

Brain Injury

December 2018

HOPE

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brain injury
community

MAGAZINE

SERVING ALL AFFECTED BY BRAIN INJURY

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Welcome

Publisher's Introduction

HOPE MAGAZINE

*Serving the Brain
Injury Community*

**December
2018**

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Welcome to the December 2018 issue of HOPE Magazine

Learning to live a meaningful life after brain injury requires a bit of finesse. If you ask anyone about what changes after brain injury, you are met with a simple answer: Everything changes!

One of the most powerful ways to learn about the effectiveness of compensatory solutions after brain injury is to hear about the experience of others. Such is the nature of this issue.

We touch on challenges common to many within the brain injury community. Topics like depression and exhaustion are discussed in this issue. We've also included an interesting perspective on learning to coexist with PTSD utilizing woodworking as a healing mechanism.

It is our hope that you come away from this month's issue feeling a bit less alone, and better equipped to live your life as someone affected by brain injury.

Happy Holidays,



David A. Grant
Publisher

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"With the new day comes new strength and new thoughts."

-Eleanor Roosevelt



My Broken Brain Buddy

By Debra Gorman

I would have written about this sooner, but I am still trying to process what happened – a bizarre coincidence, truth-is-stranger-than-fiction scenario.

In June of this year, 2018, the day before Father’s Day, my husband, John, received his own brain injury. We are now a brain injury couple. He had gone for a bicycle ride early on that Saturday morning.

About forty minutes into his ride, he was struck from behind by a car driven by a twenty-year-old man who stated that he simply didn’t see my husband dressed in his colorful cycling jersey top. John would never ride without his helmet and for that I’m grateful, for it surely saved his life.

John was taken by ambulance to the closest major hospital, in Huntsville, Alabama where he landed in intensive care. After stabilizing there for a couple of days he was moved to the regular floor, and then to the rehab hospital next door. He was in rehab for about three weeks before being discharged to go home and outpatient therapy.

“John would never ride without his helmet and for that I’m grateful, for it surely saved his life.”

I, who had been the recipient of John's caregiving for the previous six years, suddenly became the care-giver, at least to the best of my compromised ability. I thought the most value I brought to his care was my nursing background. I would advocate for better pain control and testing in the hospital where his head pain was extreme. At home I dressed his open wounds.

He returned to his previous schedule of long hours at work, within a month after coming home. Of course, he wasn't ready. Although, I don't think eleven- or twelve-hour work days are typically productive or sustainable for anyone. I would guess that John is 90% back to his former self. He may never achieve 100%. He continues to have some memory problems, word finding issues, balance difficulty and fatigue.

I come from a family of stoic German stock. If one bore pain, whether physical or emotional, one did it quietly. Buck up. Be tough.

John is of Irish-Italian descent, very verbal and emotive. We had been together for fifteen years and I had never seen that side of his personality, the side that seemed consumed by his physical discomforts. I had to remind myself of our different backgrounds and not to judge negatively. Also, I had spent the last six years adjusting to my "new normal." This was all new to him. This reasoning was an intellectual exercise for me. My emotional side was disappointed.

Although I never could have anticipated a brain injury for John and wouldn't have wished it for society's worst person, I thought if there could be any light in this darkness it would be this: John would finally have an insider's view into my broken brain. He would understand better how I struggle because he has experienced a little of it himself.

I would guess that John is 90% back to his former self. He may never achieve 100%.



This thought was the source of my disappointment. Perhaps it is human nature, but we each see our own circumstances through a unique lens. He did not seem able to fully appreciate my lens while he was preoccupied with his own. Likewise, I floundered as I endeavored to not disparage his point of view, although I didn't share this with him as I fought to be reasonable.

Actually, I was able to give John much more credit than I previously had, although I had believed I appreciated him immensely. I didn't realize how much he did for me until I was doing it for him. By

nature, I am very independent, or so I thought. Many times, I simply refuse to ask for his help, not wanting to cause burn-out, or resentment over the course of time. The truth is, I can't do something as simple as pound a nail into a wall to hang a picture. That's a sad state of affairs for an amateur decorator and DIY-er.

I felt guilty about my struggle. When I mentioned my feelings to a family member, I was reminded that this was not about me, "Do not try to make it about you." So, there I was, reprimanded, perhaps misunderstood. In reality, I believe emotions are natural and it is not useful to judge them good or bad, right or wrong. I hope I did the helpful thing by discussing my feelings with John much later, when most of the emotion had drained away. I hope I did so with love, respect and sensitivity, because he certainly deserves that. He seemed to have no idea how I was perceiving his response to the accident.

This whole experience reminds me about another important fact: No two brain injuries are alike. I suppose it's futile to wish for a broken-brain buddy.

Meet Debra Gorman

Debra Gorman was fifty-six years old when she experienced her brain injuries. The first was a cavernous angioma, causing her brain to bleed, and four months later, a subdural hematoma. She later learned that she also had suffered a stroke during one of those events.

She finds a creative outlet in writing. She is able to use a keyboard, tapping keys with her non-dominant forefinger and thumb. She enjoys writing for her children and grandchildren and has written articles that have been published for hospice. Currently, she writes for her blog, entitled Graceful Journey. debralynn48.wordpress.com.



