November 2015 Volume 13, Issue 2



Holiday Cheer...and Other Feelings! By: Taylor Obata

While the holidays can be a wonderful time of year that may include cooking, shopping, going to parties, and getting together with family, it can also be a time of serious stress. Many of us experience increased depression symptoms during the holiday season – typically in the months of November and December.

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Holiday Cheer...and Other Feelings! (continued) By: Taylor Obata



The American Psychological Association (APA)'s 2011
Stress in America survey found that 22 percent of Americans report an extreme level of stress. Better understanding of what causes stress may help in finding ways to cope with stress.

There are multiple reasons why someone might experience an increase in depression symptoms around the

holiday season. Social isolation and holiday triggered grief can be major contributors to feelings of depression. People who feel lonely or disconnected sometimes isolate themselves during the holidays to avoid uncomfortable social interactions. Although this may be done with the intention to mask over

these feelings of loneliness, it more often makes them worse and adds to symptoms of depression. Reaching out to friends and family or joining a community group can go a long way in reducing these feelings of loneliness.

The holidays may also trigger memories of lost loved ones or recently-ended relationships. This is especially true for Valentine's Day, but can be true for any holidays shared



with someone special. It is okay to recognize and accept this grief and not be ashamed of your feelings. Instead, find healthy ways to manage it. Taking care of yourself by getting enough sleep, eating healthily, and staying physically active can support you along the way.

Here are some tips to help manage holiday stress:

- Recognize your feelings and allow yourself to express them
- Find support through friends, family, community, religious, or other social groups
- Have realistic expectations for the holidays and be flexible with your plans

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- Be accepting of your family members and acknowledge they may be experiencing similar stress
- Know your spending limits and try and stick to them by creating a budget
- Create a schedule to help you plan for holiday related activities such as cooking and visiting friends
- Don't be afraid to say no to new obligations if you are feeling overwhelmed
- Maintain a healthy diet and exercise regimen even if you are presented with opportunities to overindulge
- Set aside time each day to focus on yourself and clear your mind
- Do not hesitate to seek professional help if your depression sticks around

Maybe most of all, remember that none of us are perfect; try and see the inevitable holiday hiccups as an opportunity for humility and to show resilience. And as always, if you feel overwhelmed with stress, consult with a psychologist or other licensed mental health professional. He or she can help you identify problem areas and then develop an action plan for changing them.

Resources:

Jewish Family Service

206-461-3240

1601 16th Street; Seattle, WA 98122 Counseling and referrals, sliding scale.

Crisis Clinic

24-hour crisis line: 1-866-4CRISIS (1-866-427-4747) 24-hour counseling for persons in crisis. Confidential.

Besides the crisis line, the Community Information Line (1-800-621-4636, or simply 2-1-1 in Seattle/King County) 8 am - 6 pm Monday-Friday, is probably the best all-purpose referral number in Seattle.

Samaritan Center of Puget Sound Bellevue

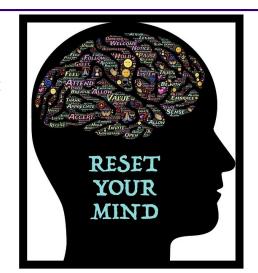
(206) 527-2266

1800 100th Ave NE Bellevue, WA, 98004 http://www.samaritanps.org/Clinic.php

Samaritan Center of Puget Sound provides counseling and mental health services for individuals, couples and families whose limited income keeps them from being able to access quality care.

Other Resources

Go to www.biawa.org/resources and click on the Mental Health/Substance Abuse tab to see many other statewide Mental Health clinics and organizations.



My Journey

By: Jason Cudahy

That journey began in the small town of Ketchum, Idaho. It was known because a famous novelist named Ernest Hemingway committed suicide there in 1961. My incident wasn't fatal,



but definitely life altering. I was shot in the right eye back in 1974, when I was 9 years old, by my 16 year old half brother, an accident on purpose incident. The bullet grazed the underside of my brain and lodged in the cerebellum which controls coordination. I was life flighted to Boise, the burgeoning and bustling capitol of Idaho, where I

underwent brain surgery to remove the bullet. After that I spent 3 weeks in a coma in intensive care, and then another 3 months in rehab relearning basic tasks such as feeding, toileting, talking and everything that makes us human.

