

Brain Injury Coping Skills

A support and education program for adults with brain injury and their caregivers

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Session Worksheets



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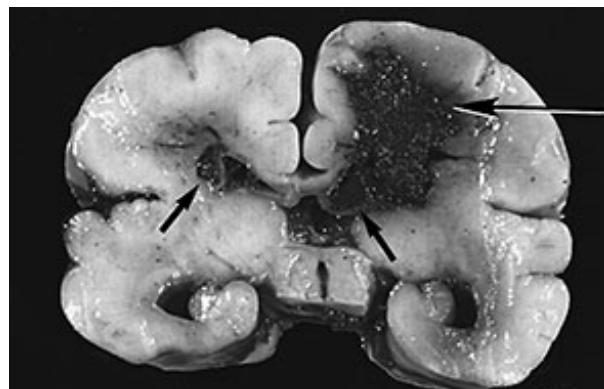
Worksheet 1 Inside View Of The Brain

This is a view inside a healthy brain.

Note the hollow spaces. These are called *ventricles*.



- A healthy brain must also receive a healthy amount of *oxygen*.
 - The brain receives oxygen through our blood.
 - *Blood*: Provides oxygen and food for the brain. Without it, brain cells can die.
 - Decreased oxygen can result in damage to the brain either from chronic conditions causing decreased oxygen over time or from a sudden injury.
 - Different types of *strokes* or other neurological injuries can cause a lack of oxygen to brain cells. This destroys these cells and results in a brain injury.



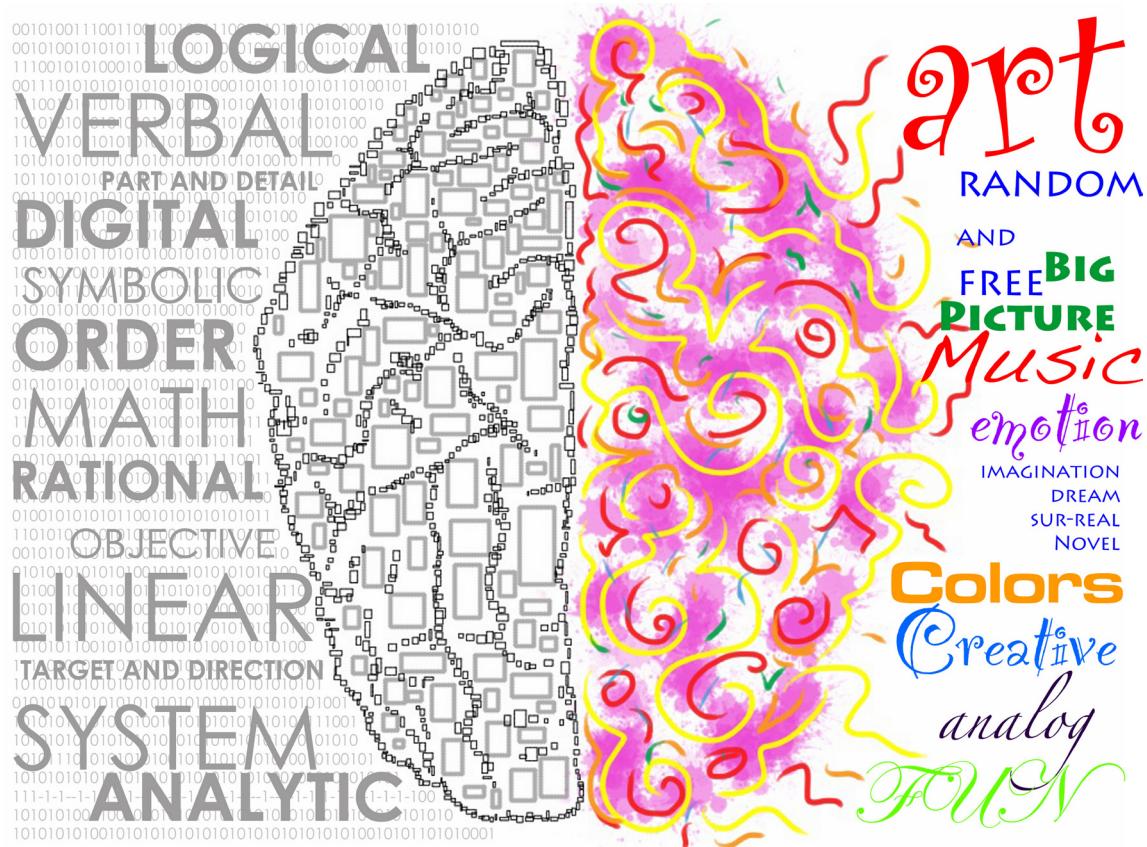
Note that dark areas represent cell death due to lack of oxygen to the brain.

Worksheet 2 The Two Halves of the Brain

The brain is divided into the *left hemisphere* and the *right hemisphere*.

These two sides work both as separate parts and in conjunction with each other. Therefore, they constantly communicate information from one side to another.

Look at the picture and see if you can see differences between the two sides.



LEFT HEMISPHERE

Language and verbal skills
Controls right side of the body
Verbal memory
(Memory for what people tell you)
Detail-oriented
Reading, writing
Arithmetic
Logic and reasoning

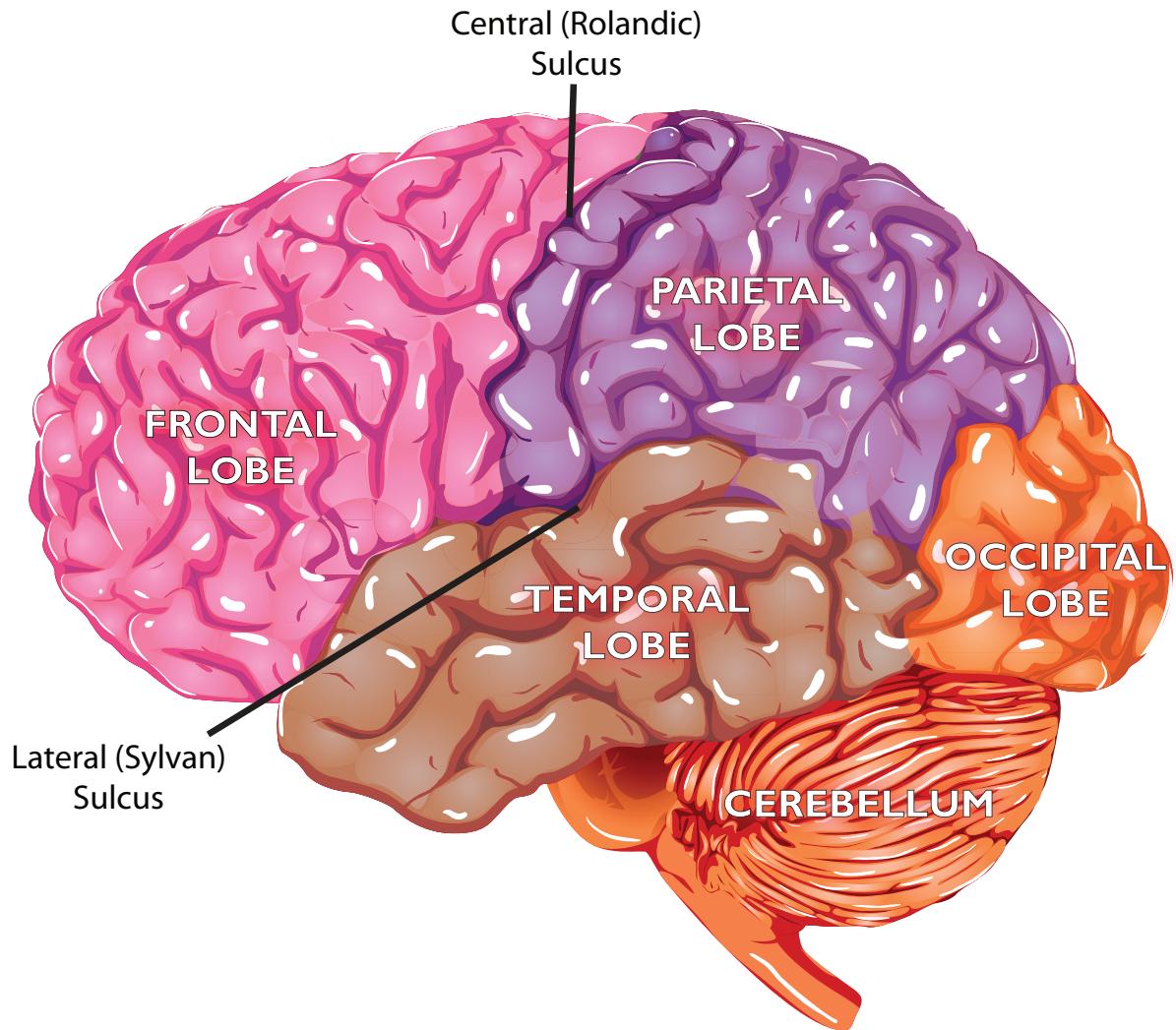
RIGHT HEMISPHERE

Spatial skills
Controls left side of body
Visual memory
(Memory for what you see)
Ability to see the main point in a story
Attentional skills
Awareness of challenges
Understanding sarcasm

Worksheet 3 The Four Lobes

The brain has 4 lobes: **Temporal, Occipital, Parietal & Frontal**

Although the brain is much more complex, we are just going to list some basic functions of each part.



Temporal Lobes *Located near the temples*

- *Hearing:* Although we need our ears to hear information, the brain actually processes what we hear. This is why people can have normal ear functioning, but still cannot hear what is being said or might hear music in a distorted way after a brain injury.
- *Memory:* Deep inside the temporal lobes sits the major center in our brain that is responsible for storing and remembering what we hear and see. However, short-term memory problems can occur due to damage in other areas as well, but the temporal lobes are typically the “memory center” of the brain.
- *Comprehension of speech:* The temporal lobes help us understand speech. People who have injuries to this area often lose their ability to understand commands, instructions, or what others tell them in conversations. They may not be fully aware of the extent of their inability to understand speech.

Occipital Lobes *Located at the rear of the brain*

- *Vision:* Although our eyes are needed to help us see, our occipital lobes actually process the information that we see. Injuries to this area can cause problems with seeing colors, locating objects, and seeing double. It can cause blindness if the injury is severe.

Parietal Lobes *Located near the back and top of the brain*

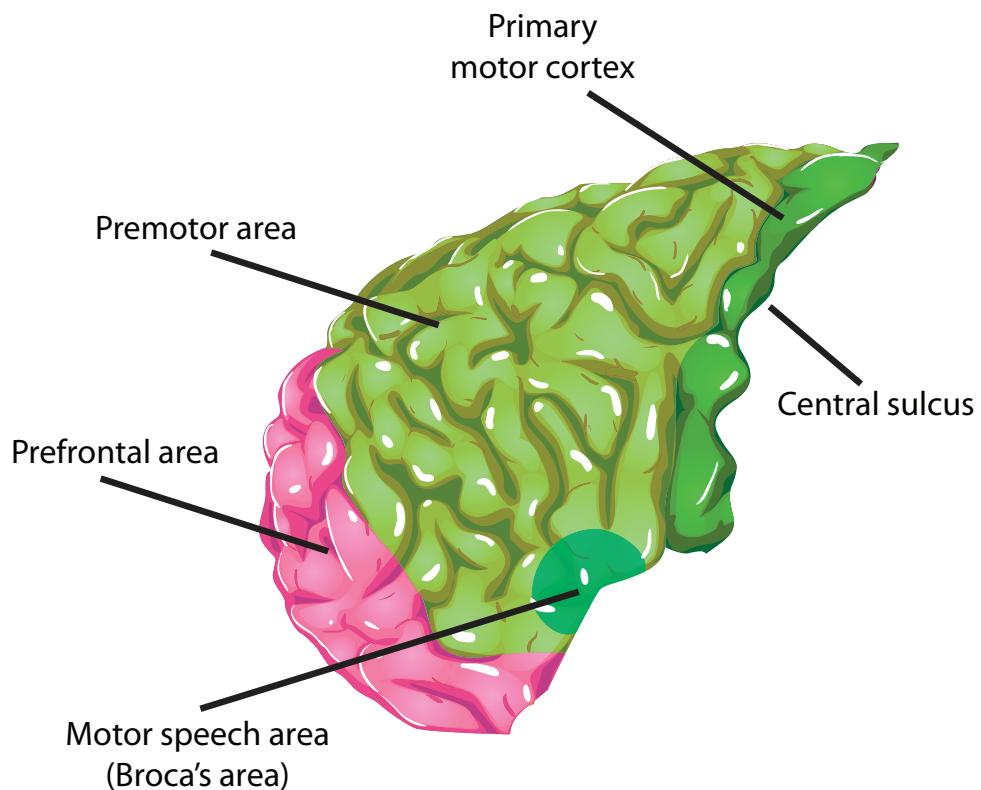
The parietal lobes are responsible for several different things as well.

- *Sensory functions:* This includes recognizing objects through touch, pressure, fine sensation, and temperature.
- *Visual spatial functions:* Damage to this area of the brain can also cause problems finding your way around places or perceiving objects in space. People often find themselves bumping into objects like doors or chairs or may not see things located to the left or right side of their body.
- *Language functions (3 R's):* Reading, writing, and arithmetic.
Think of the “3 R's.” People with injuries often develop problems with reading letters or words, writing down words, or calculating.

End of Session 1

Worksheet 4 The Four Lobes, *continued*

Frontal Lobes *Located at the front of the brain*



The CEO of Your Brain

The frontal lobes...

- Are responsible for many different areas of functioning.
- Are highly connected to other areas of the brain.
- Are the largest lobe of the brain and the last lobe to fully develop.
- Aren't fully developed until a person is in their early 20's.
- Can affect a person's ability to work, drive, or get along with others after injury.
- Control our higher cognitive thinking ability, behaviors and emotions, movement, speaking, and expressive speech.

Higher-Cognitive Functions (Executive Skills)

Problem-solving This allows us to find solutions to everyday problems like paying the bills or operating a computer. When injured, this can affect a person's ability to perform a complex task or activity.

Abstract reasoning This includes seeing the big picture or getting the main point.

Decision-making Being able to use good judgment.

Mental flexibility Not getting stuck in one mode of thinking. Ability to "shift gears."

Awareness Knowing one's strengths and limitations.

Attention Being able to focus for long periods of time, selectively attending to one thing while trying to tune out others, dividing attention between tasks.

Planning Being able to correctly plan out tasks, schedules, or daily activities.

Behaviors and Emotions

Initiation Being able to get started on tasks.
This is where the "gas pedal" in our brain is.

Inhibition Being able to stop from "acting without thinking. Some people respond too quickly in what they say or do. This is the "brake pad" of our brain. It is our "filter."

Depression Different emotional responses can occur after experiencing a

Anxiety brain injury. Many times, aspects of our personality become

Apathy exaggerated after an injury. However, there are times when

Mania a personality can completely change. For example, individuals who

Anger were once very quick to anger may become quite calm.

