

THE BRAIN HEALTH MAGAZINE

The
**Emotional
Toll** of TBI

**HEALING
TAKES TIME:**
Listen to Your Brain

Communicating
With Your **Doctors**

Living Your Best Life After Brain Injury | Sept/Oct 2022

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FROM THE EDITOR

As we move into fall, I feel a sense of relief knowing the air will be less humid and sticky. My favorite season, I think fall teaches us a life lesson. Even though the leaves fall from the trees and the land looks dead, there is new life forming that will emerge again in the spring.

Even though we may be broken, we can heal and re-emerge in a new form. We may not be the exact person we were before our injury, but we need to learn to embrace that and love who we are now. Most of us have a new appreciation for life, empathy, and communication.

"We may not be the exact person we were before our injury, but we need to learn to embrace that and love who we are now."

I hope as you read through these pages you can take away some tidbits to help you cope. This journey seems lonely and dark at times, but by using the right tools and surrounding ourselves with the right individuals, it doesn't have to be that way. We can live vibrant, meaningful lives and help others at the same time.

Communication can be challenging even in the best of times. But throw in some aphasia or a stutter and suddenly the task seems daunting.

Still, communication is critical — no one can help us if we aren't willing to tell them we need help. Or more importantly, **WHAT** we need. We often take things for granted and think others should be able to just know what we need, but no one reads minds and life doesn't work that way.

We must communicate our needs, wants, and desires to those who need to know. If they don't quite understand us, maybe we need to explain it in a different way. Heck, sometimes I even draw stick figures to try to help them.

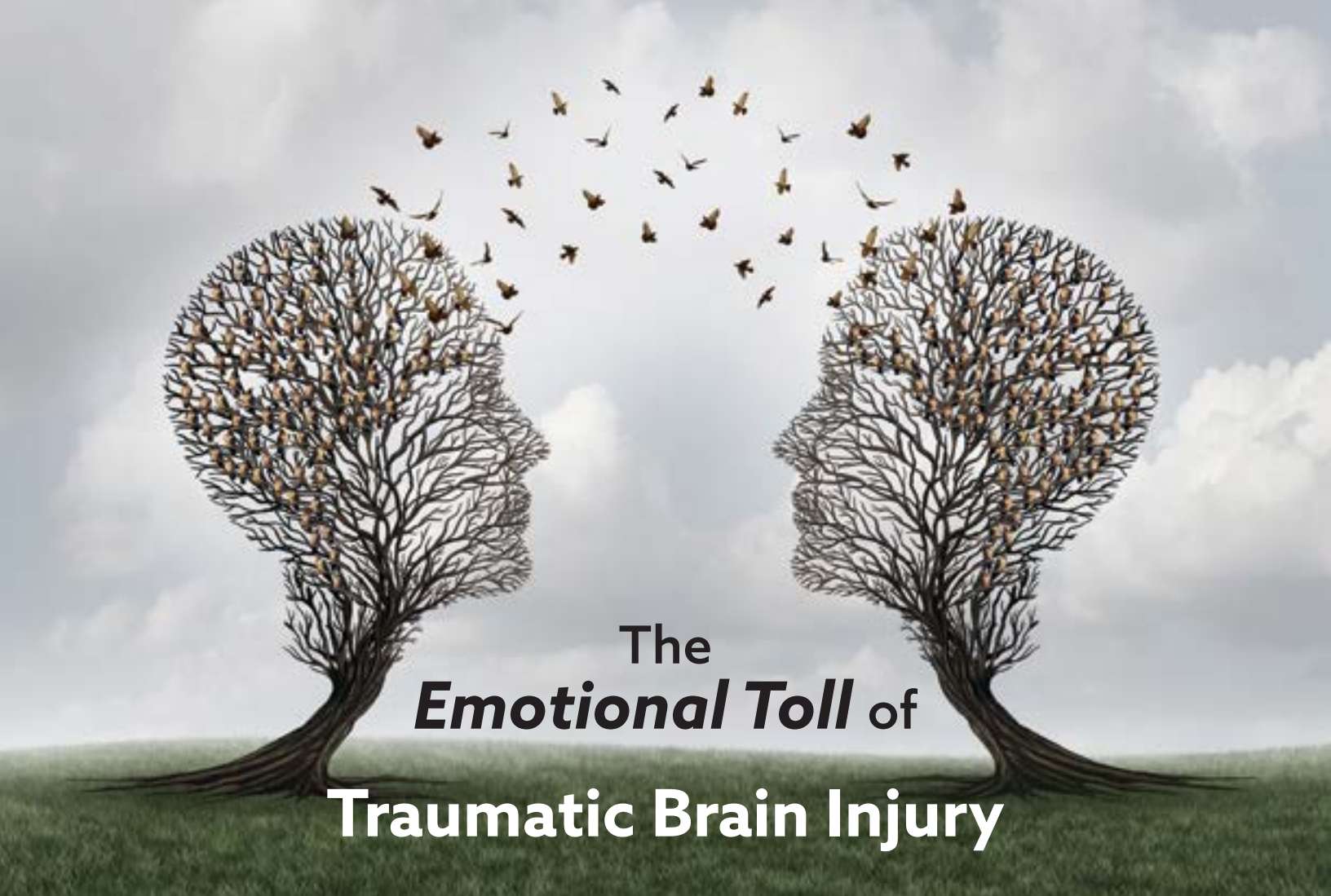


"This journey seems lonely and dark at times, but by using the right tools and surrounding ourselves with the right individuals, it doesn't have to be that way."

It is as much on us as it is on others to communicate. Good communication back and forth can make life so much easier, especially in an already complicated world. 🧡

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The *Emotional Toll* of Traumatic Brain Injury



**BY JOANNE SILVER JONES
WITH HILARY JACOBS HENDEL**

One and a half million people in the United States suffer a traumatic brain injury (TBI) each year. Attention tends to focus on regaining physical health and brain recovery to the extent possible, including speech, mobility, sight, hearing, and often emotional lability. Having lived with a TBI for nearly 13 years, my friend Joanie knows all too well the emotional by-products of this lingering injury; often untreated, often dismissed as “over-reacting.” We speak about the challenges, confusion, and loneliness of dealing with anger, sadness, and shame.

“[Joanie speaks] about the challenges, confusion, and loneliness of dealing with anger, sadness, and shame [after a TBI].”

Joanie was attacked by a violent stranger, a man with a hammer. A mother, a college professor with a PhD in social work, and an activist, Joanie remains one of the kindest and most loving people I know. The phrase *when bad things happen to good people* comes to mind when I think of what happened to Joanie. Over a decade after the attack, she wrote a book called *Headstrong: Surviving a Traumatic Brain Injury*, which I highly recommend.

