



# TBI Updates

UNIVERSITY OF WASHINGTON  
TRAUMATIC BRAIN INJURY  
MODEL SYSTEM



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## SOCIAL "U"

Research Update: Social Issues after TBI



The University of Washington was part of a group of centers that participated in a pilot study about social issues after Traumatic Brain Injury (TBI). This relatively small size study has just been completed, and now a larger study is underway.

Social difficulties are something that many survivors of TBI struggle with, and this is an area that investigators at the University of Washington are interested in learning more about. This pilot study specifically looked at one way of treating social issues (or social competency). In the next phase of the study there will be two different treatments that are evaluated. For the pilot study, the group of participants met weekly for 13 weeks. Participants had interactive group treatment with the same two **therapists that lead the groups activities**'.

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Pilot studies allow some of the unexpected details to be figured out before a larger study is planned and developed. Sometimes the pilot study can show that there are unexpected events that might happen. Sometimes there are no changes from the pilot study to the larger study. For this study, there will be a planned change from the small pilot study to the newly approved larger study. The pilot study treated all research participants the same, and everyone participated in group therapy. For the larger study that will begin in soon, there will be two treatment groups:



When people enroll in this study they are randomly placed in one of the two groups. Although, people may have a preference for which group they are placed into, there is no way to choose or change the group assignment. When studies are designed, it is **important that each group be the “same”, so that comparisons can be made about the treatments.** The process for randomly placing people into a specific group is called **“randomization”, and is done by a computer program. Each participant is evaluated at the start of the study and at the end of the study.** Researchers can then look at all of the information from all participants and determine if there is a method that was more effective than the other. The next phase of the Social Issues (also known as Social Competency) after TBI will begin soon. There will be two future sessions, and these will occur at Harborview Medical Center in Seattle, WA.

More information about this study will be posted at:

[Social Competency Study](#)

If you, or someone you know, might be a good candidate for this study, please contact: Leslie Kempthorne at [ette@uw.edu](mailto:ette@uw.edu) or by phone at (206) 543-0219.

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# Special Specs

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## Fresnel Prism Lenses



**If you've been following the news recently, you may have seen former Secretary of State Hillary Clinton sporting a new pair of glasses with black frames. If you look closely, you'll see that the left lens of the glasses looks slightly filmy. What you're seeing is a Fresnel lens.** A Fresnel lens is a thin, transparent stick-on piece of plastic that attaches to the lens of the typical pair of glasses. These special lenses are one of the ways to treat double vision after concussion or more

severe brain injury. They use a prism to change the way the light goes into the eye so the person no longer sees double. *Fresnel* lenses are prescribed by licensed optometrists or ophthalmologists and must be fit individually to each person. While *Fresnel* lenses work well in some cases, they may not be the best choice of treatment for everyone.

A *Fresnel* prism is typically used on a trial basis when the double vision is variable. If an amount of prism is found that consistently improves or eliminates the double vision, then the prism may be ground right into the lens of the eyeglasses rather than using the press-on lens. However, *Fresnel* lenses have the advantage of being able to applied to just part of the lens, while a ground prism has to be the same in all areas of the lens. If double vision only occurs in specific positions of gaze, a *Fresnel* prism may be more practical. It all depends on the needs of each individual person.

If the double vision improves, the optometrist or ophthalmologist adjusts the amount of prism—**whether it's the press-on type or ground-in.** In some cases, surgery or vision therapy is needed. **There's no word yet on how long Clinton will need to wear her new glasses**—it will all depend on what happens as she continues to recover.

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## Who's Who?

Jennifer Zumsteg, M.D.



Jennifer M. Zumsteg, M.D. is board certified in Physical Medicine and Rehabilitation (also known as PM&R or physiatry). She completed her medical training at the University of Chicago and the University of Washington and devotes her time to clinical care, medical education and research. Dr. **Zumsteg joined the University of Washington's Department of Rehabilitation as faculty in 2009** with a clinical focus of traumatic brain injury. Her primary practice site is Harborview Medical Center and she is involved in a full range of care after

### Current Research Project Activities: Sleep and Headache

TBI including acute care consultation, inpatient rehabilitation and outpatient management. Dr. Zumsteg is the co-director with Dr. Kathleen Bell of the **University of Washington, Department of Rehabilitation Medicine's acquired brain injury fellowship**. She works regularly with PM&R residents regarding TBI education and is pleased to support medical education so that more providers at all levels of training and in all specialties have a solid knowledge about diagnosis and management of TBI.

Dr. Zumsteg strives to deliver person-centered rehabilitation care that balances the best available medical treatments with patient preference, all with a goal of improving quality of life by treating the whole person.

Dr. Zumsteg is a devoted Seattleite and can be found in her spare time enjoying brunch around town and walking her dogs. She greatly values her time at work where she is able to be involved in the care of survivors of TBI through care with the interdisciplinary rehabilitation team.

[Link to Jennifer Zumsteg, M.D. on UW Medicine website](#)

## Save the Date

The Brain Injury Association of Washington, in collaboration with the TBI Model System, is welcoming and encouraging artists living with a Brain Injury to exhibit their work in the 5th Annual TBI Art Show.



Selection of work is not restricted by type of medium, however size and weight restrictions apply.

Submission will be accepted until July 1, 2013 with the show opening at Skyline at First Hill on September 8th, 2013.

