

MODULE 6 – Optional Additional Module

Traumatic Brain Injury

Materials Needed:

- Handout 16: TBI Frequently Asked Questions
- Handout 17: Coping with TBI

Provider Note: *Traumatic Brain Injury (TBI) has been called a “signature wound” of the conflicts in Iraq and Afghanistan. This module is intended to provide some basic information and support for service members/veterans dealing with TBI. We STRONGLY encourage you to access the other neuropsychology or polytrauma resources at your facility to help lead this module and/or to provide information regarding how service members/veterans can access other resources focused on TBI.*

In presenting the FAQ’s, remember that even with the fairly didactic style of the presentation, we encourage you to solicit feedback from the group members, answer questions and solicit their experiences of coping with the TBI.

I. Traumatic Brain Injury FAQs

A. What is a traumatic brain injury?

A traumatic brain injury occurs when something outside the body hits the head or the head strikes an object with significant force and causes damage to the brain. In combat, the most common causes are being involved in blasts or explosions, vehicular accidents or crashes, fragment wounds above the shoulder, and falls (VA polytrauma website).

B. What are the symptoms of a TBI?

These vary significantly depending on the type and severity of the injury. Many people have immediate onset of symptoms, but recover relatively quickly. Others may be asymptomatic at first, but develop symptoms at a later time. Some people who experience a head injury do not develop any symptoms afterwards and therefore don't have a TBI.

Mild TBIs may cause symptoms such as:

- Sleep problems
- Fatigue
- Difficulty completing tasks
- Problems with organization

- Trouble making decisions
- Sensitivity to lights and sounds
- Headaches
- Feeling depressed, sad
- Trouble with concentration, memory, and/or attention
- Easily overwhelmed
- Irritable, angry
- Impulsive, outbursts

(Parts adapted from the *Courage to Care: Courage to Talk About War Injuries* website)

Each person's experience of TBI is unique. Some may experience several of these symptoms, while others may experience none. Another significant challenge in diagnosing a TBI is that many of the above symptoms are also symptoms of PTSD and/or depression. This can make it difficult to identify the cause of the symptoms and to provide the appropriate treatment.

C. How are Traumatic Brain Injuries (TBIs) classified? (adapted from the Defense and Veterans Brain Injury Center's website)

TBIs are classified as mild, moderate, or severe. Approximately 3/4 of all brain injuries are mild. Of those returning from Iraq and Afghanistan, the approximate percent of each type of TBI is:

Mild (76%): More commonly known as a concussion, most make a full recovery from a mild TBI within minutes to hours after the injury. A small percentage may take up to three months to recover. An even smaller number of veterans have a post-concussion syndrome that persists beyond the usual recovery period of one to three months.

Moderate (16%): Veteran has had a loss of consciousness (of up to 36 hours), and may experience confusion (days to weeks) following the injury. Cognitive deficits can last months or be permanent.

Severe (1%): Veteran has had a significant head injury, and there often are considerable deficits of brain function. Recovery typically occurs over 18 to 36 months after the injury. Some cognitive deficits and behavioral symptoms, including personality changes, may be permanent.

Moderate and severe TBIs cause more serious symptoms than mild TBI, including difficulty with communication (not being able to speak or find correct words), regression (exhibiting childlike behaviors), significant memory loss, seizures, difficulty remembering how to complete basic tasks, inability to take initiative to get things done, impulsivity, inappropriate behaviors, and at its most severe, the inability to move, speak, or initiate tasks.

I. The Impact of TBI on Veterans/Service Members, Caregivers and Family Members



Discussion Questions:

- Which of these symptoms have you dealt with in your family?
- How has the TBI impacted your family life?

Provider Note: *Write the answers the group gives on the board. The following is a list of some of the things you might want to include:*

- A. Grief (including anger) related to changes in behavior, expectations, and plans for the future
- B. Changes in roles
- C. Increase in irritability or conflict in family
- D. Loneliness, changes in relationships, sadness
- E. Uncertainty about the future and future plans (e.g. having children, career decisions, where to live)
- F. More medical appointments and new schedule based on obtaining services

As a family member of someone with a TBI, it is important for you to remember that: "The changes that result from TBI are the direct result of the injury, and not a result of your loved one intentionally trying to act or think in a way that may be different from how he or she used to act and think" (Traumatic Brain Injury A-Z).

III. Coping with TBI



Discussion Question:

- For veterans/service members: What has helped to reduce the frequency or severity of your symptoms?
- For family members: What have you noticed you or your family can do that help to reduce symptom severity?
- What has helped each of you cope with the impact the TBI has had on your lives?