I asked Joanie if she might write down some of her experiences dealing with emotions in the hopes it would help others. Here are her words:

Anger

When the constant head pain abated and bones healed, I began to understand what happened to me, both the precipitating incident and the magnitude of my injuries. And then anger entered. I was angry at the person who attacked me. Angry at the police who didn't seem to care about me. Angry at friends who asked too few questions and those who asked

too many. When I was able to walk outside for short outings, I felt angry at the people who could simply walk, without thinking about what might happen to them, without pain, without caution. When I was able to go back to work, I felt angry at the administration for not giving me the accommodations I asked for. When I was able to go out to dinner, I felt angry at the restaurants for being too loud or too bright. When I got lost, I felt angry that I lost had my keen sense of direction. I felt angry at myself for being injured in the first place. I was so often angry. It took years for me to understand that my anger was misplaced, and blocking my healing and ability to create a new normal.

I am ashamed of my persistent fatigue and the ways in which it interferes with most social gatherings. My shame comes from inside me, not from what's being said or asked of me. It's just there, available and waiting for a trigger to bring it to the surface of my consciousness.

"We are called to help those shamed and wounded parts of us see our extraordinary courage, strength, and on-going contributions with or without our disabilities."

Sadness

Before that split second of time when traumatic brain injury invaded my world, I didn't give much thought to the ordinary things that I could do. Since I could do them, I was oblivious to my good fortune. And then, I got lost on my way to the home of a close friend. Places once familiar now felt strange and unrecognizable. I could no longer move seamlessly in the world because my brain couldn't do the shifts and turns necessary. I felt like I lost a dear friend, this inner self who with her navigation skills, guided me and kept me feeling strong. This loss left me with a constant, underlying sense of sadness.

Words always came easily to me. They were an essential part of my work and of my ability to connect to people. While I still have words, they are more difficult to access in the mornings when I wake up feeling exhausted; and at night when the exertion of simply moving through a day is so tiring. Fatigue and TBI are yoked together. I am saddened by the loss of abilities that gave me a sense of strength and by the tiredness tamping down my energy and dulling my motivation.

Emotions like anger, sadness, and shame are deeply painful. And, if we let them, they open a door to further growth and healing. For example, when we feel anger, we can process with a trauma therapist in safe ways using imagination to fulfill revenge and retribution fantasies in actively healing ways. Additionally, we can use the enlivening energy of anger to help others and make a difference — like Joanie did by writing a wonderful book to help others. When we feel sadness, we are called to fully accept our suffering and the loss of cherished parts of ourselves. Our sadness is our self-love and self-compassion. When we feel shame, we know we must tend to the parts of us still hidden away, mistaking our suffering for a flaw.

"We are called to build a new society where each and every one of us understands suffering as a call for more love and connection to ourselves and others."


Shame

It is not my fault that I have a TBI. I was an innocent victim. I always add the word innocent to clarify that I didn't cause my injury. And what if I did? Would that make it less onerous?

When someone asks me about my accident, I almost always snap, "It wasn't an accident." Even as I stress my innocent victimhood, I often feel ashamed of what happened to me and how the after effects are so palpable, every day, in so many ways.

I become ashamed of the words I can't remember or the ones I mispronounce, or the times I get confused about where I am, or the times when my emotions boil up and I want to yell at whoever is nearby.

I feel shame when someone hears about the assault and looks at me as if I'm now suddenly fragile and someone to pity.

We are called to help those shamed and wounded parts of us see our extraordinary courage, strength, and on-going contributions with or without our disabilities. We are called to build a new society where each and every one of us understands suffering as a call for more love and connection to ourselves and others. 

Hilary Jacobs Hendel is the author of the international award-winning book, *It's Not Always Depression: Working the Change Triangle to Listen to the Body, Discover Core Emotions, and Connect to Your Authentic Self*. She received her B.A. in biochemistry from Wesleyan University and an MSW from Fordham University. She is a certified psychoanalyst and AEDP psychotherapist and supervisor.

JoAnne Silver Jones was a college professor, and is now a TBI survivor and author.

How To COMMUNICATE With Your Doctors

BY MICHAEL HENNES DC, DACNB



Our brains thrive on assimilating new information and figuring out what to do next. In fact, the brain's job is to sift through all of the information we get in a moment and make a decision. Some of these decisions we're aware of; we *think* about making them. *Is this tea too hot to drink? Is it time for bed? How much of a tip do I leave?* Some of the others you don't think about at all, but your brain makes millions of calculations about them before, during, and after making those decisions: *Should I breathe faster or slower? How many muscle fibers do I need to use? Is it time to run or is it safe to relax?*

Hearing Our Body

Where does our brain get all of the information it needs and where does it send all of its decisions? The answer is our bodies. Our nerves carry signals from all over our body straight into the brain and back out again. We hear, see, taste, touch, and smell, and in response we eat, think, move, stop, or run.

Do you hear what your body tells you? Our bodies (and our brains) are amazing. They constantly share information back and forth, letting us know what's happening in the world around us and our place in it. If this communication breaks down we start to get warning signs. We call these warning signs symptoms.

"Symptoms make a roadmap for us to follow in figuring out where our bodies and our brains broke down. We just need to know where to look."

Symptoms make a roadmap for us to follow in figuring out where our bodies and our brains broke down. We just need to know where to look. This is where the problem arises. The biggest dissatisfaction I hear from new patients that find their way to my care is they haven't been heard.

They met with many different doctors, took numerous tests, and even saw some improvement. But, when their symptoms persisted their requests for help seem to meet with more suggestions of the past.

Communication Breakdown

So where does the communication break down? Doctors are taught to recognize patterns and make associations to conditions and treatments based on the patterns we see. We also use language specific to those patterns and conditions. If that language isn't used to describe what's going on in your brain and your body it can be harder to make sense of what is going on. Doctors may forget that not everyone has the same vocabulary around their condition, so they either take the words at face value, or worse, make assumptions about what's happening. This leads to poor recovery and even worse satisfaction.

"Doctors may forget that not everyone has the same vocabulary around their condition, so they either take the words at face value, or worse, make assumptions about what's happening."

Solutions

The solution? Talking more about what's happening, what has been done, what has worked, and what hasn't. It also shouldn't be your job to remember to bring all of this up; the doctor is the doctor, after all. They should be able to ask the right questions and even lead you to better descriptions of your symptoms to help them better identify what's happening, where it's happening, and what to do about it. As doctors, we need to remember it's our responsibility to hear and listen to you and the experience you're sharing.

"It is your job as a driven, self-advocating, empowered individual to seek out the doctors who will listen, start back at the beginning, then listen again and ask questions. Together you will succeed."

