

Traumatic Brain Injury

Resources and Workbook



Washington State Department of Social and Health Services

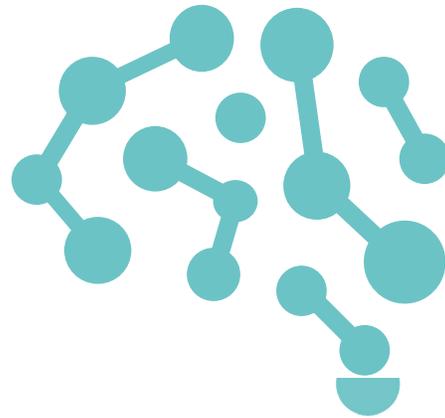
Developed by: Washington State Department of Social and Health Services

With special thanks to the Washington Traumatic Brain Injury Strategic Partnership Advisory Council and Washington State Department of Corrections

How to use this workbook:

This workbook was developed as a resource for those experiencing a traumatic brain injury. Developed by the Washington State Department of Social and Health Services - Aging and Long-Term Support Administration - our goal is to help TBI survivors and their families navigate recovery and rehabilitation.

For the most updated version of this workbook please visit:
www.dshs.wa.gov/altsa/traumatic-brain-injury/i-have-tbi



TRAUMATIC BRAIN INJURY

Strategic Partnership Advisory Council
of Washington State

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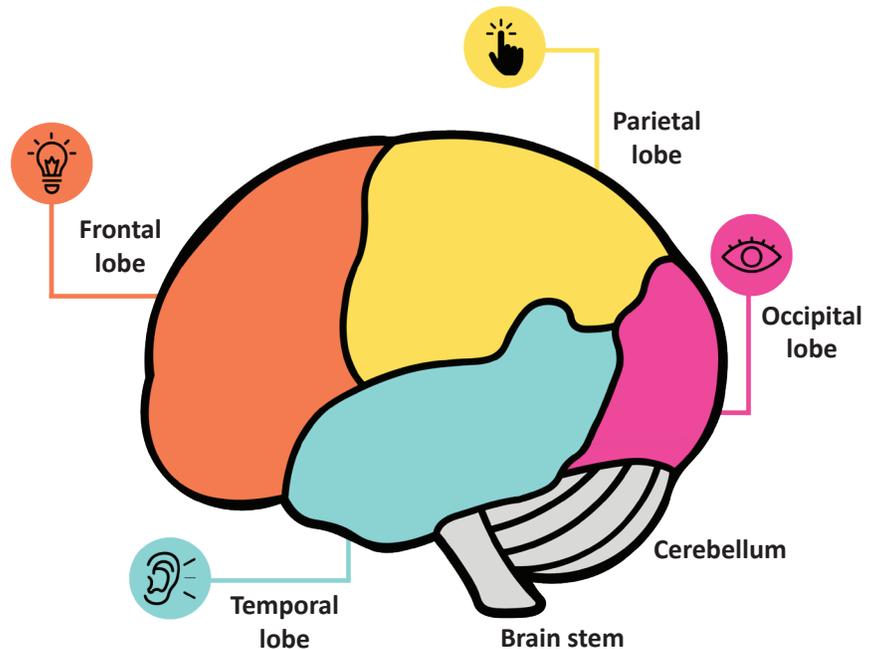
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Brain Anatomy and Functions

The brain is made up of four lobes - frontal, parietal, temporal and occipital.

Frontal lobe - Just behind the forehead, the frontal lobe is used for executive functioning such as planning, organization, decision-making, problem-solving, memory, attention, controlling behavior, emotions and impulse control. The left side of the frontal lobe controls speech and language. The right side of the frontal lobe deals with non-verbal activities.

Damage to the frontal lobe area may affect the ability to manage or recognize emotions and impulsive actions/decisions, memory, language struggles and inappropriate social and sexual behaviors.



Parietal lobe - Located behind the frontal lobe, the parietal lobe is the area of the brain that controls sensations such as touch, hot, cold and pain. It tells us which way is up and keeps us from bumping into things as we walk.

Damage to the parietal lobe area may affect the ability to locate or recognize parts of the body.

Temporal lobe - Located on the sides of the brain, under the parietal lobes and behind the frontal lobe. This area recognizes and processes sound, understanding, processes speech and other aspects of memory.

Damage to the temporal lobe can cause hearing loss, language problems and sensory issues, like being able to recognize familiar faces.

Occipital lobe - Located at the lower back of the head, the occipital lobe receives and processes visual information and helps perceive shapes and colors.

Damage to the occipital lobe can cause vision problems and distorted perceptions of size, color and shape.

Beyond the lobes of the brain there is the **cerebellum** and the **brain stem**.

Cerebellum - Located in the back of the brain the cerebellum helps control balance, movement and coordination. It allows us to stand upright, keep our balance and move around.

Damage to the cerebellum results in uncoordinated movement, loss of muscle tone and unsteady gait (manner of walking).

Brain stem - The base of the brain, the brain stem regulates involuntary functions of survival such as breathing, heart rate, blood pressure and swallowing.

Damage to the brain stem can result in rapid heart rate, breathing and swallowing problems.

Traumatic Brain Injury Symptoms & Effects

Every traumatic brain injury is unique to the person and situation. Your symptoms can change from day to day. You can expect to have “good days” and “bad days.” It’s important to communicate your struggles and symptoms with your medical provider and to develop strategies for coping and managing your symptoms.

If you have been diagnosed with a traumatic brain injury you could experience any or all of these symptoms or effects. Check any that apply to you.

PHYSICAL SYMPTOMS

- Headaches or migraines
- Dizziness
- Vertigo
- Balance problems
- Nausea and vomiting
- Fatigue

SOCIAL & EMOTIONAL SYMPTOMS

- Changes in personality
- Mood swings, unpredictable emotional displays, intense moods
- Lack of motivation
- Anger and irritability
- Aggression
- Depression
- Impulsivity
- Denial and/or lack of awareness

COGNITIVE CHANGES

- Lack of concentration
- Distractibility
- Memory loss or forgetfulness
- Difficulty making decisions, problem-solving or organizing tasks
- Confusion
- Perseveration
- Impulsiveness
- Language processing - including:
 - Not understanding the spoken word
 - Difficulty speaking and being understood
 - Slurred speech
 - Speaking very quickly or very slowly
 - Difficulty with reading or writing

PERCEPTUAL CHANGES

- Relating to difficulty in understanding and making sense of what’s going on in the world around you
- Seizures
- Physical paralysis and/or spasticity
- Chronic pain
- Control of bladder or bowel movements
- Difficulty sleeping
- Loss of stamina or energy
- Changes in sex drive
- Changes in appetite
- Inability to regulate body temperature

SENSORY CHANGES

- Relating to difficulties with interpretation of touch, temperature, movement, limb position and fine discrimination
- Decrease in, or loss of, hearing ability
- Ringing in the ears
- Increased sensitivity to sounds
- Partial (or total) loss of vision
- Weakness of eye muscles
- Double or blurred vision
- Difficulty with visually judging distances
- Involuntary eye movement
- Light sensitivity
- Loss or diminished sense of smell or taste

Fatigue, Sleep Problems and Headaches

Fatigue, sleep problems and headaches are the most common (and often distressing) experienced after a traumatic brain injury. They are the symptoms that are most often related to cognitive and emotional concerns.

Fatigue

You may find that you tire more easily and have difficulty rebounding from busy days. You might also find that fatigue can often intensify other symptoms.

What can you do about fatigue?

- Be realistic and plan accordingly. Pace yourself and only exert yourself when you are the most energetic.
- Acknowledge you may not be able to do as much as you did before.
- Don't be hard on yourself. Do what you can, when you can. Try not to brood on things you haven't achieved - notice when you have done things well and celebrate those successes!
- Have regular rest breaks. Build in downtime and plan to take breaks - this can help you pace yourself.

Conserve energy

Conserving your energy can help you avoid fatigue and its effects on cognition. Remember to **STEP BACK...**

Self-care: Sleep enough and take care of yourself. Eat well, stay hydrated and avoid alcohol and drugs.

Take breaks when you need to re-focus - even a 30-second break can help you regroup and re-energize.

Break ideas can include:

- 30 seconds of neck stretches
- Give yourself a neck rub
- Close your eyes and count to 30
- Go for a fast walk or do jumping jacks to get your blood pumping
- Point and flex your feet
- Rest your head on your knees
- Look out the window
- Shake out your hands
- Drink some water



Exercise regularly for better relaxation, sleep and blood flow to the brain.

Pace yourself and do your most difficult work when you are most alert.

Be open to help - and ask for help when you are struggling with a task.

Avoid interruptions - that might make tasks last longer. For example, turn the ringer off on your phone and consider a "do not disturb" sign on your door.

Cut distractions that take up cognitive energy you need for the task. For example, turn off the radio, TV, cover your eyes, use earplugs and use a white noise machine or fan.

Keep it simple - and avoid multi-tasking. Do one thing at a time.

Headaches

There are five types of headaches that are most often associated with traumatic brain injuries:

Tension headache (most common type) - triggers include worry, stress, overwork, poor posture and poor ventilation.

- Band of pressure around head
- Neck or jaw discomfort
- Tenderness on your scalp and in neck and shoulder muscles
- Onset is usually later in the day, so may prevent sleep

Migraine headache - triggers include emotional stress, physical activity, sleep problems, fatigue, irregular eating habits and certain foods (i.e. chocolate).

- Throbbing pain in forehead and temple
- May have nausea, vomiting, numbness, muscle weakness, and sensitivity to light/sound/smell
- Sleep may help resolve symptoms

Post-traumatic headaches

- Pain that increases when touched, accompanied by a burning or tingling sensation
- Similar to tension and migraine headaches
- Occur months or years after a traumatic brain injury

Cluster headaches - triggers include nicotine, alcohol, overwork and emotional stress.