Movement Allows us to move our body parts (arm, leg, etc.)

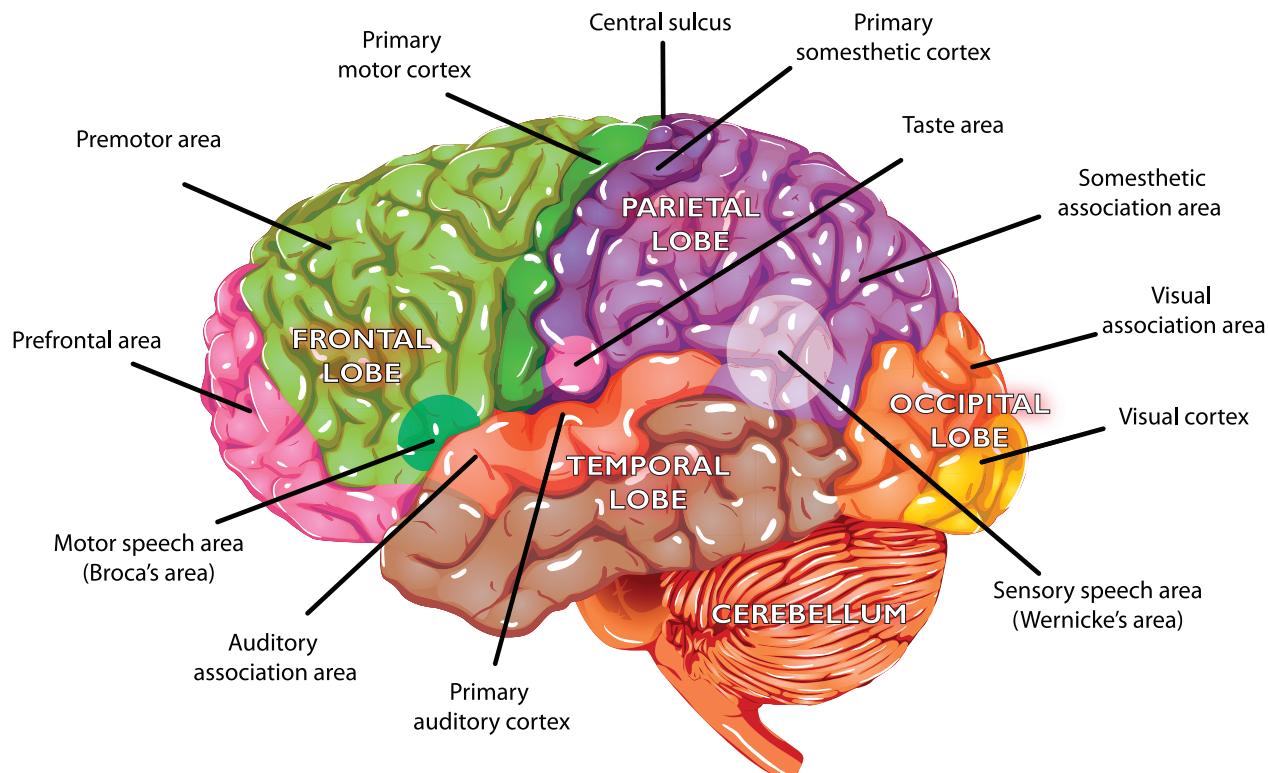
Expressive speech Being able to speak fluently and say the correct words.

Worksheet 5 Another View of the Brain

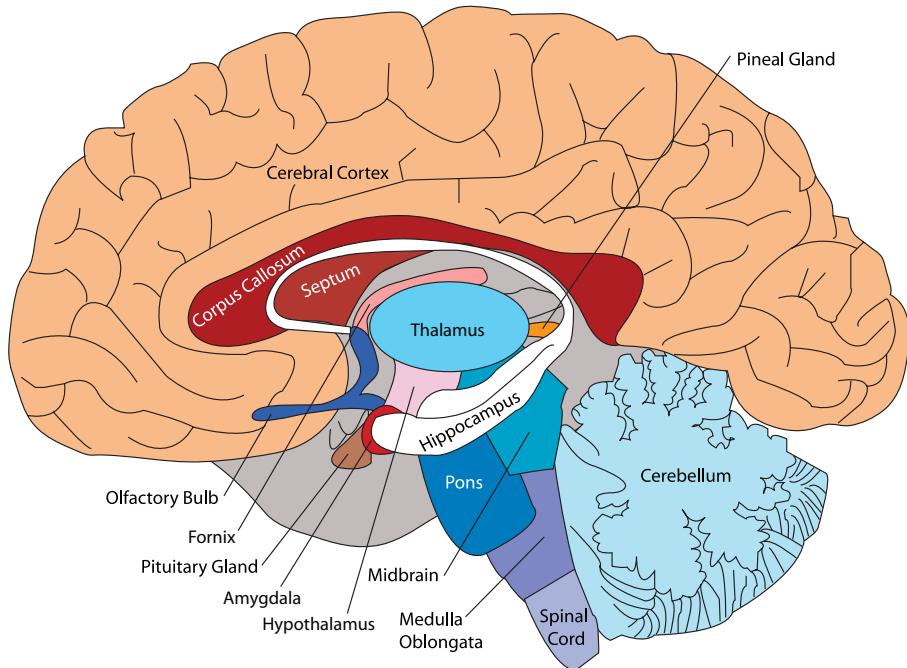
Take a look at the sensory and motor strips.

Remember, the sensory strip sits at the front of the parietal lobe and is responsible for helping us feel.

The motor strip is at the back of the frontal lobe and is responsible for movement.



Worksheet 6 | Brainstem and Injuries Deep in the Brain (Includes Pons and Medulla)



Breathing and heart rate What keeps us alive.

Swallowing food and water Injuries here can affect our ability to swallow.

Sweating and temperature Injuries can throw off our body's homeostasis.

Sleep Disruptions in ability to sleep often occur after brain injury.

Arousal Individuals often experience problems remaining awake and alert after a brain injury.

Equilibrium Sense of balance is thrown off when the brainstem is damaged.

Cerebellum

Located at the base of skull, it looks like a ball of spaghetti

Balance, coordination, and general thinking ability

Injuries Deep in the Brain

Includes amygdala, basal ganglia, thalamus and hypothalamus, midbrain, ventricles

Damage to the deeper parts of the brain can affect many areas of functioning:

- Fine motor coordination and movement
- Learning and memory
- Emotions
- Processing speed
- Vision
- Emotions
- Word finding
- Attention

Worksheet 7 The Brain Game

For Question 4, refer to your index card.

① Maria was involved in a car accident and had a bleed in the **left temporal lobe** of her brain. What difficulties is she likely to experience?

② Jonathon fell on the ice and hit his head and suffered a bleed in his **frontal lobes**. What changes is he likely to experience?

③ Mark had a stroke in the **right parietal lobe**. What might he be likely to experience as a result?

④ Where in your brain was your injury? *Sample answer: temporal lobe*

- What challenges might you predict you will experience?
Sample answer: problems with memory
- How does this affect your everyday functioning?
Sample answer: I have a hard time remembering what my wife tells me.

End of Session 2

Traumatic Brain Injury

Traumatic brain injury (TBI) occurs when a sudden trauma or external force causes damage to the brain.

Worksheet 1 | Leading Causes of TBI

Provide examples from the list below.

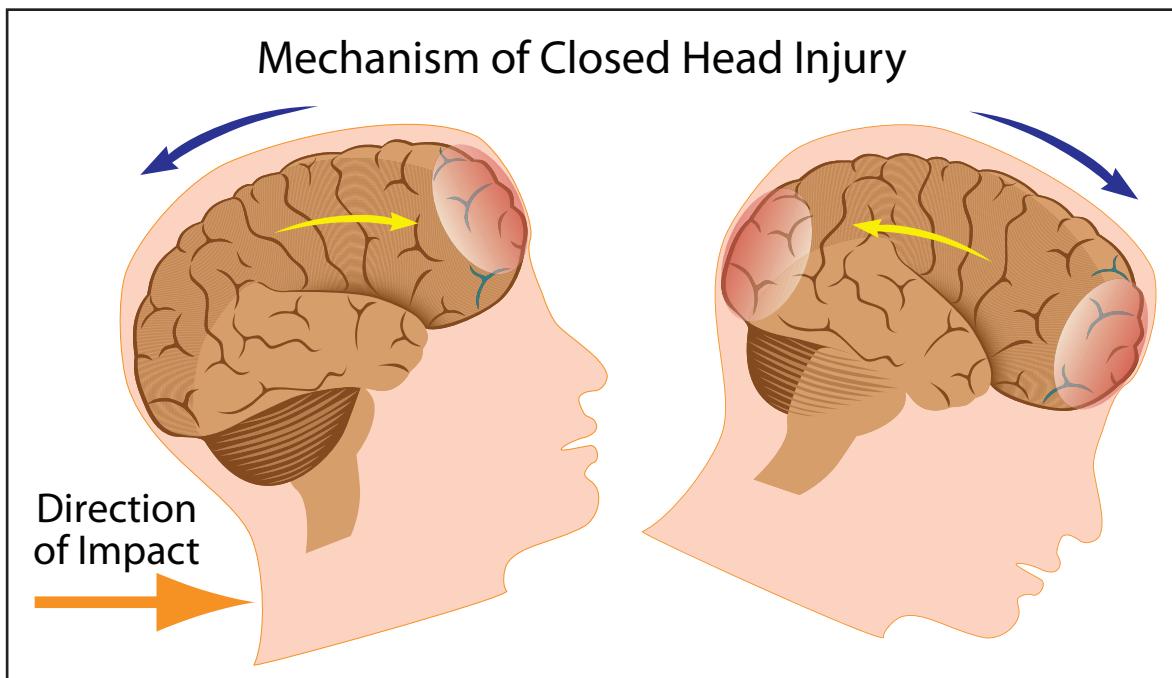
- Motor vehicle accidents
- Acts of violence or blows to the head
- Falls
- Sports and recreational injuries
- Lightning strikes
- Electric shocks
- Blast injuries

Worksheet 2 | Closed Versus Open Head Injury

There are two major types of traumatic brain injuries (TBIs): closed and open

Closed head injury - occurs when the head suddenly and violently hits an object

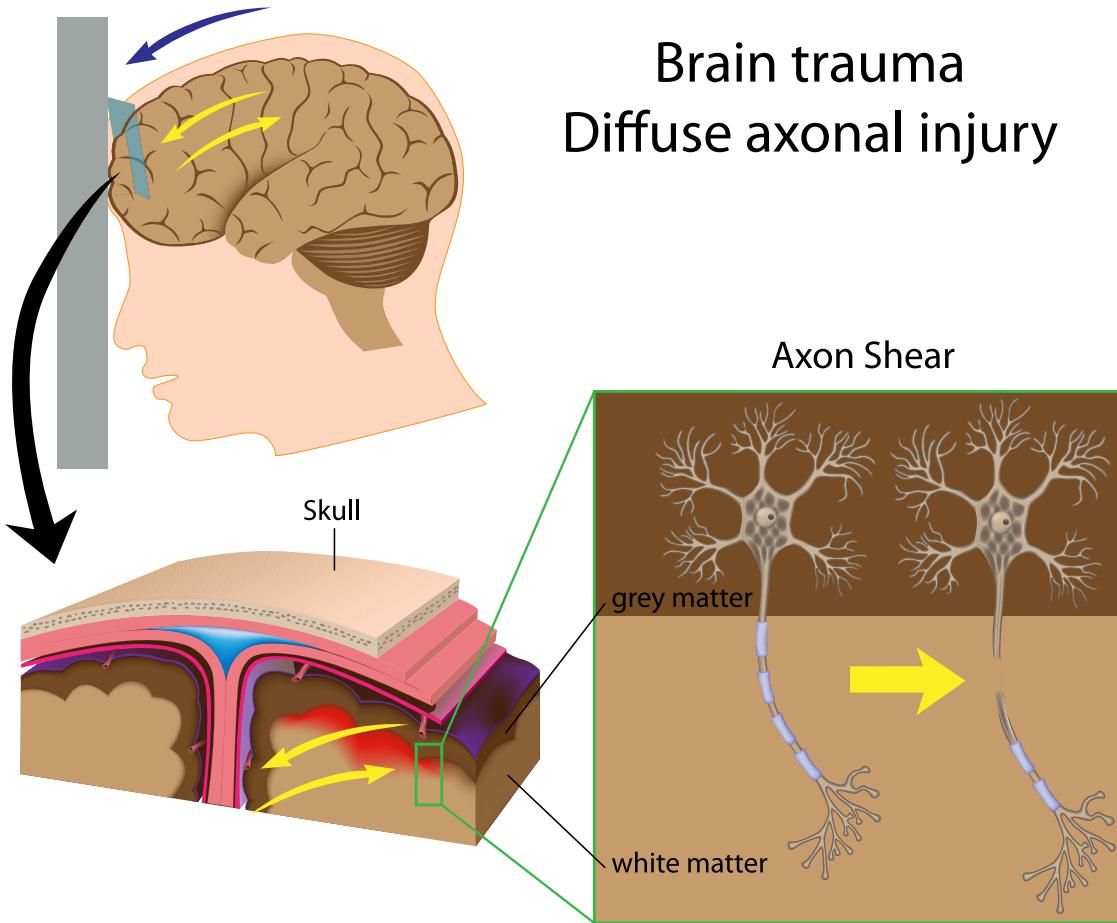
Example: A driver is in a car crash. Upon impact, the person's upper body moves forward until the seatbelt stops the forward motion. Although the driver's head stops, the brain moves or rotates inside the skull (remember how relatively soft and gelatinous it is). The temporal and frontal lobes have the biggest area of impact most often. This is how trauma can cause bruising, bleeding, or fractures of the skull



Open head injury - an object pierces the skull and enters the brain tissue

Example: Injuries can occur from guns, knives, other violent objects, hammers, or flying debris. They can penetrate the skull or go through the nasal canal or eye sockets into the brain.

Worksheet 3 | Diffuse Axonal Injury



Diffuse Axonal Injury

Known as DAI, there is widespread pulling and stretching of cells.

With enough pulling and stretching, brain tissue becomes twisted, sheared or torn or even broken. This can occur deep inside the brain. This can also damage the outer layers of the brain tissue. Remember, the skull is soft on the outside where you can feel with your hands. However, the inside of the skull has bony ridges. The force in an accident results in these ridges catching hold of the brain tissue and tearing or bruising the brain. Either way, the result can be permanent cell death.

Worksheet 4 Hypoxia

Hypoxia - means decreased oxygen to the brain.

Mild to moderate injuries can lead to: poor attention, memory, judgment to make decisions, lack of initiation, lack of awareness of one's challenges, as well as poor movement and coordination.

Severe injuries can lead to unresponsiveness or coma.

Causes

Provide examples from the list below (if relevant).

