

TBI TODAY

News, Ideas, and Resources from the Virginia TBI Model System

THE VIRGINIA TBIMS TEAM

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Understanding TBI and PTSD

by Drs. Emilie Godwin and Nancy Hsu

People often wonder if a person can have both a Traumatic Brain Injury (TBI) and also suffer from Post-Traumatic Stress Disorder (PTSD). Not only is it possible, but it is somewhat common.

Although many people believe that PTSD is something only experienced by combat veterans, in reality it can occur following any trauma where a person believes that there is an immediate threat of harm, injury, or death. The U.S. Dept. of Veterans Affairs estimates PTSD has a lifetime prevalence rate of 8.7 % (ptsd.va.gov). This means that about 9 out of every 100 people in the population will meet the criteria for PTSD at some point in their lifetime. On the other hand, current studies suggest that about one out of six people with TBI will experience PTSD after their injury (cdc; Granacher, 2008). Therefore, it is not only possible for survivors to struggle with PTSD, it is somewhat likely.

Although PTSD is a relatively common occurrence after brain injury, it often goes undiagnosed. When this happens, both patients and their families may spend months or even years without understanding how PTSD affects recovery from TBI. Additionally, because there are many TBI and PTSD symptoms that overlap with one another, survivors with a history of undiagnosed PTSD commonly report having been told that their TBI symptoms are "more severe than they should be" or are "lasting longer than they should." This can cause great distress for survivors and family members alike. It may also leave them feeling confused, criticized, and powerless to make changes in their lives. (*Contd. on p.6*)

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Fall Word Scramble!

See if you can unscramble these words! Answers are on page 7 if you get stumped.

- | | |
|-----------------------|--------------------|
| 1. ALFL _____ | 10. LOCO _____ |
| 2. NATUMU _____ | 11. LFOOATLB _____ |
| 3. FLEA _____ | 12. ORFOCULL _____ |
| 4. AKER _____ | 13. FFGNTISU _____ |
| 5. SATERVH _____ | 14. IRECD _____ |
| 6. TGAKIVNSGINH _____ | 15. OCRN _____ |
| 7. ALOEHELNW _____ | 16. COOTERB _____ |
| 8. UPINPKM _____ | 17. NBMREVOE _____ |
| 9. ARWCCOERS _____ | 18. BMEERECD _____ |

Adjustment and Resilience Brain Injury Study

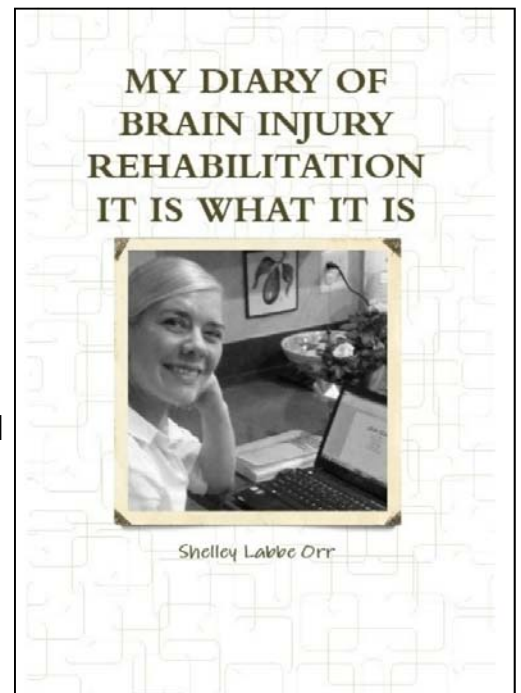
If you have had a TBI, you may qualify for a new research study! We are evaluating the helpfulness of an outpatient rehabilitation program to help people adjust to having a brain injury. Qualified volunteers will participate in seven education sessions. Study volunteers will be given information on brain injury, local resources, skills development, and positive coping strategies. Topics will include understanding changes that occur after brain injury, setting goals, problem solving, managing emotions and stress, and communicating well.

If you are interested in participating and 18 or older, please call Jenny Marwitz at 804-828-3704, or toll free at 1-866-296-6904, or by email at jhmarwit@vcu.edu.

