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TBI TODAY

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

Improving Relationship Intimacy After TBI

by Emilie Godwin

After brain injury, most people report big changes in intimacy with their spouse or partner. In a three-part series, TBI Today will feature articles on improving intimacy after TBI. The series will begin with the article below. Look for Parts II and III in future issues!

Part I: Growing Emotional Intimacy After TBI

What is Intimacy? Intimacy is a close, familiar, and affectionate connection one person has with another. Romantic partnerships need intimacy in order to stay strong and to grow. Although there are many different types of intimacy, people often notice that their emotional and physical intimacy with their partner is weakened after TBI. However, after brain injury many couples can work to improve their connection with their partner. In order to do this successfully, couples make the goal of improving intimacy with their partner a "top-priority" rehabilitation goal. Often, these couples report that their hard work and dedication lead to intimate bonds that are stronger than ever.

<u>Emotional Intimacy:</u> When both people in a relationship are honest, open, and unashamed when they are with their partner; and, when both people love and feel loved in return.

<u>Physical Intimacy:</u> When the physical interactions that couples have such as touching, hand holding, kissing, love-making, etc., convey feelings of sharing and connectedness with one another.

There are specific ways that intimacy is often impacted after TBI, and there are specific strategies that couples can use to try to improve their connection with each other when one person has had a brain injury. Understanding what intimacy means and how it is often changed after brain injury can help couples to overcome this difficult part of life. (cont.d on page 6)

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Challenges for Minorities Returning to Work after Brain Injury

Kelli Williams Gary, Ph.D.; Francis Battad, OTS; Kristina Ethridge, OTS

Many people have trouble finding a new job or returning to former work after a brain injury. Problems after injury include trouble walking, maintaining balance, problems moving arms and legs, loss of memory, slowness of thought, fatigue, irritability, and short temper. Several of these problems may remain months to years after initial injury and often interfere with work.

Research suggests it is harder for racial minorities to find work post-injury. Compared to Whites, African Americans were 2 to 3 times less likely to be employed between 1-5 years after a TBI. Another study with a longer time frame showed minorities were twice as likely to be unemployed at 10 years post-injury compared to Whites. These results show a need to create new and modify existing resources to address these problems. Here is a list of suggestions for changes on both the community and policy level.

Individuals and Community

1. Consider attending a support group for individuals with TBI. Support groups are a source of emotional support, new friendships, problem solving, and opportunity to help others.
2. This is your life; be honest and straightforward with the professionals you work with. Be patient and gracious with yourself. Remember that everyone experiences his or her own set of challenges, which may vary and take time to overcome. Don’t give up.
3. Consider volunteering with a group or organization you support as a way to practice vocational skills.
4. If you're ever in a difficult situation, know who you can rely on and also be able to advocate for yourself and supports. (e.g., take time to consider what supports you need for success in a work situation. If you become overwhelmed or experience mental fatigue, know your limits and be able to tell your boss what they can do to make your work successful).

Policy

1. Increase educational programs to train healthcare professionals emphasizing cultural sensitivity and issues that affect minorities' participation in return to work.
2. Increase the number of health professionals who identify with one or more minority groups entering into the field to promote diversity and a better understanding of cultural differences. Institutions can increase recruitment through building connections with ethnic organizations and communities (e.g., historically black colleges, networking with minority organizations)
3. Institutions should create an atmosphere where addressing culture is safe and encouraged.

1. Gary, K. W., Arango-Lasprilla, J. C., Ketchum, J.M., Kreutzer, J. S., Copolillo, A., Novak, T., & Jha, A. (2009). Racial difference in employment outcomes at 1, 2, and 5 years post-injury. Archives of Physical Medicine Rehabilitation, 90, 1699-1707.

2. Gary, K. W., Ketchum, J. M., Arango-Lasprilla, J. C., Kreutzer, J. S., Novak, T, Copolillo, A., & Deng, X. (2010). Difference in employment outcomes 10 years after traumatic brain injury among racial and ethnic minority groups. Journal of Vocational Rehabilitation, 33(1), 65-75.

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.

Social, Support Group for Richmonders With Aphasia

Do you struggle with aphasia? If so, then **RVAphasia** (pronounced RVA Aphasia) is for you! Started about a year ago, RVAphasia is a community group that provides support, solutions, and friendship to those with aphasia and their caregivers.