Two of the wisest things I ever heard that helped my practice greatly both come from a stoic philosopher, Epictetus. He said "We have two ears and one mouth so that we can listen twice as much as we speak," and "It is impossible for a man to learn what he thinks he already knows." The takeaway is this: as a doctor, it is my responsibility to hear what the people coming to me for help say because this information holds the answers to their

maximum recovery. It also means doctors must not assume to know the entire history of a person. Sometimes repeating a story is the only way to grasp its meaning and find the missing facts.

It is your job as a driven, self-advocating, empowered individual to seek out the doctors who will listen, start back at the beginning, then listen again and ask questions. Together you will succeed. 🧡

Michael Hennes, DC, DACNB is a chiropractic functional neurologist at Northwestern HealthSciences University's Sweere Clinic. He specializes in concussions, brain injuries, dizziness/vertigo, post-auto whiplash, stroke, neck/face pain, visuo-vestibular dysfunction, headaches, migraines, and sports performance.



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FacesofTBI
by Amy Zellmer

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PATIENT-CAREGIVER RELATIONSHIP:

The Key to Successful Medical Care

BY AANIKA PARIKH



For most Americans, doctor visits are a constant in our lives, whether it be for our yearly checkups or for specific medical concerns. While treatments and procedures may seem like the most important part of our medical care, we often overlook the importance of communicating with our healthcare providers.

Language differences, cultural misunderstandings, and other communication barriers may lead to detrimental effects on the quality of care you receive. Moreover, this harmful disparity clearly exists in patient-provider relationships; a study reports 75% of orthopedic surgeons believed they conveyed all necessary information to

patients, when only 21% of patients felt satisfied with their provider's communication. It is especially important that individuals suffering from Traumatic Brain Injuries (TBIs) understand the importance of communication with their medical team as they receive critical care.

"[E]ffective communication has been shown to correlate with patients' increased ability to tolerate pain, remain mentally collected, and recover from illness."

Proper communication between the provider and patient allows for patients to develop trust for their caregivers and adequate knowledge about the care they receive. When patients feel uneasy about or foreign to their medical situation, they are less likely to commit to receiving — sometimes essential — surgery or treatment. On the other

hand, effective communication has been shown to correlate with patients' increased ability to tolerate pain, remain mentally collected, and recover from illness.

Vulnerable populations often suffer from TBI. Long-term consequences include memory loss, headaches, seizures, and more. Moreover, TBI patients are often involved in serious, extended medical care such as physical, psychological, and other therapies. Thus, effective communication becomes even more essential in ensuring successful outcomes in unnerving situations.

This is evident in the case of Tamirra Stewart, who experienced discomfort after seeking medical care for her TBI. Stewart immediately advocated for herself by switching to a different provider. She would ask her doctor to slow down and reword his explanations when she felt herself losing focus. Even more, Stewart frequently relied on friends and family members to translate the doctor's remarks in order to ensure she was educated on every stage of her treatment plan (How to Establish a Strong Doctor-Patient Relationship). Patients prone to anxiety in doctors' offices may also benefit from writing down all of their questions for the provider beforehand, allowing for them to be confident with a definite plan of action.


"Patients prone to anxiety in doctors' offices may also benefit from writing down all of their questions for the provider beforehand, allowing for them to be confident with a definite plan of action."

While Traumatic Brain Injury can make communication with healthcare providers critical, other patient-doctor barriers such as lingual and cultural differences can also demand a stronger need for adequate communication. Dr. Meredith Li-Vollmer, a public health specialist in Seattle

and King County, Washington, explains that her health department began to ask patients which faith-based groups, social service organizations, and other initiatives they are part of. Moreover, providers ask which form of media they use in order to ensure health literacy efforts reach each patient equally.

Dr. Vollmer already experienced success partnering with local ethnic organizations: providers reconsidered naming the H1N1 flu to "swine" flu, because the health department's Somali partners believed associating the vaccine with pigs would reduce the probability of the Muslim population to take the vaccine. Clearly, efforts by health departments to connect with social leaders from different cultural groups can largely improve the cultural competency of medical care.

"[E]fforts by health departments to connect with social leaders from different cultural groups can largely improve the cultural competency of medical care."

Whether visiting a new neurologist for your TBI or driving to your routine yearly physical, we must recognize the importance of communicating with your physician to prevent anxiety and bewilderment with regard to the treatment plan and to promote more successful outcomes. Additionally, providers must connect with their local cultural groups in order to craft a healthcare system tailored to their community. 

Aanika Parikh is a senior in high school and very passionate about health care and the medical sciences. She is also interested in combating public health inequities and plans to pursue a career as a medical doctor in the future. As an avid writer, Aanika uses her skills to advocate for health-related improvements.



**Want to learn more about Amy's journey?
Purchase her books on Amazon!**



"Amy is a prime example of how powerful and life-changing combining personal experience, passion, and advocacy can be."

— Ben Utecht, 2006 Super Bowl Champion and Author



HEALING TAKES TIME:

LISTEN TO YOUR BRAIN

BY LYNN GARTHWAITE



9-3-09. 1507 hours:

"4828! Officer down!"

Chuck Gollop didn't hear those words. It was the voice of his partner speaking to the dispatcher, requesting an ambulance and back-up as Sergeant Gollop laid unconscious on the pavement, partially underneath his police-issued motorcycle.

"This was truly the day that changed my life more than any other," Gollop would later say. More than a decade later, some of the repercussions from that crash still linger. He suffered a punctured lung, eight broken ribs, a break in his lower spine, a broken collarbone, and third degree burns from where the hot engine of his motorcycle lay on his arm before his partner pulled it off. A broken mastoid (the bone right behind your ear) and the resulting subdural hematoma caused the most lasting problems.

"More than a decade later, some of the repercussions from that crash still linger."

Doctors diagnosed Gollop with a traumatic brain injury, which, more than any of the other injuries, presented the biggest hurdle in his goal of returning to police work.

Gollop wasn't one of those typical kids who declares at the age of four that he's "going to be a police officer" or "a firefighter." In fact, before he put on a uniform, he did a pretty good job pushing buttons on the other side. He described his teen years as going from a mohawk wearer to a punk rocker. He once t-boned another car when leaving a parking lot too fast.

But at some point, he adopted an "If you can't beat 'em, join 'em" attitude, realizing he wanted to make it up to some of the cops he'd met in less than positive interactions. He admits he wasn't a great kid, teetering right on the edge. But some really good cops influenced him, and he thought "Okay — I want to be that guy."

"Doctors diagnosed Gollop with a traumatic brain injury, which, more than any of the other injuries, presented the biggest hurdle in his goal of returning to police work."