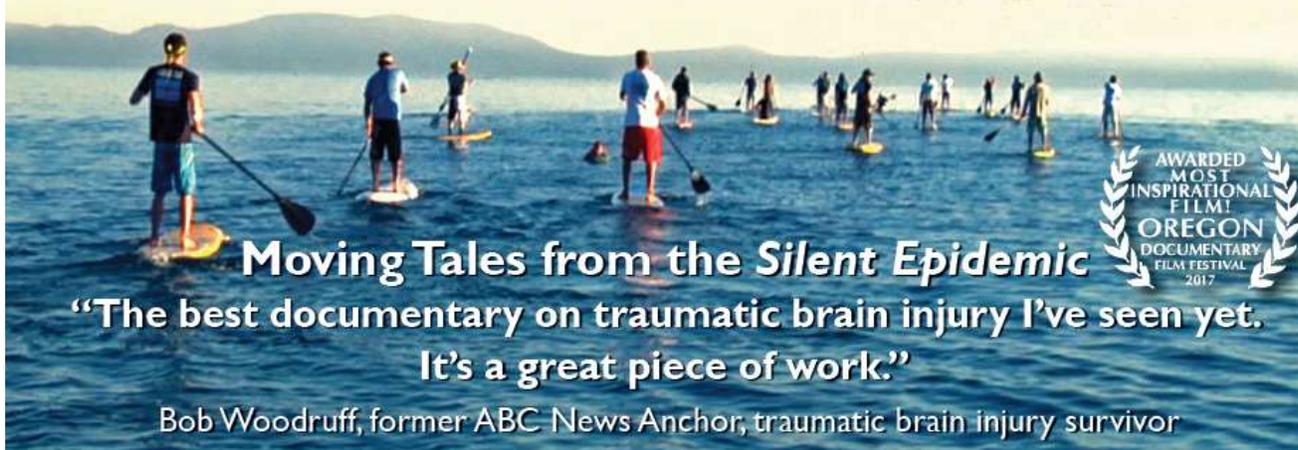
Announcing the national PBS broadcast
and DVD/Blu-ray release of

Going the Distance

Journeys of Recovery



Produced and directed by David L. Brown



Moving Tales from the *Silent Epidemic*

**“The best documentary on traumatic brain injury I’ve seen yet.
It’s a great piece of work.”**

Bob Woodruff, former ABC News Anchor, traumatic brain injury survivor

Going the Distance: Journeys of Recovery is an hour-long character-driven documentary in which four survivors take us inside the experience of traumatic brain injury (TBI) to reveal their personal stories of devastation, heroism and hope. Produced and directed by three-time Emmy Award-winner, David L. Brown, **Going the Distance** focuses an intimate lens on the daunting, inspiring journeys of the survivors as well as the people who love and care for them.

“Going the Distance: Journeys of Recovery is insightful, thought-provoking and beautifully crafted. I am especially impressed by the hope, compassion and inspiration captured and conveyed throughout the film. It will clearly be an extremely welcome and valuable media resource for the TBI community.”

—Susan Connors, President/ CEO, Brain Injury Association of America

Special rates on DVDs and Blu-rays for TBI survivors and TBI organizations.

Streaming to be available by December 20, 2018.



www.goingthedistance.info



Why Am I So Tired?

By Carole Starr

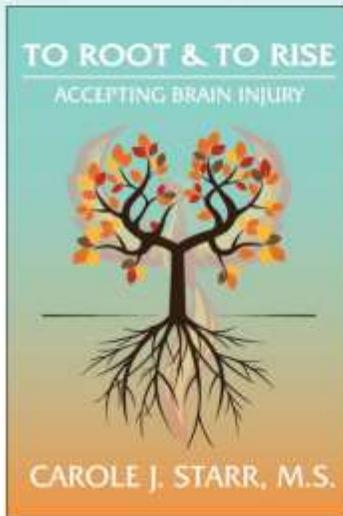
I've been living with brain injury for almost twenty years. A car traveling fifty miles an hour broadsided my car and in one searing moment, the life I had known was over. Brain injury ended my career as a teacher, my life-long hobby of classical music performance, and my sense of who I was and where I belonged in the world. For a long time, I didn't think I could ever come to terms with this new life and this new me. The early years were the hardest, when the brain injury road was at its most rocky and steep and everything was new and confusing.

One thing I know now, as a long-term survivor looking back, is that lack of knowledge made my journey to acceptance harder. There was so much I didn't know, so much that I struggled for years to understand. Why am I so tired? Why don't people believe me? Why do I need strategies?

As a now long-term survivor, I wish I could talk to my newly brain-injured self and give her advice. I think about key moments early on after my brain injury. What knowledge would have made a difference then? How can I use what I know now to help others on the brain injury path?

“For a long time, I didn't think I could ever come to terms with this new life and this new me.”

HOPE Magazine Featured Title



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Carole J. Starr
Keynote Speaker
Founder - Brain Injury Voices
www.StarrSpeakerAuthor.com

“Why Am I So Tired?” is the first of three letters I wrote to myself. The other two are, “Why Don’t People Believe Me?” and, “Why Do I Need Strategies?” The letter is long-term survivor Carole sharing what she knows with first-year survivor Carole. It’s my hope that other survivors will see themselves in this letter and that my hard-won wisdom makes someone else’s journey a little bit easier.