- Drowning
- Drug overdose
- Smoke inhalation
- Very low blood pressure
- Strangulation
- Injuries during birth
- Cardiac arrest (when the heart stops pumping)
- Carbon monoxide poisoning
- High altitudes
- Choking
- Compression of the trachea
- Complications of general anesthesia
- Sleep apnea
- Diseases that paralyze the respiratory muscles

Worksheet 5 Stroke

- A stroke means a disruption of blood flow to the brain
- It is one of the leading causes of disability in the United States

Blood vessels, called arteries, carry blood from the heart to the brain.

Remember, the brain needs a constant supply of blood, which contains the oxygen and nutrients it needs to survive.

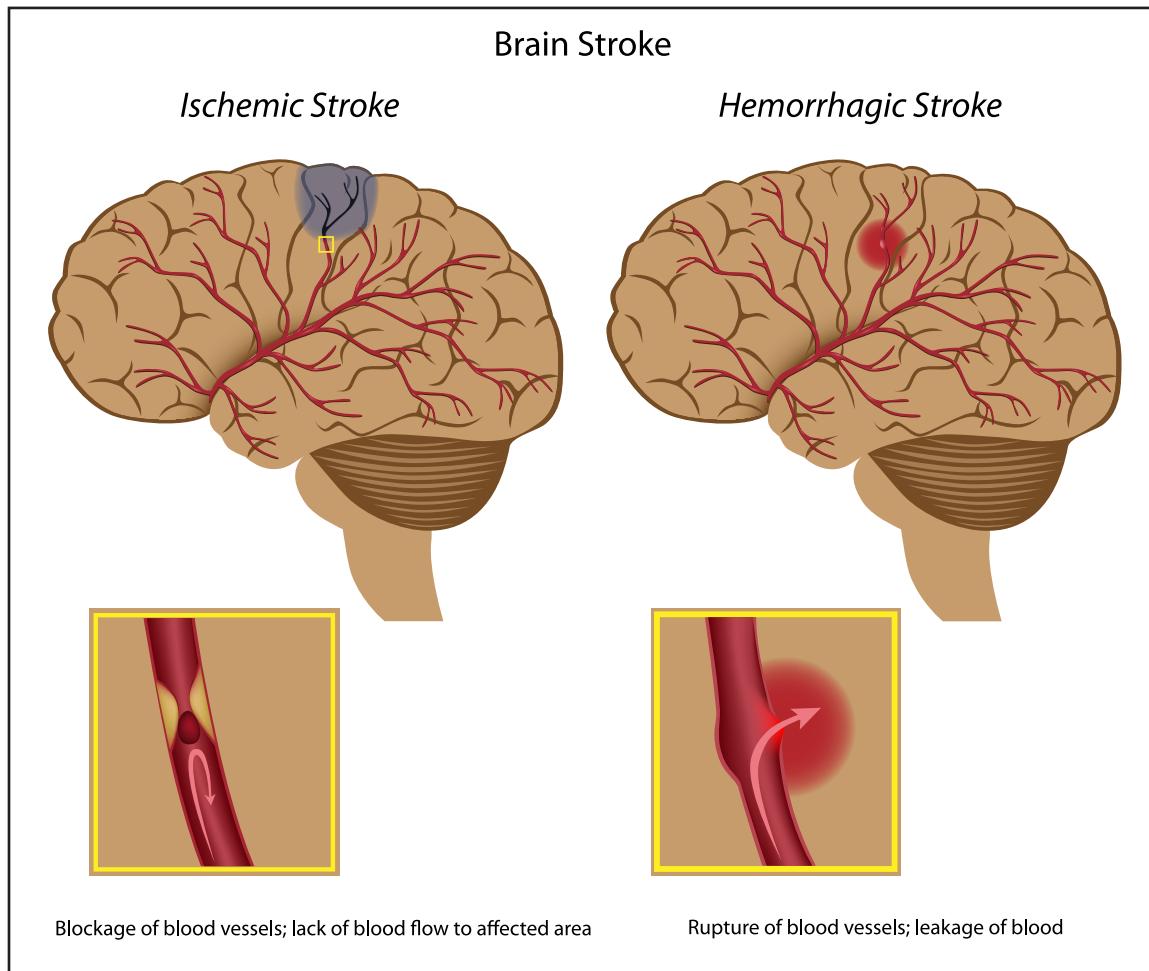
These arteries supply blood to specific areas of the brain.

In a stroke, the supply of blood can get disrupted either

- by a blockage of an artery called ischemia.
- by a burst of an artery called a hemorrhage.

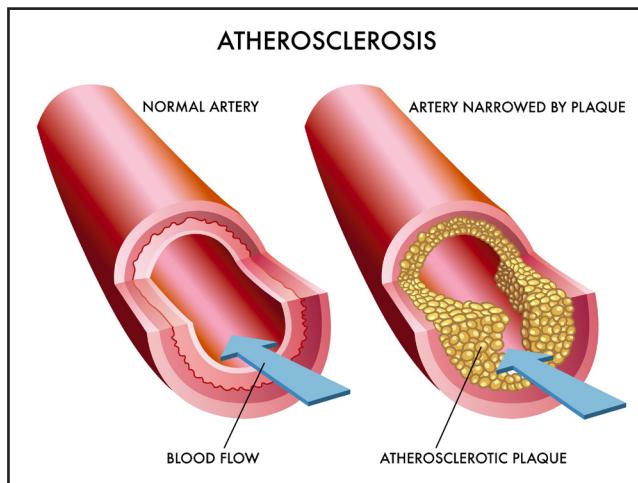
Either way, when this happens, brain cells start to die.

There are 2 major types of strokes:



Ischemia

Blockage of a blood vessel within the brain - can lead to lack of oxygen to part of the brain resulting in cell death (ischemia)

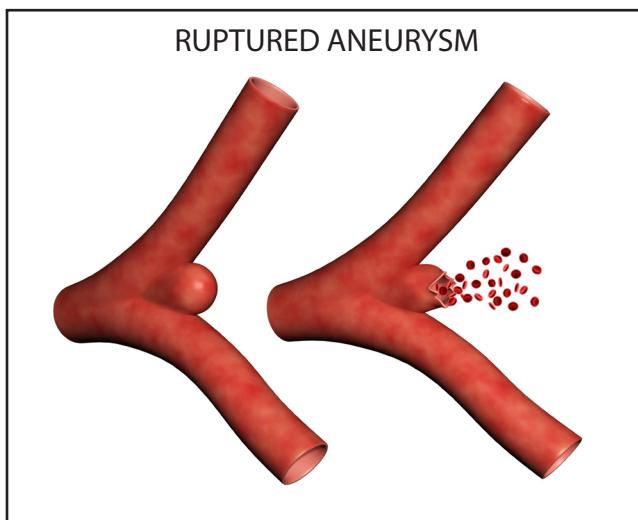


Causes

- Narrowing of an artery
- Heart defect (atrial fibrillation or heart attack)

Hemorrhage

Rupture of a blood vessel within the brain (cerebral hemorrhage) – causes a distortion of the structure of the brain tissue because of pressure from the released blood



Causes

- Hypertension
- Aneurysm
- Arteriovenous malformations: tangled collection of abnormal blood vessels.

Worksheet 6 Risk Factors for Stroke

Circle the risk factors that pertain to you but put a star by the ones that you think you have better control over.

- Increase in age
- High blood pressure or hypertension
- High cholesterol
- Smoking
- Diabetes
- Heart condition
- Alcohol or drug use
- Obesity / Lack of exercise
- Stress
- Sleep apnea
- Previous stroke
- Genetics

Signs and Symptoms:

- Sudden numbness or weakness in face, arm, or leg, especially on one side of body
- Sudden confusion or trouble speaking or understanding
- Sudden trouble seeing with one or both eyes
- Sudden trouble walking, dizziness, loss of balance, or coordination
- Sudden severe headache with no known cause

Is it a stroke? Check these signs **FAST!**

Face

Facial droop
Uneven smile

Arm

One arm drifting down
Weakness
Numbness

Speech

Slurred speech
Difficulty speaking

Time

to call 9-1-1 and get to the hospital immediately!

Call 1-888-4-Stroke (www.StrokeAssociation.org) for more information on strokes

Worksheet 7 Survivor Symptom Checklist (~ 30 minutes)

Directions: This form is intended to help the survivor and caregiver identify the survivor's strengths and weaknesses from a brain injury perspective. Please circle the characteristics which best characterizes the survivor.

Take 5-10 minutes to complete the form.

Circle whether it is a strength or weakness. Leave blank if it is neither.

Mark the top strength and weakness in each area.

Thinking

● Memory (conversations, appointments, etc.)	Weakness	Strength
● Making decisions	Weakness	Strength
● Speaking or understanding or	Weakness	Strength
● Communicating with others	Weakness	Strength
● Being able to come up with the right word	Weakness	Strength
● Spelling, arithmetic, reading, or writing	Weakness	Strength
● Making conversation	Weakness	Strength
● Using good judgment	Weakness	Strength
● Planning ability	Weakness	Strength
● Attention	Weakness	Strength
● Speed of thinking or responding	Weakness	Strength
● Organization of thoughts and activities	Weakness	Strength
● Flexible thinking and being able to see things from a different perspective	Weakness	Strength
● Learning new things	Weakness	Strength
● Staying on track while doing activities	Weakness	Strength
● Other	Weakness	Strength

Physical

● Muscle movement and coordination	Weakness	Strength
● Sleep	Weakness	Strength
● Using senses (hearing, touch, smell, vision, etc)	Weakness	Strength
● Energy level	Weakness	Strength
● Balance	Weakness	Strength
● Sexual functioning	Weakness	Strength
● Other	Weakness	Strength

Personality and Behavior

● Social Skills and appropriately interacting with others	Weakness	Strength
● Emotional control and mood swings	Weakness	Strength
● Self-esteem	Weakness	Strength
● Mood	Weakness	Strength
● Management of anxiety, fear, or nervousness	Weakness	Strength
● Stress Management	Weakness	Strength
● Tolerance of frustration, irritability, or impatience	Weakness	Strength
● Ability to see the perspective of other people	Weakness	Strength
● Anger management	Weakness	Strength
● Motivation	Weakness	Strength
● Initiation and having self-motivation to engage in activities and carry out tasks	Weakness	Strength
● Control of mood (laughing or crying)	Weakness	Strength
● Involvement in social interactions with friends and / or loved ones	Weakness	Strength
● Boredom	Weakness	Strength
● Ability to remain engaged in enjoyable, pre-injury activities	Weakness	Strength
● Other	Weakness	Strength

End of Session 3

Worksheet 1 10 Warning Signs of Caregiver Stress

Read through the 10 Warning Signs of Caregiver Stress.

Do any of these sound familiar or like you?

Check those you think pertain to you. If you choose 3 or more, it may be time to start doing some things differently and explore some alternative coping mechanisms.

10 Warning Signs of Caregiver Stress

- ① Denial about the injury and its effect on the person who's been diagnosed.
I know Mom is going to get better.
- ② Anger at the person with a brain injury or at others because no effective treatments or cures currently exist and people don't understand what's going on.
If he asks me that one more time, I'll scream!
- ③ Social withdrawal from friends and activities that once brought pleasure.
I don't care about getting together with the neighbors anymore.
- ④ Anxiety about facing another day and what the future holds.
What happens when he needs more care than I can provide?
- ⑤ Depression begins to break the spirit and affects the ability to cope.
I don't care about anything anymore.
- ⑥ Exhaustion makes it nearly impossible to complete necessary daily tasks.
I'm too tired for this.
- ⑦ Sleeplessness caused by a never-ending list of concerns.
What if she wanders out of the house or falls and hurts herself?
- ⑧ Irritability leads to moodiness and triggers negative responses and reactions.
Leave me alone!
- ⑨ Lack of concentration makes it difficult to perform familiar tasks.
I was so busy, I forgot we had an appointment.
- ⑩ Health problems begin to take their toll, both mentally and physically.
I can't remember the last time I felt good.

Worksheet 2 Helping Caregivers Cope

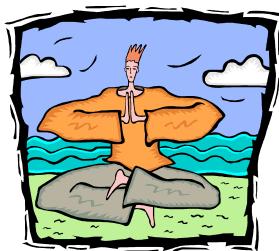
Check the activities that you think you would like to try.

Make it a goal that over the next week, you are going to try at least one new activity or maintain the ones you are doing if believe it is helpful.

If you are a survivor, do one thing this week that can demonstrate you are trying to help take the load off of your family member. Please encourage them to make sure it is a safe activity and something that has been approved (e.g., load the dishes if they have been cleared to do so).

Ways of Coping

- Unload a little—even if it's on someone else's shoulders.
- Do that one thing you love, even if it's not timely.
- Remind yourself it's okay to cry—crying releases more than tears.
- Walk!
- Stop everything you're doing—go find a quiet spot and begin writing down all those things that make you happy.
- “Turn the meter off” more often. Sometimes we think we have given ourselves a break by taking a “day off” every 6 months, but if we don't do it often enough, we don't learn how to enjoy that time off. Get in the habit of doing this periodically so there is less guilt and more comfort associated with this.
- Make sure you get enough rest, even if it means having someone stay to take care of the one you care for.
- Take things as they come—don't think too far ahead on things.
- Let things go if you're too weary to do them. Dishes can stay in a sink for days, if necessary.
- Breathe! Take long, slow, deep breaths. It's amazing how often caregivers hold their breath without knowing it. Breathing deeply releases stress.



More on coping

- Keep things in perspective:
 - Know you cannot make life perfect for the one you care for—life is not perfect.
 - Realize that things will not always work out the way you'd like them to.
 - Recognize you can't do everything. Have someone you can trust and share your feelings with—and allow them to be honest with you.
 - Let things go that don't need to be held onto.
 - Don't lose sight of your blessings.
- Get counseling
 - Help educate family members and caregivers about what is an effect of the injury versus a personality trait.
 - Make it safe for families to “vent” and discuss their experiences without feeling too much guilt or shame.
 - Help family members learn new coping strategies.
 - Help provide external resources of support.

Caregiver: **What is one new thing I can try next week?**

Survivor: **What is one thing I can do to help my family out next week?**

End of Session 4

Worksheet 1 | Healing and Recovery

Healing

- 3 Areas are affected by brain injury and take different amounts of time to heal:
 - Physical
 - Cognitive
 - Emotional
- Physical injuries generally heal faster than cognitive and emotional, but this can vary.