On the day of the accident, Gollop was on motorcycle patrol with the Bloomington (MN) Police Department. He pursued the transition from patrolling in a squad car to motorcycle duty with earnestness, and trained rigorously. As the traffic sergeant on duty that day, Gollop responded to an accident with injuries. Two other units responded, all with lights and sirens, and on the city street, Gollop fell in behind a police pick-up truck answering the same call. A driver in the car in front of the police pick-up suddenly slammed on his brakes, which caused the officer in the pick-up to hit his brakes as well. Gollop said he only remembered a brief "I'm not going to make this" as he tried to veer his motorcycle away from slamming into the back of the pick-up.

Continued ...

"Gollop said he only remembered a brief "I'm not going to make this" as he tried to veer his motorcycle away from slamming into the back of the pick-up."

Witnesses filled in the details of what happened next, reporting that Gollop's motorcycle clipped the back corner of the truck. That crash sent him into a concrete median and then into the back of another motorcycle, whose driver stopped in a left turn lane. That driver also flew from his bike and ended up with a broken back.

In the ambulance, Gollop slipped in and out of consciousness, but he was told that the EMT's immediately focused on his head injury. His helmet no doubt saved his life, but it flew off when his head hit the pavement. Later, in the emergency room, the doctors assessed all of his injuries but focused primarily on the obvious head trauma. In all, he spent 18 days in the hospital, treated by 13 specialists because of the different injuries, and then spent the next two months working through a variety of rehab therapies, including speech. Twelve years later, he still sees a hearing specialist because of the TMJ (lower jaw injury) resulting from the broken mastoid bone.

Two months at home was too much time to sit around, and Gollop lobbied to return to work. He will admit now he went back to work way too soon. "I was in a big rush to get back and prove something. I don't absolutely regret it, because there were positives, but I certainly went back too early in a high-risk job, for the level of injury I had." Once back in uniform, he was first put on light duty, and then

returned to full patrol on January 25th, almost five months after the crash.

Never reassigned to motorcycle patrol, Gollop eventually turned in his badge to work in real estate. People who frequented local comedy clubs during that time might have been lucky enough to catch him doing stand-up routines for a while because ... why not?

"[I]n the emergency room, the doctors assessed all of his injuries but focused primarily on the obvious head trauma."

When asked what advice Gollop would give to others dealing with a traumatic brain injury, he says he wishes now that someone he trusted at the time had sat him down and told him there was no way he should return to work. But he acknowledges his type of personality: if you put an obstacle in front of him, he's going to crash through it.

He stresses that anyone recovering from a head injury should take their time. "Listen to your body. Listen to your brain. Don't push it, there's no rush. I was in a big rush to get back and prove something." He's not sure if anyone noticed, because he masked it pretty well out of the fear of what might happen if they realized he wasn't always at 100%. "I was afraid they were going to take away my job."

"Listen to your body. Listen to your brain. Don't push it, there's no rush. I was in a big rush to get back and prove something."

As is the case with many head injuries, Gollop knows he is not entirely healed. His job in real estate is high stress enough; he joked it makes law enforcement seem tame. Hampered by what he calls a very "cluttered" mind, Gollop lives with one of the lingering remnants of his TBI from twelve years ago. He encourages everyone to continue to get periodic assessments in order to stay on top of which treatments are successful in helping them navigate their daily lives. ♿

Lynn Garthwaite is the author of eleven books, including the Dirkle Smat Adventure book series, three picture books, and an historic non-fiction for all ages titled Our States Have Crazy Shapes: Panhandles, Bootheels, Knobs and Points. She has also written a mystery/thriller: Starless Midnight and an updated nursery rhyme book titled Childhood Rhymes for Modern Times. Lynn is also a copyeditor for three magazines and a publisher, and a member of Sisters in Crime.



HANDS UP FOR HEAVY METAL HEADBANG

PODCAST HIGHLIGHT

BY IAN HEBEISEN



Traumatic Brain Injuries can occur in an instant. For some, it strikes at home from a fall, while others sustain a TBI from a sporting related accident. For Melissa Meszaros, it happened on the way to a Judas Priest concert.

A tenured entertainment industry publicist, creator of the comic book publicity firm Don't Hide PR, and founder of Grrrl Front PDX Music Festival, Meszaros paves the way for the modern nomadic. In April of 2018, Meszaros got clipped by an impatient driver's car while crossing traffic at a crosswalk. She sustained a traumatic brain injury, but as a self-proclaimed grunge aficionado, she insisted on going to her Judas Priest concert. "The only thing I wanted to do was go see Judas Priest," said Meszaros.

In the end, an ambulance came and whisked Meszaros away. Unsure of how long she spent in the hospital, her recovery took even longer – clocking in at about two years total, with room remaining to grow and heal. "I'm still only about 95 percent recovered," said Meszaros.

"People jumped in to help, and it was the comics community. I think that spoke volumes to not only the industry that I work in, but the character of people that I choose to surround myself with," said Meszaros. "But it has created somewhat of a rift because a lot of people don't understand."

Following the accident, Meszaros struggled with daily tasks. Grinding coffee beans, putting on shoes, and even standing proved to be quite a challenge. "I actually didn't recognize my own reflection for a good chunk of my recovery," said Meszaros. She ran out of energy much quicker post-injury, often taking multiple hours to prepare for the day – a task that previously took a few minutes.

Interestingly enough, she could do her normal job just fine. The smaller tasks ended up being the more taxing part of her day. Even looking down for an extended period of time could set her off. "I couldn't keep my head down, I would get vertigo really badly."

Recovery started with an amalgamation of different therapists. "My eyes were misaligned; I had to go to cognition therapy," said Meszaros. "I had to go to physical therapy, I had to go to psychotherapy... I had to see a holistic therapist for I can't even remember what it was." Through her therapy, Meszaros began journaling.

This practice aided in Meszaros' recovery by helping her sort out memories, many of which resurfaced from music. Whenever a song triggered a memory – perhaps a song at



the grocery store or the soundtrack of a movie – she would record the newfound nugget of her past in her notebook. "I would park and I would write about it. I was like, searching my way back to find myself," said Meszaros. "So that became a practice. I had so many notes as I was healing that it actually was pretty cohesive."

With pages of progress and personal discoveries, Meszaros took her journals to an editor with the intention of making a memoir. After editing and reorganizing the nonlinear narrative, she finally published her book *Heavy Metal Headbang*. "All the stories tie together very well. The crazy thing was, I basically had to go through all my trauma again – anything that happened in my life that was upsetting." At the end of a long process, Meszaros came full circle with her identity, with a memoir to show for it.

Along with her book, Meszaros hopes to spread a message of empowered patience. "Recovery will happen so slowly, you won't even notice it," said Meszaros. "But you have to trust the process."

