TRAUMATIC BRAIN INJURY (TBI)

In Our Own Voice—John Neibert

I was asked to write a short article about living with TBI, but first I need to explain how I was exposed to TBI, and my diagnosis, and what I have done since that day to recover and rebuild my life. In 2003 I deployed to Iraq. Over the course of the next 18 months I would be exposed to three Improvised Explosive Devices (IEDs) to my vehicle and self. When I returned home, I found that my memory or ability to remember things or details of conversations or even my day-to-day life were missing from my memory. I had no knowledge of events or details of conversations I had taken part in just a week or month ago.

TBI was a relative new expression back then, and most medical professionals did not know how to treat the symptoms. It was frustrating to me, forgetting important dates or details of events that I wanted to remember, so I started to look for ways I could augment what my brain could no longer do: “REMEMBER”. I started with pen and paper, writing everything I thought at that moment would be of importance to me and carrying pen and paper with me, often referring to it in the evening or weekly to see what I had to plan for. This helped, but I was still forgetting and getting frustrated with myself. The experts had no answers to my questions of “how do we fix this.”

Over the past 5 years, I have refined the process that works for me, and I accept that TBI is who I am these days, just like living with PTSD is who I am. That I will forget conversations I have today next week or even tomorrow. It, (TBI) by definition, is a Traumatic Brain Injury (TBI) and may happen from a blow or jolt to the head or an object penetrating the brain. When the brain is injured, the person can experience a change in consciousness that can range from becoming disoriented and confused to slipping into a coma. The person might also have a loss of memory for the time immediately before or after the event that caused the injury” and that it ever happened.

TBI can come from:

- The head being struck by an object, such as a bat or a fist during a fight,
- The head striking an object, such as the dashboard in a car accident or the ground in a fall, or
- The head being affected by a nearby blast or explosion.

Medically, the outcomes from a TBI can cause a number of difficulties for the person who is injured. This can include physical changes, changes in the person’s behavior, or problems with their thinking skills. After an injury, a number of symptoms might be noted including headaches, dizziness, problems walking, fatigue, irritability, memory problems and problems paying attention. The severity of these problems is often related to how extensive the brain injury was at the time of the injury.
Dear Members and Friends,

The first week of January we welcomed our new Administrative Assistant, David Hill. He is already getting lots of compliments from callers about his friendly and helpful way of interacting with them and from staff about his great sense of humor. Welcome, Dave.

Our Annual Meeting was a big success. Members and friends enjoyed meeting one another and congratulating our Community Heroes and many volunteers as well as thanking community donors. We appreciate all of you so very much. Thanks for your steady commitment to NAMI SW WA.

We also participated in our annual lobby day at the WA State legislature on Martin Luther King Day. Ten of us...staff, board members, and volunteers from Cowlitz, Clark, and Skamania...left early to participate in the WA NAMI annual open board meeting, got trained by our state legislative trainer, Sandy Ando, and then met with our regional Senators and Representatives. We had many great visits and feel that we connected well with our legislators who will work with us over the next years to benefit all of SW WA.

January also brought the launch of HomeFront, NAMI’s new signature program for family members of vets living with mental health disorders ranging from PTSD and other disorders to traumatic brain injuries (TBI) as a result of concussive injuries to the brain. This group is offered weekly at the VA. If you are interested or have friends or family who might benefit, please check the Bulletin Board on page 7 to get time, date, and location. All vet family members are welcome. Please let your friends across the river also know about this. NAMI SW WA and our partner, the Vancouver VA, is the only site west of the Mississippi to offer this program at this time.

January was an exciting month in many other ways. As you may or may not know, NAMI’s around the nation sponsor Crisis Intervention Training for law enforcement officers. NAMI SW WA has long been associated with CIT for Vancouver Police officers. Recently, Southwest Behavioral Health RSN made the decision that NAMI SW WA would be the coordinator for all CIT in SW WA. This past month, we had a call from the Sheriff’s Office with word that they are going to offer CIT to jail staff for the very first time. We are working with them now to help plan this first program that will be part of the training for new deputies assigned to the jail. We also heard from law enforcement in Cowlitz County and have now started working with them to carry out their next training this spring. NAMI SW WA recently provided SEE ME training for Skamania Sheriff’s deputies in a shortened version of CIT training since, with their limited law enforcement staff in that county with a small population it would be impossible to have deputies take a 40 hour training as is offered to larger law enforcement groups.

We are expecting that February will be full of as many interesting challenges as January was. We hope you will come by the office and help us as we move ahead with our many new and continuing programs.

