PREMIERE ISSUE!

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Brain Injury Journey - Hope. Help. Healing helps persons with brain injury, families, and providers successfully navigate challenges and live a full and satisfying life. We offer empowering personal stories, interviews with experts, and clinical updates and research findings. Above all, we provide a community to enhance hope and foster healing after brain trauma or disease.

Publisher
Lash & Associates Publishing/Training, Inc.
100 Boardwalk Drive, Ste. 150, Youngsville, NC 27596
Tel 919-556-0300 Fax 919-556-0900
www.lapublishing.com
E-mail: orders@lapublishing.com

President
Marilyn Lash, MSW
CEO
Bob Cluett

Brain Injury Journey
Editor-in-Chief
Barbara Stahura
Graphic Design
Bill Herrin
Advertising
Bob Cluett, Nick Vidal
Subscriptions
Nick Vidal
Editorial Inquiries
Marilyn Lash

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Distribution and Subscription
Brain Injury Journey is available electronically and in print. Sign up for free online subscriptions or paid print annual $48 subscription for six issues at: www.lapublishing.com/brain-injury-journey-magazine

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Hope - This is what survivors, families, and caregivers tell us is so important. Hope is what sustains them in their darkest periods. Hope is the vision that lights the darkness and creates new possibilities for a better future.

Help - As the African proverb says, “It takes a village to raise a child.” The same is true for brain injury. Help comes from many people and in many ways. The individual who survives a brain injury enters a community that is much larger than friends and family. It includes clinicians, therapists, educators, advocates, providers, insurers, and many, many more. They share the goal of ensuring that treatment for brain injury is more than just survival.

Healing - There is no fixed timetable for recovery. The healing process after brain injury is much more than a neurological recovery. Healing is multidimensional. Yes, it is physical, but it is also cognitive, emotional, social, familial, and spiritual.

That is our philosophy, and that is the foundation for this magazine. We hope you find the articles, information, and insights valuable and helpful in your journeys, whether they be personal or professional. You are all valuable members of this very special community.

Please help us spread the word and encourage your friends and associates to subscribe at http://www.lapublishing.com/brain-injury-magazine/.

LETTER FROM LASH & ASSOCIATES
by Marilyn Lash

We are so proud to introduce the first issue of Brain Injury Journey – Hope, Help, Healing. We spent a lot of time choosing our magazine’s title because we wanted it to reflect our philosophy as well as the needs, issues, and concerns we hear every day. Words matter, so we have chosen them carefully.

Brain Injury - We address all types of acquired brain injuries with those due to internal causes such as brain tumors, infections, or stroke as well as traumatic injuries due to external forces of collisions, explosions, assaults, falls, or gunshots.

Journey - Living with a brain injury is an ongoing process or journey that is constantly changing, challenging, and rewarding for everyone involved. There is no finish line with a tape to cross, cheering crowds, and a celebratory party. Rather it is getting up and facing each day with the conviction and purpose of rebuilding one’s life.

Hope - This is what survivors, families, and caregivers tell us is so important. Hope is what sustains them in their darkest periods. Hope is the vision that lights the darkness and creates new possibilities for a better future.

Help - As the African proverb says, “It takes a village to raise a child.” The same is true for brain injury. Help comes from many people and in many ways. The individual who survives a brain injury enters a community that is much larger than friends and family. It includes clinicians, therapists, educators, advocates, providers, insurers, and many, many more. They share the goal of ensuring that treatment for brain injury is more than just survival.

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FROM THE EDITOR-IN-CHIEF
by Barbara Stahura

Nearly 2 million people annually sustain a brain injury in the United States, and more than 5 million live with permanent disabilities related to brain injury. Fortunately, public awareness of brain injury is growing, and much research is being devoted to prevention, treatment, and recovery. Yet despite all the tremendous advancements being made, most do not address this fact: Brain injury begins and ends in the family.

What happens to the family when so many aspects of their lives have been turned upside down and they struggle to live their “new normal”? When many professionals in the field do not adequately understand the changed dynamics and realities of living with brain injury, how can families bridge the gap between what is happening to them and what they need to know to survive, or even thrive?

We strive to fill at least some of that gap in the pages of this magazine. Our mission: Brain Injury Journey - Hope, Help, Healing helps persons with brain injury, families, and providers successfully navigate challenges and live a full and satisfying life. We offer empowering personal stories, interviews with experts, and clinical updates and research findings. Above all, we provide a community to enhance hope and foster healing after brain trauma or brain injury.

Our writers reflect the brain injury community to whom this magazine is devoted: people with brain injury who come from civilian and military backgrounds, family caregivers and family members, and expert providers such as speech pathologists, therapists, educators, and mental health professionals. We will do our best to cover a spectrum of topics to provide helpful, valuable information not often available anywhere else, presented in clear, reader-friendly language.

For the person who is injured and the family alike, coping with a brain injury, especially in the early days, can feel like the end of the world. You may feel isolated and alone, believing that no one else understands what you are going through and all the challenges you face. But we do understand because we have been there, and we can tell you it is not the end. The journey ahead is not easy, and you likely will be called upon to make many adjustments. Know that we are here for you, and you will gratefully share what we have learned to help you along the way.
FAMILY MATTERS

WHO’S WHO IN THIS FAMILY NOW

by Rosemary Rawlins

It happens without warning.

One person takes the hit, the bullet, or the fall, while loved ones witness the wreckage. When traumatic brain injury strikes a family, everybody suffers.

Survivors emerge from a fog that slowly gives way to bewildering awareness of limitations, deficits, and a new way of living. Family members wait out the initial hours and days following the injury in cliffhanger mode, hanging onto any branch of hope within reach.

One family life ends, and another begins.

Depending upon which family member is injured—father, mother, child, sister, or brother—roles flip, responsibilities shift, and stress mounts. Until the extent of the injury is known, and healing begins, remaining family members take on what added responsibilities they can, and learn to do without—without the counsel, connection, and comfort of someone once they relied on.

In my case, my husband, Hugh, was hurt. On April 13, 2002, a car hit him as he rode his bicycle home from an afternoon workout. He was forty-six years old, athletic, smart, and seemingly invincible. To his children, he was “Huperman,” the dad who would always protect and defend them. Because of his injuries, however, Hugh was unable to work his regular afternoon workout. A while later, a fireman called the house to tell us that Hugh had suffered a seizure. Mary and Anna swung into action. “I’ll come to the hospital with you, Mom,” Anna said.

“Huperman’s” deficits were to relieve brain swelling. I held tight to the gait belt strapped around his waist for balance. His deficits were numerous, and some had not even revealed themselves yet.

Our twin daughters, Anna and Mary, age 14 and once the center of our universe, were now left off to the side or enlisted as caregivers. “Can you stay with Dad while I go out to the store?” I’d ask. “Remember to be sure he keeps his helmet on.” They both did their best to help out, but I knew it was hard—to see their father disabled, hard to care for a parent who used to care for them, and hard not to complain about it, because there were so many competing emotions. In truth, they lost both parents for a period of time because I was focused solely on Hugh and his treatment.

Children are forced to grow up fast after a parent has a brain injury. Their needs will not come first and may not even seem important. But over time, the experience will have taught family members lessons about love, commitment, patience, and overcoming adversity. Our family made it through the hardest first two years, and looking back, here’s what helped us.