Why Am I So Tired?

August 1999—Six Weeks after Brain Injury

Dear First-Year Survivor Carole,

You’ve just found out that the injuries you sustained in your July 6th car accident are more serious than whiplash, bumps and bruises. You have a traumatic brain injury. At this point, you have no idea what that means or how it will impact your life.

You’re bewildered about why you’re so tired and overwhelmed all the time. You can’t seem to sleep enough to get rid of the exhausted feeling. Your head hurts; it’s a constant feeling of pressure on the left side that makes you feel dazed and confused. Your ears are so sensitive that two people talking at the same time sounds like a whole crowd. Noise quickly overwhelms your system and makes you feel dizzy and off-balance. You cry easily and often for no reason. You’re confused a lot, but you’re putting up a brave front and pretending to be better than you are. You’re embarrassed at how much difficulty you’re having with formerly simple tasks, like reading, shopping and cooking.

You've been out of work for six weeks and you're now trying desperately and unsuccessfully to return to teaching and to your hobby of classical music performance. You know you're not "right", but it's hard to pinpoint what's wrong.

It doesn't help that many people are telling you that you "look great!" and saying, "Oh that happens to me too," when you try and explain your difficulties. You're thinking that if you just try harder or push harder, all the symptoms will go away. You feel weak, like a failure, because this approach isn't working. You don't understand why you can't just snap out of the deep tiredness that's taken over your life.

As a long-term survivor, here's what I've learned that I'd like to share with you. Fatigue after brain injury is completely different than fatigue before brain injury. Needing to rest a lot doesn't mean you're weak, unmotivated or lazy. Brain injury fatigue doesn't respond to the usual fixes that used to work, such as a brief nap, a cup of coffee, or a quick walk around the block. The only thing that works is to lie down flat in a quiet, dark place and to rest as long as needed. Often that's hours or sometimes even days.

When the brain has been injured, it needs lots of extra rest, more than after other types of injuries. Tasks that were simple before, like thinking, talking, filtering out light and sound, and managing emotions, are all now difficult. They require a tremendous amount of mental energy. The injured brain runs out of steam, necessitating frequent, long-lasting rest periods.

Fatigue after brain injury is completely different than fatigue before brain injury. Needing to rest a lot doesn't mean you're weak, unmotivated or lazy.



It's pointless to try and push the injured brain when it's overtired. All that does is make the symptoms worse. To use the metaphor of a car, brain injury fatigue is like running out of gas. When your car runs out of gas, you can't argue with it—"You're out of gas." You also can't bargain with it—"If you give me an extra 10 miles, I'll fill you with premium." All you can do is refill the tank. The same is true with regard to brain injury fatigue. Rest times are refueling and necessary to recharge the brain. They're not evidence of laziness. Listen to your brain and get the rest that you need.

With Love from your Future Self,

~Carole

Long-Term Survivor Carole

As survivors, each of us moves through the brain injury journey in our own way and at our own pace. But when we share the lessons we learn along the way, we can light parts of the path for one another. I hope my experience has offered some light for my fellow brain injury travelers.

Meet Carole Starr

*Carole Starr sustained a brain injury in a car accident in 1999. She's now an inspiring keynote speaker, the author of the book *To Root & To Rise: Accepting Brain Injury* and the leader of *Brain Injury Voices*, an award-winning survivor education, advocacy and peer mentoring group in Maine.*

To contact Carole, watch videos of her speeches or read an excerpt from her book, please visit StarrSpeakerAuthor.com.



Living With Hope

By Patrick Brigham



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Making Believe

By Sarah Cannon

It was late October when my husband got hurt. Miles, a tree crew lead, had prepared his workers for a removal, but the tree fell the way it wasn't supposed to and an eighty-pound branch struck his forehead. After surgery and in-patient rehab, he was released, and though they called his TBI "mild" he came home a shell of the man I knew, a shadow of the Daddy our two young children trusted.

The holiday season and survival adrenaline forced an optimistic outlook. Relatives sent a package full of gift cards for a thousand different retailers. Friends came by with dinner. The children, three and five, in their cute pictures with Santa, gave everyone hope. Meanwhile, my husband, who couldn't remember your name, missed conversational nuances and slept the days away.

In the hospital, I saw the scan showing which part of the brain bled, the left frontal lobe a dusty nebula.

"The frontal lobe controls your executive functioning," a nurse practitioner told me. I could scarcely eke out a question, not wanting to know the answer. She explained how executive functions help us connect past experience with present action. Her list sounded like prerequisites for normal living: planning, memory, attention, problem solving, verbal reasoning, and mental flexibility. My sleepy inner contrarian woke up. Did she mean to predict his future? Wasn't the brain mostly untapped, its plasticity an open market? I dug my heels in, refusing to believe Miles's cognition would be limited.

"Meanwhile, my husband, who couldn't remember your name, missed conversational nuances and slept the days away."

Six years later, I recognize these as the arguments of trauma. I thought that because we were living idyllic lives, with beautiful children, a nice house, and good jobs, that we could beat the odds. My attitude was to persist and conquer. Perseverance did help, and Miles improved. And yet during the darkest days, when he struggled with seizures, joblessness, and depression, I learned how lying sometimes is a necessary defense.

