> Laborde, S., Allen, M. S., Göhring, N., & Dosseville, F. (2017). The effect of slow-paced breathing on stress management in adolescents with intellectual disability. *Journal of Intellectual Disability Research*, 61(6), 560–567. <https://doi-org.du.idm.oclc.org/10.1111/jir.12350>.

review the tasks on your to-do list with a parent or caregiver to keep you on track with completing them.<sup>4, 5, 6</sup>

4. If you have a hard time finishing a task, try breaking it down into small and simple steps on a list. Cross off each step as it is completed. One strategy you could do is the “Get Ready, Do, Done” model. First, decide what you want TO DO. Second, imagine how it would be DONE. Third, think of the STEPS to complete the task. Finally, get what you need to be READY.<sup>4, 5, 7, 8</sup>
5. Sleep is essential for organization. You should review and use the attached sleep checklist to promote better sleep.<sup>9</sup>

Compiled by K. McCarver, L. Kennedy, J. Rubino, & A. Guajardo (March, 2020)

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<sup>4</sup> Catroppa, C., and V. Anderson. "Planning, Problem-solving and Organizational Abilities in Children following Traumatic Brain Injury: Intervention Techniques." *Pediatric Rehabilitation* 9.2 (2006): 89-97. Web.

<sup>5</sup> Colorado Department of Education. (2018). *Brain injury in children and youth: A manual for educators*.

<sup>6</sup> U.S. Department of Veterans Affairs (n.d.) Rocky Mountain MIRECC TBI Toolkit. Retrieved from [https://www.mirecc.va.gov/visn19/tbi\\_toolkit/](https://www.mirecc.va.gov/visn19/tbi_toolkit/)

<sup>7</sup> Ward, S. (2016). Strategies for Improving Executive Function Skills to Plan, Organize, and Problem Solve for School Success. Retrieved from <http://www.glenbardgps.org/wp-content/uploads/2016/06/sarah-ward-executive-function-lecture-handout-December-6-2016-Glenbard-IL.pdf>.

<sup>8</sup> Jantz, Paul B., et al. *Working with Traumatic Brain Injury in Schools: Transition, Assessment, and Intervention*, Routledge, 2014.

<sup>9</sup> Department of Veteran Affairs and Department of Defense. (2009). *Clinical practice guidelines: Management of concussion/mild traumatic brain injury* (Version 1.1 – 2009). Washington, DC: The Management of Concussion/mTBI Working Group.



## Organization Problems

### Parent/Caregiver

Organization is using time, energy or resources to finish goals or tasks. Teens who have a hard time with organization can have problems keeping a schedule, prioritizing responsibilities, starting assignments, or switching from one task to another. Your teen may feel sad, frustrated, and anxious, and you may feel frustrated too. The use and repeated practice of the following tips can be helpful:

1. Where possible, work with a team that includes you, the mental health professional(s), and the school.<sup>1</sup>
2. If you find yourself feeling frustrated, use a mindfulness technique to take a break for one minute. First, notice five things you can see around you. Second, notice four things around you that you can touch. Third, notice three things you can hear. Fourth, notice two things you can smell. Finally, notice one thing you can taste.<sup>2</sup>
3. To help your teen keep track of their schedule (like with school events, counseling appointments, homework due dates, etc.), you can suggest they use a notebook, planner, or the digital calendar or reminder app on their phone. You

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<sup>1</sup> Erwin, E. J., Maude, S. P., Palmer, S. B., Summers, J. A., Brotherson, M. J., Haines, S. J., Stroup-Rentier, V., Zheng, Y., & Peck, N. F. (2016). Fostering the foundations of self-determination in early childhood: A process for enhancing child outcomes across home and school. *Early Childhood Education Journal*, 44(4), 325–333. <https://doi-org.du.idm.oclc.org/10.1007/s10643-015-0710-9>.