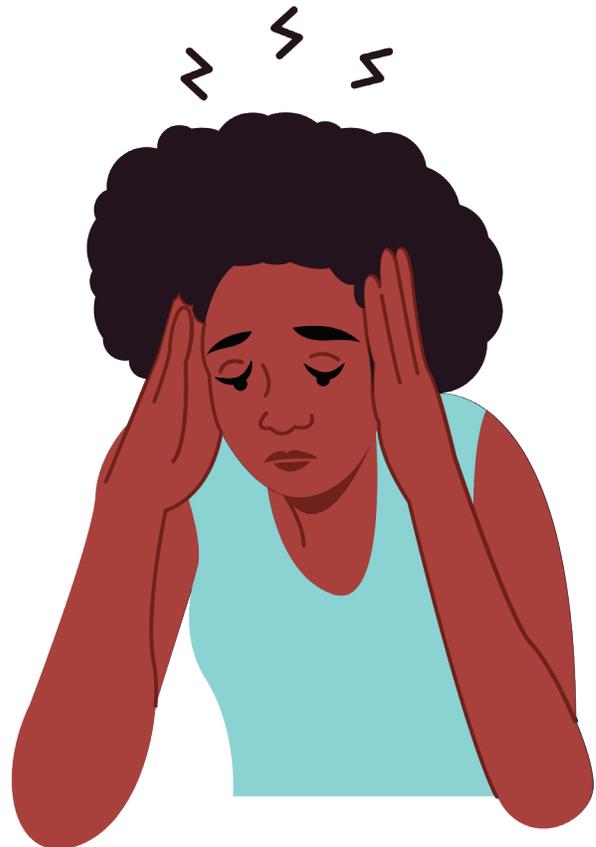
- Intense pain behind the eye and one side of the face, which may move to the other side of the face.
- Similar to migraine headaches, but more severe
- Lasts between 15 minutes to three hours

Withdrawal (rebound) headaches - triggered from withdrawal of extended use of pain medications.

- Nausea, difficulty concentrating, depression, irritability and restlessness
- No specific area of pain

Most headaches are caused by these triggers or aggravating factors (minimize these if possible)

- Stress
- Depression and anxiety
- Lack of sleep or changes in sleep routine
- Skipping meals
- Poor posture
- Working in awkward positions or holding one position for a long time
- Medications used for other conditions such as depression or high blood pressure
- Overuse of headache medication
- Jaw clenching or teeth grinding
- Lack of physical activity



Emotional Lability, Anger and Impulsiveness



A brain injury can change the way you feel or express emotions. Often you may experience emotional lability, mood swings or strong feelings like anger.

Emotional Lability is rapid exaggerated changes in mood. You may find yourself feeling very strong emotions and feelings.

Emotional lability often occurs after a traumatic brain injury, especially if there is damage to the area of your brain that controls your emotions and behaviors. Often there is no specific event that triggers a sudden emotional response. In some cases you can experience sudden episodes of laughing or crying. This may be confusing for friends and family who think they accidentally did something that upset you. These emotional expressions may not have any connection to the way the person ACTUALLY feels (for example you can cry without feeling sad or laugh without feeling happy). In some cases, the emotions may not match the situation - such as laughing at a sad story.

It's important for you, and your support system, to know that often you cannot control these expressions of emotion and you may feel like you are on an emotional roller coaster.

Let's talk about triggers. A trigger is something that sets off a reaction in you. Triggers can be internal (something that comes from a thought or an emotion you create) or external (something in the outside world that causes you to react). The most common trigger for those who have experienced a traumatic brain injury is overstimulation and/or sensory overload (see page 19).

Common triggers of emotional lability:

- Overstimulation (see page 19)
- Excessive fatigue or tiredness (see page 5)
- Stress, worry, or anxiety (see page 33)
- Strong emotions or demands from others
- Very sad or funny situations, such as jokes, movies, books
- Discussing certain topics, such as driving, loss of job, relationships, death of family member

Strategies for coping with emotional lability

- **Become aware of triggers** and try to avoid them. Consider keeping a mood log to help track your emotions and pinpoint your triggers.
- **Take a break** from the situation or person so you can regain control of your emotions.
- **Try to ignore the behavior** and suggest your support system does the same. By focusing on the lability and giving it too much attention it could increase the problem.
- **Change the topic or task** to something less stressful or triggering.
- **Plan ahead** and know your limits. Make sure you're well-rested and avoid putting yourself in a situation with high stress, high demands and overstimulation.
- **Deep breathing and/or relaxation techniques** to reduce stress and reset yourself.

Be aware of your emotional triggers

As mentioned above, a mood log can help you pinpoint and identify your triggers. Here are some things to add to your mood log or mood journal:

- What happened just before the behavior started?
- Were there other people involved when the behavior occurred?
- Where did it occur?
- What is happening in your living space?
- Is this a new behavior?
- Are there certain actions that make it worse?
- Are you trying to communicate a need or desire?
- Are there any patterns you can see? For example, is there a time of day, events such as shift changes, a particular caregiver or visitor, substances like drugs or alcohol, sugar or caffeine, or medications that can be a trigger?

When you are experiencing a trigger, ask yourself. . .

- What type of situation are you in? Are you safe?
- What is happening around you?
- What kind of emotions are you feeling?
- What thoughts are you having?
- What does your body feel like?

Remember that emotional lability is a common challenge after a traumatic brain injury.

You may be experiencing a loss of work, ability to drive, independence, changes in your relationships or finances - and there are a lot of emotions that come along with these losses and changes. Feelings of sadness, grief, anger, frustration, disappointment or depression after a traumatic brain injury are common. Seek help from a counselor, psychologist, social worker, trusted friend or family member to help you navigate and manage these feelings.



Have you experienced emotional lability? Have you identified specific triggers that cause emotional lability for you? What strategies could you use for coping?

Managing Anger and Impulsivity

Excessive anger is often a symptom present after a traumatic brain injury. The brain is made up of a lot of different parts, which control different emotions and behavior. When the parts of the brain that help us control and process emotions become injured, it becomes more difficult to control emotions such as anger. It may also become more difficult to recognize when anger is getting out of control.

Depending on the situation, anger can be either a positive or negative emotion.

Anger is often negative when it's uncontrolled and when it leads to aggressive behaviors. Anger is usually an attempt to communicate - even though it often does the opposite and can shut down communication in a situation.

Reasons for why you might feel angry

After a traumatic brain injury you might find yourself angry for some of these reasons:

- **Angry about the cause of the injury.** You might be angry at the cause or circumstances surrounding your injury. Maybe it was a drunk driver, a distracted driver, an assailant or another reason. If you are experiencing this type of anger it's often recommended that you seek help from a trusted friend, family member or therapist to help you navigate and channel this anger.
- **Grief reaction.** It is human nature to grieve when we lose someone, something, or when we suffer an injury or illness. We often try to find reasons for our losses. One part of a grief reaction is being angry at what we think caused it. This anger can often be displaced onto any convenient target. People can often work through a grief reaction by talking it out with a trusted friend, family member or therapist. It's important to remember that grief after a traumatic brain injury can be further complicated by poor memory, judgment or emotional or personality changes associated with your injury.
- **Frustration.** When frustration contributes to angry reactions, it can often be helped by trying easier things. You can mentally prepare yourself for situations when you know you'll likely get frustrated doing difficult tasks. For example, "Now it's time to go shopping. I know shopping is sometimes frustrating - how will I know if I'm starting to get frustrated and what will I do about it?"
- **Impaired judgment.** It's common for a TBI to cause impaired judgment which can contribute to anger problems. Cognitive rehabilitation, or checking judgments with people you trust, can help. Alcohol and drug use (or not taking prescribed medications) can contribute to anger problems.
- **Normal, legitimate anger.** Sometimes there are legitimate reasons to get angry. If legitimate anger is discounted, ignored or treated, you will likely find yourself getting angrier. If anger is expressed inappropriately, your original complaint or issue may be overshadowed by your expression of anger.



Self-control strategies for coping with anger

When you find yourself starting to feel angry, you'll want to use real-time strategies, also called **self-control strategies**.

- Recognize you have the power to control your emotions. Controlling emotions is a skill - the more you practice, the better you get.
- Remember that ups and downs are a normal part of life.
- Breathe slowly and deeply.
- Explain yourself calmly.
- Always be looking for constructive ways to deal with anger. If you find something that works - do it regularly. Don't be afraid to try something new.
- Give yourself credit when you do control your anger. It's not easy but with regular practice you can get better at it.
- Celebrate when you successfully dissipate your anger. Pay attention to what works - and use it in the future.

The **BACK OFF, CALM DOWN, TRY AGAIN** strategy for coping with anger

After a traumatic brain injury anger can come often and suddenly. One strategy to deal with it is for the angry person to **back off, calm down and try again**. This strategy can be rephrased as **retreat, relax and return** - or whatever terms you are most comfortable with.

- **Back Off** - When warning signs appear you should leave the situation and go to a safe place. Others may need to cue you to leave. If you are unable to leave, other people present should leave instead, if possible. Practice backing off when you are not angry to help it go more smoothly when it is really needed.
- **Calm Down** - When you have backed off to a safe place, you should work on calming down. Many techniques can be used to calm down, including deep breathing, listening to soft music, meditation, prayer, closing eyes, going for a walk or engaging in controlled physical activity.
- **Prepare to Return** - Once calm, you may need to rethink the situation and prepare to return. If able, you may want to ask yourself these questions:
 - Do I need to apologize to anyone?
 - Do I need to explain why I left?
 - Do I need to tell anyone my feelings?
 - What can I do to avoid this in the future?
- **Try again** - When you return from backing off and calming down, you may need to apologize, explain the backing off and the feelings, then resume what you were doing. Once you have learned to back off, calm down, and try again successfully, you can work on calming down in the situation without leaving.