Little was known about head injury back in the 1970's such as the importance of immediate physical and cognitive therapies. The rehabilitation center in Boise would have put

me in a wheelchair because they thought there was nothing more they could do. My mother was a fierce advocate for me, saying no to that idea — plus I had the resolve to walk again and be the person I wanted to be. Small towns are good because people will rally around you and offer support such as with home schooling and teachers that kept me involved with elementary school



activities and classmates, a new emerging field called mainstreaming. Others would help me with physical therapies or recreational activities.

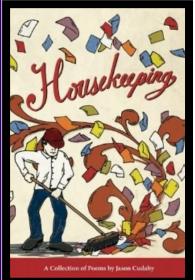
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Another benefit of a small ski resort town were the hills and trails that surrounded the town. Challenging myself on these hills was a form of therapy. I continue with recreational activities such bike riding on my recumbent trike, in fact I biked the Burke Gilman trail in Seattle renting a bike from Outdoors for All. Being outdoors is the best therapy for one's soul.

The support system for TBI is fantastic in Seattle, a resource I wished I had back then. A support system is integral to recovery. It is comforting to know there is now support out there for the head injury and that it isn't a sad statistical stigma that needs to be carried in silence.



In 1987, I moved to Sacramento California to attend the local university. Alone in a big city, all I had was time and an overwhelming feeling of alienation, doubt, and the panic that ruled my



head. Writing became a source of comfort for me. Out of those days of journaling developed poems. Since those days I've self published 5 books of poetry. I did complete my bachelor of science degree at California State University, Sacramento. Now I volunteer at the Idaho State Veterans Home here in Boise and recently at a hospice program. A very rewarding way to stay focused and be involved in society. I find it is a good use of my time by not focusing on what was, but what is. I appreciate where I've been, and more importantly where I'm going.

What's Your Survivor Story?

Tell us your story at uwtbi@uw.edu and we can include it in our next newsletter!

Having Headaches After Your TBI? We're Here To Help.

Headache is one of the most common complaints after TBI. In fact, approximately half of individuals with TBI report experiencing headache throughout the first year after injury. Everything in life is harder with a headache—we want to help you get back to your daily life. If you are experiencing headache after your TBI, check out our studies below:

The Headache Diary Study

Study Contact: Arthur Stacey, astacey@uw.edu or by phone at 206-744-5196

The Headache Diary Study looks at how well it works to use a daily online headache diary to help describe and track headaches after a mild brain injury. Eligible subject must be within 3 months of experiencing a Mild-Traumatic Brain Injury (M-TBI). Participants will be asked to completed a daily headache diary that is a web-based application ("app") for a total of 90 days.

The TWIST Study

Study Contact: Arthur Stacey, astacey@uw.edu or by phone at 206-744-5196

The TWIST Study looks at whether Sumatriptan (also known by the brand name Imitrex™) an FDA-approved medication for treatment of migraine, shows similar effectiveness for treatment of chronic post-traumatic headache. Eligible subjects must be within 3 months—5 years of their TBI.

Subjects will keep a headache diary while enrolled.

The Botox Study

Study Contact: Elisa McGee, emcgee@uw.edu or by phone at 206-598-9260

The Botox Study is looking at whether the use of BOTOX®, an FDA-approved therapy for treatment of chronic migraine, shows similar effectiveness for treatment of chronic post-traumatic headache. Eligible subjects must be within 3 months to one year of a mild traumatic brain injury with recurring migraine headaches. Subjects will receive injections of study medication every 3 months, for 9 months, and will keep a headache diary while enrolled. This study requires five visits to the UWMC Headache Clinic.

All studies are voluntary and will not affect the care you receive at the University of Washington

Check Out Our New Website, Logo, Twitter, and Facebook Page!



UNIVERSITY OF WASHINGTON

TRAUMATIC BRAIN INJURY MODEL SYSTEM

PATIENT CARE • RESEARCH • EDUCATION & TRAINING

Why the change?

The new logo and website better represent the vibrancy of the UW TBIMS. Both have received significant and modern updates! We hope the changes to the website will make it easier to navigate and provide users with a powerful resource. Special thanks to Third&Spade for the new logo and Mockingbird Marketing for the new website!







