

JULY 2015

TBI HOPE & INSPIRATION

Magazine

What I Wish I had Known
When I First Hit my Head

4 Pins
AND A PLATE

Behavior Management in School
for a Student with a Brain Injury



Photo Contest
Winner Details!



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TBI Hope &
Inspiration
MAGAZINE

*Serving All Impacted by
Traumatic Brain Injury*

July 2015

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Welcome

As we get closer to the six month anniversary of TBI Hope and Inspiration Magazine, it's hard not to stand back in a bit of amazement. Readers from around the world are now part of our growing subscriber base.

Feedback from survivors, family members, caregivers, as well as support from the professional community has been both overwhelming and more than a bit humbling.

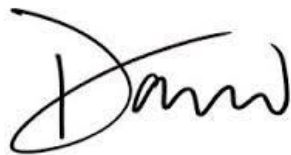
We knew early on that there was a hunger, an almost palpable demand for quality content to help those impacted by traumatic brain injury. And the rest, as they say, is history.

In this month's issue, we again bring you many stories from a survivor's perspective. There is no better way to learn about what life is like after a TBI than hearing about it from an insider's perspective.

In addition to many of our favorite contributors, we present articles from several new contributing writers - writers who enrich our publication.

Be sure to check out our photo contest winners and watch for more exciting contests as we move through 2015.

If you've found value in our publication, please share it with a colleague or friend. We welcome your feedback.



David A. Grant
Publisher

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Lost and Found

By Jennifer White

Prior to my traumatic brain injury I was a Vice President of a top direct marketing and fundraising company in Atlanta, Georgia. I was a frequent flyer, managed an in-house staff, scheduled annual fundraising plans and budgets for National not-for-profit organizations and worked seven days a week. I had already started losing myself prior to the brain injury.

Before the brain injury, I was an average wife, a mediocre dog owner, and a harried daughter and sister. With every single thing I did, I had two voices in my head. 1. What do I want to do? 2. What can I do considering my work load?

Typically the second question received the most attention because I never had time to do much of anything other than work. I had two gears: Wound up and wound up tighter. Work took precedence over everything, I am sad to say!

Unfortunately it took a cataclysmic moment where I passed out in my downtown Atlanta apartment, died in an ambulance on my way to surgery, went through months of ICU and rehab to wake me up from the deep sleep my life was in.

Now, I am on long term disability with the brain injury forcing me into early retirement. The friends that I had prior to the brain injury don't remember why we were friends. The surgeon who drilled a hole in my head to eradicate the blood clot that sat on my brain stem recommended that I not have children, and I am happily married to a man who is traumatized from seeing me lifeless on a hospital bed.

But, I was given a second chance to right the wrongs, to cook, to garden and to take care of my two pets that will most likely be the closest things I know to raising living things.



My brain injury occurred fifteen years ago and I just recently realized that I have lost myself. Once, flying across the country several times a week, I became scared of flying. Once, accepting the fact that people get colds, I became scared of dying from sneezing too much. My nerve endings have felt exposed for years and I have not been proactive in my life.

“I woke up one morning and realized I was not the person I once was.”

I woke up one morning and realized I was not the person I once was. It sickened me to feel defeated by the traumatic brain injury that nearly took my life.

Realizing that I control my life and my destiny, I immediately made plans to visit my sister in a major U.S. city. I will fly again, I will take risks again, and I will live again! The acquired brain injury did not kill me in 2000. I am sick of acting like it did.

I am healthy now. Yes, I have balance issues. I have cognitive issues. It has been recommended that I not have children. But I did not die and I love my life even with the disabilities. Of course life isn't perfect, but it never was... even before my brain injury.

About the Author

Jennifer White is a traumatic brain injury survivor from St. Louis, Missouri. When she's not writing about her life as a survivor, she enjoys spending time with her family and of course, quilting.

WHAT TO DO
if you think a child has **A BRAIN INJURY**

A	ASSESS THE SITUATION
B	BE ALERT FOR BRAIN INJURY SIGNS AND SYMPTOMS
C	CONTACT A HEALTH CARE PROFESSIONAL

What I Wish I had Known When I First Hit my Head

By Amy Zellmer



There are so many things that I wish I had known when I first fell on that patch of ice, landing directly on my skull. The sound of the “thud” is something I will never be able to clear from my head. It is my scar, my reminder of how quickly life can change. I knew from the excruciating pain I was experiencing at the impact point on my head that it was bad, really bad. But I had no idea how much my life was about to change.