Thanks to all who are involved and, if you are not already a member, please join. If you are a member, please make sure that you renew your membership annually.

Best regards,

Peggy
HOW TO GET A HANDLE ON RUNAWAY ADHD EMOTIONS

ADHDers tend to get carried away by what they are feeling, and they act without considering how it will affect other people or themselves. Here are some strategies that can help you manage your stress, control your emotions when things set you off, and to own up to your reactions.

1. **Manage your stress.** Try to limit the demands you have weighing on you at any one time.
2. **Avoid over-committing yourself.** Take on less and bow out graciously when you can.
3. **Get enough sleep.** Our attitudes are better and we react less quickly when we have had enough sleep.
4. **Exercise regularly.** Regular physical exercise is a stress reliever.
5. **Make time for yourself.** If you don’t recharge the batteries, you will burn out.
6. **Treat co-occurring anxiety and depression.** Untreated these conditions may make your emotional control worse.
7. **Avoid emotionally provoking situations.** Know that some situations are not worth the trouble.
8. **Create a plan.** Think things through ahead of time so that you will have a plan in place.
9. **Take a break.** It’s better to walk away then to blow up. A break will help you collect your thoughts.
10. **Train others to talk you down.** Train your friends and family to help talk you out of getting caught up in a feeling.
11. **Remind yourself that, no matter how strong the emotion you are feeling, it will fade.**
12. **Remind yourself of the other person’s perspective.** Don’t take things personally that have little to do with you.
13. **Separate feeling from acting.** Notice the feeling you are having and what it makes you do without acting on it.
14. **Educate others about your emotional patterns.** Explain to family and friends that your reactions tend to be stronger than that of other people.
15. **After you cool off, explain what you really meant.** Let others know that you had better intentions than you conveyed.

The human brain has 100 billion neurons, each neuron connected to 10 thousand other neurons. Sitting on your shoulders is the most complicated object in the known universe.

Michio Kaku

Everything we do, every thought we've ever had, is produced by the human brain. But exactly how it operates remains one of the biggest unsolved mysteries, and it seems the more we probe its secrets, the more surprises we find.

Neil deGrasse Tyson

The brain is wider than the sky.

Emily Dickinson

The brain is like a muscle. When it is in use we feel very good. Understanding is joyous.

Carl Sagan

I was slightly brain damaged at birth, and I want people like me to see that they shouldn't let a disability get in the way. I want to raise awareness - I want to turn my disability into ability.

Susan Boyle

### Traumatic Brain Injuries

Traumatic brain injury (TBI) occurs when an external force causes brain dysfunction and usually results from a violent blow or jolt to the head or body. An object penetrating the skull, such as a bullet or shattered piece of skull, also can cause traumatic brain injury.

Mild traumatic brain injury may cause temporary dysfunction of brain cells. More serious traumatic brain injury can result in bruising, torn tissues, bleeding and other physical damage to the brain that can result in long-term complications or death.

A severe brain injury occurs when trauma to the brain produces a significant neurological injury resulting in physiologic changes to a person's brain. Four types of injury may cause trauma to the brain:

- **Closed Head Injuries:** This type of injury occurs when brain tissue impacts the inside of the skull. This can cause bleeding, bruising, tissue damage, specific neurochemical changes and increased intra-cranial pressure or fluid buildup.

- **Penetrating Injuries:** These include open fractures of the skull, gunshot wounds or the entry of any foreign object into the brain, resulting in damage to the brain structure and neurons.

- **Anoxic Injuries:** These occur when the lack or reduction of oxygen causes brain cells to die. Anoxic injuries can produce widespread effects throughout the brain.

- **Toxic Injuries:** This form of brain injury is caused by exposure to certain toxic chemical agents, which can cross the blood-brain barrier and damage or kill brain cells.

According to the Centers for Disease Control and Prevention (CDC), "approximately 1.7 million people sustain a traumatic brain injury annually" in the United States, and "the majority of TBIs each year are concussions or other forms of mild TBI."

### Treatment Advances for Traumatic Brain Injury

TBI generally results in complex processes that affect not only the brain, but also other organs in severe conditions of injury. Continuous attempts have been made worldwide to discover the best possible treatment, but an effective treatment method is not yet available.

Development of new treatment methods in recent years have improved the lives of many TBI patients. The scanning methods that are currently available for diagnosis include computed tomography (CT) and magnetic resonance imaging (MRI). Depending on the injury, treatment can be either simple or complex with medications and surgery. Physical therapy, speech therapy, recreation therapy and vision therapy can be used for rehabilitation of moderately and severely injured patients.