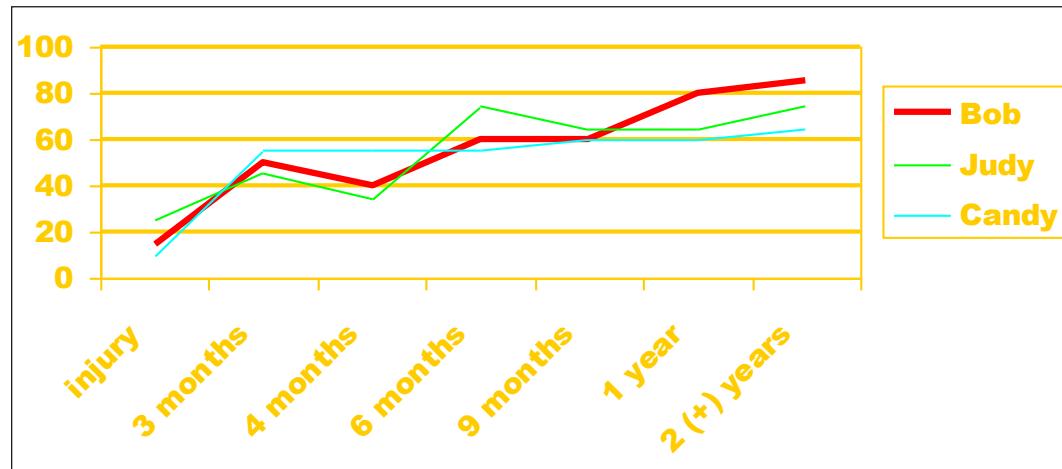
Which of my injuries have gotten better faster?

Which of my challenges continue to be an issue for me?

Recovery

- Destroyed brain tissue does not grow back or get replaced.
- Once brain tissue is damaged or fully destroyed, it stays damaged.
- However, surviving brain tissue can form new connections and can learn how to carry out functions of damaged cells.
- The most rapid recovery occurs in the 1st 3-6 months for many people.
- Recovery can take up to 18 months - 2 years, but many people have reported significant improvements even at 3 years after injury. Each person's recovery is individual and will depend upon many factors.
- Setbacks can be natural.

How would you characterize your improvements on this graph?



Worksheet 2 Factors That Strengthen Recovery

- **Increased awareness of strengths and weaknesses:** The more a person is willing to acknowledge weaknesses and strengths, the more recovery is likely to occur. For example, if you are having problems with your memory but do not recognize these difficulties, you may be less likely to use compensatory strategies.
- **Engaging in productive activities**
 - Get good sleep
 - Eat healthy
 - Stay hydrated
 - Exercise
 - Avoid alcohol and drug use
 - Stop Smoking
- **Good emotional functioning and daily coping:** People who experience depression, anxiety, or other significant emotional reactions and difficulty coping, are likely to have more setbacks in their recovery. While emotional reactions and frustration are natural, how you react and handle them makes a big difference. You will learn about using great coping strategies in Module 7.
 - Can you think of any examples of how poor emotional coping or using poor coping strategies to deal with stress can affect someone's recovery?
- **Working well with your family and loved ones:** Be willing to accept help from family and friends. Communicate with them on what you are going through and involve them in your care.
- **Staying motivated:** Someone who is motivated to set goals, work hard, take on challenges in their rehabilitation, and consistently monitor their progress will be more likely to make progress. Contrast this with someone who does not engage in productive activities, avoids doing their therapies at home, does not get out nor try new things (safely and when provided clearance).

Discussion / Review Time

?

- Can you think of any of these things that have helped you or things that have hurt your recovery?

Worksheet 3 | Returning to Driving



Factors that can affect driving ability:

- Memory
- Attention and reaction time
- Problem-solving ability
- Visual functioning and depth-perception
- Decision-making, anticipation of unexpected events, ability to initiate activities
- Physical functioning

Return to driving typically occurs at different times for each person.

Some people are put on restrictions due to seizures.

Some people cannot return at all.

Driving ability is typically measured by:

- How a person functions at home and in therapy
- Neuropsychological evaluation
- Formal driving examination by an occupational therapist and evaluation by your state BMV.

Worksheet 4 Returning to Work

- Making the determination of, if and when someone returns to work, usually occurs when one makes progress in therapies and in functional daily activities. Good decision-making and competence usually shows up in:
 - ◆ Management of self-care
 - ◆ Showing responsibility at home and in environment
 - ◆ Managing schedules and appointments
- Arrangements are typically made with one's supervisor if there is a job still waiting.
- Referral for Vocational Rehabilitation or job coaches can be made to help assist in returning to work or school.
- **Know your rights:** The Americans with Disability Act (ADA) is very important to know when returning to work because it will help you better understand what you should be able to have at work in terms of accommodations and what your rights are as an employee.

What To Expect After You Return To Work

- Returning to work part-time with a gradual increase in hours is typically recommended.
- It is typically recommended that the person try to return to a job that is as similar as possible to the job they had prior to injury, or a job in which they already have some level of skills.
- Length of time before someone returns to work full-time is individual. Sometimes takes months.
- Many individuals may experience the following upon returning:
 - ◆ Mental / physical fatigue toward end of day
 - ◆ Decreased ability to do several things at once
 - ◆ More affected by personalities and others' reactions
 - ◆ Attention may drift at times
 - ◆ May take longer to do things

Some of these are likely to improve with time

Discussion / Review Time

If you have returned to work, what have you noticed that may be slightly different?

? **What challenges might you anticipate experiencing when you return to work?**

If there have been challenges in how people have responded to you at work, how have you dealt with them?

Worksheet 5 Alcohol Use and Brain Injury

Reasons why it is not safe to drink alcohol after a brain injury:

- Alcohol is a neurotoxin that has immediate and long-term effects on the brain.
- Alcohol interferes with recovery and slows down progress already made, or can make a person regress in their recovery.
- Alcohol can cause further physical injuries or another traumatic brain injury.
- Alcohol can cause further challenges in memory, attention, and intellectual thinking.
- Alcohol can also increase the risk of experiencing seizures. This may result in a longer time before being able to return to driving and cause a setback in recovery.
- Alcohol can interfere with the effectiveness of medications.
- Alcohol use can cause depression and other emotional disturbances.
- Alcohol can cause hormonal changes, including decreased sexual functioning, impotence and hair loss.

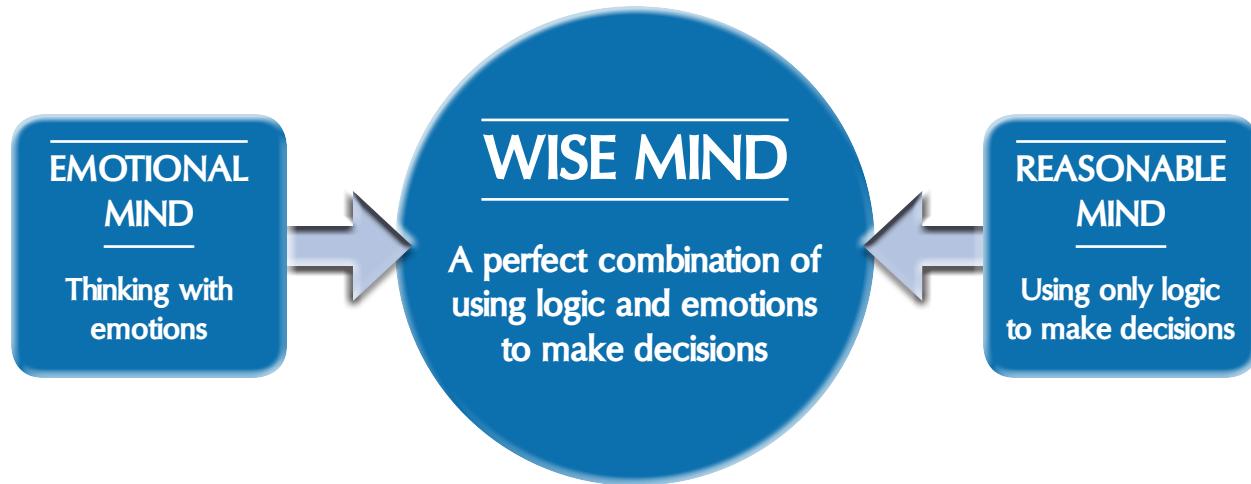


According to the Brain Injury Association of America (BIAA), there is no safe amount of alcohol to drink after a brain injury.

End of Session 5

Worksheet 1 Wise Mind

Wise Mind means being able to use your emotions and your reasoning ability to help you come up with the best decision or course of action.



Remember, it is the combination of McCoy and Spock from Star Trek.

It can help people better manage making decisions when you are being:

- Impulsive
- Irritable
- Angry
- Extremely emotional
- Careless and risky
- Or just for making general everyday decisions

How to use Wise Mind:

- ① Is this in my best interest?
- ② What will be the consequences of me doing this?
- ③ Is this in line with my values?
- ④ Will this help me meet my goals?

Make it individual. Come up with your own questions

Worksheet 2 General Tips for Caregivers

- Cue them, DON'T criticize them.
- Help them, DON'T 'hammer' them.
- Try using empathy with them and be willing to validate their feelings.
- Try not to speak in a condescending voice.
Remember to speak respectfully and calmly.
- Be willing to model good behaviors for them.
- Be willing to encourage them to seek treatment, if needed.
- Encourage them to use Wise Mind, and be willing to use it yourself.
- Remember to take time for yourself. Remember to use some strategies on Ways of Coping for Caregivers in Module 3.

List some general strategies you have tried in the past:

1. _____
2. _____
3. _____
4. _____
5. _____

What are some strategies I could try in the future and what is my motivation for using this approach?

1. _____
2. _____
3. _____
4. _____
5. _____

Worksheet 3 Managing Irritability

Irritability is one of the most commonly reported challenges following brain injury.

Definition:

Irritability can generally be displayed as a bad mood or “grouchiness.”

Discussion / Review Time

? Can you list any of your own behaviors indicating that you are feeling irritable or are in a bad mood?

List your behavioral signs here:

Think of those behavioral signs of irritability as “early warning signs.”

Example: Becoming annoyed by children playing, television “blasting”, etc.

Remember, these changes can occur because of changes in the brain due to injury, but can also occur when a person has no injury at all.

When managing irritability, the goal is always to prevent it first before it gets worse. Once irritability occurs, then one can try using management techniques. Let's talk about prevention strategies first.

Prevention Techniques for Managing Irritability

Tips for Survivors

Think of environmental strategies

- Keep volume of the television or stereo low.
- Don't feel like you have to entertain visitors constantly.
- Avoid noisy areas to the extent possible.

Think of internal strategies

- Pay attention to your own behavioral early warning signs (am I using sarcasm, gritting my teeth, fidgeting in my chair, sighing, etc.).
- Pay attention to your triggers or things that make you feel irritable.

● Hunger

If you are a person who needs to snack often, make sure you have healthy snacks with you at all times.

● Feeling tired

Be sure to get good sleep and stick to a healthy sleep regime.

● Feeling pain (headaches, backaches, stomach upset, etc)

Don't wait until your pain gets too intense to take your medications.
Try to catch the pain early.

● Your internal mood state

For example, you may already feel anxious about having to attend a big graduation party and now you become irritable with others who make requests of you.

Prepare for family gatherings or holidays and try to prevent starting out irritable by doing the following:

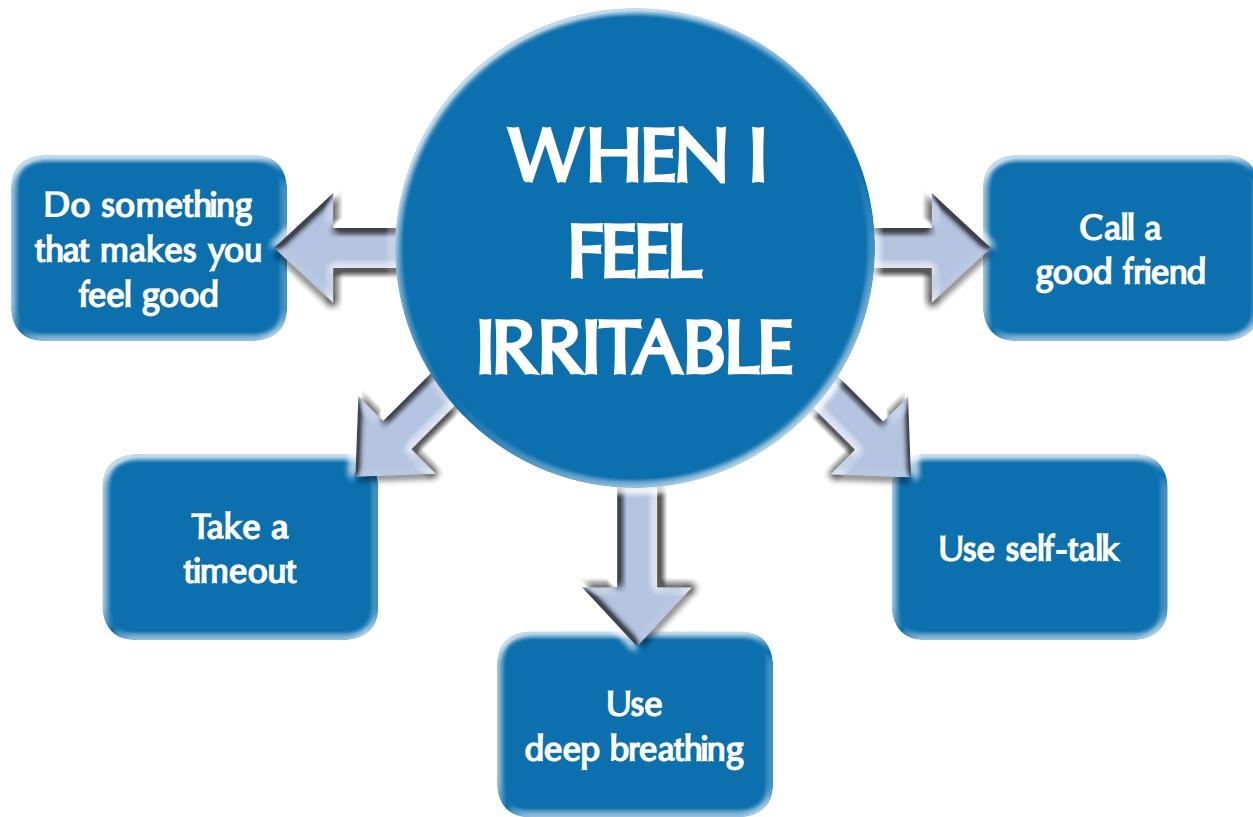
- Snack a little before the event (hunger can trigger irritability)
- Sleep well before (fatigue is a trigger)
- Negotiate the actual time you need to stay
- Use a key word that says, "it's time to go."