My Anger Management Plan

1) A situation where I'm likely to get angry (briefly describe)

2) If I know I'm starting to become angry, what are some things I can do to cope? What are some things I should NOT do?

3) The intensity of my anger *(circle one)*

- | | | | | |
|-----------|--------------|------------------|--------------|-------------|
| 1 | 2 | 3 | 4 | 5 |
| Not angry | Mildly angry | Moderately angry | Really angry | Burning mad |

4) Results - What worked? What didn't work? What will I do differently next time?

5) After I've calmed myself down, I can talk to the following people to process my anger.

List 1-3 people you trust to confide in.

Impulsivity

Being impulsive means you are acting rash, quick or hasty. An impulsive decision is one made very quickly, with little time given to consider the possible outcomes of that decision. An **impulsive decision is generally, any decision made “in the heat of the moment” without stopping and thinking about the potential consequences.**

After a traumatic brain injury you may struggle with being impulsive. A TBI can make it more difficult for you to resist giving into impulsive thoughts and urges especially if an injury occurred to parts of your brain (primarily the frontal lobe) responsible for controlling impulses. Brain injuries can often change your personality - you may have been generally cautious before your injury but find yourself impulsive.

Executive functions are a set of mental skills that help get things done. These skills are controlled by the frontal lobe portion of your brain (see brain anatomy, page 2)



In what ways do you find yourself being impulsive?

Experiencing a TBI does not mean you can't make well thought out, responsible decisions. A brain that has been injured can be retrained, and with practice, you will be better able to control your impulses. The better you learn to control your impulses the more likely you are to avoid unwanted personal and legal consequences in the future.

What does impulsivity look like?

- Faulty or poor judgment - rushing to a decision without thinking
- Reacting without thinking - jumping to conclusions, saying things or doing things without thinking them through.
- Moving onto another task before completing what is already started.
- Rushing into activities without planning first and making a lot of mistakes.
- Interrupting conversations and talking over others.
- Making hurtful comments.
- Having trouble taking turns or waiting in line.
- Seeking instant gratification - wanting things now, not able to wait.
- Buying things on impulse, even when not affordable.
- Ignoring safety rules such as not looking both ways for traffic before crossing the street.
- Practicing promiscuous behavior that can put your physical health or emotional well-being at risk.

Sensory Sensitivity and Overstimulation

If you are experiencing sensory overload after a traumatic brain injury - you are not alone. Being extra sensitive to stimulation often occurs after a TBI because your brain is trying to reorganize and stabilize itself - so even a little stimulation may be overwhelming. Sometimes it's because the brain was injured in the part of the brain that's responsible for sensory processing. The stress, pain and fatigue that can occur with a TBI can intensify senses - so you may find that things you were able to tune out before your injury can now bother you and cause sensory overload.

Common triggers of sensory overload include:

- Background noise
- Excess noise
- Bright lights
- Itchy or uncomfortable clothing
- Unexpected touch
- Large crowds
- Strong or specific smells



The key to managing sensory overload is to recognize when you are becoming frustrated, irritated or overwhelmed. Warning signs for sensory overload are often the same as anger (find more information on anger on page 11):

- **Speech changes** - speaking loudly, cursing, name-calling, threats and accusations.
- **Behavior changes** - making fists, increased movement or fidgeting, angry facial expressions, moving closer to the object or person that frustrates you, breaking things, throwing things, threatening people, hitting, kicking, pacing, etc.
- **Physiological signs** - Fast breathing and rapid heart rate, sweating, tense muscles, flushed face or face feeling hot, bulging eyes, flared nostrils, churning/knots in your stomach, headaches.
- **Mental signs** - Negative thoughts about others, confusion, feelings of frustration, feelings of fear or anxiety, feelings of embarrassment, shame or guilt, feelings of hurt, feeling sad, feeling overwhelmed, feeling impatient.



What warning signs are you most likely to feel when you are experiencing sensory overload? You can circle ones in the list above and add others here:

Strategies for managing attention breakdowns and distractions

Internal attention distractors

Often internal attention distractors happen when we're trying to focus on something and other thoughts are popping into our heads to distract us from the task at hand.

Strategies to help with internal attention distractors

- Consciously attend to small details, closely analyze what you are doing.
- Intentionally work slower than you might usually work, take your time.
- When reading, allow for time to re-read sections.
- Check your work for errors.
- Self-talk and walk yourself through tasks.
- Repeat the steps of the activity to yourself as you complete them.
- Talk to yourself about your progress.
- Make sure you are not hungry, thirsty, or have to use the bathroom.
- Take all your medications that you are prescribed. For example, if pain or discomfort is distracting you, have you taken your medication to help with that?
- Get enough rest at night.
- If you are fatigued do some jumping jacks, stretch, or go for a vigorous walk.
- Take frequent breaks.
- If you find yourself repeatedly distracted by other tasks you need to do, jot those nagging tasks down on a piece of paper with the idea that you will do them at a later time. Commit to finishing the task you're working on first (or set a timer to get a set amount of it done).



Strategies to help with external attention distractors

- Turn off unnecessary noises like television or radio.
- Use a fan or white noise machine to drown out street noise or nearby conversations.
- Wear earplugs, if it's safe to do so.
- Remove visually distracting items like interesting magazines or pictures.
- Find a quiet room and close the door.
- Think about creating a "quiet space" in your house or work setting that you can use regularly.
- Try to be alone or ask others to be quiet.
- Ask others not to interrupt.
- Use a **DO NOT DISTURB SIGN** when you need a break with no interruptions.



Strategies for paying attention during a conversation

After a traumatic brain injury you may find it difficult to pay attention during conversations, especially in social settings with both internal and external distractions.

Try these four “**L.E.A.P.**” strategies to help you focus and pay attention during your next conversation.

Listening actively means being present in the moment and hearing what the other person is saying (without distracting or interrupting). It means you’re using nonverbal behaviors to convey that you are actively listening, such as turning toward (or leaning toward) the person speaking, opening your posture, relaxing your body language, and maintaining adequate eye contact.

Eliminating distractions means reducing things like a television, a phone and pets/kids so that you can focus 100% on the conversation.

Ask questions for clarification. Don’t be shy to ask the speaker to slow down, repeat information or explain something in a different way. This shows you are interested in hearing what they have to say!

Paraphrase by repeating information back in your own words. This helps you understand, pay attention and even remember the information later. Paraphrasing also helps ensure you heard everything correctly and gives the speaker a chance to correct any misunderstandings.



Here’s an example of how paraphrasing and asking questions can help you pay attention during your conversation:

Let’s say you are at your doctor’s office and the doctor says:

“I have been looking over your chart and I’m a little concerned about your cholesterol levels. Your numbers were over 230 last fall and it’s 205 right now. A good goal for you would be to get your cholesterol level down to 200 or below. In some cases we can prescribe medication to lower cholesterol but I think in your case you can lower it with diet and exercise. Try to limit your intake of meat, eggs, butter, cheese and ice cream. Exercise three times a week. Let’s check in every six months and see how you’re doing.”

Your doctor just gave you a lot of information. To make sure you understand everything you can paraphrase what the doctor said and say it back to them:

“Okay, let me make sure I understand you. My cholesterol is a little high right now but if I cut back on meat, eggs, butter and fatty foods, and exercise three times a week, I can probably lower it without medication. Is that right?”

If someone is speaking too quickly, ask them to repeat themselves or slow down.

Memory

Let's talk about memory. Remember, **attention strategies remain critical!** You need to actively attend to information to move it into memory. Once it's moved into memory, there are different strategies to help us store information and to help us retrieve it.

Better attention → Better Memory → Less worry and more energy

Memory has the ability to **ENCODE, STORE** and **RECALL** information.



Memory encoding

Memory encoding is what happens when we initially learn information. It is how the information comes through sensory input and is changed into a form where it can be stored in the brain (storage) and retrieved later (retrieval).

- Short-term memory holds information you need to remember in the following minutes, hours or days.
- Long-term memory is information that can be recalled days, months or years later. This is someone's general fund of knowledge, much of it gathered before the injury.

External memory strategies

Forgetting to do things is a very common memory problem, especially for those who have had a traumatic brain injury. For example, forgetting to go to an appointment or forgetting to send a birthday card to a family member. There are strategies you can use in your environment to help you remember things.

- **Use a calendar and take notes.** The number one way to remember something is to write it down. Use a calendar or notebook to keep track of your appointments or tasks. Instead of having to remember each piece of information, write it down and remember to file the information appropriately each day.
- **Writing something down helps encode information in multiple ways, multiple times.** Hear it, write it, read it outloud.
- **Keep information visible, accessible.** Keep your calendar out and available, leave a note on the wall or have a list displayed on the fridge. Out of sight, out of mind - so make sure it is visible and easy to access and update.
- **Use a timer or reminders** on your watch, tablet or smartphone to remind you to check your lists or to remind you of a task.