More severe head injuries might result in stupor or coma. Stupor is an unresponsive state, however, the individual might briefly recover through strong external stimulus. Coma is a state in which the individual is totally unconscious, unresponsive and unaware of surroundings. Recovery might take long time or may never occur. TBI is also associated with the onset of many other neurological disorders like Parkinson's disease, Alzheimer's, multiple sclerosis and other neurological diseases.

Many drugs have undergone clinical trials for TBI treatment, but none are very promising. Recently, multifunctional drugs with a combination of hormones, heat shock proteins, statin drugs, neurotrophin factors and antibiotics were tested. Anti-inflammatory molecules, like cannabinoids, and corticosteroids were successful for TBI therapy in animal models but failed in clinical trials. Gene therapy is another important tool for TBI therapy that is currently in research.

Therapeutic approaches involved in the replacement and repair of the damaged brain cells are also being tested. Transplantation of neural fetal tissues with nerve growth factors improved health conditions. Transplanted neural stem cells were able to alter the neurotrophic factor levels and improve neurogenesis and behavioral outcome.
VA AND NAMI SW WA CONFRONT TBI THROUGH HOMEFRONT

NAMI Homefront was developed to meet the unique needs of families of our Service Members and Veterans who are living with mental health conditions including traumatic brain injuries. The program provides instructional materials, discussions and interactive exercises designed to help families begin to deal with the complex challenges. Goals of the program include providing the fundamental information necessary to understand the experiences of the Service Member/Veteran; help the family cope with the impact of the mental health issues on the entire family; provide tools to assist families in responding as effectively as possible to situations and crises; and to help family members be able to take care of themselves in addition to caring for their loved ones.

In addition the various NAMI SW WA programs and supports, there are several resources are available to families and Service Members/Veterans locally.

Vancouver Campus of the Portland VA Medical Center
1601 E. 4th Plain Blvd, Vancouver, WA 98661, Phone: 360-696-4061
The 50-acre campus houses a variety of clinics, services and programs to meet the physical and mental health needs of Veterans, and provides housing and vocational opportunities. Eight psychologists, offer clinical services on-site.

Clark County Veterans Assistance Center 1305 Columbia St. Ste.100, Vancouver, WA 98660, Tel: 360-693-7030, Email: ccvac@qwestoffice.net
CCVAC provides a safe environment and a listening ear for our Veterans and their Families. The veteran’s center helps build positive and productive relationships through community reintegration by assisting veterans with the challenges that sometimes causes barriers to community living such as employment, lack of skills and training, education and family counseling.

U.S. Department of Defense also has a wide variety of resources available to support the resiliency and recovery of all Service Members. www.defense.gov

Afterdeployment.org is a website addressing post-deployment challenges, including psychological and health concerns, substance abuse, employment issues, reconnecting with family and friends, spiritual guidance and living with physical injuries. The website also features a Peer-to–Peer forum for Service Members and families. www.afterdeployment.org

Center for Deployment Psychology (CDP) trains military and civilian behavioral health professionals to provide the high quality care necessary to address the deployment related needs of military personnel, Veterans and their families. www.deploymentpsych.org

Defense and Veterans Brain Injury Center (DVBIC) serves active duty military, their family members and Veterans with traumatic brain injury through state-of-the-art medical care, innovative clinical research initiatives and educational programs. www.dvbic.org

Military HOMEFRONT is the Department of Defense website for official Military Community and Family Policy program information, policy and guidance designed to help troops and their families, leaders and service providers.
BEHIND THE SCENES AT THE NAMI OFFICE

In a for-profit business Lyn would be the Chief Operations Officer. At NAMI SW WA, she is the one who ensures that our day-to-day operations go smoothly despite emergency calls and visits to our office by family members and clients and the general chaos that comes from helping our daily volunteers take care of the many chores that go along with our constantly bustling office.

In late 2013 Lyn contacted us to say she was retiring from Catholic Community Services and would like to work with us. We were able to arrange an agreement that worked for her and for NAMI SW WA. Her many skills are greatly appreciated. For example, it was Lyn who almost single-handedly made our recent Annual Meeting the great success it was from preparing all the award certificates to ensuring that the room and refreshments were ready for our guests. Lyn has been the coordinator and author of most of our STRivE program and continues to crank out new modules for that support program as additional topics are suggested by staff and group participants. Lyn is also an artist and uses her many talents and designs our many outreach materials, posters, slides, and other necessary information pieces. She ensures that our class leaders and group facilitators have their materials ready to go before each program and she still finds time to talk one-on-one with parents using her previous experience as a family/parent supporter. Her knowledge about family, parent, and children’s services is indispensable for us.