Trauma compartmentalizes life into before and after. Before the accident, people at work knew me as a friendly front desk girl. Immediately after, I was a brave wife and mother, quickly promoted to fulltime staff. My colleagues wanted the dirt on Miles's impressive survival, so I spoon-fed them my meal of malarkey, explaining how he had vision problems and we weren't sure what he'd be doing for work, but that one thing was for sure: he'd dodged a bullet. My defensive armor was so intact that I take the blame for what happened next. During a routine Monday morning staff meeting, on my way to the conference room, the CFO pulled me aside and said, "I'd like to give you a few minutes to address the staff." I was stunned. Was I supposed to talk about my department's latest project? "No, no," she told me. "We want to hear about Miles."

You do not say no to a genuine request from a person of power. When it was my turn, my hands were a shaking mess. I took the microphone and gushed how my colleagues had been generous to take up the slack in my absence, thanking everyone for contributing to the home meal delivery service. Then came the great big fib of my life. "Miles is..." Deep breath. "...about 90% toward making a full recovery." I hadn't planned on it, but there it was, a bold-faced lie, and a cacophony of clapping as my reward. Whereas I should have stomped and cried out, "Help me, I'm hurt!" I chose the path of make-believe, and it felt good.

**Trauma
compartmentalizes
life into before and
after.**

In my experience, survivors and care givers (who are also survivors) don't seek pity. We march on managing work projects, coaching soccer, feeding our families.

And why is that? My friends sincerely wanted to help me through the hardship. A good one, in fact, took me to lunch to probe into my ice-cold heart chest. "I thought I was your number one," she told me, stung by my stoicism. If I told her how the words *brain injury* made me want to bury my head in the sand, she would have surely comforted me. But I couldn't say that, because giving voice to pain makes it real and I wasn't ready. Years later, I'd learn what a normal psychological response that is. Sniveling into a used tissue on the couch in my therapist's office, it felt like a boulder had lifted off my shoulders when she told me that "trauma is simply too unbearable to talk about while it's happening."

People removed from trauma metabolize information with a degree of separateness. But when it's you, the experience is so raw, so immediate, you need a shield to protect yourself from further assaults. It's like having a super power with the ability to deflect horror through make believe. With every ninja slice through the air, we avoid the unbearable details the real world asks of us, and so long as we *just keep going*, nobody can catch up. After a while though, pretending takes its toll. It's like that nightmare you had as a child, where you are naked in public. You wish someone would throw a blanket on you or just wake you up.

Once, I was on my way home from the hospital, stopped at a railroad track waiting for the light. With my Explorer in park, a particular weariness overcame me, and I collapsed, sobbing, behind the wheel. I punched a friend's number, finally ready to share my awful truth, that I was scared, and the situation seemed hopeless. "Maggi," I moaned. "Miles weighs 152 pounds." The phone was wet against my cheek.

"His skin just hangs off his bones." From her, not a single word about how lucky we'd been. My force-field thinned a bit after that. I learned there are people who will weep with you in silent compassion.

**MAKE SURE YOU ARRIVE.
JUST DRIVE.**



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In my experience, survivors and caregivers (who are also survivors) don't seek pity. We march on managing work projects, coaching soccer, feeding our families. The switch I'm convinced all humans have, dormant until required, flares like an infection the moment we hear the unalterable news a loved one's life is at risk. We are lit inside, hurt and burning. And yet, it is as Austrian Holocaust and neurologist Viktor E. Frankl said, "What is to give light must endure burning."

One thing I'd do differently if I could go back to the scene at the meeting with the microphone, is not worry so much about what people think. I'd tell them when they asked, that my husband suffered damage to his frontal lobe; that he can no longer work as an arborist and it is likely he will have cognitive limitations. I envision myself quiet and accepting as their jaws drop or their eyeballs bulge. My heart switch would flicker brighter knowing my work as a caregiver is more arresting than managing strangers' anxiety. The rest is the same. I'd go to my desk, do my job, go home, and take care of my family.

Meet Sarah Cannon

Sarah Cannon was born in Seattle and raised in Seattle's north-end neighborhoods. Her writing appears in the New York Times, Salon.com, Chicken Soup for the Soul, Brainline.org, and Bitch Magazine, among others.

Sarah has been active as a community education writing instructor at places in the Seattle area like Verdant Health and Edmonds Community College. She was a scholarship recipient at the inaugural Quest Writers' Conference in 2015 (Squamish, B.C.), as well as at BinderConLA in 2017. Sarah holds an MFA from Goddard College, where she received the Spirit of Goddard award and for whom she later helped launch the Lighthouse Writers' Conference and Retreat in Port Townsend, WA.

Sarah lives with her family in Edmonds, WA, near Seattle, where she works as a technical editor and (when there's time) a book coach.



Once you replace negative thoughts with positive ones, you'll start having positive results.

-Willie Nelson-



Woodworking as PTSD Therapy

By Robert Johnson

You can never change the past; there are no do-overs in life. You may end up wishing you could've prevented an accident or avoided a difficult problem, but you can't travel back in time to actually do it. All you're left with is to try to heal yourself from the scars of the past and move forward with hopes of a living a better life in the future.