You can find *Heavy Metal Headbang* at Barnes & Noble, on Amazon, and in other bookstores. To listen to the whole conversation, listen to the "Voices of TBI" Podcast on Apple Podcasts or wherever you find your podcasts. [🌿](#)

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COMBATING the *Ripple Effect* Through Communication



BY IAN HEBEISEN

CAREGIVER CORNER



My mom recently described what she called “a ripple effect” resulting from her traumatic brain injury. Upon sustaining the TBI, it began affecting her life in ripples, starting at home and spreading outward. It affected life with her family and friends, then work, and so on. “It spread throughout every aspect of my life,” said Mom.

At home, daily tasks she could do before the accident suddenly became extremely difficult. My brothers and I would accommodate for her, and adapt the things we did that triggered her – things like monitoring our music or warning her of loud noises in movies. Whenever she needed assistance, she would tell us and we would come and help.

With her friends, she would try to explain her condition, but the message wouldn’t always get through to them. Some of her friends even pulled the “I’m struggling too” card. This didn’t show solidarity, but actually ended up belittling Mom since it discredited her experience.

As her tasks at home grew difficult, so too did her work responsibilities. She quit her original job since it proved too taxing, and managed to land a job with a boss willing to adapt the position to meet her specific needs. But in time, this job became draining too. “I needed to choose between investing my energy into work or my home life,” said Mom.


What helped in every one of these situations? Communication. A clear line of communication will ease complications in any relationship. At home, Mom clearly communicated her needs, allowing my brothers and me to swoop in and offer assistance. She expressed her struggles to her friends, and did her best to help them understand her situation. And when Mom needed to adjust her work to improve her quality of life, her boss listened and willingly accommodated her needs.

Listening is an important yet often overlooked aspect of caregiving. Something as simple as offering an open ear can make a world of difference. Pay attention to what ails

your loved one, and if they want help finding solutions, take the time to sit and brainstorm with them. Otherwise, just letting someone vent about their situation or celebrate a small victory goes a long way. Whenever Mom and I drive around, I’ll ask her how she’s doing, and after she’s finished talking, she always ends the conversation with “thanks for listening to me.”

Communication goes both ways. If you’re a caregiver for a loved one and notice something may be a trigger, let them know. Your perspective matters too – don’t be afraid to offer your insights in a respectful manner. Keep your own needs in check as well. Know your boundaries, and communicate them to your loved one as soon as possible. It’s much easier to create boundaries early then to try and adjust them later.

For those of you living with TBIs, find people in your life willing to listen and problem solve with you. Be open and honest about your experiences; this will allow people to empathize with your challenges. Certain Facebook groups dedicated to life with TBIs offer platforms for survivors to recommend tips and tricks.

Not everyone will get what you’re going through, and some will try to undermine your reality. In these cases, be up front about your feelings. They don’t get to decide what’s challenging for you. Nobody knows your body and mind better than you do. If they still don’t understand, turn to the caregivers you trust. They’ll help you navigate the murky waters of a TBI. 

Ian Hebeisen is a writer based in the Twin Cities. Graduating in 2020 with a degree in Literature with a Writing Emphasis, Ian spends his time writing for *The Brain Health Magazine* and JUVEN Press. He also writes comics, zines, short stories, and poetry. He lives with his partner and two cats, and enjoys playing board games and reading.



COMMUNICATION *and* TBI

One of the most crucial devices in life, communication, is by definition “the capacity to exchange or discuss ideas, to dialogue, to converse with the aim of understanding between different parties.” The importance of it is engraved in day to day work, education, relationships, conversations, and leisure activities.

“The importance of [communication] is engraved in day to day work, education, relationships, conversations, and leisure activities.”

After a traumatic brain injury, a person’s communication is anticipated to be affected. It is extremely important to seek medical attention right away; this cannot be stressed enough. An individual, post-TBI, may experience slurred speech, slowed speech, and difficulty understanding. This happens if the areas of the brain controlling the muscles of the speech mechanism get damaged. Doctors refer to this condition as dysarthria. Others may develop apraxia, a

condition in which strength and coordination of the speech muscles stay unaffected yet the individual struggles with proper, consistent pronunciation.

“An individual, post-TBI, may experience slurred speech, slowed speech, and difficulty understanding.”

Consequently, you may notice that TBI victims may not respond to questions or comments. Their sentences may contain long pauses. Oftentimes, they may be unable to start conversations or find problems explaining what they want to convey.

Communication issues occur when the frontal and temporal lobes of the brain are injured. Every TBI victim’s symptoms will differ, some being more severe than others. Problems in communication vary due to several factors, some of which include the individual’s personality, abilities before the injury occurred, and of course, the severity of damage to the brain.

Continued ...



"TBI victims may not respond to questions or comments. Their sentences may contain long pauses. Oftentimes, they may be unable to start conversations or find problems explaining what they want to convey."

Typically, the communication effects of brain damage seem to be most apparent directly following the TBI. It is difficult to fully understand what problems are long or short term within the first weeks following the injury due to temporary damage from brain swelling. Once the brain swelling subsides, the damage may not be permanent and the brain's functions sometimes return. Consequently, this makes it hard to foretell the extent of long-term injury accurately.

Since the effects create a strain on day-to-day life, without much knowledge of when the symptoms will improve, it may be difficult to go back to work for the individual. Sometimes it is even difficult to do something as simple as compose an email to a coworker, thus making it impossible to work properly.

"Since the effects [of a TBI] create a strain on day-to-day life, without much knowledge of when the symptoms will improve, it may be difficult to go back to work for the individual."


Especially with "mild or moderate" symptoms, seeking legal advice post-TBI can be important. Since injuries tend to be more difficult to identify with subtler problems, it is crucial to have an advocate for compensation lost from work. Seeking strong legal advice also helps for all of the other aspects the TBI affects.

With more severe communication problems, families, friends, and loved ones feel detached from the individual due to the struggle of discussing day-to-day decisions and expressing feelings. It can be very beneficial for loved ones to help the recovery process along with medical and legal help.

"With more severe communication problems, families, friends, and loved ones feel detached from the individual due to the struggle of discussing day-to-day decisions and expressing feelings."

Suggestions to aid in communication:

- **Reduce distractions:** *Make sure you are able to hear the speaker to help you understand what they are trying to say. The better listener and well-focused you can be, the easier it will be on the speaker. Minimize loud noises, such as TV noise while communicating.*
- **Rephrase what you said:** *If not understood the first time around, try rephrasing and repeat it. Ask if they need clarification first. Honesty helps more in their time of need.*
- **Do not brace for issues:** *Sometimes the individual can feel the stress they cause the other party because they can't find the right words to say. Try to relax and do not anticipate this. Patience is key.*
- **Non-verbal communication:** *If verbal communication does not work, try using facial expressions, pictures, or gestures, or writing to assist.*
- **Slow down your speech:** *Sometimes a person with a communication disorder needs those few extra seconds to process what is being said. Make sure to speak clearly and simply as well.*

As a friend, caregiver, or loved one, you can take these tips home to help immensely with the path of recovery, whether it be medical care, therapy, or hiring a lawyer. 