Calendar management

As mentioned above, a calendar is one of the best ways for you to keep track of the things you need to remember. Let's talk about some strategies you can use when it comes to your calendar:

- **Weekly planning session (or brain dump).** Set aside some time at the end of each week (perhaps on the weekend) and sit down with your calendar (and maybe even your family/friends that support you) and plan out the upcoming week. As you sketch out your week, add important appointments to your calendar, including items on your to-do list that you want to accomplish. Overestimate the time you might need, and include travel time to/from appointments, so you aren't crunched for time (and stressed). Write everything down on your calendar.
- **Each morning, check your calendar.** Set up your morning routine to include a time to check your calendar (so you don't forget). For example, you always check the calendar while you eat your breakfast. If you're particularly busy check your calendar throughout the day.
- **Be sure to carry your calendar with you always.** If you're going to count on your calendar for important appointments and tasks it's important that it be with you at all times. Bring it to appointments so you can schedule follow-up appointments.
- **Store your calendar in the same spot always.** Just like your keys or reading glasses - if you have a place you always put your calendar when you're home, it will be easier to find when you need it.

These strategies, such as a calendar, can be implemented in your environment to help you remember things, but you can also try these **internal memory strategies** for helping you memorize things without writing them down.

Internal memory strategies

These are simple mental tricks to help organize the information you're learning to make it easier to recall later.

- **Association.** You can use something called "association" and link new information with old information you already know. Focus on similarities and differences between new and old information. **Association works well when meeting new people.** For example, when you meet someone new and her name is Jane - remember her by mentally comparing her to your other friend named Jane. You could note that this new Jane has blue eyes but my other friend Jane has brown eyes. Both Janes are tall, though. By making a mental note you'll be associating both Janes and it will be easier to recall her name.
- **Categorizing or chunking information.** Divide a large amount of information into smaller groups or chunks to be remembered. **Chunking is typically used for remembering numbers.** The most common example of chunking is a 10-digit phone number **6192993510 versus (619) 229-3510** - which number would be easier to remember?
- **Acronyms.** Acronyms are words made up of initials that stand for a series of words. Acronyms reduce the amount of information you have to recall because each letter is a cue for another word. You can make up acronyms to remember groupings of names or a list. For example, **ROYGBIV** is a common acronym for the colors of the rainbow - **Red, Orange, Yellow, Green, Blue, Indigo, Violet.**
- **Visual Imagery.** Turn the information you are trying to remember into a memorable picture. **Draw or imagine a picture.** The weirder or funnier, the better! This strategy works well to remember people's names. For example, your new doctor is Dr. Burns - who has dark stubbly hair - as if there was a big brush fire (burn) on his head! Or you meet your new neighbor, Sandy Reese, you can picture her eating Reese's Peanut Butter cups on a sandy beach. **You can also do the same thing by imagining it as a movie or acting it out.**



Both external and internal memory strategies can be used to help you ENCODE and better remember the information you are learning. What strategies do you think will be most helpful for you?

Strategies to help you RETRIEVE information

You've made sure to pay **ATTENTION** to new information, you've implemented strategies to **ENCODE** the new information. . . .now you have to **RETRIEVE** that information.

Memory retrieval problems mean that a piece of information is in your brain somewhere but you are having difficulty getting it out (for example, remembering a name that is on the 'tip of your tongue').

- **Relax.** Anxiety can often make it difficult to retrieve information or memories. If you are feeling anxious use the relaxation/mindfulness techniques on page 35 to help you relax and enhance your memory.
- **Mental retracing.** This strategy is great for finding something you lost by remembering where you last put it. Mentally retrace your steps and reconstruct events leading up to when you lost an item.
- **Alphabet searching.** A great technique for remembering a word or name, go through the alphabet starting with A and ask yourself, "Does it start with an A? Does it start with a B?" and so on. If you can identify the first letter, use the same process for the next letter.
- **Recreate the context.** This is a good strategy when you can remember where you were or what you were doing when you learned the information. For example, you remember that you were eating at a certain restaurant when your friend told you about a class that you wanted to take, but you can't remember the class. Recreate the context - imagine the restaurant, the things you talked about - and it will be easier to retrace your mental steps to remember the class information.

Organization to help with memory: encoding, storage and retrieval

Organization in your environment and in your daily routines will help you remember things more easily. Having automatic places for things helps, like specific spots in your environment for things like your keys, your calendar, valuable papers, or important phone numbers. You can also organize your schedule so that it becomes a routine - which makes it easier to remember.

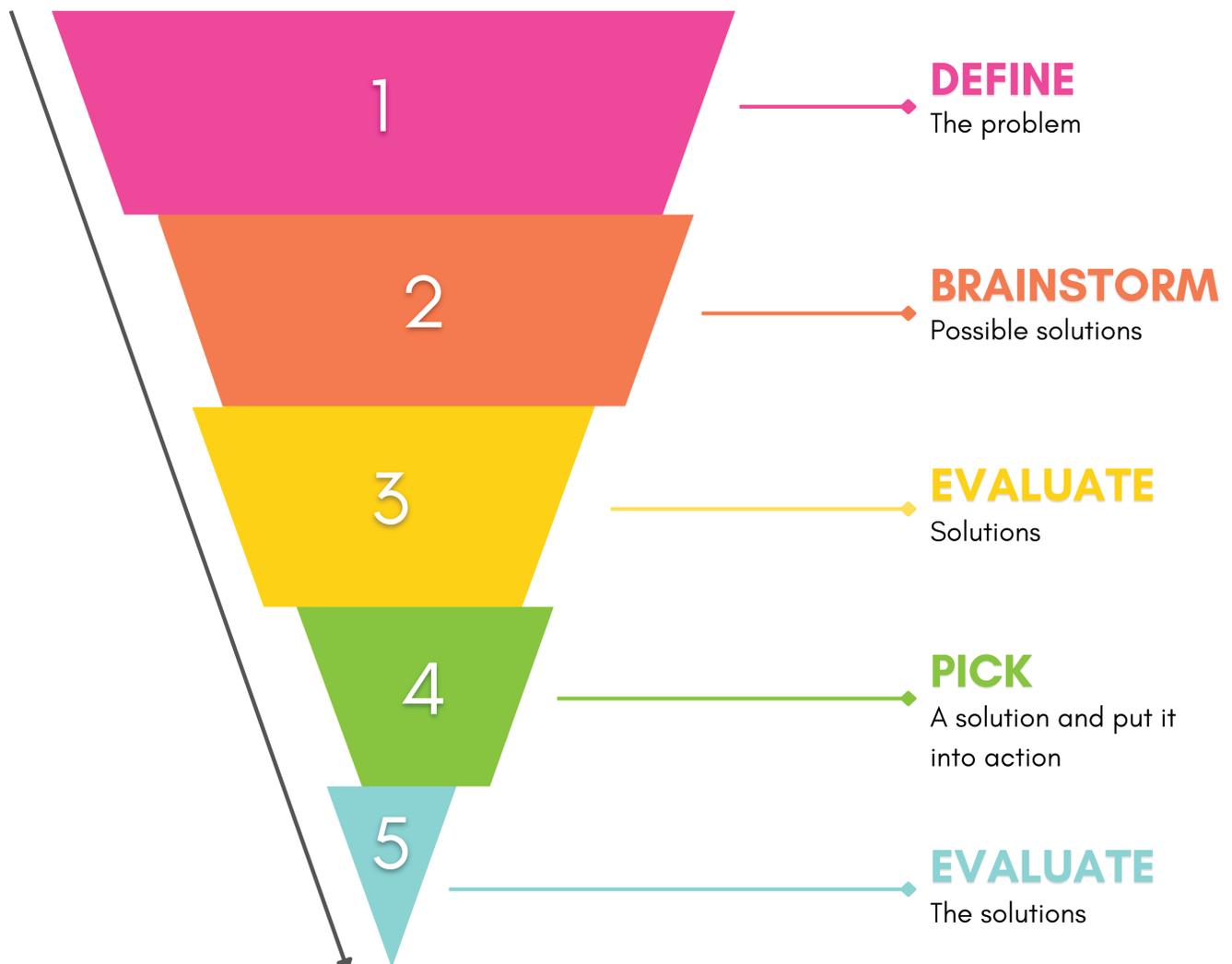
Strategies for problem solving

After experiencing a traumatic brain injury you may find that you have trouble problem-solving because your thinking style has become more rigid (not flexible). For example, you may only see **one way** to solve a problem, when in fact there are many ways to solve the problem. You may get “stuck” on an idea and may not have the cognitive flexibility to think of other solutions.

- Talking yourself through solving a problem can help you generate other solutions or alternatives. Keep your mind focused on the task and think of the steps you’ve done already and/or troubleshoot new ideas to see if they’ll help you reach the solution you need.
- Take a step back and evaluate your problem-solving strategy to see if it’s being effective. If it’s working, keep working at it. If it’s not working, you want to shift your strategy. If you are getting frustrated (either way), it’s a good time to step back and take a break.

The 5-step problem solving process

1. Define the problem.
2. Brainstorm solutions to the problem.
3. Evaluate each solution in terms of ease of implementation, costs and benefits and likely consequences.
4. Pick one solution and put it into action.
5. Evaluate the solution. Did it work? Do you need to try another solution? If so, go back to step 3.



Depression

It is common for people to become depressed after they experience physical changes in the brain, such as from a traumatic brain injury. Sometimes it's hard to tell the difference between the symptoms of depression and the effects of TBI.

A person with a TBI may be persistently sad and anxious. They may have feelings of hopelessness or guilt, worthlessness, irritability, slowed thinking or movement, anger and restlessness. There may also be a loss of interest in activities and hobbies that were once pleasurable, fatigue and decreased energy, problems concentrating, and in some cases, thoughts of suicide or suicide attempts. If you have thoughts of suicide reach out to someone you trust or call 988 the Suicide and Crisis Lifeline.

Depression can also be associated with emotional or psychological fatigue. This type of fatigue gets worse with stress. Sleep may not help and the fatigue is often its worst when you first wake up in the morning. Depression could be clinical or situational. Both are real and can present significant challenges.