The same is true for people suffering from PTSD or CPTSD who have experienced trauma for extended periods of time—from months to years, and some even decades. Day by day, they live with the pain, fear, regret, shame, and all other emotions associated with their condition – sometimes, all those emotions at once. And yes, while there are a lot of common therapies offered for PTSD patients, there isn't a guarantee that they would work for all of the patients.

Such is the case for Rolando Corral, who tried VA counseling after he was diagnosed with PTSD after his medical retirement from the US Army.

Rolando served in the Army for four years until his medical discharge in 2005. He was diagnosed with PTSD three years later. After seeking help through VA counseling, he still had nightmares and incessant guilt because he wasn't able to be deployed to Iraq for the second time around. That condition continued until 2010, despite his constant therapy sessions with specialists.

Rolando served in the Army for four years until his medical discharge in 2005. He was diagnosed with PTSD three years later.



It was only when Rolando opened up to the possibility of trying out woodworking that he noticed a difference in his behavior, mental state, and overall quality of life. It was by chance that he was introduced to woodworking. He met a Korean War veteran who happened to be a woodworker himself. Rolando asked that same man to teach him woodworking, even if that meant starting with a makeshift table saw made from a secondhand Skilsaw and some scrap wood.

For some, it could look like he had just taken up a new hobby, but for Roland, it was like finding a new sense of purpose. His first project was a window frame he made for his aunt's home and after accomplishing that successfully, he was led to do more things. Rolando's dreams revealed a lot about himself and the path he was meant to take. His recurring dream of feeling better about himself by being out in nature brought him to building a wooden flag alongside another veteran. In that same dream, Rolando convinced that man not to commit suicide.

The dream sparked an idea in Rolando's head, leading him to create his very own wooden flag in 2017 and found the IGY (I've Got Your) Wood creations. His business has an ulterior mission aside from earning money—it is meant to restore the hope in war veterans and first responders through the wooden flags they make from reclaimed wood.

You might wonder, aside from keeping him busy with a new hobby and business, how did woodworking exactly affect Rolando's life in a positive way?

“You see, it helped me open up and allow myself to let other people know that I was a veteran and encouraged me to not allow my military career define me for the rest of my life,” says Rolando. “I want woodworking to define who I am for the rest of my life.”

Stepping out from what had given him much guilt and suffering was a big thing for Rolando. Through woodworking, he found a new purpose and meaning and a way to express himself. Woodworking changed him. “Woodworking helped me open up to the idea of allowing some people to come into my personal space and share it with them just for a brief moment. I believe being a woodworker has helped me connect with other parents to help them find resources to improve their lives. Because woodworking helps heal the hidden wounds of war.”

With the positive effect of woodworking in his PTSD symptoms and in his life in general, Rolando is able to connect to other people and pay it forward. According to him, “I enjoy putting my work out there and having folks consider new perspectives. There is something about that kind of connection

that makes me feel like I'm doing what I'm supposed to be doing. Those connections are a life source and I hope my art inspires others, so we can continue uplifting one another. That's the 'tribal philosophy.' We aren't working for The Self, but for a community."

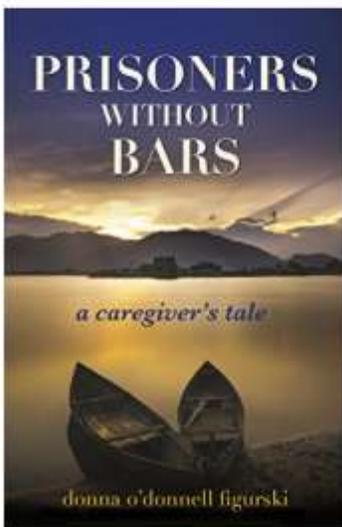
For Rolando, a lot has changed since he was introduced to woodworking. It is something he fully recommends for those who feel like they have lost their purpose in life—very much like him when he was first diagnosed with PTSD. It wasn't the traditional way of therapy that helped him overcome his struggles, but a creative way that enables him to feel proud and accomplished.

Meet Robert Johnson

Robert is a woodworking enthusiast whose passion for power tools is expressed through writing. He is the founder, owner, and main author of Sawinery.net, a blog site dedicated to his personal reviews of different types and specific models of saws. Through the years, his interest in woodworking expanded beyond tools, which started his quest to write about woodworking projects and fascinating stories of woodworkers as well.



HOPE Magazine Featured Title



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Is it Depression or Sadness?

By David A. Grant

Long before my 2010 brain injury, I had more than a nodding acquaintance with clinical depression. My earliest recollection of having a depressive episode was shortly after the brutal murder of my sister-in-law close to thirty years ago.

Having no real understanding about depression at the time, I wasn't able to label it as such. I knew that I had trouble functioning, that small tasks seemed insurmountable – and the very thought of getting out of bed filled me with dread.

It was all too much.

As the years passed, I learned more about depression from my on-the-job training. While a bout of depression could come at any time, it was seasonal depression that I suffered from the most. And suffer I did. Every year, as the days got shorter here in New England, I knew what was coming, and it filled me with dread. By the time October came around, I was living in full-blown depression. If I was lucky, by March of the following year, my head might begin to clear just a bit.

My depression was as clinical as it gets. Overwhelming feelings of sadness? Check. Random thoughts that the world would be better off without me? You bet. A couple of half-hearted suicide attempts? Shamefully, I must admit to these. There is nothing pretty, or easy, about depression.