Lyn, thanks so much for choosing to come to NAMI.

WELCOME, ADMINISTRATIVE ASSISTANT DAVID

We met David through a STRivE group at the Clark County Workcenter. Upon learning about NAMI, David became a very interested in volunteering. Since that time, David has worked with the SEE ME program. His personal struggle and story has become an eye opening turning point for many first responders who hear his story. He has a gentle spirit that can be heard and seen as he tells the story of his struggle.

David has a Bachelors in Business Administration and will be invaluable in helping set up office systems as we grow.

We are very fortunate to have been able to offer him the administrative assistant position when Jenny left. We could not be happier at his willingness to join the team. He has quickly become part of the NAMI SW WA staff and is providing excellent services to the many clients who call on NAMI for help.

WELCOME, USC MSW INTERN MARY SEIFERT FLEMING

Hello! My name is Mary and I am the newest addition at NAMI SW. I come to NAMI as an intern from the University of Southern California where I am studying for my Masters in Social Work. As a Social Work student I am focusing specifically on Community Organization and Public Administration, which I think is a long drawn out way to say that I like to plan things. I look forward to working at NAMI and expanding my knowledge of what it means to deal with mental illness in this country. Outside of school and NAMI I am a mother of two teenagers, the other half of a loving relationship with my fiancée and more recently an avid reader of fiction, adventure, and young adult novels. If you don’t find me being a student, a mother, or hanging with my man, then you will mostly likely find me with my nose in a book and loving every word of it.
**Bulletin Board**

**Family-to-Family in East County:** This class will start Saturday, February 7 and will be held from 10 am to 1 pm. The location is the Washougal Senior Center, 1681 C Street, behind the Washougal Library. The instructors will be Anna and Astella Schepp. There is still room in this class so call (360) 695-2823 to sign up.

**Family-to-Family in Vancouver:** A new class will start the end of February at the Vancouver Office. Date and time will be announced.

**Family-to-Family in Cowlitz:** NAMI SW WA will be held at the end of February. Be sure to call (360) 695-2823 to be put on the list.

**NAMI Homefront** will start a new class in February for anyone who missed out on the first class. This class is an educational course for family, caregivers and friends of military Service Members and Veterans living with mental illness and was adapted from the NAMI Family-to-Family course. Call NAMI’s office at (360)695-2823 to sign up.

**OUT OF THE DARKNESS:** Do you struggle with depression and have thoughts of suicide? Do you ever feel that everyone would be better off if you were dead? If so, you are not alone. Please join us for a Suicide Prevention and Awareness group on Wednesdays from 6:00-8:00 at the Cowlitz County Health Department Building located at 900 Ocean Beach Hwy., Suite 1-B, Longview, WA. Call (360) 984-6096 for more information.

**NAMI Volunteer Training.** Volunteer training in Vancouver will be held every last Friday of each month from 1:00–3:00 pm. Cowlitz Volunteer training will be every last Thursday from 1:00-3:00 pm at the Cowlitz County Health Department building.

**WELCOME MANDY MCLEOD!** Mandy is joining our volunteer staff as Volunteer Coordinator. We are glad she is willing to take on this much needed position, and we look forward to great things.

**HAVING TROUBLE UNDERSTANDING DSHS OR THE SOCIAL SECURITY PAPERWORK?** Want to learn about Ticket to Work or the basics on how working affects SSI and SSDI? Would you like to work and need to know how to preserve your benefits? Did you know that there are work incentives for individuals with disabilities? Make an appointment to see Cindy Falter, Trained Benefits and Peer Support Specialist. Her hours are Tuesday and Thursday, 11 am—4 pm.

SEE ME will be giving two presentations on February 18 at the NW Regional Training Center, 11606 NE 66th Street, Suite 103. The morning session will be from 9:30 am to 1 pm, and will be presented again in the evening from 6-9 pm.

**SIGN UP FOR BASICS** at the Vancouver Office to start in late February. Time and Place TBA.

**SURVIVING TO THRIVING** is a confidential six-week session will be open to a maximum of six women and will help them move forward from the trauma of sexual abuse. Please call Janet at (360) 695-2823 to schedule an appointment to see if this group will be a good fit for you.
□ ANNUAL MEMBERSHIP - $35.00
□ OPEN DOOR ANNUAL MEMBERSHIP - $3.00
   (No one is refused membership due to economic hardship)
□ DONATION $ __________

* We are a registered non-profit organization 501(C)(3) and donations are tax deductible.

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Phone: (___) ____________________________
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