Clinical Depression	Situational Depression
<ul style="list-style-type: none"> • A more severe form of depression that interferes with daily functioning. • Also called Major Depressive Disorder or a mood disorder. • Stems from changes in your brain, chemicals, caused by genetics, major life effects, substance dependence. • Diagnosed by a mental health professional and can be treated with therapy and/or medication. 	<ul style="list-style-type: none"> • Short-term depression as a result of a traumatic event or a change in life. • Also called Adjustment Disorder. • Stems from a struggle to come to terms with dramatic life changes such as divorce, loss of job, going to prison, death of a close friend or loved one, serious accident, retirement or other major life changes.

Depression symptoms can include:

- Listlessness
- Sleeping difficulties
- Unfocused anxiety and worry
- Withdrawal from normal activities or friends
- Depressed mood or constant irritability
- Decrease or increase in appetite
- Difficulty making decisions
- Feelings of hopelessness or sadness
- Frequent episodes of crying
- Loss of concentration
- Suicidal thoughts
- Significant weight loss or gain
- Feelings of guilt or worthlessness
- Loss of energy

If you have thoughts about harming yourself or attempting suicide, reach out to someone you trust or tell someone who can help right away:

- **Call 911** for emergency services.
- **Call or text 988** to connect with the 988 Suicide & Crisis Lifeline.
 - The Lifeline provides 24-hour, confidential support to anyone in suicidal crisis or emotional distress

Anxiety

Anxiety often goes hand-in-hand with depression. A person with anxiety may experience:

- physical tension
- excessive worry
- racing thoughts
- jumpiness
- irritability
- restlessness
- racing heart rate
- dry mouth
- excessive sweating
- shakiness
- shortness of breath
- feelings of panic
- a sense that something bad is going to happen

Situations with too many demands or time pressure can heighten anxiety as well as situations that require a lot of attention and information-processing.

Depression and anxiety after a traumatic brain injury are not a sign of weakness and it is not your fault.

These are symptoms of illness related to the damage of your brain. Wishing them to go away, using more willpower, or 'toughening up' are NOT effective coping strategies.

If you think you're experiencing depression or anxiety - reach out to someone you trust and/or talk to your health care provider.

Post-Traumatic Stress Disorder (PTSD)

Due to the nature of traumatic brain injuries it's not uncommon for someone to have a dual diagnosis for both a TBI and post-traumatic stress disorder.

Symptoms of PTSD often include:

- Unwanted and repeated memories of a life-threatening or traumatic event.
- Flashbacks reliving the traumatic event during which a person loses touch with reality.
- Avoidance of reminders - such as people, places, sights or sounds.
- Feelings of detachment from people, even family.
- Emotional numbness.
- Shame about what happened and what was done.
- Survivor guilt with loss of friends, family, comrades.
- Hypervigilance or constant alertness for threats.

When PTSD and TBI coexist there are often changes in cognition such as memory and concentration, depression, anxiety, insomnia and fatigue. With this dual diagnosis one feeds and reinforces the other, so it's complicated. Having both diagnoses may result in a high risk for suicide. If you have thoughts of suicide, reach out to someone you trust or call 988 the Suicide and Crisis Lifeline.

To help you manage PTSD - talk with a trusted person, attend support groups, pace yourself, get rest, work with a counselor or therapist (there are trauma-focused groups that have been proven to help).

Grief and Loss

It is human nature to grieve when we lose someone, something, or when we suffer an injury or illness. We often try to find reasons for our losses.

What does grief look like?

- Feeling down, blue or hopeless..
- Having crying spells.
- Feeling irritable.
- Feeling guilty or worthless.
- Wondering if life is worth living.
- Having difficulty sleeping or sleeping too much.
- Experiencing low energy, getting tired easily.
- Eating a lot more or a lot less.
- Keeping to yourself.
- Not enjoying things like before.
- Feeling restless, having difficulty sitting still.
- Can't stop worrying about problems or the future.
- Having difficulty making decisions, concentrating and remember things.



The more items you identify with on this list, the more distressed you may feel, and the more likely it is that you need help. Talk with trusted family, friends and professionals that can help you.

Strategies for coping with grief:

- Realize that your feelings are common and a normal response to a difficult situation.
- Be kind to yourself - give yourself and others times to adjust.
- Think about the future you want and the best way to get there.
- Appreciate the value of patience and persistence in reaching your goals.
- Take one step at a time and set goals for each day.
- Avoid dwelling on how things were or from making comparisons to how things used to be.
- Focus on successes, strengths and resources.
- Recognize the good things in your life and changes for the better.
- Focus on what you can do instead of what you can't.
- Be hopeful. Say positive things to yourself and others. For example, "we will make it through this" or "we've come so far".
- Talk to and spend time with the people who care about you.
- Join a support group, talk to others for support.
- Build new relationships and improve old relationships.
- Remember that others face similar challenges and ask others how they deal with losses and changes.
- Give up some old responsibilities when you take on new ones.
- Allow yourself to ask others for help and support.
- Remain active, try to do things you enjoy.
- Distract yourself with music, a book, a movie, television or another activity you enjoy.
- Try to find new interests and activities.
- Give yourself breaks and try to be patient with yourself.
- Learn about treatments, resources and recovery.

Mindfulness

Mindfulness is the practice of focusing your attention on the present moment, without being lost by the past or future. It's the conscious practice of staying present and living in the moment. Studies show that regular mindfulness (daily or several times a week) after a traumatic brain injury helps relieve pain, improve sleep and increase hopefulness. It's also been found that mindfulness trains the brain to be more alert and better focused.

By doing a brief mindfulness exercise you can help clear your mind right before you want to focus on a task activity or conversation. You can practice mindfulness at any time of the day. **Formal mindfulness** exercises can be done while sitting, lying down, or moving slowly (yoga or walking). **Informal mindfulness** can be done during daily activities such as eating a meal, brushing your teeth or taking a shower.

Key components of mindfulness

- **Stay present in the moment.** During a mindfulness exercise you purposely and gently bring your attention to an experience in the present moment, such as breathing, body sensations, sounds or sights, thoughts and emotions. It is normal for your mind to wander - just be aware that your mind has wandered, acknowledge the thought and gently bring your attention back to the present moment.
- **No judgment.** Try your best to observe sensations, feelings and thoughts without judgment. It's normal for your mind to make judgments, label likes and dislikes, develop opinions and/or tell stories. Notice when this happens and gently bring your attention back to your objective experiences (sensations, feelings and thoughts).
- **Let go of goals or purpose.** Mindfulness is not about trying to actively change the present moment or to achieve a certain goal, such as relaxation. Instead mindfulness is about letting go of goals and accepting yourself in the present moment, however you feel. You may find that relaxation comes from being present - but it's not the goal.
- **Most effective when done regularly.** Mindfulness is more effective when it's incorporated into daily routine and done regularly.

Benefits of mindfulness

- **Relieves stress.** Reduces levels of stress hormones in the body.
- **Helps with emotional reactivity.** Decreases emotional reactivity and improves emotional processing. It helps people respond less emotionally to stressful or emotional situations. It changes how the amygdala (an emotion center in the brain) responds to emotions.
- **Improves ability to concentrate and focus.** Helps to minimize distracting thoughts or intrusive emotions and refocus our attention.
- **Improves problem-solving skills and mental flexibility**
- **Boosts working memory**
- **Helps manage depression, anxiety and worry**
- **Improves sleep and sleep quality**
- **Increases relationship satisfaction (and communication skills).** May help you feel more compassionate toward others and become a better listener.
- **Improves immune system.** Reduces frequency, severity and duration of colds and flus.
- **May improve substance use outcomes.** Preliminary research suggests mindfulness may improve substance use outcomes in adults with addictions.

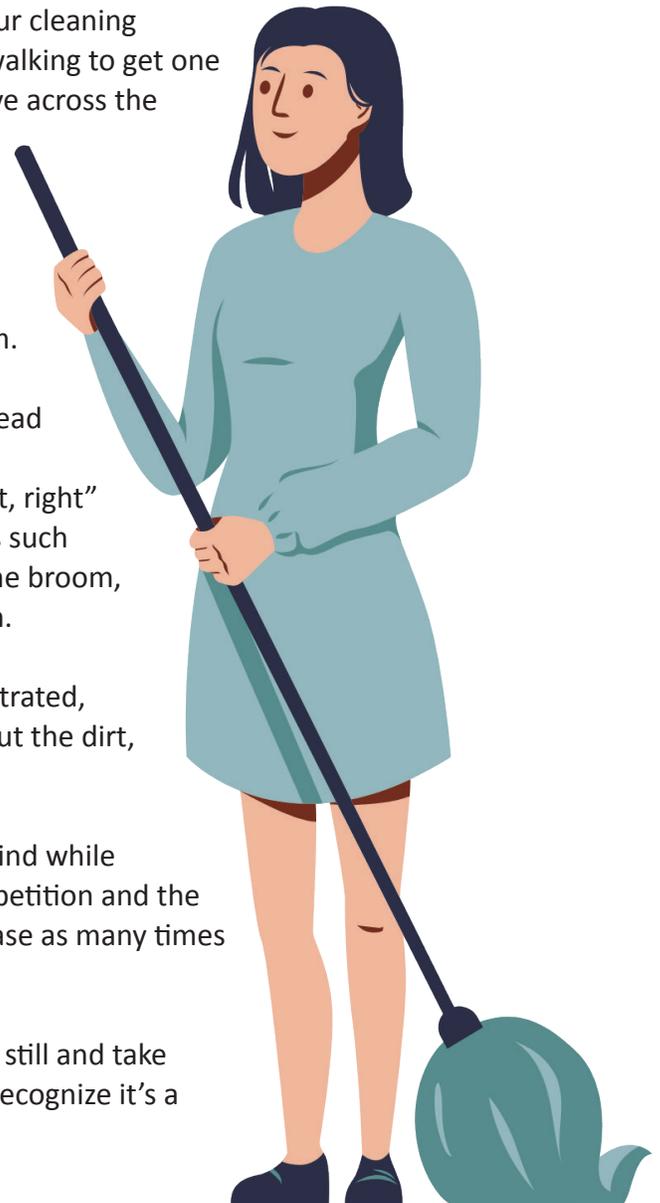
Incorporating mindfulness into your daily routine

- Choose one daily routine activity and make a deliberate effort to bring moment-to-moment awareness to that activity every time you do it. For example, when you get out of bed in the morning, brush your teeth, shower, get dressed, eat a meal, drink a cup of tea, drive, etc.
- When you're doing the activity, notice what you are doing. Notice your physical movements. Pay attention to what you see, hear, smell and feel. Notice when your mind drifts from the activity and gently bring it back.
- The point is NOT to create a certain kind of experience or state of mind, but rather to be fully aware of what you are experiencing. Notice if you have any difficulties, and cultivate curiosity, not judgment.