“While a bout of depression could come at any time, it was seasonal depression that I suffered from the most.”

To this day, I marvel at the fact that I can enjoy the coming of fall. Shorter days are now a novelty and not a reason for dread.

It was a predictable cycle. For six months, I would suffer, and for six months, life had a semblance of normalcy. This went on for a couple of decades. Don't get me wrong, I am not one who likes pain. I did all that I could to overcome this brutal cycle. I sought professional help, went to counselors over the years, did a few stints of medication. While these treatments brought slight relief, nothing proved sustainable. I had reached the point where I assumed that my lot in life was to live with depression for the duration.

Fate apparently had other plans. On November 11, 2010, I was struck by a car being driven by a newly-licensed teenage driver. I had broken bones, bruises, and lacerations. My accident also left me with a traumatic brain injury. Based on the type of symptoms that I dealt with, especially early on, most of my brain injury was located in the frontal lobe part of my brain.

I have been depression-free since that day.

Looking through the prism of time, back to the middle part of the last century, surgical procedures to frontal lobes was a common treatment for depression. While very much a high-risk procedure, there were documented cases of a lobotomy easing depression.

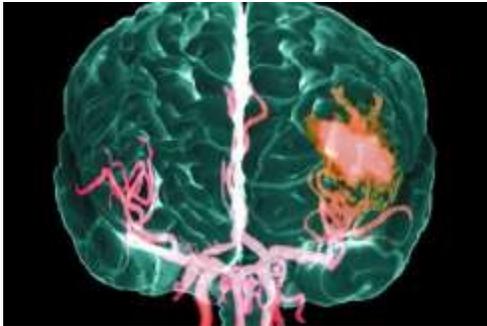
While I can only speak from a layperson's perspective, it's not a far stretch to say that my unexpected frontal lobe injury has had an unexpected, and wonderful side-effect. Before my injury, I battled depression and had for decades. Since my injury, I have been virtually depression-free. No medication, no professional help, no nothing – just a horrific accident.

To this day, I marvel at the fact that I can enjoy the coming of fall. Shorter days are now a novelty and not a reason for dread. That late-summer anxiety, dreading what is coming, has dissipated. While I can vividly remember what it feels like to be depressed, it's only a memory.

My experience has taught me that life with a brain injury is unpredictable. Many of my deficits have cleared up over the last few years.

This year, my ability to feel cold has begun to return after a long and much-appreciated absence. It's not a far stretch for me to be concerned that, as I continue to heal, my depression may return. While I am vigilant, I am not hyper-vigilant.

Just under three months ago, my mom sustained her own brain injury in the form of a stroke, followed by two seizures. Early on, we were told that she could pass at any time. Today, she is stable, and in a nursing home, most of her life's memories erased from her mind. It has been the most heartbreaking chapter of our lives, and the lives of those close to her.



I have been awash in sadness for a couple of months, leaving the time since mom's stroke one big blur. Sadness has defined almost every day, and somewhere inside, I began to wonder if my depression was making a comeback. Based on my past history, and the current challenges we face, it would be completely understandable. But over the last couple of months, I have learned that there is a vast difference between sadness and depression. Depression meant that I was unable to function on a day-to-day basis. Sadness means that I can still function, though at a slower pace. Depression swallows you whole and takes away all hope. Sadness means that as difficult as life is, there are still rays of hope shining through. Depression told me that suicide was the answer to my troubles. Sadness reminds me that as a family, we are all experiencing loss, and those who are close to me need me like never before.

At first glance, sadness and depression may seem like they are related, but when you dig a bit deeper, they are as different as apples and zebras. Life is difficult right now. I am not the only one experiencing sadness. Sadness is a normal reaction to what has befallen us as a family. But I need not do more than look back a few years to my life with chronic depression to realize that I am going to be okay and that we are all going to be okay.

Some may view a brain injury as a curse. It comes with challenges, but today I am grateful to the core, grateful that I can suit up and show up for those who need me.

Meet David A. Grant

David A. Grant is a traumatic brain injury survivor from Salem, NH. In addition to publishing HOPE Magazine, David is also a staff writer for Brainline.org as well as a contributing writer to Chicken Soup for the Soul, Surviving Traumatic Brain Injuries. David is a board member of the Brain Injury Association of New Hampshire. When he's not working, David can be found cycling the back roads of southern New Hampshire.



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Smoke and Mirrors

By Ric Johnson

After a thirty-day medically induced coma I have to think that the first three things in my mind were, “Why am I in a hospital?”, “What the heck happened?” and, “What is going on?” Well maybe those were not really the first three thoughts I had, but they were at least in the top ten.

In October 2003, while cleaning the gutters on my house, I fell from the ladder and hit the concrete slab on the driveway. My daughter saw it happen and called 911. I was admitted at Hennepin County Medical Center (HCMC) and diagnosed with a traumatic brain injury. From the moment I fell until thirty-days later, I was in a coma and have no memories.

In November, after being weaned from the coma I asked my family those three questions nearly non-stop. Because I lost my ability to speak, my wife, my kids, other family members and friends had no idea what I was talking about so I needed to try to write as well. So what they did was: told me about my fall; that I was wearing a protective helmet because I had surgery to remove a bone from my skull; my bed had netting around it so I wouldn't fall out; I needed to use a wheelchair because I couldn't walk without assistance; therapy sessions were necessary to get better. Why did I ask, or write, the same questions? Short-term memory was gone, in one ear - out the other.