TBI Survivor Book Announcement

Brain injury survivor Shelley Labbe Orr has written about her experience in her new self-published memoir, "*My Diary of Brain Injury Rehabilitation: It Is What It Is*." On an ordinary morning, Shelley's life was forever changed when she slipped while stepping out of the shower. In sharing the journal that she kept during her time at a rehabilitation center, she transports the reader into her life in early recovery. Shelley's words are both candid and heartwarming, beautifully illustrating her memories, struggles, and relationships.

Shelley's book can be ordered through barnesandnoble.com, amazon.com, and lulu.com.



New Intervention for Couples After Brain Injury

Following the renewal of the TBI Model Systems grant at VCU, Drs. Kreuzer and Godwin have launched the Therapeutic Couples Intervention (TCI). The TCI is a continuation of our interest and commitment to family-focused research after brain injury.

Often, spouses or romantic partners take on a caregiving role when their partner suffers a brain injury. As such, the TCI is designed to assist couples after TBI.

Topics covered in the TCI program include:

- * What is normal for brain injury? Common problems after TBI
- * How are we different now? Common relationship changes after TBI
- * Communicating in a 'new' relationship
- * Managing stress effectively
- * Setting reasonable goals
- * Solving problems effectively
- * Establishing emotional intimacy
- * Renewing physical intimacy
- * Parenting 101: parenting education and skills (optional material for couples who are parents)
- * Parenting after TBI: Common hurdles to effective parenting (optional material for couples who are parents)
- * Taking care of yourself and your relationship
- * Focusing on gains and looking forward

Participation is free, and study volunteers will be compensated for their time. If you are interested in participating, please contact Jenny Marwitz at 804-828-3704, or toll free at 1-866-296-6904. Or, send an email to jhmarwit@vcu.edu.

Mark Your Calendar!



Supportive Survivors

- ◆ **When:** Tuesdays 6-8pm
- ◆ **Location:** Usually at the Regency Mall Food Court (Richmond)
- ◆ **Contact:** Contact Ted Taylor at (804) 852-6644 or taylorsted58@yahoo.com

Richmond Area Support Groups

- ◆ **Location:** 2nd Monday every month at 6:30pm, Woodlake Methodist United Church, 15640 Hampton Park Drive in Chesterfield
- ◆ **Contact:** Liz Perry-Varner at 804-276-5761
- ◆ **Location:** 3rd Monday every month at 6 pm, Children's Hospital Auditorium, 2924 Brook Rd.
- ◆ **Contact:** Call the Richmond BIAV at 804-355-5748 for more info!

April 15-17, 2015

- ◆ **Event:** 39th Annual Williamsburg Brain Injury Rehabilitation Conference
- ◆ **Location:** Doubletree by Hilton Hotel Williamsburg
- ◆ **Contact:** Call 703-451-8881, ext 224 or visit www.tbiconferences.org.

May 17-30, 2015

- ◆ **Event:** Camp Bruce McCoy
- ◆ **Location:** To Be Announced
- ◆ **Contact:** Call 1-800-444-6443 for more info!

If you have an upcoming event of interest to the Brain Injury community in Virginia, we would be glad to consider including it here. Please contact Matthew Wetsel at 804-828-3703 or wetselme@vcu.edu

Survivor Stories Wanted!

Recovering from a brain injury can be very difficult. Sometimes, one of the most helpful and inspiring things is simply hearing from other survivors who have gone through recovery and faced the same challenges. Are you a survivor with a story you'd like to share? If so, then we'd like to hear it, and it might get into a future issue of TBI Today!

Submit to: jhmarwit@vcu.edu

or

TBI Today, VCU P.O. Box 980542
Richmond, VA 23298-0542





CHAT WITH PAT

Pat answers your personal questions about brain injury with compassion and practical advice. However, advice from Pat's column should not be substituted for consultation with a doctor or rehabilitation specialist. The identity of individuals submitting questions to "Chat with Pat" is kept strictly confidential.

DEAR PAT: I am a 19 year old college student, studying to be a teacher. About six months ago, I was hit by a car while riding my bike to class. The driver wasn't paying attention and turned right without looking my way. I flew off the bike and hit the sidewalk hard. Thank goodness I had a helmet on!