I consider myself fortunate to have found a doctor right away who specializes in head injuries and concussions. However, there are still many things I feel he could have done differently to prepare me for the unexpected roller coaster that I was just getting onto. In terms of what I was about to experience, I hadn’t even buckled the proverbial seatbelt yet.

That first day I remember pretty vividly. I fell at about 8:00 AM and was at the doctor’s office by 10:00 AM. He checked me over and stated that I had a severe concussion and had torn a few muscles in my neck, throat, and chest. Oddly, I didn’t feel any pain other than the piercing knife stabbing into my skull. It hadn’t even occurred to me yet that I had other physical injuries. It was actually almost two full days before the pain set in, and then it felt like I had been run over by a truck.

I noticed many cognitive deficiencies right away. I was told that this was “normal” and I should start to see improvement in 6-8 weeks. So as I neared the end of the eighth week I was starting to panic. “What’s wrong with me? Why am I not getting better? Is there something seriously wrong?” I was experiencing a lot of confusion, and I was having a lot of trouble finding the word I was looking for, and you could hear in my speech that I was taking longer to complete sentences than I should.

My Doctor finally sent me to a Neurologist, who ordered an MRI to rule out anything severe. It wasn’t until this point that anyone started talking about TBI. Even then, I was told it could take a few months to improve, and then not until the six month mark was I told it could take up to a year or longer.

What I wish more than anything was that my doctors had been more forthcoming with me. I understand that every brain injury is different, and not everyone will suffer the same symptoms and time frames. However, in hindsight, it is pretty clear to me that a short six to eight weeks isn't a realistic timeline. I have no doubt in my doctor's abilities, and I know he was trying to do me a "favor" by telling me I'd be fine in no time. But the truth is, I think he was damaging my recovery efforts by doing so.

I wish I had been sent to an occupational therapist right away. The neurologist brought it up, but nothing ever came of it. I wasn't in a proper state of mind to advocate for my health in the way that I normally would. I didn't have a caregiver or spouse living with me that could advocate either. I was all alone in my journey.

When I reached the six month mark of my recovery, my vertigo and balance issues increased. I started having anxiety because I didn't know what was wrong with me, I was worried that I should be getting better because that is what the doctor had said. I was thrown into a very dark, lonely place. I was starting to become depressed, something that I wasn't familiar with. I knew I was depressed, yet I didn't know what to do about it. I had no one in my support system to turn to. I felt very isolated and alone.

"This cycle of despair went on for about three or four months before I had a complete and total panic attack."

This cycle of despair went on for about three or four months before I had a complete and total panic attack. I honestly thought I was having a heart attack. My heart was racing, my body felt like it was floating, I wanted to cry and scream, but I had no idea why. Fortunately a dear friend was home and helped me calm down. She knew what was happening, as she had experienced panic attacks before herself. I was left feeling shaken and scared. "What is wrong with me?" I kept thinking.

The next day I spoke to my doctor about what had happened. He assured me that this was "normal" and part of the recovery process. He was expecting it, as he knew that it would eventually happen to me, and was surprised it had taken me this long to have one. This was yet another thing I wish I had known about, it would have saved me from the deep sense of fear I had been feeling during the panic attack. Fortunately since that night, I have not had another attack. I have occasions

where I feel the anxiety creeping up, but I am now able to fight it off with deep breathing and meditation.

It has been well over a year since my fall, and I am just NOW starting physical therapy for my injuries and occupational therapy for my cognitive issues. I feel like I am late to the party; I should have been here months ago. Late is better than never, but I have never been one to be fashionably late.

There are so many other things I wish I had known in the beginning, the list could go on and on. I realize that our Doctors can't predict the future or know exactly what is happening inside our brains. Again, I feel blessed to have found a Doctor right away that understood concussions and TBI. My wish is that more Doctors would begin to understand the true complexity of TBI, no matter how seemingly innocent the injury appears at first. Patients and caregivers value and appreciate knowing the "worst case scenario" so that they have something to strive for (not being "worse case") and can feel like a warrior when they come out on top!