Provider Note: *Help lead group members in discussing both coping strategies they have used as a family AND resources in their community that have been helpful.*

Potential strategies include:

- Joining a support group for people who have experienced a TBI.
- Working as a family to develop schedules and writing these down or keeping them in a planner or in their phone
- Working with medical staff to understand the diagnosis, severity, and treatment plan. This often includes working to understand which providers are particularly helpful and can be allies in navigating the system.
- Focusing on good self-care (diet, sleep, routine, exercise, etc.) for all members of the family.
- Enlisting the support of other military or veteran families, church groups, family members, and/or neighbors.
- Minimizing unnecessary commitments or “time drains”
- Developing a plan for coping with stressful circumstances in advance (how long to stay, ways service member/veteran may be able to excuse themselves from situation, staying only for beginning or end of an event when things are less crowded, etc.).
- Focusing on the relationships and things you most value, while lowering your expectations of yourself for things that are less important.
- Practicing the Do’s and Don’ts of managing a TBI:
 - Do:
 - Get appropriate amounts of sleep and rest
 - Set a regular schedule and stick to a daily routine
 - Focus on one thing at a time and reduce distractions while you work
 - Increase activity slowly
 - Write things down or keep a calendar in our phone to help you remember important things
 - Try activities that require fine motor skills and use of strategy (e.g. playing an instrument, games, writing, Sudoku, or crossword puzzles).

- Don't:
 - Participate in contact sports or other activities that could cause another head injury
 - Drink alcohol, use drugs, or excessive amounts of caffeine
 - Use over-the-counter sleep medications

IV. Instillation of Hope

Provider Note: *Coping with a TBI can be very stressful. While it is important to provide facts about the struggles people with a TBI face, it is equally important to remind group members of reasons to hope.*

Discuss that:

- Science is learning a great deal about how best to treat TBIs and support families
- New technology is available that can make a big difference for TBI survivors.
- While recovery can be slow, most people do recover some over time.
- Many resources are available that may be helpful for families living with a TBI. A few of the resources are listed below:
 - *Courage to Care, Courage to Talk About War Injuries.*
www.couragetotalk.org/index.php: Educational information for providers and families about TBI and war injury developed by the Center for the Study of Traumatic Stress
 - National Resource Directory: www.nationalresourcedirectory.org: Online tool for wounded, ill and injured troops/veterans & their families, providing access to more than 11,000 services and resources at the national, state and local levels
 - *Picking up the Pieces after TBI: A Guide for Family Members.* A. Sander (2002). <http://www.lapublishing.com/blog/wp-content/uploads/2009/08/TIRR-Picking-up-the-pieces.pdf>
 - Traumatic Brain Injury: The Journey Home: www.traumaticbraininjuryatoz.org. Created by the Defense and Veterans Brain Injury Center (DVBIC), offers information to caregivers of Veterans/Service members who sustained a TBI
 - Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE). <http://dcoe.health.mil/>
 - Defense and Veterans Brain Injury Center: www.dvbic.org
 - Team Up to Facilitate Functioning (TUFF). Interactive brochures for treatment of postconcussive symptoms in returning Veterans with history of traumatic brain injury.
<http://www.mirecc.va.gov/VISN16/providers/TUFF.asp>

Parts adapted from the *Courage to Care: Courage to Talk About War Injuries* website

HANDOUT 16

Traumatic Brain Injury FAQs

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B. What are the symptoms of a TBI?

These vary significantly depending on the type and severity of the injury. Many people have an immediate onset of symptoms, but recover relatively quickly. Others do not experience any symptoms at first, but develop difficulties at a later time. Some people who experience a head injury do not develop any symptoms afterwards and therefore don't have a TBI.

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Another significant challenge in diagnosing a TBI is that many of the above symptoms are also symptoms of PTSD and/or depression. This can make it difficult to identify the cause of the symptoms.

Moderate or severe TBIs cause far more significant symptoms, including difficulty with communication (not being able to speak or find correct words), regression (exhibiting childlike behaviors), significant memory loss, seizures, difficulty remembering how to complete basic tasks, inability to take initiative to get things done, impulsivity, inappropriate behaviors, and at its most severe, the inability to move, speak, or initiate tasks. (adapted from the Defense and Veterans Brain Injury Center's website)

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HANDOUT 17

Strategies for Coping with TBI

- Joining a support group for people who have experienced a TBI.
- Working as a family to develop schedules and writing these down or keeping them on phone in a way everyone can keep track of.
- Working with medical staff to understand the diagnosis, severity, and treatment plan. This often includes working to understand which providers are particularly helpful and can be allies in navigating the system.
- Focusing on good self-care (diet, sleep, routine, exercise, etc.) for all members of the family.
- Enlisting the support of other military or veteran families, church groups, family members, and/or neighbors.
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