Tips for Caregivers:

- Give simple directions. Don't overwhelm the person.
- Avoid coming straight home and criticizing that things are not completed in the home. Wait for a better time to discuss things.
- Use empathy (put yourself in their emotional shoes), understanding, and respect when talking to them about changing behaviors. Criticizing loved ones will only put defenses up. Remember,.....CUE THEM.....DON'T CRITICIZE THEM

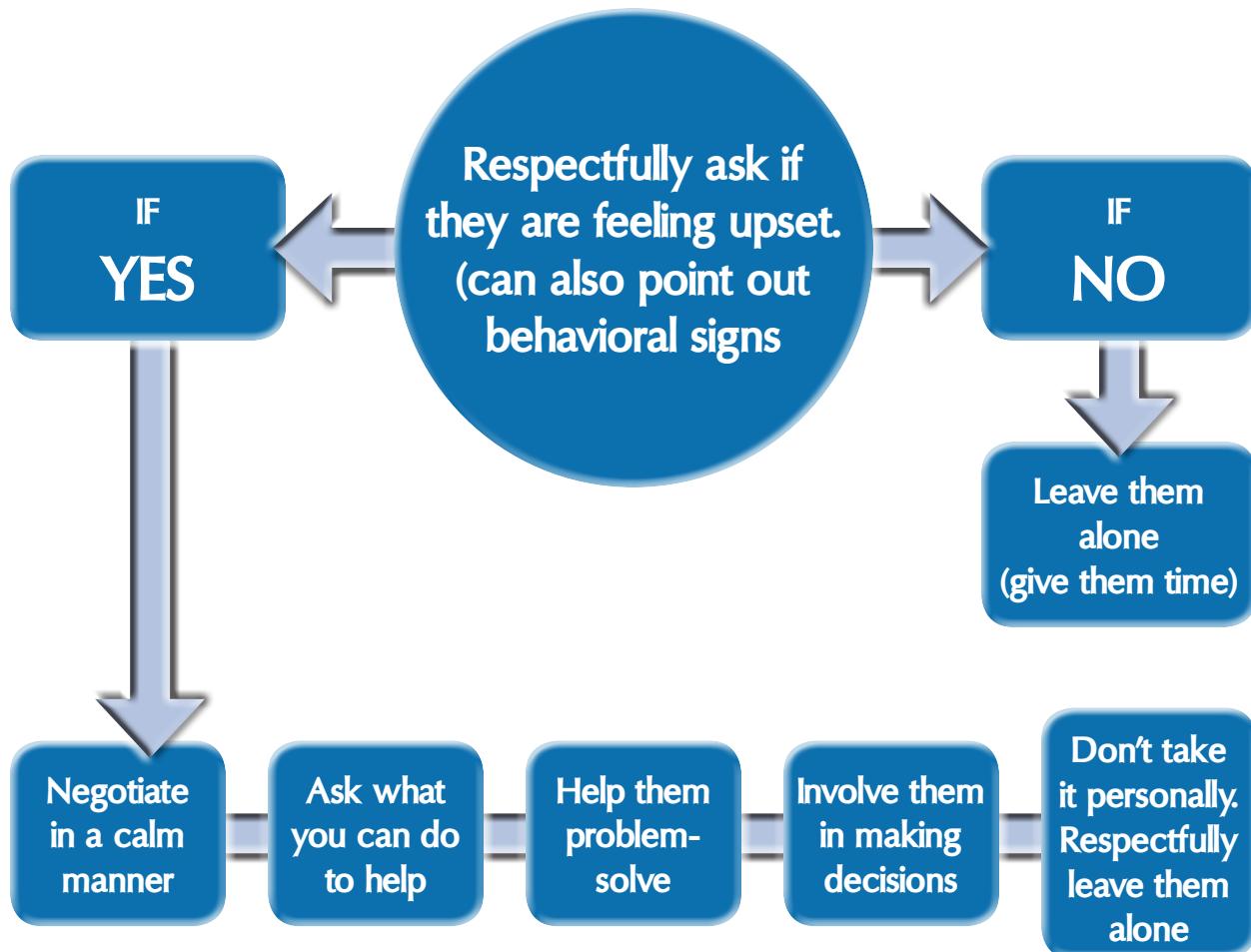
What to Do When You Are Already Feeling Irritable

Tips for Survivors



Make a list of things you can try that make you feel good:

Tips for Caregivers



What have you noticed about your loved one when they are feeling irritable?

Have you noticed any patterns or triggers?

Worksheet 4 Managing Anger

Definition

An intense madness, fury, or rage.

Discussion / Review Time

? Can you list any of your own behaviors indicating that you are feeling angry?

List your behavioral signs here:

Remember the behavioral signs of anger.

You want to be able to catch yourself before you get there.

Examples:

- “Going off” on loved ones around you
- Feeling “on-edge” and easily provoked

Management Techniques

Tips for Survivors

- You have the power to control your anger, despite the injury
- Anger control is a skill that will get better with practice.
- Use empathy. Try to see things from the other person's point of view.
- Try to speak in a calm voice. The higher you speak, the angrier you may feel.
- Take "time outs"
- Catch your early warning signs (e.g., deep breathing, counting slowly, etc).
- Develop new ways to release anger and manage stress (exercise, reading, journaling, etc. Can you think of any?)
- Remember your triggers to prevent troublesome situations.
- Talk to a therapist for help.
- Consider medications and talk to your doctor about what might be right for you.

Try to figure out why the situation makes you angry. Is there a need to alter your perceptions of what is truly happening?

Check it off if this pertains to you:

- Are you personalizing the situation?
- Are you reading more into what is there or are you mind reading or making assumptions?
- Are you an all or nothing thinker? Either he is with me or he is not? Either he agrees with me or see my point or he is not for me at all.
- Are you being too hard or non-forgiving?
- Are you taking one situation and jumping to a general conclusion that ends up making you feel rejected or deflated

Tips for Caregivers

- Discourage each other from saying the first thing that comes to mind
- Try to point out positives.
- Talk to the person calmly when they are angry.
- Consider choosing an alternate time to discuss something important when the person is already angry.
- Give praise when your loved one controls his or her anger and expresses feelings in positive ways.
- Try to identify that person's triggers and avoid attempts to deliberately "push their buttons."

Worksheet 5 Managing Impulsivity**Definition**

Impulsivity is defined by the lack of behavioral control over either actions or verbalizations, or both.

It can happen because of an injury to the frontal lobes of the brain

Examples: Saying something before you have fully thought it out or quickly walking through the house without observing the space around you.

Management Techniques:**Tips for Survivors**

- Be aware if being impulsive is a weakness of yours.
- Use the **Wise Mind** approach to dealing with problems.
- Use a STOP and THINK approach to things that you know are your triggers, such as
 - getting up too quickly from the bed
 - walking too quickly
 - saying the first thing that comes to your mind
- Consider putting up post-it notes in situations or places where you know it has been an issue, like on a cane or walker, etc.
- Reward yourself often for being able to use self-control, even for small things.

Have I ever been told that I was being impulsive? YES or NO

If I have been told, what strategies have I used in the past to help me slow down?

If being impulsive is a weakness for me, what types of strategies could I try using??

Tips for Caregivers

- Encourage the survivor to slow down and think through activities (even for seemingly simple tasks like getting dressed).
- Anticipate when problems might occur and provide a gentle reminder before the survivor starts a task.
- Give verbal praise or acknowledge when the survivor has done something well.

Worksheet 6 Managing Lack of Initiation

Definition

Decreased initiation means difficulty starting or completing activities. This is usually due to injuries in the frontal lobes, but can sometimes be due to depressed mood.

Examples

- Spending the entire day watching TV
- Saying you will complete chores but never getting around to doing them
- Projects, however small, can seem overwhelming.

Management Techniques

Tips for Survivors

- Break activities into smaller steps to avoid becoming overwhelmed.
- Make a To-Do list everyday and only choose 1-2 things each day to accomplish. Be specific about what time to be finished.
- Set a realistic time frame in which to complete the task, allowing yourself extra time than you may have needed before the injury.
- Develop a structured daily routine and reward yourself by sticking to it.
- Consider using alarms to remind yourself to start a task.
- Have an accountability partner.

Tips for Caregivers

- Provide specific choices for tasks, such as, “Would you like to do A or B?”
- Give praise or acknowledge the survivor does well.
- Problem-solve, give assistance, and help involve the survivor in goals.
- Be a good accountability partner (acknowledge the survivor when you are informed of progress and help the survivor problem-solve).

TO DO LIST:

DATE:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Worksheet 7 Changes in Sexual Behavior

Definition

Changes in sexual functioning after brain injury can include, but are not limited to:

- Loss of interest in sexual relations or intimacy – decreased libido
- Decreased ability or inability to perform
- Becoming obsessed with thoughts about sex and wanting to have sex all the time

These changes often can be due to:

- a neurological consequence from the brain injury
- medication effects
- cognitive limitations
- fatigue
- psychological reactions and mood states like anxiety or depression
- any combination of the above

Psychological aspects of sexual functioning after a brain injury

When a person experiences sexual changes (whether changes in interest or changes in performance), there are often feelings of shame or embarrassment. This can unfortunately lead to the person...

- withdrawing from sexual experiences with a partner
- attempting to prove one's capability by trying to over-engage in sexual encounters
- attempting to prove one's capability by becoming over-controlling in other areas

Worksheet 8 | Decreased Sexual Interest

Examples

- Continuing to sleep in the “extra bedroom” even after health issues have stabilized
- Avoiding attempts or opportunities to engage in intimacy with your mate

Management Techniques

Tips for Survivors

- Try to communicate to your loved one that you are having this issue so they do not think it is “about them.” They are likely to take it personally.
- Even if you do not have interest in having sexual intercourse with your partner, try to make an effort to spend valuable and meaningful time with your partner to let them know you still care. Touching and being affectionate with each other can still be done even without having it end in sex.
- Seek professional help, either through a medical doctor for medication, or through psychological counseling. Counselors can provide helpful strategies for regaining intimacy. Best treatments are often the combination of both.

Tips for Caregivers

- Do not take the disinterest personally.
- Do not pressure or embarrass the survivor into having sex before they’re ready.
- Remember that the disinterest may be masking other issues and ask the survivor about what is going on.
- Acknowledge that non-intercourse affection and petting is OK.
- Encourage the survivor to speak with a professional.

Worksheet 9 Increased Sexual Interest

Examples

- Making sexually inappropriate remarks to others
- Offering sexual innuendoes either to a significant other or someone else while at a social gathering
- Increased interest in pornography or sexually-explicit movies, magazines

Management Techniques

Tips for Survivors

- Please understand that your partner is probably extremely tired and overworked. Engagement in intercourse, unfortunately, may often be the last thing on their mind, particularly for women.
- Please do not take your partner's unwillingness to engage in sex with you personally. Your caregiver may feel that there are a million other priorities to attend to and that this is not a personal rejection of you.
- Consider listening to your caregiver's feedback if you are making inappropriate gestures in public places. Ask your caregiver to give you a key word to let you know if you are making comments or gestures.
- Consider seeking professional help for this. Using medications and / or speaking with someone will not sedate you or make you dull. It will likely just make it more appropriate and manageable for you.
- Understand that while you have needs too, viewing pornography or graphic materials may only make your spouse or partner more unwilling to engage in sexual acts with you because they may start feeling rejected too. It is understandable that you have needs too, and these matters need to be managed sensitively.

Tips for Caregivers:

- Provide reminders that such behavior is unacceptable (like public gestures).
- Do not feel obligated to respond to sexual demands every time.
- Provide positive reinforcement for more accepting behaviors.
- Encourage the survivor to seek medical treatment (doctor and counselor).
- Explain that your "lack of engagement" is not due to lack of love, but that you are fatigued or have other needs too.
- Try to negotiate during this time. The more you say "no," the more the survivor may ask. Try some negotiating and pick and choose your battles.

End of Session 8

Worksheet 10 Managing Fatigue

Fatigue is one of the most common difficulties reported after a brain injury. Unfortunately, it can last for a while in some individuals.

Definition

Fatigue can be described as a feeling of weariness, tiredness, or lack of energy.

Fatigue is also likely to hit caregivers as well, due to their increased responsibilities.

Fatigue can be a result of extra energy the brain is using to focus, remember, and think. Mental fatigue can make physical fatigue feel much worse.

Management Techniques for Everyone

- Use relaxation strategies and / or deep breathing strategies.
- Don't try to do too much at one time, pace yourself.
- Learn about your personal signs of fatigue (decreased concentration, heaviness in the eyes, frequent yawning, etc.) and rest before fatigue becomes overwhelming. Naps are ok, as long as they do not interfere with nighttime sleep.
- Schedule more difficult things (mental and physical) for when you have the most energy (e.g., earlier in the day if this is when you have the most energy).
- Get to bed earlier and try to set a deadline of when you need to be in bed. You may need to plan backwards on how to spend your evening.
- Split up the responsibilities – others will usually be glad to help.
- Do not schedule too many activities in one day or one weekend. If you need to do this, then be willing to take a day of rest after the activities are done. Remember, fatigue can build up and become cumulative over time. Sometimes, you may just need to have a “Do Nothing” weekend.
- Seek professional help and / or medication. Most clinicians don't stop to ask about this despite how common it is. Be an advocate for yourself.
- Consider a formal sleep evaluation that can detect underlying abnormalities that come on after brain injury.

Discussion / Review Time

? Which strategies will I try using to prevent myself from fatigue or when I already feel fatigued?

Worksheet 11 Managing Problems with Sleep

Problems with sleep have been reported in 20-70% of individuals who had a brain injury. They can unfortunately last for a while, if not properly treated or managed.

Definition

- Not being able to fall asleep easily
- Difficulty staying asleep throughout the night without constantly waking up
- Waking up very early in the morning and not falling back asleep
- Purposely staying up late at night to get things done

Examples

- You get into bed around 10 but it takes you several hours to fall asleep.
- You wake up frequently throughout the night for no major reason.
- You wake up at 4 in the morning and cannot fall back asleep.
- You stay up late every night working on the computer and your partner keeps asking you to come to bed.

The Benefits of Getting a Good Night's Sleep

- Sleep helps repair physical damage to the body from a brain injury.
- Sleep helps repair neuronal growth in the brain that assists in continued neurological recovery after brain injury.
- During sleep, important hormones and neurotransmitters are emitted throughout the brain cells that help the healing process.
- Sleep helps make a person's attention and short-term memory efficient throughout the day. This is really important for individuals who feel like their attention is not as sharp or who feel their short-term memory is not efficient.
- Sleep helps stabilize mood so this is needed for individuals who feel overwhelmed by their emotions, anxious, depressed, or on an emotional roller-coaster.
- Sleep helps control pain experienced in the body after an injury like headaches, backaches, or other kinds of pain.

Management Techniques: Use Good Sleep Hygiene

- Use relaxation techniques (deep breathing, etc.) before going to bed.
- Do not drink alcohol or caffeine before bed (for example, drinking 3 cups coffee at a late dinner).
- Do not drink anything excessive right before bed unless it is a small glass of warm milk.
- Avoid vigorous exercise just a couple of hours before bed.
- Get up and go to bed at the same time every day.
- Do not stay in bed and watch television. Only use the bed for sleep or intimacy.
- Do something relaxing right before bed (bath, read a book, etc).
- Try to avoid taking frequent naps during the day.
- Sleep in a cool, dark place that is comfortable.
- Finish eating big meals 2-3 hours prior to your regular sleep time, but eat a light snack if you are hungry.
- Do not take sleep aids late in the night. This will make you feel groggy the next morning and may discourage you from taking medication you may need to help you get a good night's sleep. Try getting to bed at a decent hour and take the medicine about 30 minutes before bed. Do not do anything stimulating right after that. Start your bedtime routine then like reading a calm book, brushing your teeth, lying down in bed, etc.
- Consider a formal sleep evaluation and seek medical attention.
- Ask your doctor about any medications you are taking that may cause insomnia or sleepiness.