Structure: Keeping the children on schedule for school and extracurricular activities so there was a continuation of familiar past activities. This requires family and friends to chip in with driving and other tasks.

Support System: Relying on emotional support and help from family, friends, church, teachers, therapists, and doctors.

Surrogate Parents: Close family and friends stepping in to give children needed attention and help when parents are overwhelmed.

Open Communication: Being honest and open with each other’s feelings—venting, laughing, and crying together as a family.

Reasonable Expectations: Letting kids be kids. Asking only age-appropriate caregiving help from children, and only when absolutely necessary.

Using Our Strengths: Anna was great at helping in the kitchen. Mary liked to stay up late, so she helped out when the night nurse was off duty.

Accepting: Acknowledging that life was different, but we’re all in this together.

Encouragement: Bolstering each other’s spirits during hard times.

Reaffirming: Telling each other we loved each other often.

Staying Flexible: Understanding that last minute changes might happen, and that roles would continually shift and change as Hugh’s health improved.

Life for families will be different and often difficult after one member sustains a brain injury. But in the long run, some families may grow closer than they ever dreamed possible.

Ten months after his injury, Hugh earned his driver’s license back, and one evening, he drove himself to the gym to work out. A while later, a fireman called the house to tell us that Hugh had suffered a seizure. Mary and Anna swung into action. “I’ll come to the hospital with you, Mom,” Anna said.

“It will be okay,” Mary said, rubbing my back, and I knew it would, as long as we all had each other.

Rosemary Rawlins is the author of Learning by Accident, a memoir. You can learn more about Rosemary at: www.rosemaryrawlins.com

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CAREGIVER’S COMPASS
MAPING NEW DIRECTIONS IN CAREGIVING
by Janet M. Cromer, RN, MA, LMHC

Welcome to Caregivers Compass! Are you a caregiver for a family member who has a brain injury? Although you may feel alone, you are in good company on your journey. More than 65 million Americans care for a family member at home. Many of them care for a person who has one of the many types of acquired brain injury. The crisis may have begun with a traumatic brain injury, blast injury, hypoxic brain injury, stroke, tumor, or infection. The causes are different, but some consequences are universal. In an instant, a family member is plunged into the wilderness of intensive care units, rehabilitation hospitals, neurology appointments, and then the community.

All of a sudden you are officially declared a caregiver without a compass, job description, or training manual. This uncharted territory comes with a mountain of responsibilities, a foreign language, and unfathomable scores. Not to mention insurance limits.

Who is a brain injury caregiver?

Caregivers are a diverse and dynamic group. We each bring a unique life story and personality to the role. We are spouses, partners, parents, siblings, children, and close friends. We might not even think of ourselves as caregivers because helping someone we love comes naturally as a parent or husband. Others prefer the term “care partner” when they collaborate with, assist, and support the survivor.

Children are often the overlooked or hidden caregivers. A survey by the National Alliance for Caregiving estimates that at least 1.3 million children in the U.S. between the ages of 8-18 care for a sick or disabled sibling, parent, or grandparent. Many care for a brother or sister while parents work, or help a parent learn to read again. Brain injury is well represented among the diagnoses studied.

For adult caregivers, our titles and roles change as the journey progresses. In the beginning, most of us start as a crisis manager juggling tough medical decisions, family life, and even a job. Then, during months or years of rehabilitation, we become a coach, maybe even a drill sergeant. A child becomes Dad’s teacher as he explains how to spell or play a computer game.

Persons who have a severe brain injury might require complex medical care at home. That caregiver feels more like a nurse and physical therapist than a wife as she gives tube feedings, suction a tracheotomy, and moves her husband’s weak legs through a range of motion exercises.

Brain injury can contribute to problems that affect memory, mood, cognition, and behavior. This means that caregivers often become counselors, behavior coaches, and emergency responders. Fortunately, there is now effective treatment available for conditions such as depression or post-traumatic stress disorder (PTSD). However, both military and civilian families can feel at a loss to understand and help a son or spouse whose personality and behavior have changed dramatically.

Recovery requires a combination of good treatment, time, and effort.

By the time you have been a caregiver for a few years, you probably summarize your role as “The CEO of Our World.” You might take pride in your valuable contributions, even as you worry about finding vocational training for your wife or a supportive place for your daughter to live as you get older.

There is one important title that every family caregiver learns and earns: Fighter and Advocate! We should be awarded trophies for the advanced skills and commitment that empower us to partner with the survivor to live a full and meaningful life every day. We grow, and promote growth in others. We start support groups to share our experiences. We get involved and tell our stories to change the healthcare system. We rally for legislative changes, educational reforms, resources, and disability rights.

On one hand, we are strong, powerful and resilient. On the other hand, we can become exhausted and overwhelmed. Did you know that caregivers have higher rates of chronic disease and depression than non-caregivers? We are also vulnerable to traumatic stress from caring for a person who suffers, is in pain, or very disabled. There is even a form of severe mental and physical exhaustion, known as compassion fatigue. This condition leads to a depletion of resources and interferes with every dimension of life.

What helps prevent some of the health hazards associated with caregiving? How can we replenish our strength, motivation, and empathy at each stage?

Realistic resilience skills

No matter where you are along the continuum of caregiving, there is an essential ability that fortiﬁes and sustains body, mind, and spirit. I call it “realistic resilience.”

Resiliency has been defined as the ability to cope with high levels of ongoing, disruptive change.

Realistic Resiliency allows us to bounce back, adapt to changes, and move forward. The realistic part comes in because resiliency requires us to recognize and acknowledge changes and losses, and embrace what is real now. We don’t pretend, or deny our feelings. We push past the edges of our comfort zone to enter new territory, even if we feel anxious or insecure. That bravery allows us to use active coping strategies and creativity to solve problems, learn new skills, and care for ourselves and others.

Two key categories of resilience in particular have been shown to reduce the risk of health problems and compassion fatigue—stress resiliency and emotional resiliency. You have probably heard the standard advice to prioritize time for yourself, set boundaries, and put your own oxygen mask on first. Tried and true advice.

However, Caregiver’s Compass will supplement what you already know with innovative approaches to make your own. For instance, here is a practice, called a body scan, to try right now. Sit comfortably in your chair, close your eyes, and bring your attention to your breath. Just breathe naturally, in and out a few times. Start at the top of your head, slowly draw your attention down the length of your body, front and back. Keep your mind open and non-judgmental. Just notice any spots that feel sore or tense. Notice any areas where worry or anger might be hiding out? Let your breath flow easily. You might try inhaling into a sore spot to soothe the area, and then exhaling a bit of pain. Note any feelings you might want to explore later in your journal or a conversation with a friend. Sit for as long as you like. Breathe, stretch, then smile and continue your day.

We’ll delve into serious issues such as caregiver trauma, compassion fatigue, and mental health concerns. Prevention is the best medicine. So, we will offer explanations along with proven techniques to minimize the worst kinds of stress. We will show you new ways to reverse the stress response, manage troubling emotions, and approach responsibilities more confidently.