Mindful cleaning practice

Mindful cleaning is a practice that grants us the time to step back from active days and rest in present-time awareness. Instead of focusing on the task of cleaning (or how you feel about it - most people aren't excited to clean), see this as an opportunity to take care of yourself and encourage the habit of mindfulness.

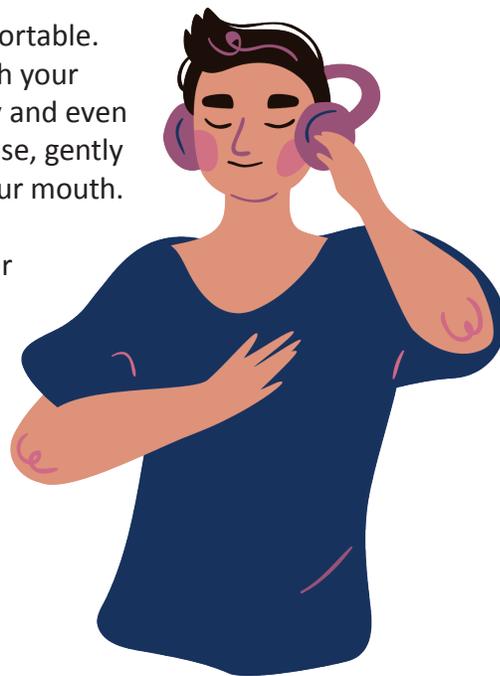
1. Start your mindful cleaning practice by gathering your cleaning supplies. If that seems overwhelming, just start by walking to get one supply, like a broom. As you walk, feel your feet move across the floor.
2. Pick up the broom and bring awareness to the sense of touch as you hold it in your hand. If your mind wanders, bring yourself back to the present moment and focus on how it feels to hold the broom.
3. Sweeping or mopping is often repetitive which can lead to a sense of boredom. To help you stay present, try saying a mantra. It can be something simple like "left, right" as you sweep or it can be a phrase of living-kindness such as "May I live with ease." With each movement of the broom, mentally repeat the phrase in unison with the action.
4. Recognize any mental states that arise. If you're frustrated, notice that you are frustrated. If curiosity arises about the dirt, recognize you are curious.
5. Remember to check in with the body and state of mind while continuing to clean. Notice your movements, the repetition and the emotions that arise. Return to your mantra and phrase as many times as necessary.
6. When you are done cleaning take a step back, stand still and take a deep breath. Observe the space you cleaned and recognize it's a representation of your clean mind!



Mindful music break

Listening to music can help reduce stress and restore your energy.

- **Choose music that you enjoy listening to.** For example, if you don't enjoy classical music, don't listen to it! What may be relaxing for others may not be relaxing for you. Music without lyrics or at a slower tempo is generally preferred for calming the mind. If you have a list of favorite songs consider compiling a playlist specifically for when you want to relax. Ask a family member or friend for help, if needed.
- **Get comfortable.** Sit or lay down - however you are most comfortable. Close your eyes. Relax your muscles. Take deep breaths through your diaphragm (the middle of your chest). Let your shoulders, belly and even the muscles in your face relax. Breathe deeply through your nose, gently expanding your belly when you breathe, and exhale through your mouth.
- **Stay focused on music.** If you find yourself thinking about other things (or even thinking thoughts about the music), gently redirect your attention to the present moment, the sound of the music, the feelings in your body that the music evokes. Try to really feel the music.
- **Continue as long as you'd like and until you are relaxed.** The goal of a mindful music break is to quiet your inner voice and just "be" with the music and fully immerse yourself.



Mindful seeing

Taking a moment to mindfully "see" the view is a great way to become present.

1. Find a space at a window with some kind of a view. It can be done anywhere.
2. Look at everything you see. Avoid labeling or categorizing what you see out the window. Instead of thinking "bird" or "stop sign" try to notice the colors, the patterns or the textures.
3. Watch closely for things like the movement of the grass or leaves in the breeze. Notice the different shapes present in this small segment of the world you can see. Try to see the world outside the window from the perspective of someone unfamiliar with these sights.
4. Be observant, not critical. Be aware, but not fixated.
5. If you become distracted, gently pull your mind away from those thoughts and notice a color or shape again to put you back in the right frame of mind.

Loving kindness meditation and mindfulness

For one minute repeat, "May I be happy, may I be well, may I be filled with kindness and peace." You can also substitute "you" and "I" and think of someone you know and like or just send love to someone.

Journaling

Journaling about life is telling your story. It is an opportunity to tell your story. With journaling you can explore all aspects of your life and the emotions connected to them. You can grieve or shout with joy, and you can let your writing take you wherever your mind, heart, spirit and imagination want to go. It is also a form of mindfulness, which can help with focus, stress and anxiety.

Healing, change and growth that comes from journaling can appear on physical, emotional, mental and spiritual levels. Effective journaling can create physiological changes through brain plasticity that empowers us to heal from trauma at an accelerated pace. Journaling has been found to increase prefrontal cortex activity in the brain, which affects our problem-solving and critical thinking abilities. Journaling can also have a positive effect on symptoms of post-traumatic stress disorder, as well as memory loss.

Tips for journaling

- **There is no right or wrong way to journal.** Adapt the process to suit your needs and abilities.
- **Journaling is for your eyes only.** As you write, don't worry about anyone judging you or your words. Whatever you write in your journal is meant for no one's eyes but yours.
- **Don't worry about spelling, punctuation and grammar.** What you write in your journal is not graded or meant for publication, so don't fret about the technical side of your writing. Worrying about grammar or punctuation can stop the flow of your writing and cause writer's block. Try to let your hand keep writing whatever it wants to write, as much as you can.
- **Write as frequently as you're able.** By making it a habit you'll find it gets easier and perhaps become more therapeutic. You may find that it becomes such a healthy, helpful habit that you miss it when you skip a day. Come up with a schedule that works for you and integrate it into your daily routines.
- **Use a pen or pencil for journal entries.** The act of writing has been shown to open up the mind and allow more access to creativity and insights (versus typing).
- **Try freewriting.** This is all about putting pen/pencil to paper and writing whatever comes to mind! Try to freewrite for 10-20 minutes, even a couple minutes could work if you're short for time. If you come to a dead end, write something like, "I'm stuck, I'm stuck" or repeat your last few words. Just keep writing, new thoughts will appear soon.
- **Do your best not to censor or edit yourself.** Part of the therapeutic process is writing whatever comes out. If you can't think of a particular word, use another word, draw a line (like a blank to fill in later). Be free and flowing with your writing.

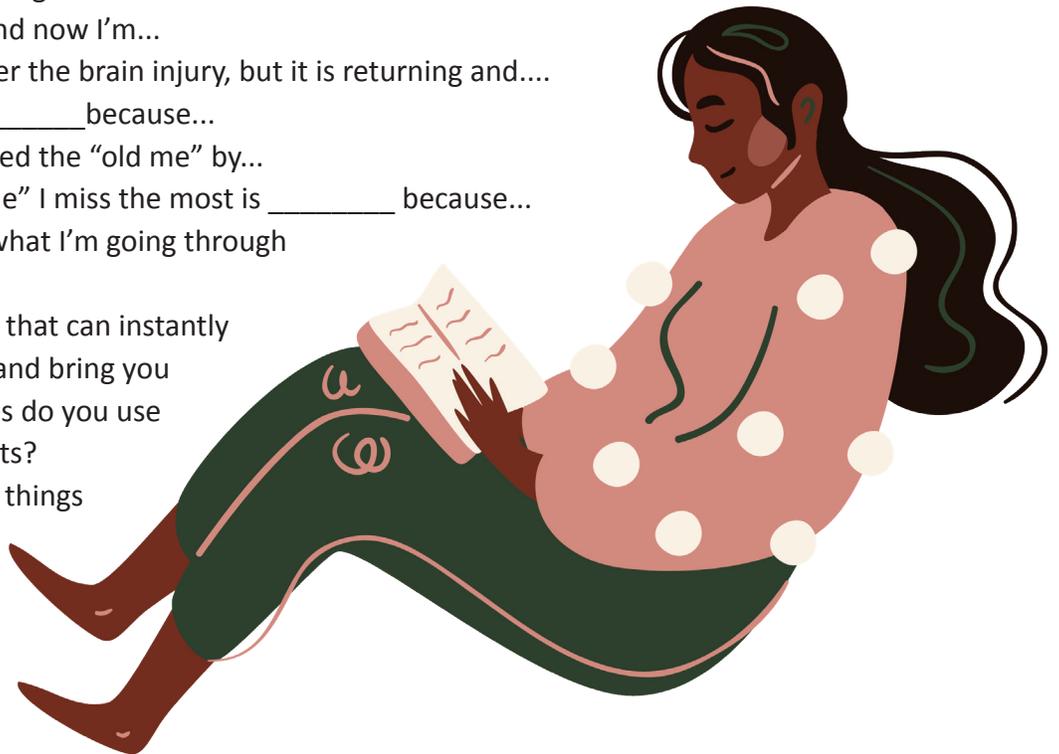
Here are some journaling prompts that may be helpful for those who have experienced a traumatic brain injury:

How my injury happened...