End of Session 9

Worksheet 12 Managing Problems with Memory

Impaired memory is one of the most common problems that people experience following brain injury.

Definition

- Memory can be affected by problems with attention, storage, or retrieving the actual information you are searching for.
- It can include memory of things that happened before the injury.
- It can include memory for new information after the injury, which is more often affected.
- It can include memory of things you know how to do (ride a bike), events (birthdays), everyday information, or things you need to remember to do in the future.

Even if you believe that your memory was not “great” to begin with, a brain injury often makes a person’s ability to learn and remember information even worse.

Even if you do not believe that you are having problems with your memory, anyone can benefit from learning strategies for remembering information, especially as we age.

Things that affect memory

Poor sleep or tiredness - If your brain is tired and you are feeling a lot of fatigue, it makes it harder to keep track of important information and you can become more forgetful.

Poor health or nutrition - Your brain needs nutrients and the right kind of fuel to operate at its highest potential. Eating right and avoiding drugs and alcohol are important.

Some medicines can affect your memory - Ask your doctor about possible effects.

Poor tolerance of stress - Depression, anxiety, and poor stress management can worsen memory so it is important to better manage your stress. Relaxation techniques can be helpful.

Management Techniques

Tips for Survivors

- **Consider using reminders.**

Have a planner (paper, phone, etc.) that you can use to write down appointments or things you need to remember.

- **Use memory strategies.**

Group pieces of information together, create a picture or a story around what you need to remember, make associations for names or other information.

- **Get organized.**

Having your home or items organized, clean and labeled makes you less likely to lose important things.

- Place items in the same location each time to provide consistency and better opportunity for learning.
- Use sticky notes.
- Establish a structured routine of daily tasks.
- Consider having a memo or whiteboard to leave messages, numbers, or notes.
- Use daily calendars to start and end the day.

- **Keep it simple.**

Focus on one thing at a time. This prevents having to keep track of several things at once and lessens the chance of forgetting. Don't overbook your day.

- **Keep a journal or memory book.**

Writing down a day's events can help you better learn and remember what is going on, as well as "work those brain cells" and keep your brain active. Remember, your brain has the ability to form new connections.

- **Repeat things.**

Repeat information over and over again. Rehearsal is one of the best ways to learn new information and remember it.

- **Consider using high-tech devices.**

iPhones or data managers are just two examples. There are all kinds of wonderful applications on the smart-phone.

- **Consider asking an occupational therapist.**

This person can help you learn how to use assistive technology devices.

- **Communicate.**

Repeat and clarify back what others tell you to make sure you have it correct. Don't just respond with "uh-huh."

Tips for Caregivers

- Try to present new information both in speaking and writing / showing things. Remember, information can best be learned when presented in various modalities (verbal, visual, demonstration, etc).
- Consider leaving a memo or white board to leave numbers, notes, or reminders.
- Only present small amounts of information at a time. Too much information presented at once is more likely to result in a person forgetting parts. Some people only remember the first or last thing presented. So keep it simple and brief. Remember KISS.
- Try using reminiscence techniques like going through pictures and videos and retelling stories about events.
- Check the survivor's general stress level. If a person is fatigued, upset, or in pain, remembering information is less likely. This would not be a good time to count on the survivor's memory.
- Give prompts and cues (e.g., "Was it this or that?"), but don't rush the survivor to an answer. Give the survivor time to think.
- Try to place things within a context.
- Use good communication styles. When you present information, ask the survivor to repeat the information and discuss this information together. This helps insure the survivor understood what was said, clarifies any miscommunication, and helps the survivor store that information. Encourage the survivor to avoid just answering back "yes, or sure" when receiving instructions on something.

End of Session 10

Worksheet 1 Signs and Symptoms of Depression

Please check off any symptoms or signs of depression you have as we go along.

- Continual feelings of sadness, blue, or “empty” mood (sometimes mood may be more irritable, easily frustrated, edgy)

Remember, it’s normal to feel some sadness after something like this has happened. But you might start to question depression when you notice yourself feeling sad or irritable more often than not or for more days than not.

- Do not feel like doing things you once enjoyed doing.

You start saying “No” to people’s invitations to go out. You just don’t feel like getting out of bed. You just don’t feel like doing activities that you used to enjoy. Things don’t entice you as much.

With either the change in mood or lack of enjoyment, a person can experience symptoms in the categories of:

- alarming thoughts
- changes in behaviors
- symptoms similar to the brain injury itself

Associated Alarming Thoughts

- You keep thinking about death or feeling that I would have been better off had I not lived; thoughts of how I could harm myself. There are a few things you should know about having suicidal thoughts:
 - It is a common psychological reaction that requires a preventive approach to treatment. This means you catch it early and seek treatment before it is too late.
 - Not everyone with depression will go on to experience suicidal thoughts.
 - People may be at risk regardless of how severe the injury is or the person’s age
 - Suicidal crisis may not occur until many years after an injury, so long-term support is needed.
- You feel you have lost your sense of identity.
- You believe you don’t have much to offer or give. You feel like you are useless or worthless sometimes and cannot seem to find good things about yourself.
- You believe there is nothing you can do to improve your situation or your situation seems hopeless to you.
- You believe that everything else or everybody else is good and has something to offer, except you.
- When something goes wrong, you tend to blame yourself or wonder if there is something wrong with you.

Associated Behaviors

- You become more quiet and/or withdraw from family and friends.
- You increase using alcohol or illicit substances, or you fantasize about using them.
- You find yourself being more tearful and crying more often.
- People notice that you are more snappy and irritable.

Symptoms That Can Be Similar in Brain Injury

- Difficulty concentrating, remembering, making decisions, focusing on things
- Having troubles sleeping too much or not being able to fall / stay asleep
- Not really feeling like eating much or eating more than usual
- Feeling like you have no more energy or “slowed down”
- Feeling restless and fidgety or feeling like you can’t seem to get going

What Should I Do if I Am Depressed?

You can do any or all of these things if appropriate for your situation:

- Let a loved one know. Inform someone you trust (friend, counselor, priest, etc.).
- Consult a professional such as your doctor.
- Don’t be afraid to seek out psychological treatment.
- Consider use of medications (under your doctor’s supervision) that may be significantly helpful in relieving your symptoms.

Medications

- An antidepressant medication can help treat depression or ongoing sadness.
- An antidepressant medication can take the edge off, decrease tension, decrease feelings of “stress,” or just help you feel in better control of yourself.

While some medications may have side-effects, there may be one that is right for you. Everyone is different. Don’t always rely on others’ experiences.

What to Do if a Loved One is Depressed

- Listen! It is important that family members be open to hearing what is being said.
- Don’t shut the person out or tell them to “stop talking that way.”
- Let the person know that you care and want to help. Don’t be afraid to validate their feelings. It is all right to let someone know you understand how badly they feel, but it is not OK if they want to hurt themselves.
- Assist in seeking help from a professional.

Looking for Signs of Suicidal Behaviors or Thoughts

- Talking about suicide or preoccupation with death
- Statements about hopelessness, helplessness, worthlessness, or about hurting one's self
- Suddenly happier, calmer
- Loss of interest in things one cares about
- Visiting or calling people one cares about
- Making arrangements; setting one's affairs in order
- Giving things away
- Obtaining weapons, stockpiling meds
- Increase in self-destructive behavior (alcohol, drugs, self-cutting)

What to Do if Someone You Love is Suicidal

- One key way to prevent suicide is to have a plan or make a pact with someone.
- Inform someone you trust immediately (friend, family, or a professional).
- Remove all lethal weapons.
- Seek professional treatment.
- Who to contact:
 - In an emergency call 911 or go to the closest ER
 - Crisis hotline: 1(800) 273-TALK (1-800-273-8255)

Responding to a Loved One Who is Suicidal

- Listen and be there.
- Remain calm.
- Take them seriously.
- Avoid saying things like “stop that”, or “you gotta pull yourself together”, or “just think of the positives.”
- Don’t promise to keep it a secret.
- Assist them in seeking professional help.

Having the Talk with Your Doctor

Dr. Jones,

- I was told depression is the most common emotional problem following brain injury.
- If untreated or undetected, it will impact the course of my recovery and rehabilitation.
- Regardless of my age, how severe the injury was (mild or severe), or time passed since my injury, I am at equal risk.
- I am asking you, as my doctor, to please monitor me for depression by asking me questions, speaking to my family members, and evaluating me periodically.
- If you do not feel comfortable in diagnosing me with depression or treating me, but suspect it, please feel free to contact my neuropsychologist (or other).
- I have a questionnaire you can use on me during my visits with you called the PhQ-9. You can find it at this website

http://www.americangeriatrics.org/education/dep_tool_05.pdf

Worksheet 1 | Fight or Flight Response

Physical reactions when our body goes into “Fight or Flight” mode:

- increased heart rate causing a rise in blood pressure
- shallow and fast breathing
- perspiration
- cold extremities as blood flows away from the extremities toward the body's torso to get it ready for fight or flight
- slowed digestion because this is not important when you are trying to fight or run
- dilation of pupils to sharpen vision
- acute hearing to sharpen your hearing senses

In today's customs and routines, we are faced with daily stressors from the time we wake up in the morning until the time we go to bed.

These types of stressors include things like paying the bills, sitting in traffic, dressing oneself, preparing meals, etc).

Results of chronically feeling stressed and being in “fight or flight” mode:

- muscle weakness in different parts of our body
- stroke or ruptured brain aneurysms
- heart problems such as heart attack, coronary artery disease, myocardial infarction,
- problems with the stomach such as ulcers, diarrhea, constipation, irritable bowel syndrome, colitis, etc.
- headaches, back aches, muscle aches

What have you noticed about your body when you feel stressed?

Worksheet 2 The 5 R's of Stress Management

Recognizing Signs of Stress

Relaxation and Mindfulness

Reassuring Thinking and Effective Problem-Solving

Relating Assertively

Recovery "Do's and Don'ts"

A = Activating Event (This is the stressor or event that stressed you out)

B = Beliefs (Perceptions, Assumptions, Thoughts, Views)

C = Consequences (Your Reactions)

D = Defense Attorney (This is good. This is the person you will teach yourself to become so you can defend against your own alarming thoughts)

Worksheet 3 Monitoring Responses to Stress

A: Activating Event (The “stressor”)

C: Consequences

<u>Physical</u>	<u>Behavioral</u>	<u>Emotional (1-10)</u>
Increase heart rate	Yelling / screaming	Depression
Sweating	Crying	Anxiety
Nausea/diarrhea	Nail biting	Sadness
Muscle tension	Disturbed sleep	Irritability
Heart pounding	Disturbed appetite	Anger
Headache	Gritting teeth	Fear
Shortness of breath	Pacing back and forth	Surprise
Flushed Face	Withdrawal	Happy
Wobbly legs/hands	Clenching fists	Nervous
Ears ringing	Hitting	Helpless
	Nail tapping	Hopeless
	Sighing a lot	
	Stomping	
	Snappy	

End of Session 12

Worksheet 4 Relaxation**Benefits of Relaxation**

- Reduce anxiety
- Prevent stress from accumulating
- Improve concentration and memory
- Reduce insomnia and fatigue
- Prevent physical health conditions from occurring or worsening
- Increase self-confidence and reduce blame
- Increase sense of control

Relaxation Strategies

- Reading a book
- Taking a bath or shower
- Meeting friends for dinner
- Knitting or cross-stitching
- Exercising (walks, biking, swimming, etc.)
- Journaling
- Deep breathing
- Photography
- Gardening
- Talking to a good friend

- _____
- _____
- _____
- _____

List 2-3 strategies you will try that will help you relax when you feel stressed.

Worksheet 5 Deep Breathing

“You can use your mind to change your physiology for the better.”

— Herbert Benson (1975)

How Does it Work?

- Each breath increases our oxygen.
- Chest breathing is shallow, irregular, and rapid. When insufficient air reaches the lungs, blood isn't properly oxygenated. This leads to an increase in heart rate and muscle tension. This often happens when the stress response turns on.
- Abdominal breathing or diaphragmatic breathing is more natural. This is the way we breathed when we were newborns. This allows your breathing to be less constricted. You get more oxygen to your brain and blood cells and this helps your body work more efficiently.

How to Deep Breathe

- ① Just try to breathe normally and naturally but pay special attention to your abdomen.
- ② Some people like to visualize a balloon inside the belly. When you breathe in, the balloon (belly) expands. When you breathe out, the balloon (belly) deflates. You don't have to push your tummy in and out, just imagine it like that but let your body just breathe in comfortably for you.
- ③ Take slow breaths. Try breathing in through your nose and out your mouth.
- ④ Count for 4, hold a couple seconds, exhale for 4. Practice twice daily in a quiet room with no distractions.
- ⑤ **Take TEN:** Do it for 10 minutes each session or just use a 10-second strategy when you really just need to stop and breathe.
- ⑥ Do not practice in tough situations when you are first learning. Get good at it first.

Deep Breathing (CALM):

Control your breathing

Arms loose and dangling

Legs loose with upper part supported by chair and feet supported by the floor

Mouth with lips slightly parted

End of Session 13

Worksheet 6 Having a Mindful Moment**Instructions:**

Take a few long breaths and relax, then take a scan of your inner body and then your environment.

Inner body:

How does your body feel?

What am I doing right now?

Am I hungry or full?

Am I energetic or tired?

Am I relaxed or tense?

What does my head feel like?

My ears?

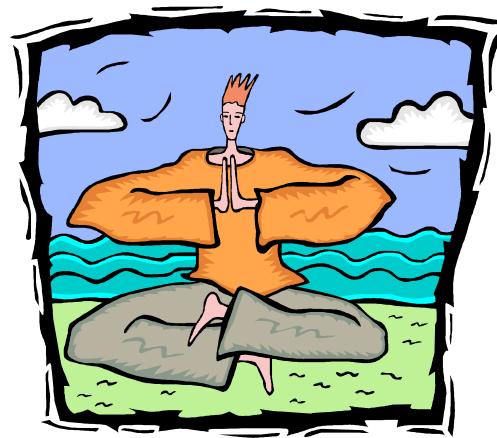
My back?

My stomach?

My legs?

My feet?

Anything else you can think of.

**What is happening in the environment?**

Where am I?

Who is all here?

What are the sounds in the room?

How does it smell?

What are people doing?

Am I touching anything?

Anything else you can think of.

Worksheet 7 Up, Up, and Away

When distressing thoughts keep repeating themselves, it's often easy to get "hooked" on them.

This exercise will give you more freedom to choose which thoughts you want to focus on and which thoughts you want to let go of instead of getting stuck on all of them.