“From the moment I fell until thirty-days later, I was in a coma and have no memories.”

December was all about speech, occupational and physical therapy, forty-five minutes each, for seven days a week. Everyone tells me that I talked like the Muppets Swedish Chef, so speech therapy was the focus. Eventually, I started to walk unaided so the wheelchair and physical therapy stopped. Occupational therapy was cognitive therapy to help me make my way around daily tasks. Therapy sessions wore me out, so fatigue became the fourth side-effect from my injury: Aphasia; Memory; Balance; Fatigue.

In January 2004, I was able to go home and continue outpatient therapy at Courage Kenny Rehabilitation Center. The amount of effort, energy, and “homework” it took to tackle those sessions were probably the hardest work this survivor has ever done.

After six months of therapy, before “graduating” from therapy, I attempted to start working again. The company I work for allowed me, because of my therapy, to work part-time hours, which was a good thing. I mentally could not handle going from therapy to my job. I needed a nap to clear my brain and focus on me. Trying to get back to work was like difficult; I worked for that company for over twenty years and had to re-learn everything that was second nature before.

In October 2004, I was able to go back to work full-time. My job is not actually the same job as before, there are a couple of aspects I cannot do, but its close enough. It’s been close to fifteen years since my injury. I consider myself lucky, not because I had a traumatic brain injury, but by refusing to give up, by trying again and again and again. I’m better now than what the doctors told my family to expect. Sure, there are things I have lost, but there are new things I have gained.

The most important thing I’ve gained is realizing how much my family means to me. Without them I’m not sure if I would had made it. They are still giving to me, almost fifteen years later. I also learned how important friends are. During that first year, those friends were my family’s lifeline by volunteering to do anything that was needed, not just for me, but for my family as well. I have lost a few friends (my slower pace can’t compete with their fast pace).

What else have I lost? My get up and go. I need to focus on the tasks at hand. I need to think before I leap and think before I talk. So what if I can’t multi-task anymore, so what if I can’t run circles around any physical task, so what if I need to ask for help once in a while? I need to let go of the past and believe in the current.



Being my own best advocate, I go to a local support group to see how other survivors are living their lives. Many of the tips or techniques they use have become important tools of my daily life. To quote a member in the group, “plan the work, work the plan,” proves right nearly daily to make sure that I don’t get distracted by bright and shiny objects.

Living my “new” life is not about using smoke and mirrors to appear as normal as any other person. It’s all about being comfortable within myself.

Meet Ric Johnson

Ric Johnson is a husband, father, grandfather and a traumatic brain injury survivor of fifteen years. Ric is also a member of the Speaker Bureau for the Minnesota Brain Injury Alliance, and facilitator for The Courage Kenny Brain Injury Support Group.



Centers for Disease Control and Prevention
MMWR | **STOP HIGH SCHOOL STUDENT CONCUSSIONS**

STUDENTS ARE AT RISK FOR CONCUSSIONS

- 15%** REPORTED AT LEAST ONE CONCUSSION IN PREVIOUS YEAR
- 6%** REPORTED MORE THAN ONE CONCUSSION

SOME STUDENTS ARE AT HIGHER RISK

- MALES**
- STUDENTS WHO PLAY ON SPORTS TEAMS**

CREATE A CULTURE OF CONCUSSION SAFETY

- LEARN ABOUT CONCUSSION SYMPTOMS**
- REPORT SUSPECTED CONCUSSIONS**
- SEE A HEALTHCARE PROVIDER**



Keeping Love Alive

By Lori Weisman

One of the hardest things to realize in the wake of a traumatic brain injury is that nothing will ever be the same again. For married and committed couples, the pain that comes with this realization is often doubled. With one partner focused on healing and adapting – a 24/7 challenge for most – the other is burdened with new roles and responsibilities.

“How can I do all the chores my husband used to do while I still have a full plate of my own?” a distressed wife asked me recently.

“Just helping him get to therapy and medical appointments feels like a full-time job,” she said. “Now I’m responsible for the grocery shopping he used to do, the bills he used to pay and the yard work he used to love so much.”

“She was feeling the terrible mixture of guilt, exhaustion and confusion that virtually all spouses feel as they try to create a “new normal” with their brain-injured partners.”

With weariness and resentment in her voice, she described how family, neighbors and friends were growing impatient with her. “They feel we’re isolating ourselves because we don’t go out much anymore. They just don’t realize how hard all this is for him ... or for me.”

She was feeling the terrible mixture of guilt, exhaustion and confusion that virtually all spouses feel as they try to create a “new normal” with their brain-injured partners. Whether the trauma resulted from a car accident, a sports injury, a fall at work or home or a blast suffered during military service, the bottom line is that *both partners are suffering as they try to adjust.*

Why brain injury triggers a seismic shift in roles and responsibilities

The brain is the command center that governs the body. It's more than just the center of our thinking and moods. Brain functioning affects our sleep, our speech, our memory, concentration and attention, our movement, balance, sensory input and so much more.