The topics that caregivers sometimes consider “taboo,” yet dive into with each other, will also find a voice in Caregivers Compass. Topics such as the caregiver’s sexuality, anger, and need for an identity beyond caregiving deserve exploration.

There are many routes to becoming a resilient and masterful caregiver. Join us to forge a strong and inventive community sharing our journey.

Janet Cromer, RN, MA, LMHC is a psychiatric RN and the author of Caregivers Compass. Topics such as the caregiver’s sexuality, anger, and need for an identity beyond caregiving deserve exploration. A Couple’s New Life after Brain Injury. Janet speaks nationally on family and professional caregiver issues including stress resiliency, traumatic stress, compassion renewal, seasons of caregiving, and creativity and healing. See more at www.janetcromer.com
THE SLOW CRAWL OF BRAIN INJURY RECOVERY

by David Grant

In the days after my cycling accident, I saw doctors of many specialties. The orthopedic doctor let me know that my broken arm would heal, that I would be in a cast for a couple of months, and feel a bit of pain for six months. Right on cue, at the six month mark, my arm pain stopped.

But recovery from a brain injury cannot be defined by an end-date circled hopefully on a calendar, though I thought this at first. As my broken body began its slow crawl toward wellness, as my bones knitted, and as my bruises faded from black to yellow and then to memories, the extent of how my brain injury was affecting my life became clearer.

My journey to my “new normal” may or may not be typical. Brain injuries are like snowflakes—no two are alike. In the days after my injury, I had a CAT scan, an EEG, and other tests to see if my cognitive abilities were compromised. I passed all my early tests with high honors and was congratulated by many within the professional community for dodging a bullet.

But all was not well. Most of all of my symptoms, those cues that let me know I had sustained a TBI, came slowly, in many cases weeks after my injury. Word-finding issues were among my first challenges. Then came significant challenges with my memory. We can add to the list a couple of new-found speech impediments: stuttering and aphasia.

Yes, on the outside, I “looked” normal. But under the hood, it was becoming very clear that something was wrong. Another trip to the neurologist revealed a new, multi-faceted diagnosis. Grateful that my body was mending, and still confused over some of my newest challenges, I was told I have a very clear-cut case of post-concussive syndrome. At this same time, several months after my accident, I was also diagnosed with post-traumatic stress disorder.

By nature, I am hard-wired to be a problem solver, an overcomer. Whenever a life event comes to pass, the optimist in me tries to pull whatever positive I can from the experience and move on.

But with a brain injury, there is no end-game. There is no magical date on some future calendar page that is circled in red, perhaps with a smiley face, that I await. I have learned over the last couple of years that recovery from brain injury is lifelong. I have learned that the brain recovers in its own time, sometimes at glacial speed. And if I try to hurry the process, I am left disheartened and frustrated.

Life as a survivor of brain injury is vastly different than I ever expected. Challenges I never considered in my old life can overwhelm me. Akin to learning to drive a new car, I am slowly learning how to navigate through life with my new limitations.

But there is good news. By being respectful of my new limitations, and surrounding myself with people who love me, who care about me, and who want me as well as I can be, I am building a new life. Yes, much of it is more difficult. But much of it is surprisingly more wondrous. I have slowed down to a pace I never had before and now take time to see, feel, and experience my world with deeper appreciation than I ever thought possible.

And for that, I am profoundly grateful.

David A. Grant is a writer based in New Hampshire and the author of Metamorphosis, Surviving Brain Injury. A survivor of a harrowing cycling accident in 2010, David openly shares his experience, strength, and hope as a brain injury survivor. Recently recognized by the Brain Injury Association of America, David’s book offers real-world insight into life as a brain injury survivor.

www.metamorphosisbook.com
by Janelle Breese Biagioni, RPC

Grief is most often associated with death. While it is true that the death of a loved one (family member, friend, or pet) and, at times, the death of people we do not know (Sandy Hook Elementary shooting) will catalyze us into the grief journey, death is not the only cause of grief. Although death is an important reason, there are other losses in life that we also need to grieve. These too are life-changing and will solicit the same grief responses as death does.

Society has slowly recognized significant life events as also being a source of sorrow and cause for grief. Events such as divorce and separation, transitional losses (moving to a new community or job loss), and developmental losses (children leaving home) are also ways in which we experience feelings of sadness, depression, hopelessness, and sorrow. To heal from these experiences and to move forward in life, we must grieve and mourn.

Furthermore, with the advancement of technology and medicine, people tend to live longer; however, many are compromised with chronic illness, such as diabetes or heart disease. While these are often manageable, it is not unusual for a person to have one disease resulting from a disease and/or cognitive limitations; a person may have physical and/or cognitive limitations; however, those individuals and their family living with such profound change are often left reeling in unfair comments like, “It could have been worse.”

There is no timeline to grieve and mourn. Unfortunately, society operates on the thought that people need only “three days bereavement leave” and/or that in a few months everything and everyone will be back to normal. It doesn’t work that way for both physical and non-physical deaths. Remember this: It isn’t time that heals all, but rather what we do with the time that heals us.

I mentioned earlier that the only wrong way to grieve is not to grieve. In addition to that, it is important to remember that grieving is not the end to the means. It is only the beginning! I say this because grieving is about how we feel on the inside due to what has happened in our life. If one is allowed to truly feel—to grieve, this will lead to mourning. Mourning is the process of taking those feelings from the inside to the outside. It is giving expression to how we feel. This may be done in a variety of ways, such as funerals, talking, writing, art, and music.

Understanding the grief journey and its connection with brain injury is important for survivors, family members, friends, and professionals alike. It’s important because if you do not acknowledge the losses that arise from having a brain injury, it will be difficult—if not impossible—to move forward in life. This is true for people who are living with the outcome of a brain injury, and it is true for those in relationships with them, including spouses, children, family, and friends. And it is especially true for the professionals involved because it is our responsibility to help facilitate the process of grieving and mourning for these individuals and their families. As stated, the process is chaotic. Add to it that the loss is the “death-like” experience of a person no longer resembling who he or she was prior to being injured, and the crazy-making is exacerbated.

**INTERFERENCE WITH GRIEF AFTER BRAIN INJURY**

In my work I have discovered several reasons that interfere with the grief journey following a brain injury. They are:

1) Society’s incomplete list of loss and an unrealistic timeline to grieve and mourn.

Society accepts the need to grieve and publicly mourn the physical death of a loved one, but there is little understanding of the need to grieve the “death of a personality” when the person is alive. The person may have physical and/or cognitive limitations; however, those individuals and their family living with such profound change are often left reeling in unfair comments like, “It could have been worse.”

There is no timeline to grieve and mourn. Unfortunately, society operates on the thought that people need only “three days bereavement leave” and/or that in a few months everything and everyone will be back to normal. It doesn’t work that way for both physical and non-physical deaths. Remember this: It isn’t time that heals all, but rather what we do with the time that heals us.

2) There are layers and layers of loss experienced by survivors of brain injury and by each person connected to them.

The layers of loss following a brain injury and the uniqueness in the realm of grieving are overwhelming for many. To adequately grieve these layers of loss, it requires those involved to explore and determine the primary and secondary losses of the brain injury and how this impacts them. This applies to both the survivor and to their loved ones. Once the layers are identified, then people can begin to work through their feelings.