James A. Heuer, PA is a personal injury attorney helping individuals with TBI after suffering one himself. He is located in Minneapolis, Minnesota.

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TBI IMPAIRS VISUALIZING;

*Can't Describe It,
Then Can't Share It*



BY DEBORAH ZELINSKY, O.D.
FOUNDER OF THE MIND-EYE INSTITUTE

Remez Sasson, author and creator of www.successconsciousness.com, defines visualization as “the ability to create mental images,” integrated with other sensory sensations like sounds, smells, and tastes. Visualization “means using your imagination.” This visual skill takes place internally on what Mind-Eye practitioners term a “mental desktop,” one aspect of visual processing.

Visual processing — namely, the processing and interpretation of many diverse kinds of sensory signals from the surrounding environment — makes each of us who we are. Visual processing combines incoming sensory information with previously stored experiences. That combination then attaches with emotion to enable other processes to occur — like communication, comprehension, self-expression, decision-making, organization of time and thoughts, and judgment.

But what happens when a traumatic brain injury (TBI) interferes with mental imagery, creativity, perception, and all the other skills required for visualization? When parts of the brain are damaged, or pathways are disrupted? When initiating conversation becomes difficult because conceptualization of what one wants to communicate, whether it be an idea, a request, an offer, or simply a comment, is blurry, uncertain, or hampered? Many times,

in cases of mild brain injuries, structural testing does not detect damage. Yet some brain pathways are still dysfunctional, creating symptoms hindering communication abilities or the ability to maintain thoughts on the mental desktop.

“Many times, in cases of mild brain injuries, structural testing does not detect damage. Yet some brain pathways are still dysfunctional, creating symptoms hindering communication abilities or the ability to maintain thoughts on the mental desktop.”

Ask Hallie, a Mind-Eye Institute patient who struggled for seven years after sustaining a TBI in a motor vehicle crash.

Once an avid reader who also enjoyed using social media to interact with friends, Hallie could no longer read and was unable to converse following her head injury. “I simply could not comprehend — or understand — new information. I had neither the attention span nor the tolerance. That is why I only watched television reruns

— seeing the same programs over and over and over again,” she recalled. Her communication impairments caused her a loss of social relationships, as well as a strained relationship with her mother — facts underscored by authors of a 2020 study published in the *American Journal of Speech-Language Pathology*. They reviewed 30 years of informational sources and concluded, “Social communication problems in adults post-TBI are common.”

Hallie’s inability to visualize underlaid her struggles. Based on Lynn Hellerstein’s extensive and wonderful work on visualization, “the optometrists at the Mind-Eye Institute asked me to close my eyes and form a mental image of a light bulb,” Hallie said. “Now, I know what a light bulb looks like, but I could not picture it in my mind. That was scary, yet not surprising. I had not even had a dream since the car accident.” Dreaming, of course, also relies on the mind’s ability to create visual images or reawaken memories of sounds and smells.

Then there is JoAnn, whose apparent TBI-related symptoms developed suddenly and unexpectedly. Among other problems, “I experienced difficulties using the right words” and communicating “logical next steps” because they “no longer seemed that logical anymore,” she said.

Communication consists of two primary categories: the actual mental processing of what one wants to share, and the motor action to express it through language, gesture, and facial expression. If an individual cannot visualize something, he or she cannot describe or share it. In the mid-1950s, A.M. Skeffington, the father of developmental optometry, created four circles to express “vision,” a concept involving multiple brain pathways and systems. One of those circles was labeled, “How do I describe it?”

“Communication consists of two primary categories: the actual mental processing of what one wants to share and the motor action to express it through language, gesture, and facial expression. If an individual cannot visualize something, he or she cannot describe or share it.”

For patients whose brains have been disrupted by trauma, stroke, autonomic dysregulation, or a neurological disorder, the Mind-Eye Institute works to modify their visual pathways and rebuild visual processing skills. Desired results can be frequently achieved by using therapeutic eyeglasses, colored filters, prisms, and other advanced optometric tools to alter the amount, angle, and intensity of light dispersed on the retina. Stimulating the retina with light triggers retinal neuromodulation, a process whereby signals propagate through neurons and interact with the visual cortex and other key brain structures.

Light-induced changes to the brain occur in both space and time, altering the dynamic relationship between the

mind’s retinal inputs and the body’s internal reactions and responses. This implies that retinal stimulation using light promotes modifications in basic physical, physiological, and even psychological systems involved in motor control, posture, emotions, and thinking. In other words, external inputs can influence internal systems.


Other experts agree. For example, a fact sheet from the Model Systems Knowledge Translation Center (MSKTC) web site details how TBI can “affect posture, balance, or moving through space” and impact the “brain’s ability to take in and understand visual information,” thus hindering a person’s communicative abilities and other skills. Options for improvement include therapeutic eyeglasses and “specialized” lenses, including “prism glasses,” these experts suggest.

If central and peripheral eyesight fail to interact properly or if perceived visual and auditory space are uncoordinated, a patient’s ability to visualize can be affected and decision-making suffers due to sensory mismatches. These mismatches put the body on overload, thereby triggering production of stress chemicals. People become confused about their surrounding environment, have limited perception and awareness, and experience difficulties in learning, attention, memory, reading, posture, balance, and of course, communication, because brain circuitry is unsynchronized.

And, yes, in case the reader is wondering, the prescription of therapeutic “brain” glasses proved the appropriate approach for both Hallie and JoAnn.

In a 2021 interview, Hallie reported mitigation of some of her worst symptoms. “I am sleeping better, am less explosive, my reading skills are coming back, and my relationships, especially with my mother, have greatly improved.” Meanwhile, JoAnn indicated, “Today (May 2022), a year since my first Mind-Eye appointment, I am about 95 percent back to normal. I have my life back. I have hope; I have excitement.”

“This all began with Skeffington’s circles which were created decades ago and are still at the forefront of optometric care in the neurologically challenged population,” Mind-Eye practitioners add.

Perhaps, playwright and critic Bernard Shaw best described the interplay between visualization and communication when he said, “The single biggest problem in communication is the illusion that it has taken place.” Here is hoping you rebuild your visualization and communication skills. 

Deborah Zelinsky, O.D., is a Chicago optometrist who founded the Mind-Eye Connection, now known as the Mind-Eye Institute. She is a clinician and brain researcher with a mission of building better brains by changing the concept of eye examinations into brain evaluations. For the past three decades, her research has been dedicated to interactions between the eyes and ears, bringing 21st-century research into optometry, thus bridging the gap between neuroscience and eye care.