<sup>2</sup> Hofmann, S. G., & Gomez, A. F. (2017). Mindfulness-based interventions for anxiety and depression. *Psychiatric Clinics of North America*, 40 (4), 739-749.

can review weekly and monthly appointments with your teen. You can also help by highlighting important events and deadlines far in advance.<sup>3, 4, 5</sup>

4. If your teen has difficulty completing tasks, help them by breaking tasks down into smaller, simple steps, and encourage them to cross off each step as it is completed. One strategy you could do with your teen is the “Get Ready, Do, Done” model. First, decide what you want TO DO. Second, imagine how it would be DONE. Third, think of the STEPS to complete the task. Finally, get what you need to be READY.<sup>3, 6</sup>
5. Sleep is essential for organization. Ask your teen about their sleep and use the attached sleep checklist to promote better sleep.<sup>7</sup>

Compiled by K. McCarver, L. Kennedy, J. Rubino, & A. Guajardo (March, 2020)

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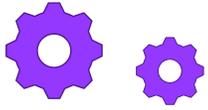
<sup>3</sup> Colorado Department of Education. (2018). *Brain injury in children and youth: A manual for educators*.

<sup>4</sup> La Count, P., Hartung, C., Shelton, C., & Stevens, A. (2018). Efficacy of an organizational skills intervention for college students with ADHD symptomatology and academic difficulties. *Journal of Attention Disorders, 22(4)*, 356–367.

<sup>5</sup> U.S. Department of Veterans Affairs (n.d.) *Rocky Mountain MIRECC TBI Toolkit*. Retrieved from [https://www.mirecc.va.gov/visn19/tbi\\_toolkit/](https://www.mirecc.va.gov/visn19/tbi_toolkit/)

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

<sup>7</sup> Department of Veteran Affairs and Department of Defense. (2009). *Clinical practice guidelines: Management of concussion/mild traumatic brain injury* (version 1.1–2009). Washington, DC: The Management of Concussion/mTBI Working Group.



## Mental Inflexibility

# Criminal Justice

Mental flexibility is the ability to quickly respond to changes in the environment. A young person with poor mental flexibility will be unable to think about multiple concepts at once or to switch between thought processes quickly. They may have difficulty deciding what to do when faced with a new problem, changing their mind after a decision has been made, learning new ways of doing things, or understanding why somebody else may do something differently. In criminal justice settings this may present as rigidity, stubbornness, or uncooperativeness. Juveniles with this problem may feel frustrated, anxious, or ashamed.

The repeated use and practice of the following suggestions can be helpful:

1. Where possible, work with a team that includes your client's caregiver, mental health provider, and school.
2. Suggest your client set reminders of impending deadlines using sticky notes, calendars, or phone reminders.<sup>1</sup>
3. Prepare young clients for changes in schedule or transitions by informing them of these changes as soon as possible. If your client is being referred to or is transitioning to a new community provider or another probation officer, introduce them by providing a warm hand-off if possible.<sup>2</sup>
4. When working on decision-making, have your client identify the pros and cons of decisions, short- and long-term consequences of their choices and how certain solutions will affect others.<sup>3</sup>
5. Help your client break down the steps for assignments. For example, help your client break down the requirements for filing court paperwork into steps to increase the likelihood that they can successfully complete the task.<sup>4</sup>

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<sup>1</sup> Janis, I., & Mann, L. (1976). Coping with decisional conflict. *American Scientist*, 64, 657-667.

<sup>2</sup> Colorado Department of Education. (2018). *Brain Injury in Children and Youth: A Manual for Educators*.

<sup>3</sup> Catroppa, C., & Anderson, V. (2006). Planning, problem-solving and organizational abilities in children following traumatic brain injury: Intervention techniques. *Pediatric Rehabilitation*, 9, 89-97.

<sup>4</sup> Colorado Department of Education. (2018). *Brain Injury in Children and Youth: A Manual for Educators*.

6. Draw attention to irrational conclusions or impulsive behaviors when you see them and give your client the opportunity to respond or behave differently.<sup>5</sup>
7. Help clients think about decisions from someone else's point of view through creative role play. For example, help your client navigate different scenarios that could make them late for an appointment.<sup>6</sup>
8. Recommend that your client practice simple routines out of order (e.g., getting ready for bed, brushing teeth).<sup>7</sup>
9. Teach your client some cognitive behavioral strategies to relax, keep a clear mind and think through new options when an unexpected event changes the routine.
10. Physical movement improves mental flexibility. Encourage your client to be physically active and, when possible, walk or toss a ball around during your meetings to get your client moving.<sup>8</sup>
11. Sleep is essential for mental flexibility. Ask about your client's sleep and review the attached checklist to promote better sleep habits.<sup>9</sup>

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

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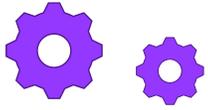
<sup>5</sup> Janis, I., & Mann, L. (1976). Coping with decisional conflict. *American Scientist*, 64, 657-667.