- Your brain injury happened as a result of an event or situation. To begin telling your story, start with writing about the event or situation.
- **If you remember the event or situation that caused your brain injury, start with I remember that my brain injury happened...**
- **If you are unable to remember the event or situation that caused your brain injury and it was explained to you later, start with As I was told later, my brain injury happened...**

Other journal prompts can include:

- This is what it feels like to be me today...
- I wish I could feel this way today instead...
- When I can't think of a word, it would help me if people would...
- What I want to say is on the tip of my tongue, but...
- Living in my body now feels like...
- Because some parts of my body don't work as well as they did...
- The most bothersome thing about the physical changes I've experienced is...
- My mind used to be _____ and now it's...
- It used to be so easy to _____ but now it's much harder because...
- The most important thing I've lost is...
- I used to be _____ and now I'm...
- I had lost _____ after the brain injury, but it is returning and....
- I wish I could still _____ because...
- The brain injury affected the "old me" by...
- The part of the "old me" I miss the most is _____ because...
- No one can relate to what I'm going through because...
- What are three things that can instantly disrupt a good mood and bring you down? What strategies do you use to counter these effects?
- Describe two or three things you can do to relax.



Sometimes it's helpful to consider what you've lost because of your brain injury... and then create a list of things you've gained. For example...

LOST

1. The ability to drive
2. My old personality
3. Balance
4. Memories
5. _____
6. _____
7. _____

GAINED

1. Seeing how much my wife loves me
2. Better appreciation for my home
3. Finding friends are supportive
4. Learning more about my brain
5. _____
6. _____
7. _____

This can tie into a gratitude journal and consciously finding things to be grateful for every day. The simple act of focusing on positive thoughts can help pull you out of negative patterns.

Acceptance

Acceptance is defined as *“to accept something is to endure it without protest or reaction, to recognize it as true, or to agree to undertake it. Acceptance is acknowledging the reality of a situation, or the recognition that it is here. It’s being able to say, ‘it is what it is.’”* - Merriam-Webster dictionary

Acceptance is:

- A continuous process, sometimes in small pieces over time.
- Letting go of the old version of yourself and becoming a new version.
- Knowing that brain injury symptoms will be here forever, but we can deal with them.
- Acknowledging limitations and working with them instead of fighting against them.
- Recognizing when I need help and knowing how to ask for it.
- Letting go of what we can’t control and focusing energy on what we can.
- Being okay with where we are now, even as we work towards more.

Acceptance is NOT:

- A one-time event.
- Agreeing with, or liking, what has happened.
- Giving up on making progress.
- The end of symptoms or struggles.

Defining acceptance (not necessarily having complete acceptance) is the first step in the journey. From there, we can focus on helpful strategies and moving forward.

Communication

Communicating honestly and openly is hard to do for most people even without a traumatic brain injury. But often, after a TBI, communicating your needs and feelings becomes even more complicated and difficult - despite the fact that it’s more important than ever before.

Communication is more than just talking. To actually *communicate* we must also share information (and actively hear information) with another person. Communication is NOT talking to yourself, alone.

Effective social communication means you can:

- Listen and remember what you hear.
- Take turns with another person without interrupting.
- Share information accurately without rambling.
- Say things in an organized fashion, making sense.
- Use tone and emotions that fit the situation.
- Be aware of how and what you are saying, and how it affects the other person.
- Maintain eye contact, letting the person know you are interacting, interested and engaged.
- Display open body language, facing the person you’re interacting with, not crossing your arms or looking away.
- Let the person you are interacting with know you are interested and engaged.
- Understand and read a person’s tone. For example they say “I am fine” but you can read in their tone that they really are not fine.

By being aware of the way you communicate socially (see list above) you can start to develop and strengthen your social skills.

Social skills are the skills people use to communicate and interact with others. Social skills include what you say as well as your body language, eye contact, facial expressions, tone of voice and other actions. For someone with a traumatic brain injury, it's also important to focus on how your cognitive skills (staying focused, memory) and your emotions (anxiety, anger, sadness) can play a role in your social skills.

Examples of social skills include:

- Listening to, and understanding, what people say.
- Communicating your thoughts, needs and feelings in words and actions.
- Managing your emotions in social situations.
- Respecting social boundaries and social rules. For example, not standing too close to someone or not asking overly personal questions.
- Adjusting what you say, how you say it, and what you do based on the social situation.

Why are social skills important?

Good social skills can help you:

- Have enjoyable interactions.
- Get along with others.
- Keep old friendships strong and make new ones often.
- Feel confident in social situations.
- Succeed at school, a job, or a volunteer situation.

How traumatic brain injury impacts your social skills

After a traumatic brain injury you may find you struggle socially. Every person is unique but it can be harder to manage your feelings such as emotional lability (more on page 9), anger (page 11) and impulse control (page 16).

If you have a traumatic brain injury you may find that socially:

- You feel out of place and uncomfortable around other people.
- You interrupt conversations (impulsivity).
- Lose focus during a conversation.
- Forget what someone has said.
- Misunderstand words, misread facial expressions and/or the tone of voice or actions of others.
- Have a hard time getting along with others.
- Talk too much, too loud, too little, too openly.
- Have trouble expressing thoughts and feelings.
- You struggle showing interest in what others have to say.
- You don't know how to start or maintain a conversation.
- Your communication is confusing to others.
- You give too much information (overshare).
- You give too little information.
- You might ramble and repeat yourself.
- You may not make sense or be easy to understand.
- You may have a hard time staying on topic.
- What you say may not be interesting to other people.
- You may talk or process information too slowly for others.
- The other person may have to ask you a lot of questions to clarify or keep the conversation going.
- You may not pick up on social cues (clues, hints, gestures, eye contact, emotions) if you are making someone uncomfortable with your conversation.

Here are some strategies to help you communicate socially after a traumatic brain injury:

- **Pay attention and focus on a conversation.** Don't let yourself get distracted by external or internal stimuli.
- **Organize your thoughts** by breaking things down into elemental parts and logically structure what you want to say and convey to the person you are communicating with. Organized thoughts keep you from going off on a tangent or rambling on.
- **Use strategies to process information.** Processing information can be overwhelming for anyone when it's coming too quickly or rapidly. Take some time to speak as clearly as possible using a calm tone of voice and getting to the point.
- **Avoid impulsivity.** Try to take a moment and think before speaking. Do not interrupt others while speaking.
- **Self-monitor.** Be aware of the content/topic that you're discussing and consider if it's appropriate for the setting. Be self-aware of your volume. Speak appropriately with an inside or outside voice.
- **Watch for over-stimulation.** Listen to your body. Social settings can be overwhelming and if you are starting to feel irritable, frustrated, or overwhelmed find a way to politely excuse yourself until you are relaxed and calm.

Being a good listener is an important part of being a good communicator. You may be worrying about what you will say or how you are communicating, but remember, being a good listener is always a good default in a social setting. A good listener:

- Makes eye contact.
- Is attentive.
- Avoids interrupting the other person while they are speaking.
- Shows an interest in what is being communicated. (Make eye contact, nod your head, ask questions, etc.).
- Uses positive body language - faces the other person, doesn't cross their arms, makes eye contact
- Approaches a conversation with an open mind (without prejudices or assumptions).

Practice the W.A.I.T. or "Why Am I Talking" strategy

This simple strategy takes just a few moments before you speak and you ask yourself the following:

- Am I talking for approval or to be helpful?
- Am I talking to take control of a situation?
- Am I talking to criticize and complain about what I don't like?

Ask yourself a few reflective questions before you start a conversation:

- What is my intention behind what I am about to say?
- Is there a question I could ask that would help me better understand what the other person is saying and perceiving?
- How can I simply listen, pay attention and let go of my urge to talk at this particular moment?

An ideal conversation should be a lot of GIVE AND TAKE with each person speaking about 50% of the time. That means staying quiet half of the time. Before you talk, remember the **W.A.I.T. strategy** listed above. The **W.A.I.T. strategy** helps you self-monitor while paying attention during conversation. It can help you focus on the thoughts that come to your mind and help you determine whether they are helpful or not.

Domestic Violence, Intimate Partner Violence

Intimate Partner Violence includes any behaviors that one intimate partner (current or former) uses over another to establish power and control. This can include physical or sexual violence, but not always. It can also be financial, emotional, psychological, cultural, spiritual, reproductive and other controlling behaviors. Some forms of IPV can be perpetrated electronically through mobile devices and social media sites, as well as in person. IPV can occur regardless of whether the individuals live together or not. This is usually what separates IPV from domestic violence.

Domestic Violence usually refers to violence occurring between residents within one single location. It is a pattern of controlling behavior used to maintain power in a relationship by one partner over the other.

Domestic violence is a common cause of traumatic brain injury. While a disproportionate amount of these individuals are adult women, both adult men and children can be victims of the severe physical violence that causes these injuries in a domestic setting.

With both IPV and DV there is usually a cycle of violence that perpetuates it. The cycle begins with words, threats, humiliation or ridicule, and is usually followed by a blow up at a perceived “mistake” potentially becoming physically violent. Finally the abuser cools off, asks for forgiveness and promises it will never happen again. These tactics are used to keep victims feeling powerless, alone, hopeless and manipulated into staying - and establish and keep the abuser in power and control.