People who saw the accident were shocked to see me fly through the air. I tried to tuck in preparation for the landing so the majority of the impact was on my body and my head didn't hit the ground first. But I still felt the bounce of the helmet off the ground. The pain started right away! My head hurt and I could feel pain all over my body. I didn't want to move at all. People started to gather around me. A woman knelt beside me, asked me all kinds of questions. I was in too much pain to answer any questions. The ambulance finally came to take me to the hospital.

It took me two months to get my body working again. My brain is another story. I was told I had a brain injury and that it may take six months to get my brain working right again. For a while, I just felt like I was in a fog. My head would hurt and I would get tired when I tried to study. I had to take

the semester off from school because all I wanted to do was sleep. My memory wasn't so great either. I couldn't remember what I had for breakfast that morning! I was starting to feel really stupid. People would look at me funny because I would lose my train of thought and stop talking mid-sentence. After a while, I just kept to myself in my room. It was too much work to deal with people, and I was just getting mad. Well, thank goodness that got better each day.

Now I'm beginning to feel more normal, like myself before the accident. It seems like it's been a long road and I still have a long ways to go. The thing that bothers me the most, though, is my inability to make decisions and figure out how to solve problems.

I used to be able to figure anything out in my head. I don't even know how I did it but I just knew how to make the right decision. Of course, my parents may disagree with that statement...haha. They are worried about me because they tell me that I don't make good choices. So, this is what I need help with. I need to know how to solve problems on my own. I don't want to have to call my parents or depend on others to make decisions. Can you help?

Justin

PAT'S RESPONSE: Dear Justin: Recovering from a brain injury could be a long journey. I commend you for your dedication in getting better and better each day. Everyone faces problems in his/her everyday life. It is not a unique issue to brain injury survivors. However, after a TBI, people often face brand new challenges that over time become overwhelming. Try this step-by-step guide to problem solving and see how it works for you.

Steps for Effective Problem Solving

- 1. Define the Problem.** "What problem am I trying to fix?" Focus on only one problem at a time. Be specific with defining the problem.
- 2. Brainstorm Possible Solutions.** Generate a list of ALL possible ways you might solve the problem, regardless of their plausibility.
- 3. Evaluate the Possible Solutions.** "Is this option possible/practical?" "Will it solve the problem?" Generate pros and cons columns. "Are there more pros than cons?"
- 4. Pick a Strategy for Solving the Problem.** Choose some solutions you think will work. Pick one that seems the most practical and possible.
- 5. Try the Solution Out.** List everything you will need to solve the problem using your solution. "What resources do I need?"
- 6. Set a timeline to try out your solution.** Then do it!
- 7. Evaluate Whether or Not the Strategy Worked.** "Did the plan work or solve my problem?"

If the plan did not work out, go back to your list of possible solutions and pick another one. In addition, ask for the help of trusted family and friends to help you come up with more ideas to try out.

Here are some qualities of an effective problem solver that you could focus on cultivating.

1. Take an active approach, tackling problems head on.
2. Be a positive thinker and use creativity to think up possible solutions.
3. Practice patience and allow time for solutions to work.
4. Keep trying until you find a solution.
5. Try new approaches when old ones do not work.
6. Before starting, carefully research the problem and possible solutions.
7. Seek out and rely on good advice.
8. Set priorities and work on only one problem at a time.
9. Set clear goals and a timeline for problem-solving steps.

Working with a mental health counselor who specializes in working with persons with a TBI to help develop these problem solving skills might help. You could contact your local chapter of the Brain Injury Association for a referral. In the meantime, try the outlined approach to problem solving to see if it works for you. I hope these tips will help you to become an effective problem solver. Good luck!

JUST THE FREQUENTLY ASKED QUESTIONS

THE INFORMATION PROVIDED IN THE FAQ IS INTENDED TO FAMILIARIZE THE PUBLIC WITH ISSUES RELATED TO TBI. NO INFORMATION PROVIDED HEREIN SHOULD BE CONSTRUED AS THERAPEUTIC ADVICE OR AS A SUBSTITUTE FOR CONSULTATION WITH A COMPETENT MEDICAL OR MENTAL HEALTH PROFESSIONAL.