Reflect on the life losses that you have experienced, including brain injury. Do you feel that you were able to fully acknowledge the grief that resulted from your loss? Do you feel that others understood or supported you in grieving (feeling) and mourning (giving expression to those feelings) following loss?
Telling Your Story
Make Your Life’s Story Better with Journaling
by Barbara Stahura, CJF

Everything is Story

All human beings are born storytellers, and being injured or being a caregiver doesn’t change that. We live by story and literally could not survive without it. In fact, “Brains are organs of story, changing to match the needs of their environment, and specialized to understand story, store story, recall story, and tell story,” writes Lewis Meltz-Madrona, MD, PhD, in his book Healing the Mind Through the Power of Story: The Promise of Narrative Psychiatry. “Everything is story, including our identities, our selves, our meanings and purposes, our theories about the world.”

After a brain injury dramatically alters the familiar story of your life, it becomes crucial to discover and create a new story if healing is to take place. Learning to move from your former story to your current one literally changes your life, as well as your brain. You function better, empower yourself, and open the door to positive change.

For instance, say you continually yearn for the way you and your life used to be prior to the brain injury. By focusing on your old story—what you have lost and what you can no longer do—you lock yourself into a painful place where healing is not possible. But when you find a way to create or discover a new story—what you still have, can create, and are able to accomplish—your life moves forward.

Use Your Journal to Start Making Changes

Anita Roddick, the late founder of The Body Shop, said, “Every change begins with a story.” And you can begin the changes required by your post-injury life in the pages of your journal. The first step is to begin writing stories of your current life, in small pieces over time (you can journal effectively in only five to ten minutes a session). Then you can envision possibilities for the future and slowly move toward making them a reality. You may be surprised at the many possibilities, large and small, that open up to you.

The way you tell your story need not be fancy or particularly creative (although you can later revise your journal entries into something more formal if you like). The idea is to let the words flow to the page with as little editing on your part as possible. This allows your subconscious thoughts to come to the surface, bringing to light nuggets of insight and inspiration that can offer hope, healing, and a way forward. (One caution, though: If writing about a traumatic experience makes you feel excessively frightened or apprehensive, please do not write just then. Wait until you’re feeling stronger or can talk with a therapist.)

You may be surprised by what you discover. In my journaling groups for people with brain injury and family caregivers, many participants have reached new levels of self-understanding. They tend to realize hidden strengths and, over time, find more acceptance of their situation and use that place as a lift-off point into the future.

Not all insights produced by journaling are dramatic. But they don’t have to be, either. By simply letting yourself write whatever comes to mind, you will amass the story of your life over time, in all its juicy, dull, glorious, and mundane details. And as you continue, you will notice patterns, trends, and recurring thoughts, which you can change as needed—yes, by writing about the changes you want to see and how you will make them happen.

Benefits of Journaling

Journaling with the intention of personal growth empowers you. It also offers an opportunity for self-exploration and self-expression that simply talking or thinking cannot do.

The results of the studies of expressive writing show that it can enhance physical health and strengthen the immune system; produce long-term, positive changes in mood; boost working memory (which can improve performance at school or work); and improve your social and work life.

For someone with a brain injury, it can also

• Enhance written and verbal communication skills
• Stimulate cognitive and executive skills (following direction, organizing, planning, sequencing, attention, processing, etc.)
• Promote post-injury self-awareness (deficits and strengths)
• Assist in planning for the post-injury future
• Promote dialogue and understanding with family members and others
• Encourage self-expression after a trauma and major life disruption

Prepare for community re-entry
Offer community and support when done in a facilitated group.

Journaling offers a kind of self-expression and self-empowerment that traditional post-brain injury therapies do not. By recording our words on the page, our journal becomes a kind of container, holding our stories and making them more manageable. Journaling is an effective, simple way by which you can make your story—your life—better.

Barbara Stahura, certified journal facilitator, is co-author, along with Susan B. Schuster, MA, CCC-SLP, of After Brain Injury: Telling Your Story, the first journaling book for people with brain injury. She presents journaling workshops around the country to people with brain injury, family caregivers, and others, and is a member of the faculty of the Therapeutic Writing Institute and the Lash & Associates speakers bureau. She lives in Indiana with her husband, Ken Wilingham, a survivor of brain injury.

www.barbarastahura.com
WHERE IS THE LOVE?
by Matthew Brown and Cassondra Brown

MATTHEW’S VOICE

When I got out of the military in October 2005, I found myself alone and scared, jumping from house to house, staying with friends or sleeping in their cars. Then in December I met a wonderful woman.

Cassondra and I married in July 2007, and soon after, our son was born. Something was wrong with me emotionally. My physical and mental disabilities were affecting me more and more, but I didn’t really think much of it. I was quick to temper and to yell at our puppy. I was having problems at my job as a prison guard.

So I decided to change my career. But I had no real job skills or trade from the military, and being a prison guard doesn’t set you up to join the white collar job field. With help from some veterans programs and a person willing to take a chance on me, I started to work in Federal HR.

I realized my mental state needed to change. So I went to the VA and started medication and counseling. Thinking everything was going to be happy go lucky, I took all the medication, pill after pill—which was not the smartest thing I have ever done. After almost being killed by that cocktail of meds, I quit taking them altogether. I still get mad or upset here and there, but I don’t explode, and when I get mad I have reasons.

CASSONDRA’S VOICE

I married Matthew in July 2007. The day seemed to go perfectly, complete with fireworks and shotguns. It wasn’t your typical wedding, but “typical” just wouldn’t fit us.

Once Xander was born, Matthew started working day shift. He left for work in the morning, then came home early evening and cracked open a beer. He barely acknowledged me or Xander. This pattern slowly grew worse over the years, even after our daughter, Xylia, was born.

In the spring of 2012, things got even worse. Matthew began to drink more, one or two beers a night turning into six or seven. The silence between us was replaced by constant tension and fear. I felt like I was constantly walking on egg shells. Matthew more frequently exploded in anger. Anything seemed to push him from quiet dignity to yelling at the top of his lungs and stomping around.

He started making frequent hurtful, rude comments to me, such as, “Do I look like I care? Why are you still talking?”

I began to feel I could do nothing right and that I was only good for sex. Always on edge around him, I didn’t know what would make him mad. The only form of attention he ever gave me was constant attempts at sex or anger. He ignored me if I needed to talk or vent about something. Other times he made me feel stupid for feeling the way I did. I felt completely alone, isolated, and hated.

He didn’t just ignore me; he also ignored our kids. Many times I saw the kids do everything to get his attention, and he either ignored them completely or told them to go away. He just couldn’t be bothered with any of us.

By October 2012 I had reached my breaking point. The kids were even beginning to mimic the way he treated them and me. That was the final straw. I asked him to leave, and we signed separation paperwork.

I thought this was truly the end of our marriage and attempted to move on. But Matthew was determined to make things right. He turned to the local Vet Center for help and immediately started therapy. He also stopped drinking.

Through our phone conversations and texts, I could tell he was making amazing strides in the right direction. He was opening up and expressing his feelings, and he actually listened to me and showed concern for my feelings. I saw a whole different side to him. With his guard down, he let himself be exposed and vulnerable. For the first time in a very, very long time I could tell that he did truly love the kids and me. He just hadn’t known how to show it. Then we started to hang out at the house after the kids went to sleep at night, and he actually started to show in person how much he cared. It was the little things that meant the most.