Instructions:

Visualize your thoughts, either as pictures or words, harmlessly floating away from you without obsessing about them or analyzing them.

You can imagine any of the following scenarios (or another one you like):

- Imagine sitting in a field watching thoughts float away on clouds
- Sitting near a stream and watching thoughts float past leaves
- Thoughts written in sand and watch waves wash them away
- Driving a car and see your thoughts pass on a billboard
- See thoughts leave your head and sizzle in the flame of a candle
- Sitting beside a tree and watch your thoughts gloat down on leaves
- Standing in a room with two doors; watch your thoughts enter through one door and leave through the other

Set timer for 3-5 minutes.

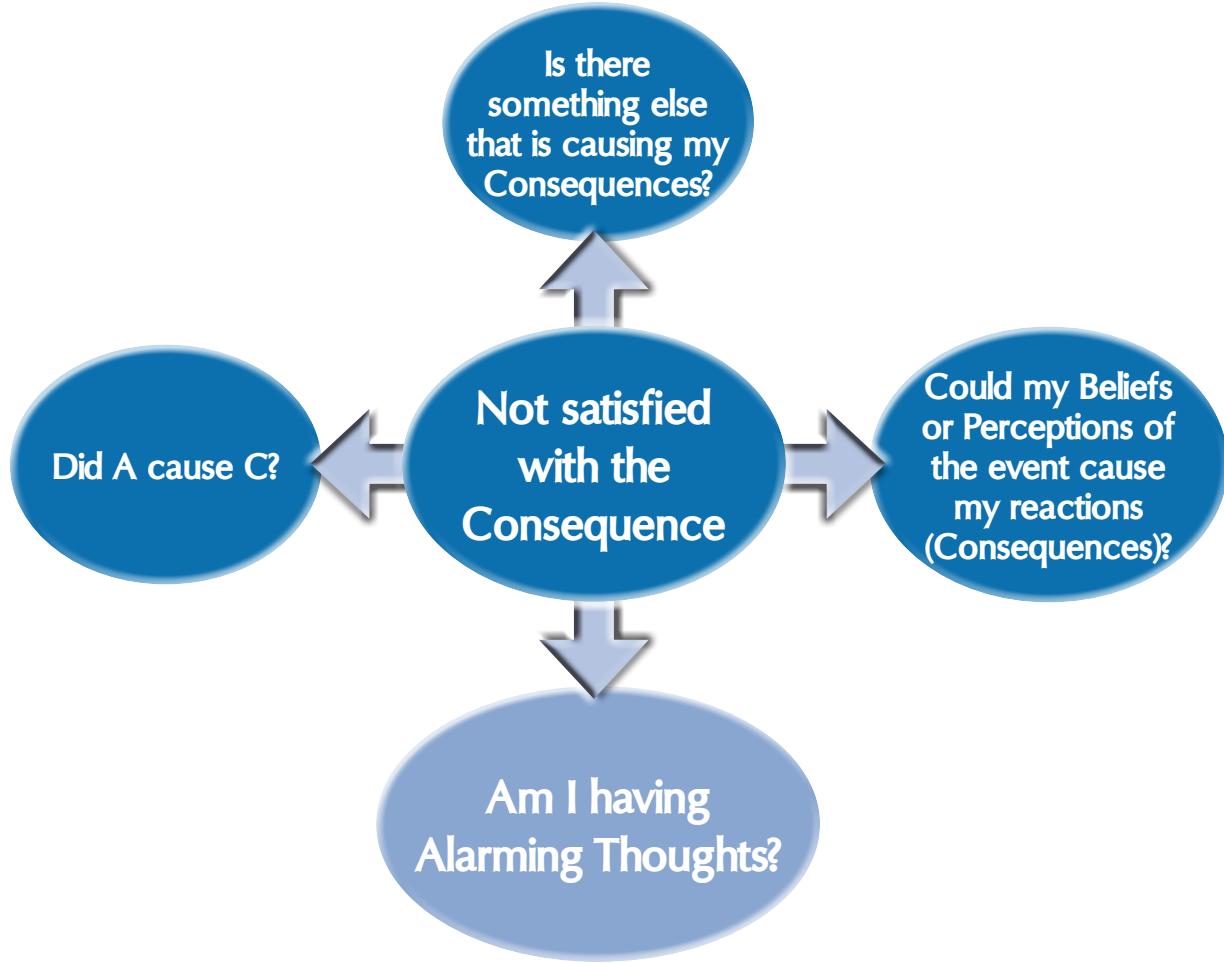
Take a few deep breaths.

Imagine one of these scenes.

Just continue to watch thoughts arise and disappear.

End of Session 14

Worksheet 8 Reassuring Thinking

Alarming vs. Reassuring Thinking (Worksheet 8, *continued*)

Alarming Thoughts: A thought that causes us to have alarming or negative consequences (ones we are not satisfied with).

Hot Thoughts: The alarming thought that bothers you the most or the most believable to you.

Core Beliefs: A deeply ingrained belief that we have about ourself, others, or the world. It helps guide our thoughts or preconceptions about things. Something that might be hardwired from our early years.

How to find your core belief:

A: Activating Event (The “stressor”)

Summer did not say hi to me after I said hi to her.

B: Belief

Alarming thoughts:

Summer hates me.

Summer is jealous of me because I was recently given a bigger office.

Summer must be mad at me = **Hot Thought**.



So What Does this Mean?



If Summer is mad at me, I must have done something wrong or bad...I just can't do anything right.



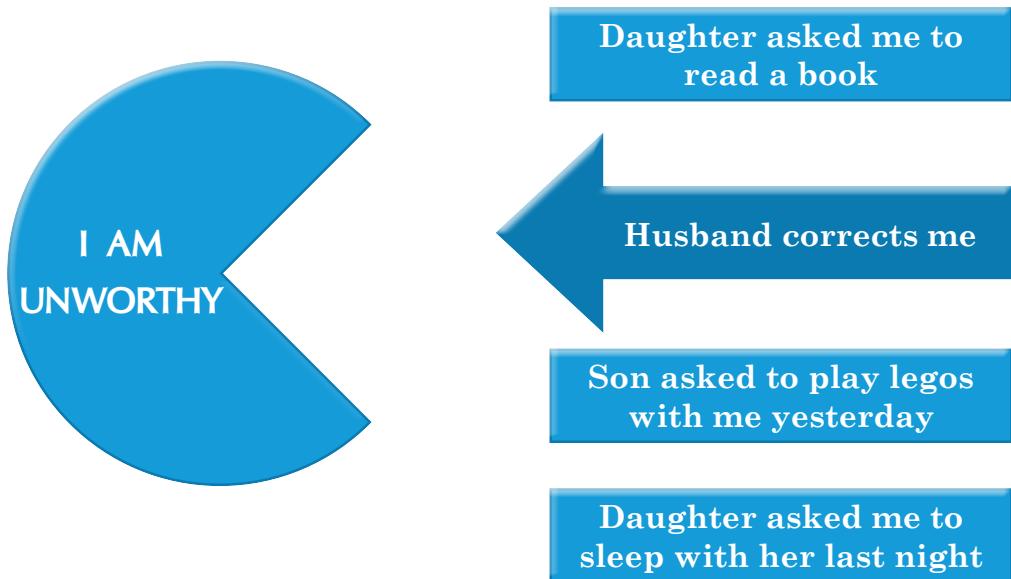
So What Does this Mean?



If I can't do anything right, then that must mean **I am just unworthy**.

This fits with my Core Belief that I am an unworthy person.

Pacman Effect that illustrates our core beliefs and how we see the world



Some ways to change core beliefs:

- Look for the evidence that goes against a negative core belief.
- Practice using more reassuring thinking and make it a habit so eventually your core belief will change

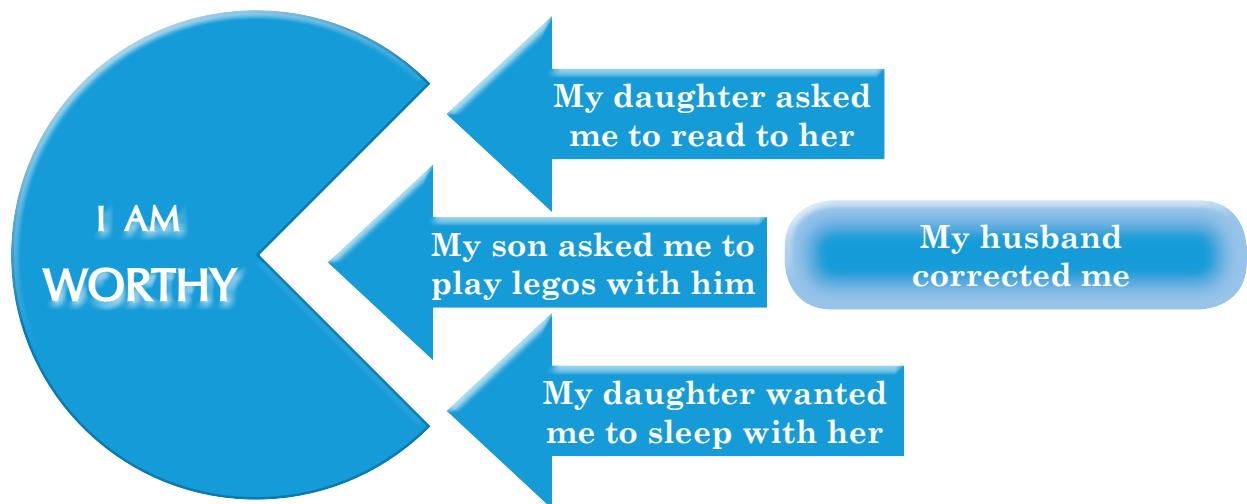


Illustration of putting the ABC's together

A: Activating Event (The “stressor”)

B: Belief

Alarming Thoughts:

Reassuring Thoughts:

C: Consequences or reactions that I had when this happened.

Physical

Behavioral

Emotional (1-10)

Worksheet 9 Common Types of Alarming Thoughts

Predictions

Predictions are thoughts in which we forecast what will happen in the future. Convincing yourself something will happen, like:

- I “know” it will or won’t happen.
- Examining the possibility vs. probability of something happening
- Ignoring evidence of successes in your past and predicting something bad will happen.

Examples of Reassuring Thinking:

- It might happen.
- It could happen.
- It will not necessarily be a disaster.
- If it happens, I can handle it.

Expectations

Expectations are those thoughts or beliefs in which we expect ourselves, others, or life in general to live up to some type of standard.

We have expectations that sometimes we are or are not aware of such as:

- I must...
- I need...
- I have to...
- I should / shouldn’t have...

Examples of Reassuring Thinking (use more preference words):

- I prefer
- I would like
- It would be nice if

Ratings / Evaluations

Ratings and evaluations are thoughts in which we rate the quality of a person (us or someone else) or a situation.

We often use words or labels like:

- That was the worst.
- I am stupid.
- I have nothing but losses.
- This is horrible.
- This is a disaster.

Examples of Reassuring Thinking (use more “medium” words, only use extreme words when necessary):

- This was not a good day.
- I did not act appropriately in that instance.
- I have decreased or lost my capability to do some things, but I have the capability of doing...
- This is disappointing. This is NOT a disaster

Worksheet 10 Cognitive Distortions

Common thought patterns we can get trapped in:

- **All-or-nothing thinking**

You see a situation in only two categories instead of on a continuum.

Example: *"If I'm not a total success, I'm a failure."*

- **Catastrophizing (also called fortune telling)**

You predict the future negatively without considering other outcomes.

Example: *"I'll be so upset, I won't be able to function at all."*

- **Labeling**

Attaching a negative label to yourself, others, or events, as if written in concrete.

Example: *"I'm no good."*

- **Mind Reading**

You assume you know what others are thinking, failing to consider other, more likely explanations.

Example: *"He's thinking that I don't know what I'm doing."*

- **Over-generalization**

You make a sweeping negative conclusion that goes far beyond the current situation.

Example: *"Because I felt uncomfortable at the party, I don't have what it takes to make friends."*

- **Personalization**

You believe others are behaving negatively because of you, without considering more likely explanations for their behavior.

Example: *"My boss was rude to me because I did something wrong."*

- **Tunnel Vision**

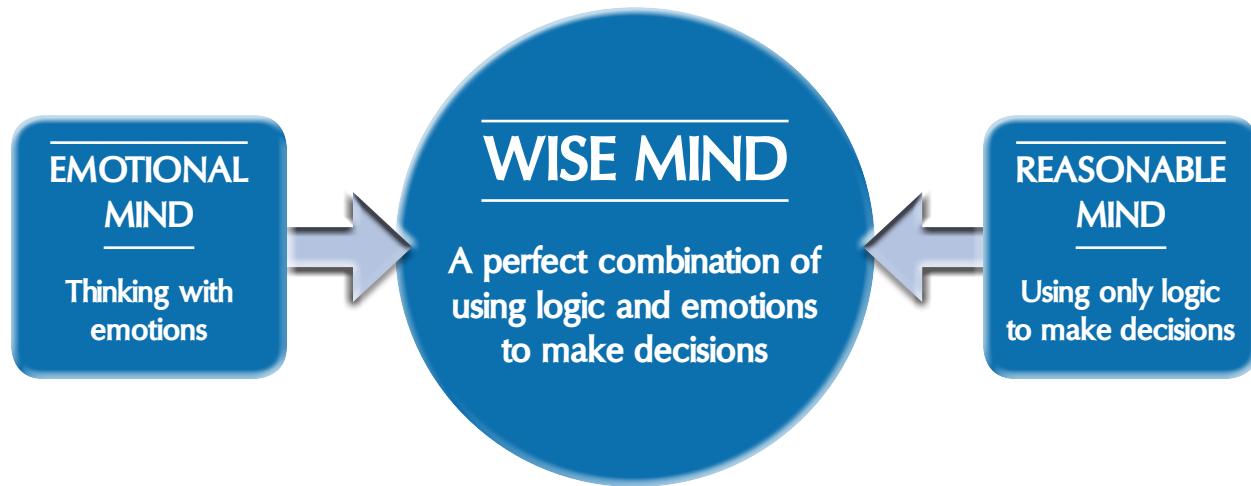
You only see the negative aspects of a situation.

Example: *"My son's teacher can't do anything right. He's critical, insensitive and lousy at teaching."*

Living in the present moment:

- Look around you
- Use your sights, smells, touch, taste, sounds to see what is going on around you
- Look at yourself objectively.
 - Look at your reactions
 - Hear your voice
 - Notice your face, eyes, or hand gestures
 - Anything else?

Wise Mind:



Non-judgmental:

- No labeling
- Remain objective: There is a difference between fact vs. opinion.

Radical Acceptance:

Sometimes, whatever it may be, you will just need to accept what is happening. This does not mean “give in.” Acceptance means simply acknowledging what is going on, and understanding that the situation it self may not change.