Meet Amy Zellmer

Amy Zellmer is a writer, photographer, coach, and TBI survivor. Located in Saint Paul, MN she is a regular contributor for the Huffington Post. She enjoys traveling the country with her Yorkie named Pixxie. She loves chocolate, Miss Me jeans, Starbucks, and everything glittery and sparkly.

Join Our Caregivers Group on Facebook!

Because a TBI Affects Everyone!



www.Facebook.com/TBICaregiverSupport

Ten Things Brain Injured Patients Want their Doctor to Know

By Nancy Hueber



I am writing to you today because I will be seeing you very soon for an appointment. Or perhaps I just saw you, and the appointment didn't go so well for me. Maybe this list will help you with the next brain injured patient you see. Maybe your patients' files should all indicate whether or not there is brain injury, as well as hearing or vision impairment.

I thought it would be important to share where I am coming from before you step into the examination room, and what I have learned works and doesn't work for me.

- 1) I am a brain injury survivor, therefore, there are things to consider about how best to conduct the appointment to make it truly beneficial. I will probably have someone with me, if at all possible, to help me remember what went on, and how to help me at home in regard to what was said.
- 2) Your fluorescent lights are going to trigger all kinds of bad stuff. Please understand I need to be wearing sunglasses or a cap, or both. If you can't turn them off, I'll try to remember my sunglasses! And maybe if there are windows or a lamp in the room, we can just use their light while talking after the examination. I know you need the bright lights sometimes.
- 3) Please talk to me in softer tones unless I happen to be hard of hearing. The brain injury has caused me to have light and sound sensitivity as time has passed.
- 4) Please don't be in a hurry to dispense a lot of information. It is difficult to process information coming at me too quickly. That is a newer development/deficit due to the brain injury and possibly from the effect of medications. Simple, quiet questions are usually best.

5) Whatever you find to be very important for me to remember, please write it down for me, or give me time as you are talking so I can write it down. It might be a longer appointment because of that, but it is the nature of brain injury. I may have memory impairment issues (short-term, specifically). In fact, if you ask me to repeat what you just said, you'll find out how well I grasped what you said. So, you might not want to use too many big medical school terms. I might even bring a voice recorder to help me remember in the future what you said during our appointment. Thanks for understanding.



6) If I am in your office because of pain today, please don't talk at me for several minutes as we get started. Instead, please listen, and don't rush to jump in. It is difficult at times (especially when I'm tired) to compose and deliver my thoughts to you. On the flip side, please forgive me if I say them quickly and frantically - it's probably because I may be so overwhelmed by what I'm dealing with, and because I may forget what I have to say if I don't let it all out in one fell swoop....and because it's been building up in me for two months or more since I scheduled this appointment.

7) Please do all you can to scope out my emotional well-being as we talk, and realize that most of it is due to the daily difficulties of living with the results of a brain injury, along with the daily cocktail of medicines I've been inducing perhaps for years. I may or may not be in need of anti-depressants, but I will surely be depressed if my doctor gives no indication that he's interested in how all this is impacting me.

8) Please check on what I regularly eat by asking me. It's possible that my medicines and sickness are not the only culprits besides my brain injury responsible for my symptoms today.

9) Watch for physical cues that I'm getting fatigued as we talk. I might put my head on your desk, or lie down on the table. I might cover my eyes or begin to look down. I might even get teary. You see, all of the talking and sharing of information has

fatigued me to the point of mental exhaustion. The nature of the information has overwhelmed and maybe upset me. And to top it all off, I may have done other things - including traveling to the appointment -which have zapped my mental energy. It's amazing the amount of decisions my brain had to make before I stepped into your office, or the visual and aural stimulations which may have already stressed my brain and emotions.