<sup>6</sup> Muller, B. C. N., Gerasimova, A., & Ritter, S. M. (2016). Concentrative mediation influences creativity by increasing cognitive flexibility. *Psychology of Aesthetics, Creativity, and the Arts*, 10(3), 278-286.

<sup>7</sup> Ritter, S. M., Kuhn, S., Muller, B. C. N., van Baaren, R. B., Brass, M., & Dijksterhuis, A. (2014). The creative brain: Corepresenting schema violations enhances TPJ activity and boosts cognitive flexibility. *Creativity Research Journal*, 26(2), 144-150.

<sup>8</sup> Ludyga, S., Gerber, M., Brand, S., Holsboer-Trachsler, E., & Puhse, U. (2016). Acute effects of moderate aerobic exercise on specific aspects of executive function in different age and fitness groups: A meta-analysis. *Psychophysiology*, 53, 1611-1626.

<sup>9</sup> Martin, S. E., Engleman, H. M., Dear, I. J., & Douglas, N. J. (1996). The effect of sleep fragmentation on daily function. *American Journal of Respiratory and Critical Care Medicine*, 153(4), 1328-1332.



## Mental Inflexibility

# Community Mental Health

Mental Flexibility is the ability to quickly respond to changes in the environment. A young person with poor mental flexibility will be unable to think about multiple concepts at once or switch between thought processes to generate appropriate behavioral responses. They may have difficulty deciding what to do when faced with a new problem, changing their mind after a decision has been made, learning new ways of doing things, or understanding why somebody else may do something differently. In mental health settings, this may present as rigidity, stubbornness, uncooperativeness. The repeated use and practice of the following suggestions can be helpful:

1. Where possible, work with a team that includes your client's caregiver, criminal justice supervisor, and their school.
2. Suggest your client set reminders of impending deadlines in their paper or electronic calendars.<sup>1</sup>
3. Prepare young clients for changes in schedule or transitions by informing them of these changes as soon as possible.<sup>2</sup> If your client is being referred to or is transitioning to a new community provider, introduce them by providing a warm hand-off.<sup>3</sup>
4. Draw attention to irrational conclusions or impulsive behaviors when you see them and give your client the opportunity to respond or behave differently.<sup>4</sup>
5. In order to improve your client's mental flexibility, recommend that your client practice simple routines out of order.<sup>5</sup>
6. Teach your client social skills, such as assertive communication or active listening. Identify, practice, and adopt more flexible communication strategies.<sup>6</sup>

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<sup>1</sup> Janis, I. & Mann, L. (1976). Coping with decisional conflict. *American Scientist*, 64, 657-667.

<sup>2</sup> Colorado Department of Education. (2018). *Brain Injury in Children and Youth: A Manual for Educators*.

<sup>3</sup> Pang, E. W., Dunkley, B. T., Doesburg, S. M., da Costa, L., & Taylor, M. J. (2015). Reduced brain connectivity and mental flexibility in mild traumatic brain injury. *Annals of Clinical and Translational Neurology*, 3(2), 124-131.

<sup>4</sup> Janis, I. & Mann, L. (1976). Coping with decisional conflict. *American Scientist*, 64, 657-667.

<sup>5</sup> Santopietro, S. E., Yeomans J. A., Niemeier, J. P., White, J. K., & Coughlin, C. M. (2015). Traumatic brain injury and behavioral health: the state of treatment and policy. *North Carolina Medical Journal*, 76(2), 96-100.

<sup>6</sup> Colorado Department of Education. (2018). *Brain Injury in Children and Youth: A Manual for Educators*.