To submit your art, [Download Submission Form](#)



## Save the Date

### Walk, Run & Roll 2013

Sunday, July 28th, 2013

Magnuson Park, Shelter #2, Seattle, WA

Check in: 8:00—9:00am

For teams made up 100% of survivors, please call the office at [206-897-5755](tel:206-897-5755) to register at a reduced rate.

<http://www.braininjurywa.org/walk2013.php>

[Direct link to register for the event](#)

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## LOVE AND RELATIONSHIPS AFTER TBI

### *FOR BETTER OR WORSE*

Our February forum had a Valentine's Day theme which was appropriately titled: *For Better or Worse: Love and Relationships after TBI*. We had three couples participating in a panel discussion moderated by Ivan Molton, PhD, a clinical psychologist and UW assistant professor with the Department of Rehabilitation Medicine. The purpose of the panel discussion was to provide an opportunity for both the person who had a brain injury as well as their partners to share their perspectives on the challenges they faced and continue to face surrounding the emotional, physical, cognitive impacts of the injury.

### **“Have realistic optimism...**

*We now know that it is false to say that what your partner gets back at 6 months to a year is the end of his or her improvement period. Most people continue to get better; not the same, but better.” —Kathleen Bell, M.D.*

Panel presenters were couples had different backgrounds: two couples had been together prior to their injuries, the other one got together post injury. As unique as each couple was from one another, many of their issues touched on similar issues:

- 1. There is change:** Dealing with the dynamic change from ‘partner’ to ‘caregiver’. There was some agreement that many couples stay trapped in a pattern in which the uninjured spouse does everything for the survivor, even if it's not necessary. It can be very hard to know when enough is enough. One of the people with the TBI said she has to remind herself that her partner does things for her to help and because he loves her, not because he thinks she isn't capable.
- 2. Communication is important:** Brain injury can be isolating as emotional symptoms may last well beyond the obvious injuries and the isolation can even extend to their partners. Even partners who are well versed in the changes wrought by brain injury struggle not to take outbursts or remarks personally. One of the couples reported that they found it helpful to provide space for each other for reflection and after that, if one

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person had some “constructive criticism” to use the phrase “I love you, but...and I love you.”

For those who were together before the injury, it can be difficult to accept some of the changes their loved one has gone through. It may mean helping uninjured partners to build a relationship with a profoundly changed person. For example, one couple shared that she can no longer tell a story from start to finish. Her partner needs to ask questions throughout and to be reminded of what is being discussed. Reminders of the injury appear and disappear, and there is often a struggle with unresolved grief.

3. **It helps to stay positive:** All of the couples stressed the importance of humor saying that it is needed and helpful! *“Sometimes I when I have an outburst, my partner won’t respond right away (which I appreciate) and it allows me the time to step back and laugh at the absurdity of the situation.”*

**Our panel couples also talked about many ‘positives’ including partners saying the injury brought them closer together, because there was a realization of the fragility of their lives. One couple said they now approach each other with “more intent, less surface conversations” because they really appreciate the time they have together.**

For those who are not in a relationship now but may be seeking one out, the couple who came together after the injury said that that the impulsivity and lack of inhibition was a positive thing **for their relationship.** *“There was no pretense from the beginning; you got to see behind the curtain right away.”* Their “dates” in the beginning were going to her follow up appointments.

With the multiple streams of information out there about coping after brain injury (let alone relationships) it can feel overwhelming to look for answers. Dr. Bell provided some helpful **advice for those struggling:** *“Have realistic optimism.”* She said. *“We now know that it is false to say that what your partner gets back at 6 months to a year is the end of his or her improvement period. Most people continue to get better; not the same, but better.”*

The TBI Model System thanks our special guest couples that graciously and openly discussed at the Community forum in  
February



Check our website to give feedback for future forums at:  
[www.tbi.washington.edu](http://www.tbi.washington.edu)

## Relationships after Traumatic Brain Injury

### Where to go for more information?



From the TBI Model System Knowledge Translation Center, the following options are available.

#### Video Format:

There is a new video that is available [here](#) that shows one couple's experience.

#### Print Format:

[New Factsheet Available from TBI Model System](#)



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. Services through the Resource Center include:

[Statewide Toll-Free Resource Line](#)

[In-Person Resource Management](#)

[Pediatric Services](#)

A brochure is available for the services that the Brain Injury Association Resource Center provides, which can be viewed by [clicking here](#).

The Brain Injury Association of Washington also has recently updated its online resource guide, [click here](#). Categories include:

- Basic Needs
- Education
- Income Support/Employment
- Mental Health/Substance Abuse
- Criminal Justice/Legal Services
- Health Care
- Individual/Family Life

# Anger Self Management Training (ASMT)

The purpose of this study is to explore two different treatment methods both of which involve working one-on-one with a therapist to learn if these methods might help people with traumatic brain injury who have problematic anger or irritability. Volunteers will receive therapy for 8 weeks and will have their anger or irritability evaluated before, during, and after treatment.

## You may qualify for this study if you:

- Were 16 or older when you sustained your traumatic brain injury,
- Are currently less than 65 years old,
- Have anger/irritability that is new since your traumatic brain injury, or worse than before your traumatic brain injury



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[Note that we cannot ensure confidentiality via email]

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## **University of Washington's TBI Model System?**

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