After a week or so of this, he started coming over during the day and spending time with the kids and letting me have a little time to myself, something he had never done before. By mid-December he had more than proven his determination to maintain these positive changes and keep working to get better, and he moved back in. With the help of counseling he has come a long way. We actually talk now about everything, anything, and sometimes nothing. We enjoy each other’s company.

Lance Corporal Matthew J. Brown USMC RET is an aspiring military author who has overcome many of the struggles of living daily life with PTSD and a traumatic brain injury and now has made it his life goal to help others through these same struggles with his writing.

Cassondra Brown is the wife and caregiver of retired Marine Lance Corporal Matthew Brown. She is a stay-at-home mom who aspires to help other spouses through the struggles of living with someone with PTSD and traumatic brain injuries.

Intimacy
by Matthew J. Brown

Here we sit Side by side No words pass between us But there is something smoldering Not our love But our hate We still love each other But something has changed My anger has grown worse Becoming hate towards The one I love There used to be sparks when Our eyes met Now a single moment of eye contact can spark an inferno of yelling Screaming And hurtful words Somewhere our lives went astray from what’s important Each other I want to express emotions But all I feel is pain, fiery Tension No remorse for how I act No regret about the stabbing things I say Just bringing you down to my level of misery This isn’t a relationship Nor partnership Not even a friendship My issues I want to fix this I need to fix this Can’t kill off the one thing in my life that I love This time I’m for real Getting the help I need No lip service I love you dear This will get better I will get better And treat you like the beautiful young woman you are.
WHAT IS PTSD?

It’s an anxiety disorder that stems from exposure to a traumatic event involving actual or threatened death or serious injury to oneself or others with feelings of fear, helplessness, or horror. While PTSD is not limited to combat exposure or the military, a survey by the Wounded Warrior Project reveals the extent of trauma exposure among our returning service members. When asked about their combat experiences in the War on Terror, the survey found that...

- 83% had a friend who was seriously wounded or killed
- 78% witnessed an accident resulting in serious injury or death
- 77% saw dead or seriously injured civilians, and
- 63% saw these types of traumatic events six or more times.

The good news is that not every service member with this exposure will develop PTSD. The bad news is that long multiple deployments, shorter times between deployments, and multiple threat exposures—the very factors that characterized service in Iraq (Operation Iraqi Freedom or OIF) and Afghanistan (Operation Enduring Freedom or OEF)—have contributed to PTSD.

The numbers of service members and veterans diagnosed with PTSD are constantly changing as more attention and resources are directed to earlier screening and treatment. But there is no “getting home free” for many combat veterans as PTSD does not always have an immediate onset. Some estimate that between 10-30% of OEF and OIF service members will develop PTSD symptoms within a year of leaving combat as they transition from military to civilian life.

I have often heard veterans comment that, “Life was easier in combat.” The rules were clear, orders were given, a chain of command was followed. By contrast, dealing with a spouse and children with constantly changing communication, expectations, and responsibilities is like “negotiating a minefield” every day with no clear path in sight.

The Invisible Wounds of PTSD

Amputated limbs, disfiguring burns, wheelchairs, prosthetics, ventilators—these are the visible evidence of severe injuries. It is the less visible emotional wounds of PTSD that can damage relationships.

Avoidance of sights, sounds, or situations that trigger memories and flashbacks leading to self-isolation.

Feeling “dead inside” and finding no joy in life any more.

Nightmares, flashbacks, and night sweats that turn nights into a siege of horror.

Insomnia resulting in such physical and mental exhaustion that nothing seems possible.

Drinking and self-medicating to “dull the pain, calm nerves, and fall asleep.”

Unpredictable mood swings from minor impatience to catastrophic melt downs.

Verbally or physically assaulting or abusing spouses and children.

Treating the wounds of war means treating the veteran’s mind, spirit, and relationships as well as the body. Damage to family relationships is clear when research compares veterans with and without chronic PTSD. Veterans with chronic PTSD have:

- More severe relationship problems
- Poorer family adjustment
- Higher divorce rates
- Less self-disclosure and emotional expression
- Greater anxiety related to intimacy.

PTSD Affects Parenting

As Matt and Cassi so clearly show in their story, everyone in the family is affected by PTSD, including children. As children witness a parent’s withdrawal and mood swings, as they hear the arguments and shouting, as they no longer bring friends home, PTSD becomes another entity in the home. It’s hard for a child to understand why daddy can’t go to the movies because he’s uneasy in a darkened room or why he won’t sit down at the restaurant or why he never gets up before noon. The natural questions of “Why won’t he…?” and “Why does he…?” too often become internalized and the child believes that, “It’s my fault” and “My daddy doesn’t love me anymore.”

The world shifted for the children in the family while a parent was deployed, and it shifted again with a parent’s return. The happy homecoming reunion of parent and child can go into a downward spiral as the effects of PTSD or injuries become apparent. Dr. Jennifer Price has identified three patterns in children.

She describes the “over-identified” child who mimics the feelings and behaviors of the parent with PTSD in an effort to connect or feel closer. For example, if the parent yells a lot, the child yells more; if the parent complains of headaches, so does the child.

The “rescuer” child takes on adult roles to fill in for the parent with PTSD. This child can be readily identified because he simply acts too grown-up. This is the child who now parents the parent, manages the household, or takes on too much responsibility, often avoiding friends and peer activities.

The “emotionally uninvolved” child gets little emotional support from the parent with PTSD and disconnects. This can lead to problems at school, depression, anxiety, worries, fears, and relationship problems later in life.

If you see any of the patterns in your children, it’s important to reach out and support them and consider professional guidance or counseling. Some researchers have characterized the impact of a parent’s PTSD symptoms as secondary traumatization for the child. Getting help is not something only for the veteran. PTSD is a family affair.
**EMOTIONAL NUMBNESS**

BY MARYLYN LASH, MSW

So often people talk about the effects of traumatic brain injury or the consequences of post-traumatic stress disorder as separate conditions—which they are. But for the person who is living with the dual diagnosis of TBI and PTSD, it can be hard to separate them. Just as meteorologists predict “the perfect storm” when unusual and unprecedented conditions move in to create catastrophic atmospheric events, so can the combination of PTSD and TBI be overpowering and destructive for all in its path. The person with TBI and PTSD is living in a state unlike anything previously experienced. For the family, home is no longer the safe haven but an unfamiliar front with unpredictable and sometimes frightening currents and events.

While awareness of PTSD has greatly increased with recently returning service members and veterans, it is not new and not limited to combat. Anyone—children, adolescents, adults, elderly—who is exposed to a life-threatening trauma can develop PTSD. Car crashes, shootings, floods, fires, assaults, or kidnapping can happen to anyone anywhere. But the rate of PTSD after brain injury is much higher in veterans than civilians due to their multiple and prolonged exposure to combat. According to O’Connor and Drebing, it is estimated that up to 35% of recently returning service members and veterans with mild brain injury also have PTSD.