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Want to Get Involved in Research? Here's Help!

By: Taylor Obata

Research is a broad term. The purpose of medical research is to improve patient care and outcomes. Many studies in medical research require people to participate since they are contributing to the development of patient care. These are generally called clinical trials, specifically if they involve one or more methods of health related intervention. Clinical trials sometimes rely on healthy volunteers with no known medical conditions as well as patients with a specific condition.

But how are those participants selected? These clinical studies have a range of requirements. One of the most important ones is that each participant willingly volunteers to participate. Although researchers spend a lot of time looking for eligible people to recruit for their studies, they also rely on potential participants who take the first step by contacting the study.

Here are some ways you can match yourself to a clinical study:

- Ask your Primary Care Provider (PCP) or Specialist if there are research opportunities that you might be eligible for
- Check out ClinicalTrials.gov for up-to-date and searchable listings of clinical trials
- Use ResearchMatch.org to create a profile and get matched to different studies based on criteria in your profile
- The National Institute of Health (NIH) also has a search tool for clinical studies administered through the NIH Clinical Center located at clinicalstudies.info.nih.gov

If you are looking to do a quick search of clinical trials happening in your area, ClinicalTrials.gov is a good place to start. This website includes a basic and an advanced search tool, as well as instructions on how to use them. There is also the option

to search for studies using a map view, which some users like better.



For many people, clinical research is an idea that seems far away and disconnected from them. But anyone that has ever received medical care is directly linked to the clinical research that helped develop their care plan. It is common to hear people in the TBI community express interest in research participation, because they want to contribute to the body of knowledge that allowed them to receive successful treatment. All clinical research has the potential to contribute to better understanding of health-related interventions. So when you participate in

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a study you may be helping to create new and effective methods of care.

Research study participation can also have direct benefits to the participants, although it is not guaranteed. As with any decision regarding your health, always proceed with care and do what is right for you. Also know that clinical studies are held to high standards and go to great lengths to minimize any potential risks to participants.



Announcements:

Look for updates from our latest forum!

Our last quarterly forum was held on **October 21, 2015** at UW Medical Center, South Campus Center. This forum focused on Recreation and TBI. Look on our website for a summary from the panel discussion so you can learn more about potential benefits from participating in recreational activities after TBI.

Save the Date!

On **November 21st, 2015** join BIAWA (Brain Injury Alliance of Washington) for their 9th Annual Gala, Dinner & Auction at the Westin Seattle Hotel.

The Brain Injury Gala is their most important annual fundraiser. By attending, donating items for the auction and/or volunteering, you help BIAWA raise public awareness, support, and hope for those affected by Brain Injury through education, assistance, and advocacy.

TBI InfoComics Update!

Progress!

The TBI InfoComics project has been making a ton of progress since the last update! We're putting the finishing touches on our newest comic called Understanding Traumatic Brain Injury. Understanding TBI follows a 22 year old man from his injury in a car collision until his two year follow up appointment. The comic explains what happens to the brain after an injury, introduces readers to common service providers, and explores the perspective of caregivers and family members.

Here's How You Can Help!

We've also completed TBI and Headaches, so look for it soon! We're looking for people who have a TBI to help us evaluate it, if you're interested please email tbicomic@uw.edu.

Now you can see our first two InfoComics at depts.washington.edu/
tbicomic
and when you're there please take a moment to complete our survey about the comics. This address will be the same with our new website; you can see it and our new comics very soon!

A sneak peek at the latest InfoComic, Understanding TBI, is located on the next page!











HEALING OVER TIME





Post Injury

Two years after TBI Information collected, by the TBI Model System Study, from people who sustained moderate to severe TBIs shows that two years post injury:

- 93% of people are living in private residences
- 34% are living with their spouse or significant other
- 29% are living with their parents
- 34% require some type of supervision during either the day or night
- 33% are employed
- 3% are students
- 29% are unemployed
- · 26% are retired for any reason

http://depts.washington.edu/tbicomic

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Helpful Tips Following TBI

By: Maria Dalbotten

I remember my first Thanksgiving after my traumatic brain injury. I was eating buckets of pie to calm my nerves, sobbing during the toast and prayers, and anxiously trying to focus on who I was talking to — trying not to get distracted by all the conversions.