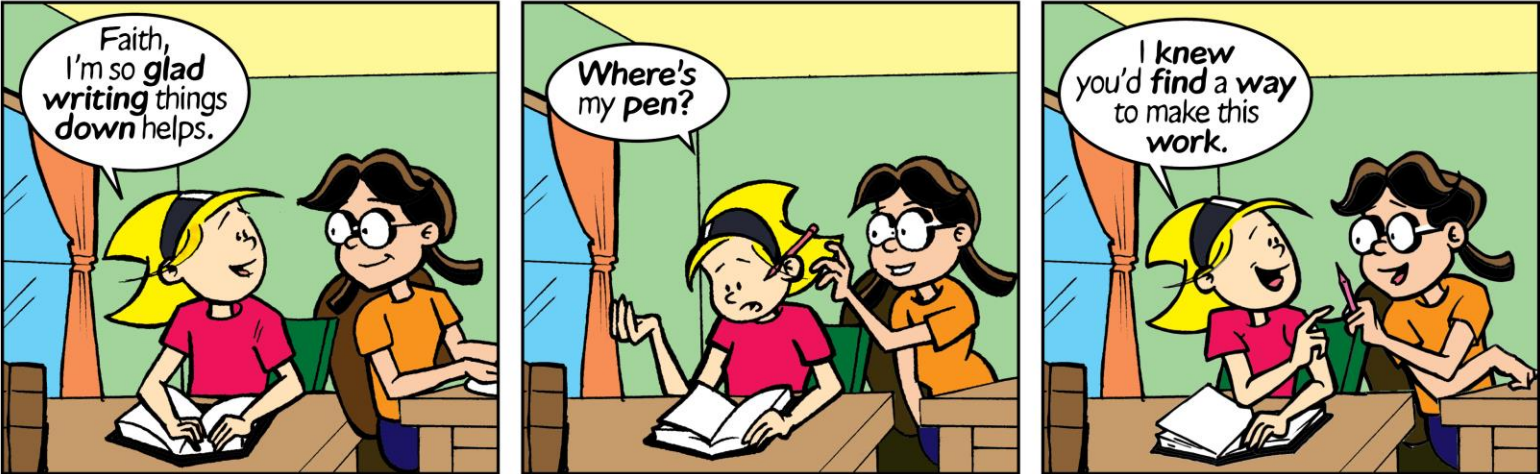
10) Please walk with me the short way back to the front desk (or have the nurse help me) so I don't have to remember how to re-trace my steps. You'd be surprised how confusing that path back to the waiting room might be to someone who just shot their mental wad in your exam room. And if I had to come by myself today, I'm gonna need all the help I can get.

Meet Nancy Hueber

Nancy Hueber, a professional pianist, wife, mother, and frequent visitor to her couch and bed, survived a near baseball-sized brain tumor (meningioma) in the middle of her brain, and its removal by craniotomy six days later. In 2012, Nancy and her husband Tom established a brain injury support group in their town in northeast Missouri, now affiliated with the Brain Injury Association of Missouri. Their monthly meetings average 20 attendees, both brain injury survivors and their caregivers, with injuries received from brain tumors, strokes, aneurysms, accidents and/or concussions.

Living With Hope

By Patrick Brigham





Four Pins and a Plate

By Doug Rowe

I had just finished writing an article for the Red Deer Advocate about local athlete Austin McGrath's brush with death, and subsequent miracle recovery. I did the final edit, and pressed the send button.

The article was emotionally charged and difficult to write. I needed to decompress, so I got on my bike to take the dog for a run, and in a strange twist of fate, one hour later, I was the one in the hospital, exactly two months after McGrath's May 13, 2011, cardiac arrest.

My dog Dimitri, a one year old giant schnauzer, and I were heading downhill on the Sunnybrook paths. I was going about as fast as my 52 year-old legs could go, when at the bottom of the hill my 90-pound puppy looked at me, and decided it would be a good idea to tackle his buddy.

Right away my adrenaline kicked in. I barely got the "no" out of my mouth before he collided with the bike. With my mind racing, I decided I had two choices: hit the trees (and risk getting a broken neck or back), or take my chances with the pavement. I yanked the bike back hard, hit the brakes, and went flying over the top of my bike. I bounced my forehead off of the pavement. Knowing that if my head tucked I would probably break my neck I strained to keep it upright, and in doing so watched my left wrist shatter before my eyes. I got another adrenaline rush, tucked my arm, rolled and injured my shoulder and neck and again hit the pavement with my helmeted head.

Somehow I landed half upright 20 feet down the path from my dog and bike. For about two or three minutes I wandered around in a daze cradling my arm, indecisive, not knowing what to do. Luckily, another biker came around the corner, and asked if I needed help. It seemed to take me forever, to formulate what form that help could take but finally, I handed him my cell phone, and asked if he could

call my wife, something I could have done myself.

