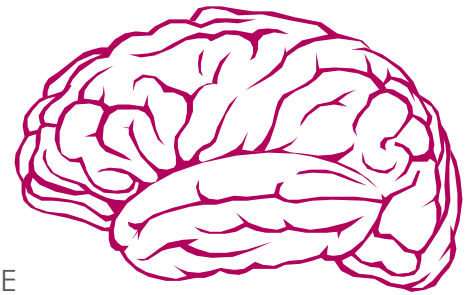


TBI Updates

TRAUMATIC BRAIN INJURY MODEL SYSTEM
UNIVERSITY OF WASHINGTON
DEPARTMENT OF REHABILITATION MEDICINE



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Emotional Recovery from TBI: A Journey By JoAnn Brockway

The idea that there are stages of emotional response to loss that everyone goes through has been widely accepted. In 1969, Kubler-Ross proposed a five-stage model of coping with news of a terminal illness. This model was applied to adjusting to terminal illness and later to coping with life-changing events, including traumatic brain injury. The notion was that one must go through the stages of denial, anger, bargaining, depression, acceptance, in order to truly adjust to a life change. However, there is very little hard evidence to support this idea (Trieschmann, 1998; Wortman and Silver, 1991).

That being said, most individuals do go through many emotional states during their recovery from brain injury. In the early days after injury, many people experience a kind of denial, an inability to be fully aware of at least some of their difficulties. For example, one person might recognize his left hand isn't able to open and shut the way it used to, yet not be aware that he does not know how to use the telephone. This lack of awareness is often due in part to the damage to the brain, which interferes with one's ability to accurately see the changes in his abilities, and to see that those changes impact day to day function, and in part due to an emotional inability to believe that something catastrophic has occurred. This lack of awareness is sometimes reinforced by family and others who also do not want to believe that something irrevocable has occurred. Individuals with poor awareness may not experience as much emotional distress as the individual who knows only too well that he cannot remember how to use a telephone or that his brother came to visit.

Persons with brain injury often show emotions more easily than before the injury. The person may be more irritable, cry more easily, laugh for no apparent reason. This disinhibited behavior does not mean the person is feeling a deep emotion, but occurs because the brain is not regulating behavior to the same extent as before injury.

As the injured individual becomes more aware of the changes in her abilities, she may experience more emotional distress, including anxiety and depression. Anxiety and depression are of concern not only because the person feels bad, but also because these emotional states often interfere with the person making the most of rehabilitation opportunities and with effective coping. Depression may increase as the anniversary of the injury draws near, as the person realizes how much time that has passed and the extent to which the effects of the injury still linger. If anxiety or depression continues for too long, professional help may be needed.

Anger is another emotion often experienced after head injury. Anger may be self-directed, with the injured blaming herself for the injury or the lack of desired outcome. Or

In This Issue

Emotional Recovery.....	1-2
Mild TBI	2-4
Who's Who	2
Who's Who II	3
DVD on Sale	3
Resources.....	4

Who's Who



Jo Ann Brockway, Ph.D

Jo Ann Brockway, Ph.D., is a Clinical Associate Professor in Rehabilitation Medicine at the University of Washington. She is an Attending Psychologist in the Comprehensive Outpatient Rehabilitation Program at Harborview Medical Center, where she works with individuals with a variety of disabilities, including brain injury, and their families.

Dr. Brockway received her Ph.D. in Clinical Psychology from the University of Iowa. She first became interested in rehabilitation in graduate school while doing a practicum in a rehab facility. Following her interest in rehabilitation she completed an internship in Health Care Psychology at the University of Minnesota working in the inpatient rehabilitation unit. This led to a career in rehabilitation including inpatient and outpatient rehabilitation, an HMO and independent practice.

Dr. Brockway's research interests include studying the effectiveness of interventions for individuals with TBI and their families, and finding good outcome measures for research with people with disabilities. Dr. Brockway has also published in the areas of pain, sexuality and disability, and behavioral treatment of anger.

Continued from previous page

anger may be directed at others, blaming others for the onset of injury or the limitations. Or it may be more generally directed towards God or fate for the injury having occurred. Anger, too, may interfere with recovery, and may alienate the person with injury from potential sources of support. Treatment options include both medication and counseling.

All or some of the above can occur as a person recovers from brain injury. It is important to emphasize that the process of emotional recovery is different for each person. It is not necessary for the injured person to experience each of the stages suggested by Kubler-Ross to ultimately have a good emotional recovery. Nor does the individual necessarily experience one stage, then "graduate" or move on to the next stage, never to return to the previous stage. Rather, people experience different emotions in different sequences, often multiple times.

The quality of emotional adjustment depends on many factors, some related to the injury itself, though not necessarily to the severity of injury. Positive factors include good pre-injury coping skills and strong support from others. Negative factors include substance use/abuse.

Successful adjustment involves integrating the changes that have occurred since the injury. It doesn't mean the person likes the changes. It doesn't mean the person will never experience sadness or anger or frustration with the changes experienced. Nor does it mean the person has given up hope of future improvement. Rather, it means that the person has set goals for the future and is working to achieve quality of life based on a new view of oneself, a view that incorporates having had the injury and living with the results.

You might think of the process of emotional recovery as a journey, a challenging and often painful journey for which no one is completely prepared. It is a journey in which you go places you have never been and never desired to go. And yet, many find, it is a journey containing some important and unexpectedly positive experiences.