Q: How common are headaches after traumatic brain injury?

A: Headaches are one of the most common complaints by TBI survivors. They can be long lasting, with many people suffering from headaches years after injury. There are different causes of headaches, including a change in the brain due to the injury, healing neck and skull injuries, tension and stress, and medication side-effects. What can you do?

To prevent headaches:

- Get plenty of sleep.
- With your physician's guidance, incorporate daily exercise, such as walking and stretching, into your lifestyle.
- Avoid drinking caffeinated beverages.
- Avoid consuming certain foods that have been known to trigger a headache, like red wine, MSG (a common food additive), or certain cheeses.

To treat headaches (ask your doctor about these!):

- Over-the-counter pain medicines (e.g., acetaminophen or ibuprofen)
- Prescription medicines
- Practice relaxation/meditation
- Biofeedback therapy
- Stretching and self-massage
- Acupuncture
- Local injections
- Therapeutic massage
- Heat or ice packs

(PTSD, continued)

When survivors or family members suspect that PTSD may be present, the first step is to seek evaluation by a mental health professional familiar with the combined diagnoses of TBI and PTSD. Understanding how TBI and PTSD interact can help survivors and caregivers in finding appropriate treatment and knowing what their needs are.

Unfortunately, information for patients and caregivers that addresses both TBI and PTSD together remains scarce. In order to address this information gap, we've put together some of the most common questions people may have to begin addressing this important topic. [Ed. note: Drs. Hsu and Godwin are also the developers of VCU's TBI/PTSD Dual Diagnosis Psychotherapy Clinic].

Could you please describe what it means to have a PTSD diagnosis?

(Dr. Hsu): Current criteria state that a PTSD diagnosis may be indicated when a person experiences, witnesses, or learns about an event that they believe to be a physical, or in some cases a psychological threat to life; and that, as a result of this event, the person develops the following cluster of disruptive symptoms for longer than one month:

- ❑ inescapable, frightening thoughts of danger that occur frequently and are significantly distressing (e.g., *intrusion*);
- ❑ persistent attempts to avoid trauma-related thoughts or feelings, trauma-related physical/psychological reminders; and/or situations that are perceived as a potential "life threat" (*avoidance*);
- ❑ dominating moods and thoughts that are overwhelmingly negative and include themes of guilt or blame (*negative alterations in cognitions/mood*); and,
- ❑ feeling overwhelmingly "on edge," "wired," and/or "reactive" (*arousal/reactivity*).

Can you describe what life is like from the perspective of someone with PTSD?

(Dr. Godwin): When a person has been diagnosed with PTSD, they will frequently have feelings, thoughts, and behaviors that would be considered normal and appropriate for a life-or-death situation. However, when these reactions regularly occur in the context of day-to-day life, they are seen as being unfounded and extreme. To put it simply, these feelings, thoughts, and behaviors occur because an individual's internal "fight-or-flight" mechanism has been activated by a traumatic event, but the mechanism failed to properly shut off once the threat was gone.

What other challenges are common when a person has PTSD?

(Dr. Godwin): To understand life with PTSD, it is easiest if you start by imagining how you might feel if you were in a threatening situation.

If you have ever watched on as you believed a tragedy was about to occur, you may recall that the world seemed to slow down and that you felt as if you were separate from the events around you. As a result, PTSD can cause people to feel detached from the world around them, have trouble remaining involved in activities, and report difficulty experiencing loving feelings for others.

Another experience people have in life or death situations is that their senses are on "high alert" and they pay very close attention to the environment, rapidly scanning and re-scanning for anything that indicates threat. This describes the "always on guard" behavior that people will observe when someone has PTSD.

PTSD causes individuals to have frequent, poorly controlled panic attacks. When something triggers the fight-or-flight response but there is no obvious reason or threat, people experience confusion, anxiety, and panic. This results in a powerful sense that something is about to cause mortal danger, but often there are no clues as to what the threat is or how to address it.

There is also a "rebound effect" that causes the frightening thoughts and ideas associated with PTSD to continuously appear in people's minds.