### What's Unique about PTSD?

**Symptoms of PTSD include:**

- Unwanted and repeated memories of the life-threatening event
- Flashbacks where the event is relived and the person temporarily loses touch with reality
- Avoidance of people, places, sights, or sounds that are reminders
- Feelings of detachment from people, even family, and emotional numbness
- Shame about what happened and was done
- Survivor guilt with loss of friends or comrades
- Hypervigilance or constant alertness for threats.

Individuals with PTSD are at increased risk for depression, physical injuries, substance abuse, and sleep problems, which in turn can affect thoughts and actions. These risk factors also occur with brain injury.

PTSD is a mental disorder, but the associated stress can cause physical damage. TBI is a neurological disorder caused by trauma to the brain. It can cause a wide range of impairments and changes in physical abilities, thinking and learning, vision, hearing, smell, taste, social skills, behaviors, and communication. The brain is so complex, the possible effects of a traumatic injury are extensive and different for each person.

When PTSD and TBI coexist, it’s often difficult to sort out what’s going on. Changes in cognition such as memory and concentration, depression, anxiety, insomnia, and fatigue are common with both diagnoses. One basically feeds and reinforces the other, so it’s a complicated mix—it’s the perfect storm. It may help to consider and compare changes commonly seen with TBI and PTSD.

### Memory

**TBI**

A period of amnesia for what went on just before (retrograde amnesia) or after (anterograde amnesia) the injury occurred is common. The length of time (minutes, hours, days, or weeks) of amnesia is an indicator of the severity of the brain injury. For example, the person may have no memory of what happened just before or after the car crash or IED explosion.

**PTSD**

In contrast, the person with PTSD is plagued and often haunted by unwanted and continuing intrusive thoughts and memories of what happened. The memories keep coming at any time of day or night in such excruciating detail that the person relives the trauma over and over again.

### Sleep

**TBI**

Sleep disorders are very common after brain injury. Whether it is trouble falling asleep, staying asleep, or waking early, normal sleep patterns are disrupted, making it hard to get the restorative rest of sleep so badly needed.

**PTSD**

The mental state of hypervigilance interferences with slowing the body and mind down for sleep. Nightmares are so common with PTSD that many individuals dread going to bed and spend long nights watching TV or lying on the couch to avoid the night’s terrors. Waking up with night sweats so drenching that sheets and clothing are soaked. Flashbacks so powerful that bed partners have been struck or strangled while sleep battles waged.

### Isolation

**TBI**

Many with brain injuries recall the early support and visits of friends, relatives, and coworkers. Visits or calls lessened over time. Loss of friends and coworkers leads to social isolation, one of the most common long-term consequences of brain injury.

**PTSD**

The isolation with PTSD is different as it is self-imposed. For many it is simply too hard to interact with people. The feeling of exposure outside the safe confines of the house is simply too great. The person may avoid leaving the house as a way of containing stimuli and limiting exposure to possible triggers of memories.

As a result, the individual’s world becomes smaller and smaller.

### Emotions

**TBI**

When the areas of the brain that control emotions are damaged, the survivor of a brain injury may have what is called “emotional lability.” This means that emotions are unpredictable and swing from one extreme to the other. The person may unexpectedly burst into tears or laughter for no apparent reason. This can give the mistaken impression that the person is mentally ill or unstable.

**PTSD**

Emotional numbness and deadened feelings are a major symptom of PTSD. It’s hard for the person to feel emotions or to find any joy in life. This emotional shutdown creates distance and conflicts with spouses, partners, and children. It is a major cause of loss of intimacy with spouses.

### Fatigue

**TBI**

Cognitive fatigue is a hallmark of brain injury.

**PTSD**

The cascading effects of PTSD symptoms make it so difficult to get a decent night’s sleep that fatigue often becomes a constant companion spilling over into many areas. The fatigue is physical, cognitive, and emotional. Feeling wrung out, tempers shortened, frustration mounts, concentration lessens, and behaviors escalate.

### Depression

**TBI**

Depression is the most common psychiatric diagnosis after brain injury; the rate is close to 50%. Depression can affect every aspect of life. While people with more severe brain injuries have higher rates of depression, those with mild brain injuries have higher rates of depression than persons without brain injuries.

**PTSD**

Depression is the second most common diagnosis after PTSD in OEF or OIF veterans. It is very treatable with mental health therapy and/or medication, but veterans often avoid or delay treatment due to the stigma of mental health care.

### Anxiety

**TBI**

Rather than appearing anxious, the person acts as if nothing matters. Passive behavior can look like laziness or “doing nothing all day,” but in fact it is an initiation problem, not an attitude. Brain injury can affect the ability to initiate or start an activity; the person needs cues, prompts, and structure to get started.

**PTSD**

Anxiety can rise to such levels that the person cannot contain it and becomes overwhelmed by feelings of panic and stress. It may be prompted by a specific event,
such as being left alone, or it can occur for no apparent reason, but the enveloping wave of anxiety makes it difficult to think, reason, or act clearly.

Talking about the Trauma

TBI The person may retell an experience repetitively in exhaustingly detailed to anyone who will listen. Such repetition may be symptomatic of a cognitive communication disorder, but it may also be due to a memory impairment. Events and stories are repeated endlessly to the frustration and exasperation of caregivers, friends, and family who have heard it all before.

PTSD Avoidance and reluctance to talk about the trauma of what was seen and done is a classic symptom of PTSD, especially among combat veterans.

Anger

TBI Damage to the frontal lobes of the brain can cause more volatile behavior. The person may be more irritable and anger more easily, especially when overloaded or frustrated. Arguments can escalate quickly, and attempts to reason or calm the person are often not effective.

PTSD Domestic violence is a pattern of controlling, abusive behavior. PTSD does not cause domestic violence, but it can increase physical aggression against partners. Weapons or guns in the home increase the risks for family members. Any spouse or partner who feels fearful or threatened should have an emergency safety plan for protection.

Substance Abuse

TBI The effects of alcohol are magnified after a brain injury. Drinking increases the risks of seizures, slows reactions, affects cognition, alters judgment, interacts with medications, and increases the risk for another brain injury. The only safe amount of alcohol after a brain injury is none.

PTSD Using alcohol and drugs to self-medicate is dangerous. Military veterans drink more heavily and binge drink more often than civilian peers. Alcohol and drugs are being used often by veterans to cope with and dull symptoms of PTSD and depression, but in fact create the symptoms of PTSD and depression, but in fact create

Summary

There is no easy “either/or” when it comes to describing the impact of TBI and PTSD. While each diagnosis has distinguishing characteristics, there is an enormous overlap and interplay among the symptoms. Navigating this “perfect storm” is challenging for the survivors, the family, the caregivers, and the treatment team. By pursuing the quest for effective treatment by experienced clinicians, gathering accurate information, and enlisting the support of peers and family, it is possible to chart a course through the troubled waters to a safe haven.