- However, by accepting it, you may be able to start figuring out solutions in how to problem-solve or making the situation better
- Tell yourself, “**It is what it is.**”
This may help you better cope and feel less frustrated

Worksheet 12 FAST Friends

F What are the **Facts** or evidence that **support** my alarming thought and that **go against** my alarming thought (*Summer is mad at me*).

Make two columns addressing these questions

Evidence that supports
my alarming thought

*Summer did not look at me
when I said Hi to her.*

Evidence that goes against
my alarming thought

(Have a friend help you with this part)

*Summer later smiled at me.
Summer usually comes directly
to me when she is mad.
I have done nothing wrong to Summer.*

A Are there any **Alternative** explanations to what happened?
Is there another reason or explanation for this?

*Summer could be upset and distracted.
Summer did not see me smile at her.
What else?*

S “**So What?**”

So what if this belief is true?
Often times, this is the next step to problem-solving a situation.
*If Summer is really mad at me, then I will need to go and address what is wrong
and talk to her about it. We are good friends and can work through these things.*
Is this necessarily the worst thing that could happen?

T What is the **Toll** or consequence(s) of having this alarming thought?

You have already answered this question by identifying what your “Consequences” are to having this alarming thought.

Think about it in terms of what is the overall COST to you and your loved ones
*If I consistently think that Summer is mad just because she does not smile at me,
then I am likely to treat her differently and this could disrupt our relationship.*

Friends

What would you tell a friend who was having the same alarming thought?

Worksheet 13 Realistic Self-Talk

Have participants review list of Realistic Self-Statement and circle the ones they use most often. Then discuss.

Have participants review list of Alarming Thoughts and circle the ones they use most often. Then discuss.

Realistic Self-Talk

- This too shall pass and my life will be better.
- I am a worthy and good person.
- I am doing the best I can.
- Like everyone else, I make mistakes.
- What is, is.
- Look at how much I have accomplished, and I am still progressing.
- I am not a failure if I am trying.
- Be honest and true to myself.
- I am not helpless. I am strong and can make it through this.
- This is an opportunity, instead of a threat. I will use this experience to learn something new, to change my direction, or to try a new approach.
- One step at a time or one day at a time.
- I know I will be okay no matter what happens.
- I can stand anything for a while.
- In the grand scheme of things, what will this matter?
- So what if this really happens. Will it be the end of the world?
- Is this really important enough to become upset about?
- I don't really need to prove myself in this situation.
- Other people's opinions are just their opinions.
- I cannot control the behaviors of others, I can only control my own behaviors.
- I am not responsible to make other people okay.
- I will enjoy myself, even when life is hard.
- Don't sweat the small stuff – it's all small stuff.
- My past does not control my future.
- I choose to be a happy person.
- I am willing to do whatever is necessary to make tomorrow better.

“To be upset over what you don’t have, is to waste what you do have.”

— Ken Keyes Jr.

Alarming Thoughts

- All problems should have happy endings.
- Everyone should be nice and love each other.
- Others are out to get me.
- I can't trust anyone.
- I will never be truly happy.
- I should never make mistakes or do dumb things.
- I just can't cope and I just can't do this.
- My situation is the worst.
- If people knew "the real me", they would never like me.
- I can't tell people how I really feel, otherwise they may not like or accept me.
- If I don't do it well, I'm a failure.
- I am worthless.
- I don't know why people love me.
- Bad things always happen to me.
- He / she should have...
- I am different from everyone else, I just don't belong.
- If I can mess up, I will.
- I should be the best at whatever I do.
- No one cares about me, the fact that you care doesn't count.
- Whatever I do, it will never be good enough.
- Whenever something goes wrong, it is always my fault.
- I've failed so many times in the past, I just know I'll never get it right.
- Things will get better on their own.
- It's my destiny to have all these problems. There's nothing I can do to change that.
- My life is all losses.

— Adapted from The Smith Irrational Beliefs Inventory

End of Session 16

Worksheet 14 5 Steps To Problem-Solving**Step 1: Define the Problem and Identify your Goal**

Often we describe problems in “rough” terms, making vague references to how *we* view the issue.

When defining the problem, however, it is important to make sure it is:

- Clear
- Specific/Concrete
- Detailed
- Objective

This includes:

- Stating relevant details about the situation
- Getting good background information
- Defining external situational events
- Acknowledging your thoughts and feelings about the situation
- Seeking out additional information if needed

Step 2: Generate Alternatives

Brainstorm alternative strategies for dealing with the problem and identify ways to meet your goals.

Keys to brainstorming:

- Write down any and all ideas (even the wild ones!)
- The more ideas the better (this improves the chances of finding useful solutions)
- Ask others to help you generate ideas
- Look for ways to improve ideas and/or combine ideas
- Leave evaluation of the ideas until the next step

Step 3: Choose the Best Alternative(s)

Evaluate each strategy:

- List the “Pros” and “Cons” of each

When selecting the most appropriate strategy, consider:

- Which approach is the most likely to solve the problem in the long term?
- Which approach is the most realistic to accomplish for now?
- Do you have the necessary resources? Are they affordable?
- Do you have time to implement the strategy?
- What is the extent of risk associated with each alternative?
- How might the approach affect others involved?

Step 4: Put Chosen Alternative(s) into Action

Carefully plan how to put the chosen alternative into action, then...

Take Action!

Step 5: Verify the Outcome

- Observe and record the consequences of your chosen action.
- If satisfied → the process is complete.
- If not satisfied → review the process to see where errors may have occurred.
- Are there other alternatives that may have worked out better?
- Are there other persons whose input you could get?
- Keep working at it!!!

Summary

When confronted with a problem...

Stop and Think

Do not react impulsively or give up too quickly

Remember that problem-solving is a skill that takes practice in order to be useful.

Worksheet 15 Problem-Solving Worksheet

Step 1: Clearly define and formulate the problem

(Keys to remember: clear, concrete, detailed, objective)

List major goals:

Step 2: Generate alternatives for dealing with the problem

List alternative strategies:

Step 3: Choose the most appropriate alternative(s)

List consequences of each alternative

Alternatives	Pros	Cons

Step 4: Put chosen alternative(s) into action

Step 5: Verify the outcome

Record the consequences of your action.

Are you satisfied with the outcome?

What's the Plan?

End of Session 17

Worksheet 16 Relating Assertively**3 Types of Responses:**

- Aggressive
- Non-assertive passive
- Assertive

Aggressive Responses

- Insistence that your feelings and needs are **more important** than others
- Used at **inappropriate** time and place
- **Disrespectful** to others, demeaning
- Can be **cruel** or uncaring, don't consider others' feelings

Non-assertive (passive)

- **Indirect:** not to the point or to the other person involved
- **Dishonest:** sometimes saying the exact opposite of what we want to say
- We don't consider our own feelings
- Not committed to our own rights

Assertive (tactful)

- **Clearly expresses** rights or needs.
- Face problems **promptly**
- Focus on **solutions** rather than problems
- **Stand up** for your own rights while **RESPECTING** the rights of others

Using an assertive response is **HARD**:

Honestly conveys our true opinion

Appropriate time for bringing it up

Respectful to the other person

Direct and specific, without beating around the bush

Components of Assertiveness

Assertive Listening 4-Step Method:

Lets the other person know that you want to understand his or her view point or that you care.

Helps you understand accurately what another person is saying.

- ① **Listen:** to what the person is saying
- ② **Clarify and paraphrase:** what the person just said to ensure you got it correct
- ③ **Identify the person's emotional responses and empathize**
(and this is how you feel)
- ④ **Validate** how the person feels (I can see how you would feel this way)

People are much more likely to negotiate, communicate, and listen to your feelings when they too feel that they are being heard and understood. You do not necessarily need to agree with their opinion, but you can let them know that you hear them and understand how they might feel coming from their perspective.

Examples of how to begin communication

- I'd like to hear / understand your views on...
- Could you tell me about...?
- I'm confused about... could you explain?
- Would you tell me more about how you see the situation?
- I think we are approaching it from two different perspectives. What does it look like from yours?
- I'd like to hear your thoughts on...

Examples of how to clarify what you heard

- It sounds like what you are saying is...
- So, let me make sure I understand you...
- The part I understood is...
- Let me sum this up, tell me if I've missed something...

Nonverbal assertiveness

- Even when we are silent, we communicate a lot, through eyes, facial expression, posture, gestures, and personal appearance
- Maintain direct eye contact
- Maintain erect posture
- Speak clearly
- Don't use an apologetic tone or whine
- Use your face or gestures for emphasis

Assertive Tips (*have them follow along in WORKSHEET 16*)

① Try to use “I” statements, instead of “you” statements.

“I want us to start have date nights again,” instead of, “You never take me out.”

② State your wants as preferences, not just as commands.

“I would like to start having date nights again,” instead of,

“You need to get your act together and take me out.”

③ Avoid calling the person names or using labels. Describe the behavior instead and tell the person why it bothers you.

“I believe you are getting upset over something that I did not intend to be upsetting,” instead of, “You are being stupid and silly.”

④ Be specific with your concern. Do not overgeneralize their behavior.

“You forgot to ask me how my big presentation went,” instead of,

“You always forget about my needs.”

⑤ Provide positive reinforcement when the other person has used good listening skills with you.

“I really appreciated the way you tried to acknowledge my feelings.

Even though we don’t see eye to eye on this, I feel like you made me feel heard and that means a lot,” instead of ignoring it or not acknowledging it.

⑥ Express yourself calmly, don’t yell at or talk at the person.

Who is the TURTLE and who is the HAILSTORM? The more the hailstorm lashes out, the more the turtle withdraws.

Worksheet 17 Relating Assertively Scenarios

Instructions: Split up into pairs. Choose 1 scenario and practice using the 4-step method to assertive listening and communication..

Example A: Every time you or your spouse say “No” to your child, your child starts crying very hard, at which point, your spouse gives in. You feel this is inappropriate behavior and after sighing heavily, your spouse asks, “What’s wrong?”

Example B: You ask a friend over for dinner and you know this friend has a consistent habit of being late and not ever calling. While you can be very forgiving, this time, your friend kept you waiting two hours on a dinner you took time to prepare and went wasted. When your friend finally arrives, she says “Sorry I’m late, but...”

Example C: You have been working for a company for several years with an excellent track record. You have never caused trouble, never missed a day of work, and have always followed through on tasks. You recently overheard about a new position that you feel you would make an excellent candidate. You really want to apply for this position but your boss has never directly come and told you about it. What do you do?

Example D: Jean wants to assert her right to a half an hour each day of uninterrupted time on the computer to do her bills or other projects. Frank often interrupts with questions and it has become quite distracting to her.

End of Session 19

Worksheet 18 Recovery Do’s and Don’ts

Recovery Do’s

- Get back to daily routines as soon as possible.
- Have a structured day and keep to a routine.
- Make a list of things to be done and check off what you have accomplished.
- Set small goals that can be accomplished. Set 1 or 2 goals at time.
- Practice therapies at home or in other environments.
- Do mentally and physically difficult things during times of the day when you have the most energy like working during the mornings.
- Give yourself enough time to get things done.
- Schedule rest breaks.
- Set time for exercising.
- Eat well-balanced meals.
- Get good sleep.
- Learn about signs of depression.
- Recognize your “early warning signs” of stress.
- Do something for someone else.
- Do things that make you feel good.
- Take people up on their offer to help. This is a marathon, not a sprint.
- Practice saying your **Realistic Self-Statements** everyday:
 - ◆ This too shall pass.
 - ◆ One day at a time.
 - ◆ I am going to choose my battles.
 - ◆ Like everyone else, I make mistakes too.
 - ◆ I know I can do this, I’ve gotten through worse.
 - ◆ This has made me a better person in so many ways.
 - ◆ I am still progressing; I continue to get better.
 - ◆ In the long run, who will remember or care?
 - ◆ Don’t sweat the small stuff.
 - ◆ Things could be much worse.
 - ◆ I CHOOSE JOY.
 - ◆ What another person thinks of me is none of my business.
 - ◆ No one can hurt me without my permission.
 - ◆ I will live my dreams. I won’t wait for them to happen.

- Practice positive coping strategies
 - When faced with a problem or challenge, remind yourself that you have the ability to handle difficult situations.
 - Try to face challenges and situations directly instead of avoiding them.
 - Use reassuring thinking strategies when faced with difficult situations.
 - Be willing to have a sense of humor.
- Learn better ways to communicate and get along with loved ones.
 - Listen to the ones you love and let them know you have heard them.
 - Be respectful of their views and opinions.
 - Approach disagreements in a “problem-solving mode” not a threatening or blaming mode.
- Learn to identify what your alarming and core beliefs are.
 - Do you tend to always view the worse possible scenario?
 - Are you an “I can’t” person?
 - Do you have expectations of yourself or others that sometimes just can’t be met?
 - Do you think in “all or nothing” terms?
 - Do you degrade or berate yourself?

List 4 Recovery Do's that I already practice:

1. _____
2. _____
3. _____
4. _____

List 4 Recovery Do's that I would like to start using more frequently:

1. _____
2. _____
3. _____
4. _____

Recovery Don'ts

- Avoid using coping strategies that will make you feel worse.
 - Avoid constant worry about a situation and try to actively use problem-solving strategies and realistic self-thinking instead.
 - Avoid wishful thinking all of the time. This may lead to great disappointments and may make you feel worse.
 - Avoid blaming yourself for everything that goes wrong.
 - Avoid ignoring the problem.
 - Avoid withdrawing and keeping only to yourself.
- Do not use alcohol and drugs.
- Do not engage in hi-impact sports that can cause more injuries.
- Do not drive until your doctor gives you the ok.
- Do not use heavy machinery until cleared.
- Do not use step ladders or other equipment that could throw your balance off if this is a problem.
- Do not stop taking medications until you have spoken with your doctor.
- Do not neglect sleep and nutrition habits.

**Identify some coping strategies that could make you feel worse
(e.g., I like to drink with my friends to avoid going home at night and facing my wife).**

Worksheet 19 The Art of Stress Management

1. Accept that some days you're the pigeon, and some days you're the statue.
2. Always keep your words soft and sweet, just in case you have to eat them.
3. Always read stuff that will make you look good if you die in the middle of it.
4. Drive carefully. It's not only cars that can be recalled by their Maker.
5. If you can't be kind, at least have the decency to be vague.
6. If you lend someone \$20 and never see them again, it was probably worth it.
7. Never buy a car you can't push.
8. Never put both feet in your mouth at the same time, because then you won't have a leg to stand on.
9. Nobody cares if you can't dance well. Just get up and dance.
10. Since it's the early worm that gets eaten by the bird, sleep late.
11. The second mouse gets the cheese.
12. Birthdays are good for you. The more you have, the longer you live.
13. You may be only one person in the world, but you may also be the world to one person.
14. Some mistakes are too much fun to only make once.
15. We could learn a lot from crayons. Some are sharp, some are pretty and some are dull. Some have weird names and all are different colors, but they all have to live in the same box.
16. A truly happy person is one who can enjoy the scenery on a detour. Remember, enjoy the Road to Hana.

End of Session 20