Healthy vs. unhealthy relationships

It’s important to understand the difference between appropriate and inappropriate treatment in a relationship

Healthy relationships

- Compromise
- Built on mutual respect
- Partnership
- Trusting
- Can be yourself
- Feel safe
- Support and encouragement
- Respectful of boundaries
- Supports relationships with friends and family
- Honest, open and safe communication
- Allows you freedom and respects your time
- Supports your time for your own interests and schedule

Unhealthy relationships

- **Monitors everything you do.** Tracks your whereabouts by excessive calls or texts, asks for pictures to prove where you are, tracks you using GPS, key-logging software or other means. Monitors your calls, texts, emails, social media, voicemail and opens your mail. Constantly asking and needing to know where you are and where you are going.
- **Dominating and controlling.** Won’t have open conversations. Doesn’t care about your thoughts and feelings. Accuses you of lying. Blames you for everything. Won’t own up to their own wrong doings. Bad gut feeling. Substance abuse.

- **Openly jealous over time spent with family or friends. Limits your time and communication with friends/family members.** Insists on accompanying you everywhere you go, including to places their presence is inappropriate or not allowed. Manipulation to force or trick you to agree to something.
- **Restricts or blocks access to family transportation, finances or lines of credit.** Confiscates paychecks. Forced accounting of all spending regardless of insignificant amounts. Unrealistic allowance for necessities. Forces you to be the sole breadwinner or does not allow you to work. Not interested in your success and may actually cut you down instead of celebrating you. Systemic lack of support or deliberate roadblocks to growth or pursuing your goals. Pervasive sense of insecurity.
- **Physically hits you or hurts you.** Pushing, slapping, punching, kicking, pulling your hair, using weapons or other means of assault. Throws objects at, or near, you. Uses threats of harm against you, your children, pets or family members to coerce you into doing something. Leaves you stranded in unfamiliar places. Locks you in, or out, of your residence. Holds you against your will. Controls what you wear or how you look (clothes, makeup, jewelry, hair).
- **Criticizes, insults and intentionally demeans you to undermine your self-confidence.** Puts you down in front of others. Cuts you down and makes you feel insecure about yourself. Threatens to break up with you, giving you a sense that there is no relationship security. Ignores you and makes you feel alone when you are with them. Refusal to respect boundaries and needs in the relationship. Frequent breakups and makeups. Dishonesty and evasiveness. Inability or refusal to commit. Cheating or allegations of cheating. Engages in sexual abuse, rape, or coerces you into things you are not comfortable with. Forces you into pregnancy.

Normalizing violence

The normalization of violence is:

- acceptance that violence can't be changed (that it's just a part of life).
- acceptance that violence doesn't have any real consequences.
- believing that it's the responsibility of the victim, not the perpetrator, to prevent violence.

Violence is prevalent in movies, TV shows, video games, pornography and advertisements. Violence on these platforms is often glamorized, celebrated or romanticized. When violence is normalized it is expected and accepted as a normal part of society.

How to tackle the normalization of violence

- **We talk about violence.** We educate ourselves and others about violence. Bring it to light. Break down the normalized beliefs regarding violence and when we talk about it - it helps reduce the stigma.
- **Help others to reclaim their narratives.** When someone comes forward and talks about violence perpetrated against them, it should be a freeing moment, not a shameful moment.
- **Find our value.** Victims can, at times, believe they deserve the abuse. This can happen because as part of the abuse they are shamed, talked down to, insulted and made to believe that they are not worthy or less of a person. They can be convinced they need to 'improve themselves' in order to be loved (blaming them for the violence). By finding our value we can believe we do not deserve to be abused or controlled.

Get help now

If you are or someone you know is experiencing domestic violence, please call, text or chat with one of these organizations.

Many of these organizations also provide an option to online chat - but **keep in mind that internet usage CAN BE MONITORED and is hard to completely erase. If you are concerned your internet usage is being monitored, call or text instead of visiting the website and/or using online chat.**

National Domestic Violence Hotline

Call or text **(800) 799-7233** or **(800) 787-3224 (TTY)**.

This service is always open, 24 hrs a day, everyday.

TheHotline.org

Teen Dating Violence Hotline

Call or text **(866) 331-9474**

This service is always open, 24 hrs a day, everyday.

LovelsRespect.org

The StrongHearts Native Helpline

Call **(844) 762-8483**

Available Monday thru Friday 9 a.m. – 5:30 p.m., Monday – Friday

StrongHeartsHelpline.org

The National Domestic Violence Hotline Deaf Services

(855) 812-1001 (videophone) or **(800) 787-3224 (TTY)** anytime, and live chat every day 7 a.m. – 2 a.m.

TheHotline.org/get-help/domestic-violence-deaf-services/

King/Snohomish/Pierce County Deaf Hotline

24 hours a day, everyday

206-812-1001 (videophone)

adwas.org/hotline/local/

King County Domestic Violence Hotline

(206) 737-0242 or **(877) 737-0242**

Live chat 24 hours a day, everyday

DVHopeline.org/

What to expect if you call a domestic violence hotline:

- Direct connection to a domestic violence program near you.
- Help finding resources in your area such as safe shelter, advocacy, counseling and legal advice.
- Crisis assistance, emotional support, safety planning.
- Access to hotline advocates in 170 languages through interpreter services.



Veterans and Traumatic Brain Injuries

Service members and veterans are at risk of brain injury from explosions experienced during combat or training exercises. According to the U.S. Department of Veterans Affairs more than 185,000 veterans who use VA health care have been diagnosed with at least one TBI.

What is a blast wave?

A blast injury feels like being hit by a wave and then being pulled back into the ocean — all in intensely rapid succession. More scientifically, blast injuries result from the complex pressure wave generated by an explosion. Explosions create an instantaneous rise in atmospheric pressure that is much higher than humans can withstand.

Mechanisms of blast injuries

There are four basic mechanisms of blast injuries. They are classified as primary, secondary, tertiary and quaternary.

- **Primary blast injury** is the explosion itself, which is an atmospheric pressure that hits the individual and pushes on all of the organs of the body. The blast over-pressurization wave, generated by the explosion, travels at a high velocity and is affected by the surrounding environment. The overpressurization wave dissipates quickly, causing the greatest risk of injury to those closest to the explosion.
- **Secondary blast injury** is the result of energized fragments flying through the air; these fragments may cause penetrating brain injury.
- **Tertiary blast** injury may occur when the individual is thrown from the blast into a solid object such as an adjacent wall or even a steering wheel. These types of injuries are associated with acceleration/ deceleration forces and blunt force trauma to the brain like that observed following high-speed motor vehicle accidents.
- **Quaternary blast** injury can occur in the presence of severe blast-related trauma resulting from significant blood loss associated with traumatic amputations or even from inhalation of toxic gases resulting from the explosion.

What is Post-Traumatic Stress Disorder?

PTSD describes a group of symptoms that may develop after you are exposed to actual or threatened death, serious injury or sexual violence. These events can include combat exposure, domestic violence, sexual, mental or physical abuse, a motor vehicle crash, a terrorist attack, or a natural disaster.

Is there a connection between concussions and PTSD?

- Yes. Concussion and PTSD involve physical changes and psychological symptoms, and you can have both.
- Concussion and PTSD can be caused by the same traumatic event.
- Some people with a concussion may also have PTSD, but not everyone does.
- The symptoms of PTSD and concussion may be similar and make it hard to tell which condition you have.

What do I need to know about concussions and PTSD?

- If you experience a head injury, get evaluated by your health care provider as soon as possible.
- If you have symptoms of PTSD after a traumatic event, see your health care provider to talk about treatment options.
- Most cases of concussion improve with rest.
- Most cases of PTSD respond well to treatment. Common treatment options may include counseling and medications.
- Some complementary or alternative medicine approaches such as meditation have also shown to be useful, as a second line treatment, for managing symptoms of PTSD.
- Avoid using drugs, drinking alcohol or energy drinks. These can disrupt your recovery process.

Ask your family if they have noticed anything different about you lately. They may be aware of changes that you can't see for yourself.

Get connected, get support

If you are a veteran and you are looking for traumatic brain injury resources, start with Washington 2-1-1.

Traumatic Brain Injury Support Groups

The Washington State Traumatic Brain Injury Strategic Partnership Advisory Council provides support groups through the Department of Social and Health Services that emphasize connection, education and engagement in life after sustaining a TBI.

You'll find our support groups are built on the concept of a person-centered approach that can aid in the development of long-term knowledge and generic problem-solving skills to help attendees overcome barriers to sustaining a fulfilling life. We welcome people from all walks of life – including but not limited to caregivers, veterans and youth.



To find a support group near you. . . **WA 2-1-1 or Wa211.org is a free confidential community service and your one-stop connection to the local services you need.** 2-1-1 can connect you with support groups near you.

- **CALL 2-1-1** anytime, day or night. You will speak with a specialist who will help you locate traumatic brain injury (and related) programs and services in your area. If you are having difficulties with the 2-1-1 number, call 1-877-211-9274.
- **TEXT 211WAOD to 898211** anytime, day or night
Standard msg and data rates may apply, text STOP to opt-out
- **ONLINE visit** Wa211.org to get connected with a specialist and to find TBI resources.

How can WA 2-1-1 help with TBI?

By calling, texting, or emailing you can access a live Information and Referral Specialist that will guide you to programs that meet your unique needs such as:

- Case management
- Job training
- Treatment
 - Brain Injury Assessment
 - Rehabilitation
- Caregiving
 - Caregiver support
 - Caregiver training
 - Caregiver and care receiver support groups
- Transportation
- Housing
- Food assistance
- Legal resources





Transforming lives

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