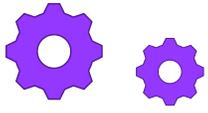
7. Teach your client some cognitive behavioral strategies to relax, keep a clear mind and think through new options when an unexpected event changes the routine.
8. Physical activity directly benefits cognition. Encourage your client to be physically active and, when possible, walk or toss a ball around during your meetings to get your client moving.<sup>7</sup>
9. Sleep is essential for mental flexibility. Ask about your client's sleep and review the attached sleep checklist to help promote better sleep .<sup>8</sup>

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

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<sup>7</sup> Masley, S., Roetzheim, R., Gualtieri, T. (2009). Aerobic exercise enhances cognitive flexibility. *Journal of Clinical Psychology in Medical Settings* 16, 186-193.

<sup>8</sup> Martin, S. E., Engleman, H. M., Deary, I. J., & Douglas, N. J. (1996). The effect of sleep fragmentation on daytime function. *American Journal of Respiratory and Critical Care Medicine*, 153(4), 1328-1332.



## Mental Inflexibility

### Client

Mental flexibility is the ability to quickly respond to changes around you. If you have poor mental flexibility, thinking about multiple ideas at once or switching between thoughts can be difficult. You may have a hard time deciding what to do when dealing with a new problem, changing your mind, learning new ways of doing things or understanding why somebody else acts differently. You might also be embarrassed to ask for help. Using and practicing the following tips can be helpful:

1. When planning your schedules, set reminders and give yourself extra time before your assignments or projects are due. Putting post-it notes on your wall, using calendars, and setting alarms on your phone are all ways to help you get things done when you need them to be.<sup>1</sup>
2. We can all get stuck in “our” way of doing things. To help you become more mentally flexible, practice simple routines out of order. For example, get dressed or ready for bed in a different order.<sup>2</sup>
3. To stay on track with required assignments, write out the steps to lengthy assignments and cross steps off as you complete them.<sup>3</sup>

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<sup>1</sup> Janis, I., & Mann, L. (1976). Coping with decisional conflict. *American Scientist*, 64. 657-667.

<sup>2</sup> Ritter, S. M., Kühn, S., Müller, B. C. N., Baaren, R. B. V., Brass, M., & Dijksterhuis, A. (2014). The Creative Brain: Corepresenting Schema Violations Enhances TPJ Activity and Boosts Cognitive Flexibility. *Creativity Research Journal*, 26(2), 144–150. doi: 10.1080/10400419.2014.901061

<sup>3</sup> Colorado Department of Education. (2018). *Brain Injury in Children and Youth: A Manual for Educators*.

4. When you have a hard time adopting different points of view, it can be tough to make decisions. Write down pros and cons, perhaps with someone you trust. Review the expected consequences of each possible decision out loud.<sup>4</sup>
5. Try new things, like making a new friend outside of your friend group, listening to a new artist, or eating at a new restaurant.<sup>5</sup>
6. Practice your strategies to relax, keep a clear mind and think through new options when an unexpected event changes the routine.
7. Get your body moving. Exercise directly benefits cognition and can improve mental flexibility.<sup>6</sup>
8. Sleep is essential for mentally flexibility. Review and use the attached sleep checklist to promote better sleep.<sup>7</sup>

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

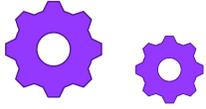
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<sup>4</sup> Colorado Department of Education. (2018). *Brain Injury in Children and Youth: A Manual for Educators*.

<sup>5</sup> Supplemental Material for “Going Out” of the Box: Close Intercultural Friendships and Romantic Relationships Spark Creativity, Workplace Innovation, and Entrepreneurship. (2017). *Journal of Applied Psychology*. doi: 10.1037/apl0000212.supp

<sup>6</sup> Masley, S., Roetzheim, R., Gualtieri, T. (2009). Aerobic exercise enhances cognitive flexibility. *Journal of Clinical Psychology in Medical Settings* 16, 186-193

<sup>7</sup> Walker, M. P., Liston, C., Hobson, J., & Stickgold, R. (2002). Cognitive flexibility across the sleep–wake cycle: REM-sleep enhancement of anagram problem solving. *Cognitive Brain Research*, 14(3), 317–324. doi:10.1016/s0926-6410(02)00134-9