With the help of the stranger I made it to the top of the paths, where we met my wife, Debbie. As I got into the passenger seat I told Debbie I thought my wrist was broken, and she said, “Your helmet is pretty scuffed up too.” But it was lost in the pain of my wrist.



We got to the hospital, and my wrist, which was off-centered to the left and flat as a pancake, was the focus of attention. I was asked once by a nurse how my head was and I said fine, again dealing more with the pain in my arm than anything else. Through the next two days and seeing four different doctors, no one checked me for a concussion.

Four pins, a plate and two days later I was released from the hospital. That is when I began to have post-concussion symptoms.

My eyes were light sensitive. I was having memory recall issues, especially with people, places and things. I was having trouble with my balance and every time I threw the dog toys they would hook left. But again all of this was lost in the pain of my wrist. Four weeks later I had my second incident. I was walking the dog down at Kin Canyon. It was a hot day, so I took Dimitri over to the fountain to drink from one of the spouts, when a little boy exploded out of the water, roaring at my dog like a dinosaur.

Dimitri startled, took off and took my legs right out from under me. I landed with all of my weight on my forehead and my cast. I think I was out for about twenty seconds, when I came to I was embarrassed; I spit the debris out of my mouth, dusted the dirt and grass off of my forehead and with as much dignity as possible carried on down the path.

That is when I marveled at a change in left thumb. After the initial injury, I had very little feeling in my thumb. After my second fall, 90% of that feeling had

returned. However after that second fall things got considerably more difficult for me. I quit sleeping. I am usually a nine hours a night sleeper. I went down to five then to three and then quit sleeping altogether. Along with the sleep deprivation, came adrenaline, panic, and anxiety like I had never experienced before. Two days after my second accident I blacked out while walking the dog at Three Mile Bend. I was at the top of the path and then I woke up and voila, somehow I was transported 100 meters further. It was the weirdest sensation, like using the transporter on Star Trek.

At the end of two weeks of not sleeping I would have said or done anything to get relief. I can now see why they use sleep deprivation as a form of torture. The smallest stressors, hunger, loud noises, stress at home would trigger full-fledged panic attacks. I became extremely noise, light, and temperature sensitive. My adrenaline was flowing all the time. I would get startle responses at the slightest sound or movement. I could no longer watch TV, listen to music, read a book, and work on the computer. My ability to focus was extremely limited. All of the above caused sensory overload. I just could not attend to anything even slightly complex.

“At the end of two weeks of not sleeping I would have said or done anything to get relief.”

In two small strokes of a brush I lost everything I was; father, teacher, husband, administrator, academic, counsellor, athlete, coach, freelance writer, it was all gone. I was barely surviving.

Any physical activity would trigger uncontrollable migraines that would last days and weeks and even months. The migraines would start with a sore neck and numbness in my lips and nose and then move all the way down my arms and legs and then I would get a severe pounding headache and accompanying anxiety.

My balance was off. My spatial was completely gone. I would hit my head all of the time, from getting into the car to getting a box of Kleenex out of the closet. I was constantly cutting my fingers when I tried to prepare something to eat. I put plastic dishes in the oven to reheat things. Not a good idea.

Prior to the accident I was a level three boxing coach. I had my athletic training first aid certificate, but my thinking was so befuddled that I didn't even know that I

had a concussion.

My thought processes were muddled. I was in a constant brain fog. My impulse control was out-of-whack, and words and thoughts would come unbidden out of my mouth. I would mix up words when I talked, sometimes substituting totally unrelated words in my sentences. It was like all of my sentences ended up in a multiple choice, and sometimes the wrong choices would just pop out.



My hearing was so sensitive I would wear sound dampening headphones, be talking on the phone and overhear word-for-word conversations and TV dialogue, two rooms over through a closed door. It was overwhelming. I joked with my family that I had superhero hearing. I had a constant ringing in my ears.

When I wore my glasses I noticed that I couldn't see properly out of my left eye. I thought I had damaged the occipital region of my brain, but when I went to the optometrist the vision in my left eye instead of getting worse had actually improved two levels.