People will naturally attempt to avoid or shut down

frightening thoughts when they have them. However, psychologists have long known that the more a person tries to avoid a specific thought, the more they will have that thought. People will get stuck in this cycle of trying to avoid a thought, only to experience the thought more regularly, which creates more fear and panic.

Finally, the physical symptoms associated with PTSD are often described by survivors as being similar to having the flu while also feeling constant excessive energy- being “wired and tired.” Common additional symptoms include: poor sleep despite chronic fatigue, weight gain combined with cravings for sugary or salty foods, intestinal/ stomach symptoms, low or no sexual drive, and heightened sensory awareness which includes greater pain reactivity.

What makes having a TBI and PTSD different?

(Dr. Hsu): The biggest challenge that comes from having both PTSD and TBI is the significant overlap of symptoms. These include: frustration, confusion, irritability, losing train of thought, misplacing things, loss of interest in people and activities, and feeling sad or blue. These can be expected following either brain injury or development of PTSD. When a person has both TBI and PTSD, these overlapping symptoms are experienced with a much greater intensity. Another challenge is that the negative thinking patterns of PTSD are harder to correct for individuals who have cognitive symptoms as a result of TBI. Finally, the ever-present anxiety and fear that is part of PTSD adds to the social discomfort TBI survivors often experience, resulting in isolation and a reduced willingness to ask for help.

What treatment options are there when a person has both TBI and PTSD?

(Dr. Hsu): Although treatment for PTSD has been well researched, researchers have just recently started to investigate which treatments are best when TBI is also a factor. However, early studies are indicating that a PTSD intervention called Prolonged Exposure Therapy may be a good option for survivors. As a result of this research, this is the model that we are using at the VCU clinic. Prolonged Exposure Therapy (PET) is based on the idea that in PTSD the fight-or-flight response

does not turn off appropriately in part due to the use of avoidance strategies. Basically, the thinking is that every time a person avoids a trigger such as a memory, or a crowd of people, and then no harm comes to the person, the brain learns that avoidance of the trigger is what kept the person safe. This results in the belief that identifying and then avoiding triggers has life or death importance. In PET, therapists guide individuals through exercises in which the person is exposed to non-dangerous triggers while program strategies help the person to resist the urge to avoid. This allows the brain to learn that these triggers are safe and avoidance is an unnecessary strategy in these situations.

(Dr. Godwin): Also, the research combined with what we see in our clinic suggests that PET may be a good fit for individuals with combined TBI/PTSD. This indicates that there may be other exposure-based approaches that would also be appropriate options for treatment.

However, the most effective route to improving access to good treatment will continue to be increasing public knowledge of combined TBI/PTSD. Survivors, caregivers, and brain injury professionals who regularly face the challenges that come with these dual diagnoses can help make this happen by making a commitment to themselves that they will actively work to spread the word and continue the conversation. *End.*

**Here are the answers to the Word Search on Page 2.
How'd you do?**

- | | |
|--------------|-----------------|
| 18. December | 9. Scarecrow |
| 17. November | 8. Pumpkin |
| 16. October | 7. Halloween |
| 15. Corn | 6. Thanksgiving |
| 14. Cider | 5. Harvest |
| 13. Stuffing | 4. Rake |
| 12. Colorful | 3. Leaf |
| 11. Football | 2. Autumn |
| 10. Cool | 1. Fall |

VCU, PM&R

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Founded in 1983 by families and concerned professionals, the Brain Injury Association of Virginia is the only statewide non-profit organization in Virginia exclusively devoted to serving individuals with brain injury, their families, and those that care for and about them. Over 10,000 people find help from BIAV each year.

BIAV is a chartered state affiliate of the Brain Injury Association of America and exists to be the voice of brain injury through help, hope and healing for Virginians with brain injury and their families. We educate human service professionals and the community on the risks and impact of brain injury and advocate for improved medical and community-based services. Many of our staff members are Certified Brain Injury Specialists (CBIS Certified).

To find out more information about BIAV, contact us at 1-800-444-6443 or 804-355-5748. Or visit our website at www.biav.net.



The Voice of Brain Injury: Help, Hope & Healing