## Mental Inflexibility

### Parent/Caregiver

Mental flexibility is the ability to quickly respond to changes in the environment. A teen with poor mental flexibility will be unable to think about multiple concepts at once or to switch between thoughts quickly. They may have difficulty deciding what to do when faced with a new problem, changing their mind after a decision has been made, learning new ways of doing things, or understanding why somebody else may do something differently. This may look like defiance or disobedience in the home. Teens with this problem may feel frustrated, anxious or ashamed, and you may experience frustration too. The repeated use and practice of the following suggestions can be helpful:

1. Where possible, work with a team that includes your teen's mental health professional, criminal justice professionals, and school.
2. Help your teen set reminders for homework, chores, or appointments using sticky notes, calendars, or phone reminders.<sup>1</sup>
3. Prepare your teen for changes in schedule or routine by informing them of these changes as soon as possible.<sup>2</sup>
4. Help your teen break down the steps for different tasks. For example, if you're giving your teen a list of chores to do, briefly explain what steps they will need to take to complete them.<sup>3</sup>
5. Your teen may struggle with perspective-taking. Help your teen think about decisions from someone else's point of view. For example, help your teen analyze how coming home past curfew may affect you and others in the household.<sup>4</sup>

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<sup>1</sup> Janis, I., & Mann, L. (1976). Coping with decisional conflict. *American Scientist*, 64, 657-667.

<sup>2</sup> Colorado Department of Education. (2018). *Brain Injury in Children and Youth: A Manual for Educators*.

<sup>3</sup> Colorado Department of Education. (2018). *Brain Injury in Children and Youth: A Manual for Educators*.

<sup>4</sup> Muller, B. C. N., Gerasimova, A., & Ritter, S. M. (2016). Concentrative mediation influences creativity by increasing cognitive flexibility. *Psychology of Aesthetics, Creativity, and the Arts*, 10(3), 278-286.

6. Recommend that your teen practice simple routines out of order (e.g., getting ready for bed, brushing teeth).<sup>5</sup>
7. Work with your teen on social skills such as assertive communication or active listening when possible. Modeling these skills for your teen can help them identify, practice, and adopt these useful communication strategies.<sup>6</sup>
8. Teach your teen some cognitive behavioral strategies to relax, keep a clear mind and think through new options when an unexpected event changes the routine.
9. Physical movement improves mental flexibility. Whenever possible, go for walks or engage in activities with your teen to get them moving.<sup>7</sup>
10. Sleep is essential for mental flexibility. Ask your teen about their sleep and use the tips on the attached checklist to support better sleep for them (and yourself too).

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

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<sup>5</sup> Ritter, S. M., Kuhn, S., Muller, B. C. N., van Baaren, R. B., Brass, M., & Dijksterhuis, A. (2014). The creative brain: Corepresenting schema violations enhances TPJ activity and boosts cognitive flexibility. *Creativity Research Journal*, 26(2), 144-150.

<sup>6</sup> Colorado Department of Education. (2018). *Brain Injury in Children and Youth: A Manual for Educators*.

<sup>7</sup> Ludyga, S., Gerber, M., Brand, S., Holsboer-Trachsler, E., & Puhse, U. (2016). Acute effects of moderate aerobic exercise on specific aspects of executive function in different age and fitness groups: A meta-analysis. *Psychophysiology*, 53, 1611-1626.



## Emotional Dysregulation

### Criminal Justice

Emotional dysregulation can include anxious and depressive presentations, irritability, crying easily, and overreacting to events. In criminal justice settings, emotional dysregulation can look like sudden outbursts, mood swings, or other impulsive behavior. Juveniles with this complaint may feel ashamed or frustrated. Where possible, work with a team that includes the juvenile's parent/caregiver, mental health professional(s), and their school. The repeated use and practice of the following suggestions can also be helpful:

1. Mindfulness exercises, such as physical grounding, have been shown to be effective at de-escalating clients when they are upset or out-of-control. For example, ask your client to describe an object in the room in great detail for 60 seconds. Have them use their five senses to tell you about the object.<sup>1</sup> You can also allow and encourage your client to take a short break when emotions are running high.
2. Music and art have also been shown to promote emotional control.<sup>2,3</sup> You can keep art supplies (paper, colored pencils, etc.) available in your office and encourage your client to color or draw before, during, or after a moment of dysregulation to help them maintain or return to a sense of calm.

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<sup>1</sup> Farrell, D., & Taylor, C. (2017). The teaching and learning of psychological trauma –A moral dilemma. *Psychology Teaching Review, 23(1)*, 63-70.