When you think of it that way, it's easy to see how brain injuries can keep someone from handling the tasks they once did so easily and naturally. Even something as simple as raking leaves or washing dishes can feel like too much.

Having a traumatic brain injury, even a so-called "mild" injury, can keep your very talented and ambitious spouse from returning to work right away. This can lead to discouragement and even clinical depression, since all of us derive a great deal of satisfaction and purpose from our careers.

Beyond work, almost all spouses are in charge of dozens of tasks around the home, everything from cooking meals to handling finances and planning how leisure time and vacations will be spent. When virtually all the work within a marriage suddenly shifts away from one partner and lands on the other, there's bound to be confusion and conflict.

"I can't help it, but I just get so angry with her sometimes," said one husband about his brain-injured wife. "It's been more than a year. I feel she should be trying harder to get well. Then I realize how harsh I'm being, and I feel totally ashamed of myself."

This whirlwind of frustration, anger and guilt is something nearly all spouses feel. If you're caught in that vicious circle right now, realize that you are not alone. There are skills you can learn that will help you feel more loving and supportive – not only toward your spouse but yourself as well.



Four ways couples can cope with the changes – and keep their love alive

Here are four things to keep in mind that will ease the grief and pain you're feeling and empower you to support each other as you recover together.

1. Realize that healing is the survivor's primary job -- and will be for quite a while.

After a serious accident or injury, the one who's been hurt needs to focus fully on getting well. The recovery period involves building and practicing new skills and trying to regain skills that were once sharp but may now be compromised.

Progress is often very slow, and while medical experts can help, no one really knows how long recovery will take. Spouses must remember that their loved ones are rebuilding their brains, one circuit at a time. There's no telling when s/he will be able to take back some of the duties that have fallen squarely on the shoulders of the healthy partner.

2. Acknowledge that what worked before is no longer practical.

There's no getting around it. Roles and responsibilities have to change – often overnight. This may be a great source of frustration and embarrassment as the injured spouse visibly struggles to do even the simplest things, and the other staggers under an unmanageable workload.

You will feel better if you focus on accepting the realities in front of you. Everything IS different now; there's no going back. With this in mind, how can you ease the guilt that the injured spouse feels because s/he cannot contribute as much as before? What chores can you pass along to friends and family members who offer to help? And what activities can you let go for now? Agreeing to map out solutions together in a loving way will keep you on the same page.

Progress is often very slow, and while medical experts can help, no one really knows how long recovery will take.

3. Give yourselves plenty of time to grieve.

We think of grief as something people face when someone dies, or perhaps when a relationship ends. But brain-injured couples need time to grieve, too. There's a significant gap between the life you had and the one you're living now. Allowing yourselves to feel sad and discouraged at times is part of fostering the acceptance and grace it will take to create a new life together.

4. Watch out for polarizing words and judgments that keep you from working as a team.

These can take the form of judgmental thoughts in your own mind or things other people say, often believing they're being supportive. "It seems like you're the boss now," a friend might remark, seeing all the responsibilities you've taken on. You can let that thought settle in, becoming a nagging grievance – *Why should I handle all the housework? She SHOULD be helping more!* Or you can respond by saying, "This isn't about who's in charge. It's about figuring out a new way together, based on what we both can actually handle."

4. See this as an opportunity to strengthen your relationship on all levels.

The silver lining inside the cloud of challenges you're facing right now is that you have the chance to rebuild your marriage from the inside out. It's tough – but in many ways, it's also a gift.

You may welcome the chance to rebalance the duties that are part of everyday life. You can begin with a fresh slate – deciding bit by bit how you will share the work of providing an income, running a household and staying close to family, friends and community. The new life you create may be totally different from the one you were living before. But if you build it together, it can be a positive, enriching and exciting life.

Meet Lori Weisman

Lori Weisman, MA, LMHC, is a psychotherapist, frequent lecturer and consultant who has helped thousands of married and committed couples rebuild their lives in the wake of brain injuries.

Lori established her private psychotherapy practice in Bellevue, Washington in 1993. People come to her for compassionate, focused support in learning better ways to deal with stress, anxiety, career struggles and complex family and relationship issues.



News & Views

Bringing stories of real hope and meaningful inspiration to our readers has become our life's work. Last month, we celebrated the eight-year anniversary as a survivor couple. As Sarah Cannon pointed out in her article in this month's issue, caregivers are survivors too.

Like the wizard in the Wizard of Oz, we prefer to stay in the background, letting those who add voices and hope to HOPE Magazine the opportunity to shine.

It takes a lot of courage to talk about something as game-changing as a brain injury. This month, our contributors included family members, caregivers, a member of the professional community, and of course – brain injury survivors.

The holiday season is in full swing, and with it comes a bit of chaos for many. There may be family events to attend, and the added financial pressure that so often comes with this season. For many of us, the world just seems busier.



As a long-time friend has told me repeatedly over the years, *“Be good to a friend of mine – be good to yourself.”* Over the years since brain injury has become part of our lives, things have gotten a bit smaller for us. We spend less time out-and-about, we avoid crowds if at all possible, and more importantly, we have come to focus on the meaningful things in life – time spend with those we love and giving back whenever the opportunity presents itself.

It is our sincere wish that you find a bit of peace this season, and that you can indeed be good to yourself. You deserve it.

Happy Holidays!

~David and Sarah