YOGA:

Backbends

BY AMY ZELLMER, EDITOR-IN-CHIEF


Yoga is a powerful tool for recovery after brain injury. Contrary to some beliefs, everyone can do yoga — you don't need to be super flexible, be able to balance, or even be able to stand up. The beauty of yoga is every pose can be modified to accommodate anyone.

An important aspect of yoga is your breath. Connecting your breath to your body and getting oxygen flowing to your brain makes yoga powerful for recovery. Yoga also quiets the mind and lets anxiety and distracting thoughts drift away.

Backbends are great for bringing your body back into balance. They are strong, energizing poses tapping into the circulatory system to increase blood flow throughout the entire body. They can excite the nervous system, leading to an increase in energy levels and an overall sense of vitality and wellbeing.

Backbends help strengthen your back, shoulders, chest, and hips. They help improve mobility, increase flexibility, and lengthen your spine, which in turn helps with good posture. They also help relieve tension, tightness, and pain.

Contraindications: individuals with osteoporosis, spinal stenosis, or other back concerns should avoid backbends.

Join me for monthly yoga classes via zoom for only \$10 a month:
www.patreon.com/amyzellmer 

HEALTHY LIVING



Eucalyptus Radiata

ESSENTIAL OIL



HEALTHY LIVING

BY AMY ZELLMER, EDITOR-IN-CHIEF

Essential oils are a complementary tool that can help you achieve a healthy lifestyle. They are easy to use, smell great, and have a variety of uses.

All oils are not created equal. I personally only trust the Young Living brand because I know they have complete control over their product from seed to seal. Oils sold at health food stores can be misleading. They are not regulated by the FDA, so you must look closely at the labels. The labels may say they are 100% therapeutic-grade oils when they are not. If the ingredients list anything other than the plants, or if the label has statements like “For external use only,” “For aromatic use only,” and/or “Dilute properly,” the oil inside that bottle may have been cut with other oils, synthetics, or chemicals.

Eucalyptus Radiata

Eucalyptus Radiata essential oil contains eucalyptol, which provides a refreshing breathing experience with a camphoraceous aroma that refreshes any stuffy environment.

Like most species of eucalyptus, Eucalyptus Radiata is native to Australia. A large, flowering evergreen tree in the myrtle family, Eucalyptus grows to the height of over 300 feet, making it one of the world’s tallest trees. Eucalyptus Radiata produces fragrant leaves, and used to be known as a fever tree — now, it’s known informally as narrow-leaved peppermint. With more than 700 varieties of eucalyptus, over 500 produce an essential oil. Many of them produce the same actions of Tea Tree and Myrtle essential oils, like all members of the myrtaceae family.

FEATURES & BENEFITS

- *Bold, invigorating aroma*
- *Creates a refreshing breathing experience when inhaled*
- *Promotes a peaceful environment at bedtime*
- *Stimulating, soothing effect when applied to head, neck, and chest*

SUGGESTED USES

- *Turn your shower into a spa by putting 5–10 drops of Eucalyptus Radiata on a warm, damp washcloth and placing it in the shower, just out of direct contact with the water before showering.*
- *Add 2–3 drops to any carrier oil and massage it into your feet or muscles after activity for a rejuvenating experience.*
- *Diffuse Eucalyptus Radiata in your home or work space for a clean, energizing aroma.*
- *Create a DIY room-refreshing spray with Eucalyptus Radiata to combat stale odors.*

*These statements have not been evaluated by the Food and Drug Administration. Young Living products are not intended to diagnose, treat, cure, or prevent any disease. 🌿


AMAZONITE

to Improve Communication and Connection

Communication can get challenging when our energy is off. Pulling together a thought, composing an email or text, managing your body language and facial expressions – they can all send the wrong message if we are stressed, burnt out, injured, ill, or simply overworked. One powerful crystal can help you communicate more clearly: Amazonite. With a brilliant aqua color, it deeply influences the throat chakra, the Communication Energy Center.

Here are three powerful benefits of using Amazonite:

- 1. Clarity:** *Amazonite can help bring focus to your message and help you communicate it clearly. Before any big conversation, written message, or presentation, hold it in your hand and imagine an aqua light flowing out of the Amazonite into your body up into your throat. Envision this light illuminating the most important things you want to say.*
- 2. Authenticity:** *Amazonite brings your true self to light. It helps you stay true to your own beliefs and mission in what you're communicating out to the world personally and professionally. Place a piece of Amazonite in your line of sight or in your pocket where you can feel it anytime you need to communicate clearly.*
- 3. Impact:** *Amazonite helps you feel strong in your message, which translates into the listener feeling moved by it. This is important when you want the person or people you exchange information with to pay attention, absorb, and take action on what you communicate to them. Keep Amazonite out where you AND your listener/audience will see it, even if just subconsciously. It will bring focus and impact to your message.*

Amazonite can help boost your communication skills in many ways. Whether it's for personal authenticity and relationships or professional presentation and presence, make Amazonite a part of your energy plans. 

Kristen Brown is a bestselling author, keynote speaker, and energy mastery expert who charges up her clients by syncing up their body/mind/spirit for work and life growth.

BY KRISTEN BROWN





ONE POT TURKEY CHILI WITH RICE

WHAT YOU NEED:


- 10 oz. (300g) minced turkey filet
- ½ cup (115g) rice
- 1 medium onion, finely chopped
- 2 cloves garlic, minced
- 1 tbsp. oil
- ½ can chopped tomatoes
- 1 red bell pepper, chopped
- 1 cup (250ml) vegetable broth
- ½ cup (60g) red kidney beans, drained
- ½ cup (85g) sweet corn, drained
- ½ cup (30g) grated cheese (optional)

SPICES:

- 1 tsp. dried oregano
- 1 tsp. cumin
- 1 tsp. sweet pepper
- ½ tsp. hot pepper
- ½ tsp. salt
- ½ tsp. ground pepper

DIRECTIONS:

1. Heat the oil in a large pan and sauté the onion and garlic for 3-4 minutes. Next, add the meat and fry for about 5-6 minutes until cooked throughout.
2. Add spices, mix, then add the uncooked rice and mix again. Next add the chopped peppers, beans, corn, canned tomatoes, and broth. Mix and bring to a boil. Simmer covered on low heat for about 17-20 minutes.
3. Add grated cheese, cover, and heat for another 2 minutes until the cheese melts, then serve.

DAIRY FREE OPTION: Cheese in this recipe is optional, so if you prefer a dairy free meal, just skip the cheese, or replace it with a vegan version. 