<sup>2</sup> Chalmers, L., Olson, M. R., & Zurkowski, J. K. (1999). Music as a classroom tool. *Intervention in School & Clinic, 35(1)*, 43.

<sup>3</sup> Rader, R., M.D. (2017, 06). In and out of the lines. *The Exceptional Parent (Online), 47*, 4-5.

3. Clients with emotional dysregulation require a framework of predictability. For that reason, try to schedule your meetings on the same day of the week, and at the same time of day whenever possible.<sup>4</sup>
4. Clients with emotional dysregulation may appear disinterested in their progress. When your client has successfully completed a set task, you can make a point of noting it by using reinforcement. Some examples may include a simple verbal acknowledgement, a note to someone important in their life, or even some other tangible reward, depending on the policies of your facility. Rewarding positive behavior creates a trend of better regulated behavior.<sup>5</sup>
5. **Sleep is *vital*.** Poor sleep can lead to poor emotional control. Ask your client about sleep. You can look over the attached sleep checklist with your client to help with better sleep habits.
6. ***None of these suggestions can be assumed to apply to aggressive clients or situations where you are at risk of harm. If you have any question about your safety, the safety of your client, or the others in your vicinity, conduct a brief safety assessment, consult with outside resources as appropriate, and follow facility protocol for safety.***

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

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<sup>4</sup> Brain Injury in Children and Youth: A Manual for Educators, Colorado Department of Education. "*Emotions, Social Skills and Behavior: Strategies for Intervention*"

<sup>5</sup> Brain Injury in Children and Youth: A Manual for Educators, Colorado Department of Education. "*Emotions, Social Skills and Behavior: Strategies for Intervention*"



## Emotional Dysregulation

# Community Mental Health

Emotional dysregulation can include anxious and depressive presentations, irritability, crying easily, and overreacting to events. In community mental health settings, emotional dysregulation can look like sudden outbursts, mood swings, or other impulsive behavior. Clients with this complaint may feel ashamed or frustrated. Where possible, work with a team that includes the parent/caregiver, criminal justice professional(s), and the school. The repeated use and practice of the following suggestions can be helpful:

1. Clients who are experiencing emotional dysregulation may have difficulty recognizing and naming their emotions. Naming an emotion is the first step in being able to do something with it. In a moment of intense emotion, ask your client to pause and record (e.g., out loud or on paper) their emotions to help them identify their emotional states.<sup>1</sup> You can also have your client keep a daily mood log and go over this together in meetings.
2. Mindfulness techniques have been shown to be helpful with emotional dysregulation and can be used when you notice your client becoming agitated. You can help them to pay attention to their bodily reactions during meetings (e.g. tapping their foot, clenching their fists), so they can begin to recognize these reactions before they lose control.<sup>2</sup>
3. Music and art have also been shown to help with emotional control.<sup>3,4</sup> You can keep art supplies (paper, colored pencils, etc.) available in your office and encourage your client to color or draw

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<sup>1</sup> Van der Gucht, K., Dejonckheere, E., Erbas, Y., Takano, K., Vandemoortele, M., Maex, E., ... Kuppens, P. (2019). An experience sampling study examining the potential impact of a mindfulness-based intervention on emotion differentiation. *Emotion, 19*(1), 123–131.

<sup>2</sup> Hofmann, S. G., & Gómez, A. F. (2017). Mindfulness-based interventions for anxiety and depression. *Psychiatric Clinics of North America, 40*(4), 739–749.

<sup>3</sup> Chalmers, L., Olson, M. R., & Zurkowski, J. K. (1999). Music as a classroom tool. *Intervention in School & Clinic, 35*(1), 43.

<sup>4</sup> Rader, R., M.D. (2017, 06). In and out of the lines. *The Exceptional Parent (Online), 47*, 4-5.

before, during, or after a moment of dysregulation to help them maintain or return to a sense of calm.