I wanted to feel better. Parties before my brain injury were easy. Now I didn't want family or friends to



think I was messed up, so I didn't ask for help — I held in my feelings. The following January I began



my yoga and mindfulness practice. In August 2008, I became a yoga teacher. The repetition of the movements and words were calming. Yoga led me to meditation which led me to mindful living. In May 2015, I received my Masters in Counseling, something I never thought I could do.

Now, nine years later, as my fear of the holiday madness begins to bubble up, I have tools to help me gear up and plan. I hope these tips are useful for you too:

Morning of the event — start the day off right!

Get in touch with your breath and body. Take time for you in the morning before the event:

- Put away your phone to clear your mind.
 - Be present with what's happening in your life—don't get wrapped up in the media world.
- Take a yoga class, watch a yoga video or go outside and simply look at nature.
 - Bring yourself into the moment by focusing on nature or focusing on your physical body. If doing yoga, do what you can just as you are today.
- Set a timer for 10 minutes, then sit down and focus on the sound of your breath.
 - This is you practicing your skill. Later, if you are feeling stressed, you can come back to focusing on the sound of your breath.
 - While focusing on the breath, remember to put aside self-judgment. No comparing, no

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going backwards. This is you as you are now.

 Your mind might move away from focusing on your breath, and that's okay. Guide your mind back to thinking about your breath.

At the holiday event — have a plan and be mindful!

- 1. Make a plan and write it down before you leave for the party:
 - ◆ If you drink, decide how much you'll have before you go to the party. Know thyself If you have less control of your emotions, maybe opt for sparkling cider over wine.
 - ♦ Have a plan of what to eat. How many plates of food? How much dessert?
 - Who will be there? You don't have to speak to everyone feeling like you do is overwhelming. Decide whom you want to talk to and interact with.
 - When you start to get anxious, feel your feet on the floor:
 - 1. Think about the weight of your foot in your shoe.
 - 2. Imagine or feel what the ground feels like under your foot.
 - 3. Envision that you are breathing in air through your feet.
- 2. When you are trying to have a conversation with someone but you feel distracted:
 - Look at the mouth of the person you're speaking with.
 - Touch something and think about how it feels, notice its texture and temperature
- 3. TAKE a BREAK when you start to feel fatigued.
 - Go to the bathroom or outside. Remove yourself from the group.
 - Whether you're sitting or standing, feel the ground under your feet.
 - Now breathe:
 - 1. Take a long inhalation through your nose. Count to three.
 - 2. Exhale out your mouth make an "ahha" sound. Count to three in your head.
 - 3. Pause at the bottom of the exhalation. Count to three.



To hear an audio version of the exercise go to my webpage at mariadalbotten.com/group-mindfulness



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Featured Member: Erica Wasmund

In 2010, Erica Wasmund got her start as a University of Washington employee with a position in the Department of Neurological Surgery. A couple years later, she made the move (across the hall) to the Department of Rehabilitation where she works today. Erica works on the Traumatic Brain Injury Model System (TBIMS) Study and the Twilight Study, both of which recruit patients from the



Rehabilitation Units at Harborview Medical Center and the University of Washington Medical Center.

Although Erica is originally from Denver, Colorado, she has called Washington home for 20 years! Washington is a perfect fit for her, given that it is THE Mecca of Coffee and hosts the largest International Film Festival in the US. When she's not sipping gourmet coffee or viewing the latest independent films, you can find Erica taking advantage of the region's great hiking and abundant wineries.



The Washington Traumatic Brain Injury Resource Center

BIAWA is first and foremost a source of support for those affected by Brain Injury, and the Resource Center is a critical part of this.

Brain Injury Alliance of Washington: www.biawa.org/

BIAWA Support Center: www.biawa.org/getsupport.php















TBIMS Updates

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The contents of this newsletter were developed under a grant from the <u>National Institute on Disability</u>, <u>Independent Living</u>, <u>and Rehabilitation Research</u> (NIDILRR grant number H133A120028). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS).



















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