Say no to isolation that often accompanies language difficulties by meeting – and learning from – others who face the challenge.

RVAphasia meets the second Thursday of each month at 6pm. The group alternates between meeting at the Weinstein Jewish Community Center on 5403 Monument Avenue and having dinner out as a group. Please see the schedule below for details.

Programs are:

May 9: Dinner at Panera Bread, Willow Lawn

June 13: Interview with a Speech Pathologist on the Film, Aphasia (Jewish Community Center)

July 11: Communication Skills
(Jewish Community Center)

August 8: Dinner at Baker's Crust

September 12: Gale Davis, MS, CMC, VCU Health System (Jewish Community Center)

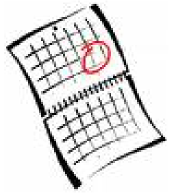
October 10: Dinner at Positive Vibe Café

November 14: After/Words (Jewish Community Center)

December 12: Holiday Party.

For more information, contact Marcia Robbins, CCC-SLP at 804-828-7947 or mrobbins@mcvh-vcu.edu.

Mark Your Calendar!



T.G.I.F.

- **When:** March 1 and June 7, 2013
- **Location:** Varies, please call!
- **Description:** the local departments of recreation & parks host this quarterly social event for survivors of brain injury, ages 18+
- **Contact:** Call Lizz Billings at 804-501-7489 for more information and/or to be placed on the mailing list for monthly reminders.

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!

May 2-3, 2013

- **Event:** 37th Annual Williamsburg Brain Injury Rehabilitation Conference
- **Location:** Williamsburg Hospitality House
- **Contact:** Call 703-451-8881, ext 224 or visit www.tbiconferences.org.

May 19-June 1, 2013

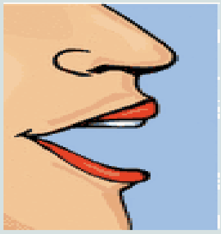
- **Event:** Camp Bruce McCoy
- **Location:** Triple-R Ranch in Chesapeake, VA
- **Contact:** Call 1-800-444-6443 for more info!

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 need to find out what's wrong with me. I'm 42 years old and live by myself. I recently slipped and fell on ice. I broke my arm and twisted my ankle, but the doctor told me that I also have a concussion. I read up on the whole concussion thing and think I have a good grip on it. Most of the symptoms are gone anyway, except for headaches and some ringing in ears.

The weird thing is that although I feel like I'm getting better each day, I don't feel like going out. It bothers me because I used to be a pretty social guy – I always had something going on. I actually didn't spend much time at home because I would go to the gym after I got off work and then hang out with friends. I love being outside, whether biking, running, or playing soccer with my buddies. Now, I go to work and then come straight home after that. I've turned into a homebody. I'm just not interested in being around others.

I don't like going out now because I get nervous. I worry that something might happen to me. It's so crazy, I know. I'm also quieter around my friends. They ask me what's wrong because I don't say much during conversations. I worry about what to say and am afraid of saying something wrong. C'mon! I never had this issue before. I never cared about what people thought of me and would say whatever I wanted. I don't think it's a confidence issue. Do you? I'm not depressed. At least, I don't feel depressed. Anyway, it's just easier for me to stay home than deal with all this!

Also, I can't seem to fall asleep at night because my mind keeps racing. I lay awake thinking about so many "what if's" and I get so mad at myself. What can I do to stop all this worrying? Tell me what I need to do to be back to my normal self again. - Joe

PAT'S RESPONSE: It sounds like you're feeling overwhelmed by this change in your personality since the injury, Joe. From the symptoms you described, it is most likely that you suffer from an anxiety disorder. Anxiety is a common problem after a concussion or traumatic brain injury. It is a reaction to experiencing an unexpected event as well as the consequence of the injury. Persons with a brain injury also sometimes experience word-finding difficulties or problems following conversations with multiple people, which often lead to avoidance of social situations. In addition, survivors often feel "different" after their injury and become self-consciousness. This also leads to them avoiding interactions with others.

It is important to see a healthcare professional in order to receive a proper diagnosis and appropriate treatment. Anxiety disorder is a treatable condition. Studies have shown that anti-anxiety medications, counseling, or a combination of both can help most people who have anxiety. If you are not currently under any physician's care, I would recommend contacting your primary care physician who could either prescribe anxiety medicine or refer you to a specialist (e.g., psychiatrist or physiatrist).