4. Clients with emotional dysregulation require a framework of predictability. For that reason, try to schedule your meetings on the same day of the week, and at the same time of day whenever possible.<sup>5</sup>
5. Distracted or agitated clients can benefit from physical grounding techniques. For example, ask your client to describe an object in the room in great detail for 60 seconds. Have them use their five senses to tell you about the object.<sup>6</sup> You can also allow and encourage your client to take a short break when emotions are running high.
6. Clients with emotional dysregulation may appear disinterested in their progress during meetings. When your client has successfully completed a set task, you can make a point of noting it. Rewarding positive behavior creates a trend of better regulated behavior.<sup>7</sup>
7. **Sleep is vital.** Poor sleep can lead to poor emotional control. Ask your client about sleep. You can look over the attached sleep checklist with your client to help with better sleep habits.
- 8. None of these suggestions can be assumed to apply to aggressive clients or situations where you are at risk of harm. If you have any questions about your safety, the safety of your client, or the others in your vicinity, conduct a brief safety assessment, consult with outside resources as appropriate, and follow protocol for safety.**

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<sup>5</sup> Brain Injury in Children and Youth: A Manual for Educators, Colorado Department of Education. "*Emotions, Social Skills and Behavior: Strategies for Intervention*"

<sup>6</sup> Farrell, D., & Taylor, C. (2017). The teaching and learning of psychological trauma –A moral dilemma. *Psychology Teaching Review, 23(1)*, 63-70.

<sup>7</sup> Brain Injury in Children and Youth: A Manual for Educators, Colorado Department of Education. "*Emotions, Social Skills and Behavior: Strategies for Intervention*"



## Emotional Dysregulation

### Parent/Caregiver

In the home, emotional dysregulation includes sudden outbursts, mood swings, or other impulsive behaviors. Teens with these problems may feel ashamed or frustrated. Where possible, work with a team that includes the mental health professional(s), criminal justice professional(s), and your teen's school. The repeated use and practice of the following suggestions can be helpful:

1. Emotional outbursts may be unavoidable. When you notice your teen becoming agitated, you can suggest other outlets, such as leaving the room. You should enforce safety rules. For example, it is never acceptable to threaten or hurt others.<sup>1</sup>
2. You can help your teen avoid emotional outbursts by adding a consistent, scheduled routine, including daily physical activity (i.e. going for walks, riding a bike, etc.) If you notice your teen becoming agitated, you can also gently redirect their attention to a different topic or activity.<sup>2</sup>
3. Pay attention to what feelings look like for your teen. For example, if your teen is feeling angry, sad, or annoyed, they may show physical signs (foot-tapping, sweating, fist clenching) or express physical symptoms (complaints of nausea, headaches, lightheadedness). In these cases, have your teen take a brief break.<sup>3</sup>
4. If your teen is beginning to show signs of frustration or emotional meltdown, model for them the use of feeling words ("I feel like you and I are not hearing each other right now...") and ask your teen to take a breath and express feelings in appropriate words (i.e. "what are you trying to tell me right now? Use your words".)
5. When you feel frustrated use a mindfulness technique to take a break for one minute. First, notice five things you can see around you. Second, notice four things around you that you can

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<sup>1</sup> Sander, A. & High, W.M. (2002). *Picking up the pieces after TBI: A guide for family members*. Baylor College of Medicine.

<sup>2</sup> Willer, B.S., Allen, K.M., Liss, M., & Zicht, M.S. (1991). Problems and coping strategies of individuals with traumatic brain injury and their spouses. *Archives of Physical Medicine and Rehabilitation*, 72, 460-464.

<sup>3</sup> Feeney, T., & Ylvisaker, M. (2008). Context-sensitive cognitive-behavioral supports for young children with TBI: A second replication study. *Journal of Positive Behavior Interventions*, 10, 115-128.

touch. Third, notice three things you can hear. Fourth, notice two things you can smell. Finally, notice one thing you can taste. You can also adapt this script for use with your teen if you notice they are agitated.<sup>4</sup>

6. If you think your teen might need extra help in the classroom, you can contact your teen's teacher, the school's principal, or the Director of Special Education in the school district. The home, school, and medical/psychological provider may meet to decide the appropriateness of evaluation. If everyone is in agreement, the school may choose to conduct an evaluation of eligibility and will need close communication, cooperation, and input from parents and medical/psychological providers.
7. **Sleep is vital.** Poor sleep can lead to your teen feeling they are not in control of their emotions. Ask your teen about sleep. You can look over the attached sleep checklist with your teen to help with better sleep habits.
8. ***The Colorado Crisis Line is available 24 hours/day and can be reached at (844) 493-8255.***

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<sup>4</sup> Hofmann, S. G., & Gómez, A. F. (2017). Mindfulness-based interventions for anxiety and depression. *Psychiatric Clinics of North America*, 40(4), 739–749.