References:


Marilyn Lash, MSW With over 35 years of experience working with persons with disabilities and their families in medical, rehabilitation, educational, and vocational settings, she is a speaker and author of many articles and books on the emotional trauma of brain injury. As founder and president of Lash and Associates Publishing/Training, she believes that practical and user-friendly information is essential for families, survivors, providers, and professionals.
Develop a Relationship with Teachers

Research has shown that a critical factor influencing school success for children with brain injury is the degree of collaboration between the child’s parents and educators. Once a child is back in school, parents will want to develop and maintain a non-adversarial working relationship with their child’s teachers. Parents may find it helpful to research tips for being a proactive advocate for their child and to practice effective communication skills when working with their child’s school team. As with “I” statements. At the beginning of each school year, parents should seek to establish a system of ongoing communication with their child’s teachers, one that will keep both parties abreast of the child’s progress. Good Parenting Skills Help at Home

Additionally, parents can help their child succeed in school by carrying out good parenting skills at home. Setting clear boundaries and expectations, and being consistent in enforcing rules and offering praise have been shown to help children with brain injury have better adaptive functioning and social competence. Practices such as having a written set of rules and allowing for flexibility as a means to help parents communicate their expectations to their child. Good Parenting Skills Help at Home

Develop a Relationship with Teachers

Research has shown that a critical factor influencing school success for children with brain injury is the degree of collaboration between the child’s parents and educators. Once a child is back in school, parents will want to develop and maintain a non-adversarial working relationship with their child’s teachers. Parents may find it helpful to research tips for being a proactive advocate for their child and to practice effective communication skills when working with their child’s school team, such as using “I” statements. At the beginning of each school year, parents should seek to establish a system of ongoing communication with their child’s teachers, one that will keep both parties abreast of day-to-day happenings and alert all to any minor problems before they become major crises. Parents and teachers should decide together on the easiest form of communication for all parties, whether it is checklists, notes, emails, phone calls, or brief meetings, and agree to a schedule for the interactions. Learn About Brain Injury to Inform Teachers

It is also essential for parents to gain as much knowledge as they can about the effects of brain injury in children, and for them to understand that their child’s teacher may or may not have had training or experience working with such students, as many teachers do not. Since parents of students with brain injury hold a wealth of information about their child’s unique needs, it is extremely helpful for parents to meet with teachers at the beginning of the school year and provide them with a short overview of their child’s history, course of recovery, current needs, and behavior and learning strategies that have proven helpful in the past. The parent could have the child start with a minor role in the presentation and then each year take on a greater role in the presentation. This is a great way for students to learn to identify their needs and practice self-advocacy skills, while conveying the necessary information to teachers. Good Parenting Skills Help at Home

Additionally, parents can help their child succeed in school by carrying out good parenting skills at home. Setting clear boundaries and expectations, and being consistent in enforcing rules and offering praise have been shown to help children with brain injury have better adaptive functioning and social competence. Practices such as having a written set of rules for expected behaviors and a list of chores are beneficial for children as well as adolescents. Designated homework times help with organization, and set schedules for bed times are necessary to deal with fatigue and sleep issues following brain injury. Tutoring Can Help

Lastly, students with brain injury may benefit greatly from having someone tutor them after school and during the summer. Children and adolescents generally need extra time and practice to master much of their academic work. A tutor can help the child with specific homework or practice needed skills such as reading and math. Parents have so many additional roles after their child is injured that this is one place where they could let someone else take responsibility. Often, a child responds better to someone other than the parent when being asked to do a non-preferred activity, and having a tutor gives the parent a little time off. Options for tutors are not just limited to paid tutors—say, teachers or college students— but could include after-school tutoring programs offered by school districts, or non-paid tutors like high school or college students in volunteer programs, friends, or relatives. Parents wanting to learn more about brain injury in school-aged children are encouraged to visit the following websites:

www.lanpublishing.com/blog/
www.nichcy.org/disability/specific/tbi
www.braitline.org/landing_pages/features/bkids.html
www.cbirt.org/tbi-education/

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A BETTER APPROACH TO FINDING A JOB AFTER BRAIN INJURY

by Dawn Westfall, CCC-SLP

When finding the perfect job for a person who has sustained a traumatic brain injury, most speech therapists and vocational rehab counselors look at the person’s weaknesses so she can find a job that does not require those skills. This has been a common approach in vocational re-entry for years. Although it is important not to set up anyone with a TBI for failure, basing a job search on avoiding weaknesses is often a very limiting approach. I propose a better one: Look at people’s strengths and interests, and build the job from there.

Let’s face it—we spend a lot of time at work. We also know we are better at jobs we love, and we love jobs we are good at doing. So step one is to find out what the person loves. This can be accomplished by doing a comprehensive interest inventory. Next, we need to find out what she can do well and ask what strengths she has. We do this by looking at her skill sets.

Now comes the fun part, which is finding jobs that your client finds interesting and which require skills she possesses and performs well. If she was employed prior to the injury, this must be taken into consideration. Generally, it is preferable to keep people with their previous employer, since they have already established rapport and relationships with the boss and co-workers. They also have a long-term working memory of the policies and procedures.

The general rules are to return people to:
1. the previous job with the previous employer
2. a different job with the previous employer
3. a previous job with a different employer
4. a different job with a different employer.

Remember, however, that these are only general rules and may change due to varying circumstances.

Once you have helped your client find a job that interests her and requires using her strengths, then you can begin to look at her weaknesses and how these might impact her success with employment. You should develop a list of potential problems, including physical, cognitive, emotional, and social weaknesses. Next in line is to develop a plan that works around these potential problem areas. Your client may need strategies, equipment, therapy, training, and other accommodations to help get around these issues. If there are parts of the job she is unable to perform due to these weaknesses, and they cannot be overcome, then job carving is an option. Job carving is simply identifying the aspect of the job she cannot perform and “trading” it for a part of someone else’s job she can perform well.

A Real-Life Example

I once worked with a woman who had been a receptionist for a small office prior to a significant injury to her brain. We worked diligently at getting her skills back so she could return to her previous job with her previous employer. She was not very responsive to treatment, and the chances of being able to return to that job were looking dismal. Then one day I brought in some silk flowers to put in a vase in my office. She came in and said, “May I arrange those flowers for you?”

Immediately, it struck me that this was the first time I had seen her initiate anything since starting the program. She also showed more affect than ever before. She arranged the flowers, and they looked amazing. But more importantly, she was smiling and looked quite proud of her accomplishment.

We began talking about her hobbies. I found that she loved many crafts and was skilled at them. I also found out she hated her receptionist job prior to the injury and never felt she was good at it, but she did not know what else to do for employment. We changed our approach and began looking at careers that matched her interests and skills. Then we came up with a plan to get around the potential problems.

In the end, she got a job working at a craft store and teaching classes. I am pleased to say that she went on to own a craft store and eventually had a craft show on a local television station in her home town.

This interaction taught me a lot about job placement, especially two very important facts:
1. Focus on the person’s strengths and work around the weaknesses.
2. It is more than acceptable for people to do better after an injury than they did prior, so don’t hold them back!