HEALTHY LIVING

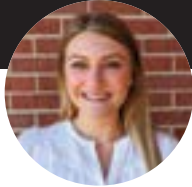
BY AMY ZELLMER, EDITOR-IN-CHIEF

Serves: 4 Prep: 10 mins Cook: 25 mins Nutrition per serving: 295 kcal 9g Fats 21g Carbs 31g Protein

BRAIN FOG:

How It Can Impact Your Daily Activities

BY MACI BLOMMEL



What is brain fog? Like in nature, fog impacts your ability to see while driving, and brain fog affects your brain's ability to process information. A symptom, not a medical condition, many experience brain fog across multiple diagnoses, disorders, and conditions. Brain fog can impact one's quality of life and ability to participate in desired activities. It may cause confusion and disorientation, impacting your memory and making it hard to organize your thoughts. Brain fog can be understood or experienced as mental or cognitive fatigue.

A few common causes of brain fog include:

- Brain injuries
- Hormonal changes (i.e., pregnancy and menopause)
- Autoimmune diseases (i.e., Multiple Sclerosis, Lupus, Rheumatoid Arthritis)
- Medications
- Cancer and cancer treatment
- Depression
- Lack of sleep
- Dehydration and lack of nutrients in your body
- Viral infections (i.e., Covid-19)
- Increased stress
- Many more

Parts of your brain impacted by brain fog may include:

- **Prefrontal cortex:** the area in charge of executive functions, short-term and working memory. Executive functions include organization, planning, problem-solving, attention, and information processing.
- **Limbic system:** your brain's emotional regulation system and memory formation center.
- **Major relay centers:** such as the thalamus and basal ganglia which relay information from your body and brain to control movement and sensory intake.
- **Vision centers:** your brain's ability to take in and interpret the world through vision requires a lot of energy which could be impacted by brain fog.

Common symptoms of brain fog:

- Lack of mental clarity
- Concentration difficulties
- Inability to focus
- Sluggish thinking
- Memory difficulties
- Vision problems (i.e., blurred or double vision)
- Dizziness



Brain fog after a traumatic brain injury (TBI) can be experienced in many different stages of the recovery process. Brain fog can be experienced days, weeks, or months after an injury and can last for an extended period or as a short-term symptom. Talk to your doctor if you suspect or feel like you experience brain fog. They may recommend occupational, speech, or physical therapy if it significantly affects your daily activities.

Tips for combating and preventing brain fog from impacting your daily life:

- **Get 8-9 hours of sleep per night**
- **Manage your stress**
- **Physical exercise, at least 30 minutes of activity a day**
- **Partake in leisure or enjoyable activities**
- **Keep a schedule or calendar for important dates**
- **Eat a balanced diet**
- **Drink appropriate amounts of liquids such as water**

Medication and condition management: monitor blood glucose levels, blood pressure, and heart rate as needed, and take medications appropriately.

Taking care of your body and mind is essential to help combat brain fog symptoms. Many different aspects of your life can lead to feelings of confusion, foggy memory, poor organization, and more. Brain fog does not have to affect your ability to complete daily tasks and enjoy life; learn how to manage your brain fog symptoms by talking to a healthcare professional. 🧠

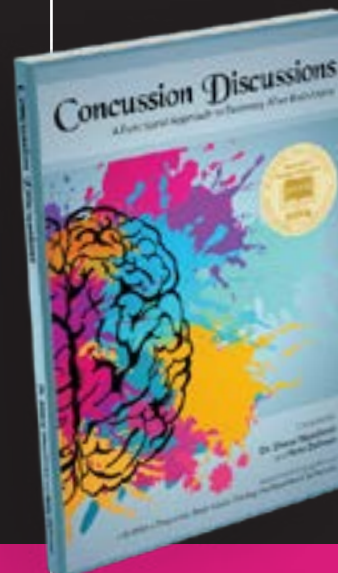
Maci Blommel is an Occupational Therapy Student at Origami Rehabilitation. Origami is a 501(c)(3) nonprofit organization providing comprehensive rehabilitation for children, adolescents, and adults with neurological, developmental, mental health, and orthopedic conditions through their residential and outpatient programs. Learn more about Origami at OrigamiRehab.org or by calling 517-336-6060.

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CAREGIVER TIPS

for Helping with Cognition and Communication Skills



BY KELLY HARRIGAN

Traumatic brain injuries profoundly affect an individual's ability to perform many cognitive skills, particularly those relating to emotional lability, attention, planning, judgment, and decision making. It is difficult for an affected individual to comprehend these difficulties, and hard for caregivers and loved ones to accept that a person's cognition fundamentally changed.

Frustration, a sense of loss, anger, and withdrawal are commonly seen in individuals with cognition and communication problems following a traumatic brain injury. These same symptoms can be mirrored by their caregivers as they cannot grasp why their loved one no longer functions at the same level before their traumatic brain injury took place. There are simple steps both affected individuals and caregivers can take to ameliorate these symptoms.

The most important step a caregiver can do is to practice patience and acceptance. You should realize the magnitude of cognitive and communicative issues stemming from the TBI and take steps to assist the affected individual.

Using a gentle and kind tone goes a long way in making the affected individual feel secure and safe. Oftentimes, they realize they cannot perform their usual tasks, and fear underlies their anger and frustration. Caregivers should never expect an individual to just 'keep up' or be able to do normal activities in the same manner they used to.


Allow your loved one extra thinking time to respond or work through a task. Help them by breaking the overall task into small pieces, addressing each piece individually and in chronological order. Offer to help them with alternative solutions if they struggle with a task or process. Keep your sentences simple and slow your speech down to help the affected individual better understand what you say. Limiting your conversations to one-on-one is best in order to keep from overwhelming an affected individual by trying to follow and process a conversation between multiple people. You, as the caregiver, should have a clear understanding of the cognitive therapies being utilized with your loved one and reinforce the skills being taught.

An affected individual may lack the ability to remember what they should focus on to help them regain their skills. The following points are great reminders to help them with their cognitive and communicative therapies.

You might consider using images to link to information you wish your loved one to remember. Try to connect new information with something they already know to provide a building block. Writing out step by step instructions for simple, repetitive tasks helps until that building block gets embedded in muscle memory.

Using memory aids such as calendar reminders or other memory-aiding computer apps can be powerful and wonderful tools. You should keep in mind several big caveats, the two most important being limiting screen time following a TBI, and learning to use a new app is suboptimal when a person already struggles with cognitive deficiencies.

Below are the key tips to assist your loved one:

- **Provide structure and routine.**
- **Put everything away in the exact same place.**
- **Keep a quiet environment with minimal distractions.**
- **Ensure a good night's rest for a person with TBI. Sleep provides the necessary foundation to give the rest a person needs to properly focus and heal.**
- **Remind your loved one often that it is ok for them to have these issues and that you love and accept them for who they are now. **

Kelly Harrigan is a veteran, a writer, a TBI survivor, and a single mum of a girl child and a Frenchie, often found with oolong tea in one hand and humor in the other. She lives near Annapolis, Maryland.



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