# Emotional Dysregulation

## Client

Emotional dysregulation means feeling sad, grumpy, crying easily, or overreacting to things. It means your moods are all over the place. For example, you might feel a sudden urge to yell or cry. You may even feel embarrassed or frustrated by these difficulties. Using and practicing the following suggestions can be helpful:

1. When you are feeling angry, sad, or annoyed, try to notice how your body reacts (tapping your foot, sweating, clenching your fists...) and how your body feels (nausea, headaches, feeling faint...) That way you can start to notice when you need a break before you lose control.
2. You can always ask for a short break to help you remain or regain your sense of calm.
3. Write down important information before you go into emotional situations. This will help you remember everything you want to say in case you get upset or anxious.<sup>1</sup>
4. Write down a list of people that make you feel safe and will listen. When your emotions feel hard to control, reach out to one of these people for support.<sup>2</sup>

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<sup>1</sup> Hill, C. E. (2004). Immediacy. In *Helping skills: Facilitating exploration, insight, and action.*, 2nd ed. (pp. 283–297). Washington, DC: American Psychological Association

<sup>2</sup> Viseu, J., Leal, R., de Jesus, S. N., Pinto, P., Pechorro, P., & Greenglass, E. (2018). Relationship between economic stress factors and stress, anxiety, and depression: Moderating role of social support. *Psychiatry Research*, 268, 102–107.

5. When you have intense feelings, take a moment to focus on your five senses: touch, sight, smell, hearing, and taste. For example: choose any color and spend one minute finding objects near you in that color.<sup>3</sup>
6. Once you are noticing what you are feeling, think about what words you would use to make your feelings known. Use appropriate words like “I am feeling \_\_\_\_\_,” or “I need you to \_\_\_\_\_.”
7. **Sleep is *vital*.** Not getting enough sleep can lead you to feel like you are not in control of your emotions. You can look over the attached sleep checklist to help with better sleep habits.
8. ***The Colorado Crisis Line is available 24 hours/day and can be reached at (844) 493-8255.***

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<sup>3</sup> Hofmann, S. G., & Gómez, A. F. (2017). Mindfulness-based interventions for anxiety and depression. *Psychiatric Clinics of North America*, 40(4), 739–749.



# Appendix – Sleep

## Checklist For Better Sleep



Good sleep is influenced by many factors.  
Record how many of these things you have done in the last week  
and consider making changes to your routine.

### Things that are known to make sleep worse

- Napping during the day
- Watching television in bed
- Using a device with a bright screen in the hour before bedtime (e.g. a smartphone, a laptop)
- Consuming drinks containing caffeine (includes tea, coffee, cola, energy drinks, hot chocolate)
  - *How many each day?*
  - *What time of the day was your last caffeinated drink? (try to avoid caffeine after 6pm)*
- Drinking alcohol (alcohol typically leads to interrupted sleep)
- Eating a heavy meal less than 3 hours before bedtime
- Staying in bed even if you can't fall asleep (it's better to get up and do something relaxing, then try again later)

### Things that are known to improve sleep

- Regular exercise
  - *How many times a week? (it is recommended to do at least 3 x 30 minutes per week)*
  - *What time of the day? (it is best not to exercise in the 3-4 hours before bedtime)*
- Setting aside some 'worry time' each day to write down any issues that are bothering or concerning you, then deciding to leave those worries behind until tomorrow (make sure to do this at least one hour before bedtime)
- Relaxation exercises (e.g. relaxed breathing exercises, progressive muscle relaxation)
- Having a relaxing bedtime routine (e.g. taking a bath or a shower, reading a comforting book)
- Setting the conditions for sleep
  - *Make sure the bedroom is completely dark (blackout curtains are cheap and effective)*
  - *Make sure the mattress and pillows are comfortable (make bed an attractive place to be!)*
  - *Make sure the bedroom is the right temperature (think like Goldilocks: not too hot, not too cold)*