



TBI Model System Updates

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March: Brain Injury Awareness Month!

Traumatic Brain Injuries (TBI) affect the lives of people of all ages. Anyone can experience a TBI, but data suggests that some groups are at greater risk of difficulties from a TBI and can experience long-term health problems after the injury. Examples of groups who are more likely to be affected by TBI, include:

- Racial and ethnic minorities
- Service members and Veterans
- People who experience homelessness
- People who are in correctional and detention facilities
- Survivors of intimate partner violence
- People living in rural areas

Depending on the severity of the injury, those with a TBI may face health problems that last a few days or the rest of their lives. We often hear the phrase “TBI is the invisible disability”. In this issue we want to highlight some available resources, and summarize our ongoing work on depression after TBI.

Source: www.cdc.gov/traumaticbraininjury/get_the_facts.html

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Resources

WA State Dept. of Veterans Affairs

The WDVA TBI Program helps Veterans who have had a brain injury. Program Specialists support Veterans, speak up for them, and assist in finding resources and coordinating care when necessary

<https://www.dva.wa.gov/tbi>



Brain Injury Alliance WASHINGTON

Check out [BIAWA](#) for free classes on understanding and managing life with a TBI. They provide sensory friendly events and social experiences to bring our community together. You can also find a list of local support groups.

Washington 2-1-1 is a service that works with the Washington State Department of Social and Health Services to offer “No Wrong Door.” They offer information and referral services to people in Washington dealing with or caring for someone with a Traumatic Brain Injury (TBI). This resource offers a single place to reach out to for community and government programs. You can call, text, or email to talk to someone who will guide you to programs that fit your needs. The information is free, and given in your preferred language. Check out all of the TBI resources at

wa211.org



Washington



BrainLine is a national resource that gives information and help to anyone whose life has been affected by brain injury. This includes people with brain injuries, their family and friends, and the folks who work with them. There is also a military-specific part for information and resources for Veterans

[Brainline](#)

Other Washington state resources can be found: here: [DSHS/TBI](#)

Help us learn more about aging with TBI!

LE-TBI and LE-TBI MIL Studies

The goal of this study is to learn how health and thinking skills change after a brain injury. People can join the study a year or more after their TBI. If you join the study, every two to three years, you will be asked to answer questions about yourself and what you do everyday, have an MRI and a blood draw.

The LE-TBI MIL study is specifically for military Veterans. Veterans need to be at least one year away from active duty, and the TBI could have happened before, during, or after military service.

Participants, no matter their age or health condition, are asked/ to express their wishes regarding brain donation at the end of their life.

SCAN THE QR CODE
for our confidential
sign-up survey or call
206-744-3607.



If you or a loved one has sustained a head injury, you might be eligible to participate.

**Connect with us @uwletbi
on social media or email
letbi@uw.edu**

late effects of
**traumatic
brain injury**
project



Eligibility:

- 18 years of age or older
- Mild-complicated to severe TBI
- 1 year post TBI injury
- At least 1 year post military service (for LE-TBI-MIL)

Participation Involves:

- An interview and assessment of thinking skills
- An MRI scan and blood draw
- Making wishes known about brain tissue donation at end of life
- Participants are compensated \$100 for each visit and receive a \$15 lunch voucher

Shared Story by Angela Sweet

I am Angela Sweet and I was in a bicycle accident in 2009 that left me in a coma for 2 weeks with a severe TBI, many broken bones, as well as internal injuries. I was paralyzed on my left side when I regained consciousness. I spent about 3 months in the hospital or skilled nursing facility and continued in formal outpatient rehab for around 2 years.



I was extremely high-functioning before I got hurt. And my recovery has been nothing short of miraculous. I still function at above-average levels in all cognitive areas. I am only “compromised” in my physical abilities. My biggest challenge in this is not meeting my personal cognitive standards. I know how I was before I got hurt and I know that I no longer function at that level. I work to remind myself that *I do not need to apologize for my current cognitive function or explain why I am not functioning at a higher level.*

I am nearly 15 years into what I call my “2.0”. I have different cognitive abilities, different physical abilities, much greater empathy, a whole new softness, and a new perspective. There is not much I take for granted and not much that I take too seriously. I recognize and appreciate things now like understanding ‘socks then shoes’. That was something that I had to relearn and I am so grateful that I was given that back. When I get wound up and start freaking out about whatever is in my “right now”, I have found it SO helpful to remind myself that:

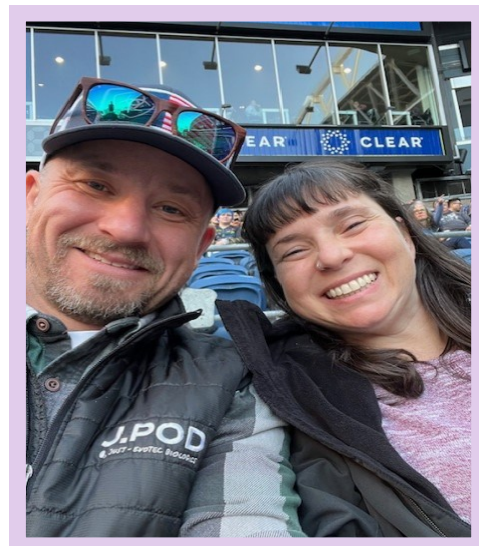
No matter my current frustration

this is not my worst day.

I am breathing on my own

this is not my worst day.

I call shifting your perspective “changing your glasses”. For me, changing my glasses has been vital to thriving in my TBI adventure. I invite you to try changing your glasses and see if you can “find a pair” that fits for you in which you can flourish.



Who's Who: Welcome Nyx to the TBIMS Team!



Painting of purple-striped jellyfish

Nyx Ward is our newest addition to the team. Nyx is a Research Assistant who primarily works at Harborview helping to enroll people into the TBI Model System study.

Nyx also works on the LE-TBI study at UW. Prior to joining our team, they worked on research studies on depression with a team of students at Seattle Pacific University and graduated in 2022 with a B.S. in Neuroscience. Nyx lives in the city and enjoys being in nature, spending time with their cat and friends, and painting.

Dr. Charles Bombardier's Work on Depression

Dr. Bombardier has spent much of his career researching depression in people with TBI. Below is an overview of some of the things we have learned:

Depression is quite common After TBI: After a person has experienced a traumatic brain injury, there's a higher chance that they might also experience depression. This could be due to changes in the brain as well as life challenges that occur after injury.

Importance of Early Detection: It is crucial to identify depression early in TBI patients. If we catch it early and provide treatment, it can improve the overall recovery process and improve the person's quality of life.

Screening and Assessment: There are standard depression assessments like the Patient Health Questionnaire-9 (PHQ-9) that can be used in people with TBI. It is essential not to ignore or downplay any symptoms after TBI. Even if symptoms seem similar to TBI symptoms, they should all be considered.

Treatment: Treatment for depression after a TBI can include therapy, like behavioral activation and cognitive therapy, medication, or a mix of both. People with TBI may not respond as well to just one type of treatment, so a combination of counseling and medications may be needed. The overall goal is to help people with a TBI recover and get back to doing activities they enjoy.

(continued on next page)

Cont., Dr. Charles Bombardier's Work on Depression

Improving Outcomes: Getting the right treatment for depression not only helps with mental health but also makes a positive difference in other aspects of life. It can help in going back to work, joining social events, and even improving physical health.

Role of Family and Caregivers: The support of family and caregivers is crucial for TBI patients' recovery. When loved ones understand depression and its symptoms they can provide the right kind of support. They can also assist in completing treatment recommendations, like behavioral activation assignments, when suggested.

Ongoing Research: We need to keep researching to find the best ways to treat depression in TBI patients. For instance, we should explore how exercise can help improve depression. The more we learn, the better we can refine and improve treatments, leading to better outcomes for patients.

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Why Participate in Research?

Life can forever change after a TBI: athletes, accident or violence survivors, our elders, Veterans, and many more. By taking part in research, you give the gift of hope to individuals with TBI and their loved ones, contribute to advances in the field, and help shape a future with new and improved therapies for generations to come.

UW TBIMS Equity Statement

The Traumatic Brain Injury Model System team does research to improve the health of people who have had traumatic brain injuries. Structural racism, which is any policy or procedure that contributes to inequality, can make people sicker, especially people who are Black, Indigenous, and other people of color, as well as LGBTQ+ communities, people with low income, and those with disabilities. We are committed to improve the lives and well being of people who have experienced traumatic brain injuries, and that includes using our research to increase awareness of the effects of racism.

Do you have a story you would like to share?
We would love to hear from you! Please email us!
Email: uwtbi@uw.edu

If you would like to be added to the e-mail list for future publications and upcoming events, please email uwtbi@uw.edu. In the subject line, please type "subscribe newsletter".

If you would like a paper copy, contact us and we will send you a copy through the mail.