Talking to someone could also help you feel better. Survivors have benefitted from seeing mental health professionals who specialize in working with persons with TBI. A therapist could help you identify thoughts and behaviors that trigger anxiety symptoms. They could also teach you relaxation techniques, such as deep breathing, guided imagery, or muscle relaxation to reduce the anxiety level. Furthermore, they could assist you in exploring reasons behind this change in personality. You could contact your local

(cont'd on page 5)

(*Chat*, cont'd)

chapter of the Brain Injury Association for a referral.

Lastly, getting involved with a local support group would help you to feel less alone and overwhelmed. You will have the opportunity to meet others who may be struggling with the same challenges. If you wish to get involved with your local support group to share your experience, The Brain Injury Association of American has a list of support groups you and your family may attend. To contact BIAA, you may call their family helpline (1-800-444-6443) or send them an e-mail at familyhelpline@biausa.org. The website for BIAA (www.biausa.org) provides links to state chapters and additional brain injury resources. You may also write BIAA for more information at 1608 Spring Hill Road, Suite 110, Vienna, VA 22182.

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: I have not been able to go back to work since my brain injury. All I do is lie around, watch TV, and do some chores around the house, when I can. How come I'm still tired all the time?

A: Fatigue is a common problem following a brain injury. Here are some strategies you can try to implement to decrease your fatigue:

- Learn to identify the early signs and triggers of fatigue. Keep a journal log to help you with this process. Once you are able to identify the signs and triggers, you can plan your activity accordingly and stop an activity before getting tired.
- Get plenty of sleep and rest. You might need more sleep than you used to before the injury. Listen to your body to determine if you feel rested when you wake up.
- Create a regular sleep and wake schedule so your body develops a rhythm. Your body and mind can be more efficient by reducing confusion surrounding sleep. Limit your napping to 30 minutes and avoid evening naps.
- Incorporate exercise into your daily routine. Research has shown that people with brain injury who exercise have better mental function and alertness.
- Discuss this matter with your treating physician to consider if medical or physical problems, medications, depression, or other factors that may be causing fatigue.

Managing your time better might also help. Here are some ideas to get started:

- Plan and follow a daily schedule. Using a calendar or planner can help manage mental fatigue.
- Prioritize activities. Finish what is most important first.
- Do things that require the most physical or mental effort earlier in the day, when you are fresher.

Questions for Pat or the FAQ column are welcomed.
Send them to: "ASK PAT" OR "FAQ"
P.O. BOX 980542. RICHMOND, VA 23298-0542
or e-mail: jhmarwit@vcu.edu

(*Intimacy,* cont'd) After TBI, both survivors and intimate partners undergo enormous changes. In addition to the changes each person will experience individually, couples will notice that there are big differences in their relationship as well. Some of these relationship changes make emotional intimacy more difficult. Review the list of common relationship changes below. Decide whether these changes have impacted your relationship and your connection with your spouse.

Predictability – Both people often report feeling "like a different person" after TBI. Survivors must adjust to new emotions, thoughts, and behaviors. Spouses take on new responsibilities and roles in the home. When both partners are different, each person may have trouble predicting what the other will say, do, or think in a given situation. This can make it hard to stay connected.

Trust – Being honest, open, and unashamed in a relationship requires a great deal of trust. However, changes in predictability can make it hard for spouses and survivors to trust in their partner's responses to events. Additionally, trust is built on experience. Because so much changes after TBI, couples have to begin the process of building trust all over again.

A New Me – When either survivors or spouses report, "I don't know who I am anymore," this is an indication that the person is developing a new identity, or "a new me." Emotional intimacy requires sharing yourself with your partner – discussing likes and dislikes, needs and wants, and hopes and dreams. When a person is in the process of developing "a new me" they may have new needs, wants, likes, and dislikes. It can be hard to share yourself with your partner when you are not yet certain who you are.

If this applies to you and your relationship, consider making the following changes as a step toward improving your connection with your partner. Emotional intimacy can be a major source of support during recovery from TBI. Improving your emotional intimacy with your partner can benefit you both in the long road of recovery.

1) Date your partner – New relationships are exciting because they are a time of discovery and sharing. Change your approach to your relationship by recognizing that both you and your spouse are new people in many ways. This can be an opportunity to create the excitement of a new relationship for the two of you.