Emotional Recovery from TBI: Group & Individual Psychotherapy

By Mary Pepping, Ph.D

Emotional recovery from traumatic brain injury can take many forms. This is not surprising, given the unique pre-injury personal histories, psychological strengths and vulnerabilities people bring to the challenge of managing life, let alone managing the added effects of a traumatic brain injury.

Each person's particular array of pre-injury factors combined with post-injury effects can exert a major influence on the person's feelings, moods, sense of self, and perception of others. For example, a person who struggled with depression or low self-esteem prior to their injury may have a much harder time with realistic self-appraisal after the injury, e.g., they can't see their areas of strength and competence, but can only focus on deficits.

Regardless of pre-injury strengths or vulnerabilities it is completely normal for people to struggle with some degree of sadness, loss, anger, frustration, or embarrassment as they learn to cope with changes in thinking or physical function. At the same time, the person may also be grateful to have survived a terrible accident and have a second chance to create a meaningful life. So it is possible to have mixed and at times confusing feelings about what the injury means, as an occasion of loss as well as a possible new beginning. *Continued on next page...*

Coming Soon!

"Living With A Traumatic Brain Injury"

In the coming weeks check the TBIMS website for the premiere announcement and the UW TV website, <http://www.uwTV.org>, for showtimes.

This is a documentary produced by TBIMS, Washington State Department of Social and Health Services, Aging and Disability Services Administration, Washington State Traumatic Brain Injury Implementation Grant, and the Harborview Medical Center Funding Allocations Committee.

Who's Who



Mary Pepping, Ph.D

Dr. Mary Pepping is a clinical psychologist and clinical neuropsychologist with 26 years of experience evaluating and treating individuals with brain injury, working with their families, and with teams of interdisciplinary clinicians. She joined the UW Department of Rehabilitation Medicine faculty in November 1999 as Clinical Director of the Outpatient Neuro-Rehabilitation Program and Director of the Neuropsychology Testing Service.

Prior to joining the University of Washington, Dr. Pepping spent 6 years in private practice in Seattle, 5 years in the Physical Medicine and Rehabilitation Department at Virginia Mason Medical Center, Seattle, and 6 years in the Neurosurgery Department at Presbyterian Hospital, Oklahoma City, following her 2 years of internship and postdoctoral study.

Her primary areas of clinical interest include the neuropsychological assessment of adults with all forms of acquired brain injury (e.g., TBI, MS, brain tumors, CVA, anoxia) along with the development and delivery of interdisciplinary treatment programs that include a strong emphasis upon cognitive rehabilitation and individual and group psychotherapies. Her research interests include long term outcome studies of evaluation and treatment factors associated with return to work after brain injury, interdisciplinary team function, and the role of pre-morbid personality factors in psychosocial adjustment.

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Individual and group psychotherapy are two treatment approaches that can help people with traumatic brain injury learn more effective ways to understand and manage moods, emotions, and behaviors.

Individual psychotherapy in our program at UWMC is provided by clinical psychologists who have specialization and experience in rehabilitation. Individual psychotherapy with these clinicians may at times include features of counseling (supportive advice giving), depending upon the patient's needs and situations. However, individual psychotherapy also helps people explore some of the personality patterns that may have long contributed to problems and that are also intensifying current difficulties.

A good psychotherapist will draw upon the natural emotional relationship established over time between the clinician and the person with TBI, and teach the person better ways of relating to themselves and to others. By commenting on what is happening in the hour of psychotherapy each week, working out differences of opinion, or hurt feelings, or exploring emerging hopes, corrective emotional experiences can occur for the person with TBI, in ways that will help them function more effectively in the world at large.

The capacity to form a good working alliance with one's psychologist is one of the better predictors of long term positive outcome for people who have sustained TBI. You may not always agree with the psychologist's views or suggestions, but the ability to work out differences in perception is a great model for coping with people in the world at large.

Group psychotherapy after brain injury typically occurs with 6-8 people with TBI and two clinician leaders who meet together weekly. There is often a "psycho-educational" component, that is, specific hand-outs and discussion of psychological functioning topics. These may include such items as common emotional reactions and personality changes after brain injury. This kind of group treatment is also likely to include many practical suggestions on how to feel and function better.

There is also the time and intention in a group psychotherapy context for the clinician leaders of the group (at UWMC, one psychologist and one rehabilitation counselor) to provide an opportunity for the sharing of feelings and feedback among group members. It can be a good opportunity to observe and learn from one's peers. This includes the chance to learn first-hand that you are not alone in the recovery process, and to form your own ideas about what does or does not work well for people from a coping standpoint.

We hope you will take advantage of the opportunities that may exist for individual psychotherapy and/or group psychotherapy as part of your particular neuro-rehabilitation treatment program.

RESOURCES

If you would like more information about emotional recovery please look at these resources suggested by Doctors Mary Pepping and Jo Anna Brockway.

Books: *Living With Brain Injury: A guide for families and caregivers*, Edited by Sonia Acorn and Penny Offer. *Psychotherapeutic Interventions for Adults with Brain Injury or Stroke: A clinician's treatment resource*, edited by Karen Langer, Linda Laatsch, and Lisa Lewis. (Beneficial to clinician and layman.)

Websites: Brain Injury Association of Washington: <http://www.biawa.org>
Brain Injury Association of America: <http://www.biausa.org>
National Resource Center for TBI: <http://www.neuro.pmr.vcu.edu/faq/category.htm>

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Or visit our website at:

www.depts.washington.edu/rehab/tbi/