Dawn Westfall, MS, CCC-SLP, received her Master’s Degree in Speech-Language Pathology from Eastern Illinois University. She works at HealthSouth Deaconess Rehabilitation Hospital in Evansville, Indiana, where she has specialized in treating adults with traumatic brain injuries for the past 22 years. For 12 years she assisted with developing and managing a community rehabilitation program that assisted individuals with a traumatic brain injury in getting back to work, school, and living independently.
**READING ROOM**

**LIVING LIFE FULLY AFTER BRAIN INJURY: A WORKBOOK FOR SURVIVORS, FAMILIES AND CAREGIVERS**
by Robert T. Fraser, Ph.D., CRC, Kurt L. Johnson, Ph.D., CRC, and Kathleen R. Bell, M.D., Editors

This valuable workbook provides practical suggestions to help persons with TBI and their family understand and cope with the effects of brain injury. It raises many issues that can be the basis of discussion when seeking help from a variety of rehabilitation specialists. I certainly will encourage patients that I see to utilize it. — George P. Prigatano, Ph.D., Newsome Chair, Department of Clinical Neuropsychology, Barrow Neurological Institute

This thoughtful and helpful book...is much needed and long overdue after ten years of war whose signature injury is Traumatic Brain Injury. Vets returning from Iraq and Afghanistan and also vets from earlier wars as well as their families, loved ones and caregivers will benefit from this guide to recovery. — Shad Meshad, President and Founder, National Veterans Foundation

True to its subtitle, this is indeed a “workbook” full of useful forms, charts, graphs, website information, etc. An accompanying CD contains all forms in the book, so they can be downloaded for permanent storage — an excellent idea, as the paperback book itself may well eventually disintegrate from frequent use. The editors and contributors are owed a huge debt of gratitude from the brain injury community. Families will want this information close at hand for years to come and rehabilitation specialists can recommend it with enthusiasm. — Bruce Caplan, Ph.D., ABPP, FACRM Senior Editor, Journal of Head Trauma Rehabilitation

Item: LVLF 211 pages softcover plus CD with 46 worksheets, $35
www.lapublishing.com/brain-injury-recovery/

**MY PARENT HAS A BRAIN INJURY**
Jo Johnson, Ph.D.
Reviewed by Janet Cromer, RN, MA, LMHC

How many kids want to read a book about brain injury? My Parent Has a Brain Injury takes on a topic kids might dread in an inviting, companionable, and empowering style. In a slim volume packed with information, Dr. Johnson focuses on the topics that most bother kids and teens. Those topics include what happens in brain injury, changes in the parent’s personality and behavior, differences in the family, and the child’s confusing emotions. Even complex topics such as cognition and executive functions are described in clear and direct language.

Over half of the book is devoted to the child’s emotions and building adaptive skills. Kids will like all the colorful lists of tips to home specific coping skills and make family life easier. Creative approaches to taking care of yourself are balanced by reminders of when to ask adults for help. Both parents and kids will appreciate the honest discussion of depression, embarrassment, resentment, guilt, unfairness, and anxiety. Riveting stories and quotes from kids will open adult eyes to children’s experiences, worries, and resourcefulness while making kids say, “Yeah, just like me!”

My Parent Has A Brain Injury is a terrific book for a child or teen, and a valuable resource in many settings. Support groups and schools can use the book to raise awareness, prompt discussion, and provide accurate information. Every library should have a copy!

Item: MPBI 73 pages, softcover, $20

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United States
- Brain Injury Alliance of America
  http://usbia.org/
- Brain Injury Association of America
  http://biausa.org/
- Brain Injury Association of Arizona
  http://biaaz.org/bia/index.aspx
- Brain Injury Network
  www.ahif.org/
- Brain Injury Association of Arkansas
  http://biaar.org/

INTERNATIONAL RESOURCES

- Brain Injury Alliance of Australia
  http://www.biaaustralia.org.au
- Brain Injury Association of Canada
  http://biac-alc.ca/
- Headway United Kingdom
  www.headway.org.uk/
- Brain Injury Association of Delaware
  http://biaofde.org/
- Brain Injury Association of Florida
  http://www.biaflorida.org/
- Brain Injury Association of Georgia
  http://www.braininjurygeorgia.org/
- Brain Injury Alliance of Hawaii
  http://www.biausa.org/hawaii
- Brain Injury Alliance of Idaho
  http://www.biaid.org/
- Brain Injury Association of Illinois
  http://www.biai.org/
- Brain Injury Association of Indiana
  http://www.biai.org/
- Brain Injury Alliance of Iowa
  http://www.biais.org/
- Brain Injury Association of Kansas and Greater Kansas City
  http://biaks.org/
- Brain Injury Alliance of Kentucky
  http://www.biauky.org/
- Brain Injury Association of Louisiana
  http://www.biais.org/
- Brain Injury Association of Massachusetts
  http://www.biama.org/
- Brain Injury Association of Michigan
  http://www.biam.org/
- Brain Injury Association of Minnesota
  http://www.biausa.org/minnesota/
- Brain Injury Association of Mississippi
  http://www.msbia.org/
- Brain Injury Association of Missouri
  http://www.biamo.org/
- Brain Injury Alliance of Montana
  http://bsamt.org/
- Brain Injury Association of Nebraska
  http://www.biane.org/
- Brain Injury Alliance of Nevada
  http://www.bianv.org/
- Brain Injury Association of New Hampshire
  http://www.bianh.org/
- Brain Injury Alliance of New Jersey
  http://www.bianj.org/
- Brain Injury Association of New Mexico
  http://www.bianm.org/
- Brain Injury Association of New York
  http://www.biany.org/
- Brain Injury Association of North Carolina
  http://www.bianc.org/
- Head Injury Association of North Dakota
  http://www.bia.nd.org/
- Brain Injury Association of Ohio
  http://www.biaoh.org/
- Brain Injury Association of Oklahoma
  http://www.biaoklahoma.org/
- Brain Injury Alliance of Oregon
  http://www.biaor.org/
- Brain Injury Association of Pennsylvania
  http://www.biapa.org/
- Brain Injury Association of South Carolina
  http://www.biausa.org/sc/
- Brain Injury Alliance of South Dakota
  http://www.biausa.org/southdakota/
- Brain Injury Association of Tennessee
  http://www.biausa.org/tennessee/
- Texas Brain Injury Alliance
  http://www.texasbi.org/
- Texas Division
  http://www.biausa.org/texas/index.htm
- Brain Injury Alliance of Utah
  http://www.utaabi.org/
- Brain Injury Association of Vermont
  http://www.vtbraininjury.org/
- Brain Injury Association of Virginia
  http://www.biavirginia.org/
- Brain Injury Services (Virginia)
  http://www.biais.org/
- Brain Injury Association of Wisconsin
  http://www.biaw.org/
- Brain Injury Alliance of Washington
  http://www.braininjurysw.org/
- Brain Injury Alliance of West Virginia
  http://www.biawestvirginia.org/
- Brain Injury Association of Wisconsin
  http://www.biaw.org/
- Brain Injury Alliance of Wyoming
  http://www.projectbrainofwyoming.com/

MILITARY AND VETERAN SUPPORT

- After Deployment
  http://www.afterdeployment.org/
- Defense and Veterans Brain Injury Center
  http://www.dvbic.org/
- Hearts of Valor
  http://www.heartsofvalor.org/
- Hope for the Home Front
  http://www.hopeforthehomefront.com/
- Military One Source
  http://www.militaryonesource.mil/
- National Center for Post-Traumatic Stress Disorder
  http://www.thenationalcenter.org/
- Operation Homefront
  http://www.operationhomefront.com/
- Wounded Warrior Project
  http://www.woundedwarriorproject.org/

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