Begin by recognizing that all of the things you think you know about your spouse may not be true anymore. His frown might mean he's thinking now, instead of meaning he's angry like it did before. Even though her sigh meant she was irritated with you before the injury, it might be a sign of stress now. On your dates, create a mood of curiosity; find out what your partner is really saying now!

2) Support each other – This is probably the most difficult time in your life. It is also likely the most difficult time in your spouse's life. If you believe that your partner understands or relates to your struggle, you are more likely to trust and share with them. The same is true for your partner – if they feel that you know they are having a very hard time, they will be more likely to look to you for comfort.

Work on ways to show your spouse that you understand how hard this time is for them. The more you do this, the more likely it is that your spouse will acknowledge your difficult times as well. Take care not to compete with your spouse in a game of who's got it worse. Instead, get support by giving it first.

(Cont'd on page 7)

3) Share your thoughts and your time – Sharing thoughts can be a challenge when couples are experiencing problems. However, ignoring problems in your relationship will not make them go away. In fact, ignoring problems often leads to guessing, which nearly always leads to arguing. At a time when you are not angry or arguing, sit down with your partner and talk about how each of you can best receive criticism or negative feedback. Make sure that the next time you need to ask your partner to do something differently, you follow their instructions on how to do this best.

Sharing time can be difficult after brain injury as well. It is important for both partners to recognize that after brain injury, couples do not have equal amounts of time to spend with one another. Survivors often fell like they have more time than they would like, while spouses have no time to spare. Both partners must respect their partner's availability and adjust their expectations. Sit down together and carve out time in your calendars for one another. Make sure you protect this time as you would an important appointment.

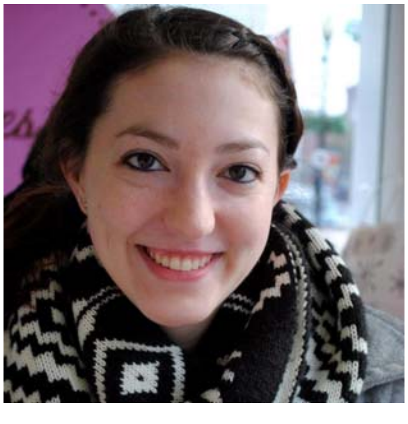
Although there are many challenges to overcome after brain injury, couples who make improving their emotional intimacy a goal will benefit greatly. Improving your connection with another person takes time, but using these suggestions as a way to get things started can put you on a path toward a better relationship with your spouse or partner. Keep an eye out for Part II, "Loving after TBI: Sharing a Love Style with Your Partner" in an upcoming issue!

Speaking of Relationships… there's a new intervention for couples after brain injury! Drs. Kreuzter and Godwin (author of our intimacy series!) have launched the Therapeutic Couples Intervention (TCI). The TCI is designed to assist couples after TBI with communication, stress management, goal-setting, renewing intimacy, and for some couples—parenting post-injury.

Participation is free, and study volunteers will be compensated. Please contact Jenny Marwitz at 804-828-3704, or call toll free at 1-866-296-6904. Or, send an email to jhmarwit@vcu.edu.

HAVE YOU MET ELIZABETH COALTER, B.S.?

Elizabeth Coalter, B.A., is a research specialist in the Department of Physical Medicine and Rehabilitation at Virginia Commonwealth University (VCU). Elizabeth has returned to the Richmond metro area, where she was born and raised, since graduating magna cum laude from George Mason University (GMU) in December 2012 with a bachelor's degree in Psychology. She is currently conducting research and neuropsychological assessments for adults with TBI and other health concerns. During her time at GMU, Elizabeth volunteered as a research assistant in the psychology department to help replicate a study on superstitious behavior as well as taking a practicum working at a community mental health center in Fairfax. Elizabeth also held an internship during the summer of 2012 working with the psychology department at VCU on research pertaining to eating disorders. She was a founding member of GMU's chapter of Active Minds, a group dedicated to raising awareness and reducing the stigma associated with mental health disorders.



Outside of work, Elizabeth enjoys spending time with friends and family, attending concerts, watching movies, painting, drawing, travelling and reading as much as possible. She will also begin flight lessons this spring which may inspire another hobby. In the meantime, she's excited to further pursue her interest in psychology at VCU.

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.

BRAIN INJURY ASSOCIATION OF VIRGINIA

The Voice of Brain Injury: *Help, Hope & Healing*