I have been pretty active in my lifetime. I have fractured my ankle, partially torn my Achilles tendon, severed my left ACL and torn the cartilage, fractured too many ribs to count, torn my right rotator cuff twice, fractured my wrist, and fractured my nose. None of those injuries compared to the agony I felt at the height of my sleep deprivation and anxiety.

If someone had offered me another broken wrist or another torn Achilles tendon in exchange for relief from my agony, I would have taken it. I would experience all of the other injuries combined if it meant not having to face another concussive event.

When you break a wrist you have some control on how fast you heal: how hard you work in physiotherapy. When you injure your brain the biggest frustration is that lack of control. I wouldn't wish it on anyone. When you injure your wrist you have the scars and cast, when you injure your brain the scars quite often are just inside.

Being active also resulted in prior concussive events. My neurologist, Dr. Jennifer Bestard, who figured out that I had a concussion, traced back my medical history and calculated that my last two mild traumatic brain injuries were the ninth and tenth concussive events of my life. She told me that my post-concussion syndrome was the worst she had seen in her career. An MRI showed that I had bruising in eight different areas of my brain.

“Recovery was slow and counterintuitive to any previous injury recovery that I had experienced.”

I had no way to describe to anyone how I was feeling. One of my former students, boxer Roman Rzepkowski, described it best when he said it was like having the worst hangover of your life, 24/7, every second, and every minute of every day.

Recovery was slow and counterintuitive to any previous injury recovery that I had experienced. Eight months after my last concussion I started

back to work on a voluntary basis.

Now three years from my last head trauma, I am doing much better. I am working three quarter time. I still have some lingering symptoms, but I feel like I am functioning at about 90 to 95%. I am blessed to have had an amazing medical team that have helped me put the pieces back together again.

Positives have arisen from my accident. After having my slate wiped clean I have been given an opportunity to build a better me. I used to be the typical North American, go-go-go, 24-7. Life has slowed down. I am taking time to smell the flowers, watch the clouds, and live life in the moment.

It has also given me the opportunity to work with and help 20 different teenagers who have suffered mild traumatic brain injuries. My next few articles will focus on four of those teenagers and chronicle their obstacles, hurtles, successes and recovery.

Meet Doug Rowe

Doug Rowe is a brain injury survivor from Red Deer, Alberta, Canada. When he's not writing about his experiences as TBI survivor, Doug enjoys time with his dogs K'Ehleyr and Dima.

Congratulations!

To our Photo Contest Winners!

With so many amazing entries, it was hard to pick a single winner - so we picked TWO!

Both winners will receive an "I INSPIRE!" T-Shirt. Thanks again to all who submitted!



A TBI Rock Star!

"This is my son Daniel Hampton (center) completing a Brain Injury walk to raise funds for Coastline Community College ABI program. He suffered a TBI on June 7, 2013. He has come a long way but still has a lot more recovery to go."

~Mary Hampton-Reyes

Mount Hood Vista

"I am entering a new career as a person with a brain injury sustained in 1990 from a car crash. I was in a coma for a week, three months in rehab and not supposed to walk or work again. I am now entering photography!"

~Jill Mortenson



Hello? Hello? I've been Disconnected!

By Jeff Sebell



You know what it's like when you're on a long-distance telephone call, and you're right in the middle of saying something important, when suddenly the line goes dead. You were just about to get the climax of your story, or the punchline of your joke, and you suddenly hear a click and then a dial tone.

You are unable to get the call back, and you are left screaming in frustration, the telephone in your hand. Disconnection always seems to happen at the worst possible times. I have become well acquainted with disconnection – but not from dropped telephone calls. I have a brain injury.

Of all the things that have happened to me because of my Brain injury, one of the most aggravating, as well as the most puzzling things, is how disconnected I can become. Although I have improved substantially over time and have learned how to deal with them better when I disconnect, I still have moments when all I can hear in my brain is a dial tone.

Essentially, what happens is that I am "not present" to what is going on. The end result of "not being present" is that instead of living my life, I watch jealously as others participate in theirs, or I stay strangely passive as things happen around me. I feel invisible, powerless to make an impact on what is going on.

It is the damndest thing, to be right in the middle of what is happening, and yet to be so far away, mentally and emotionally. Right then, I have this urge to call the phone company and tell them there is something wrong with my phone; could they send a repairman right away.

Ah, if it were only that easy.

When I am in one of those states of either disconnection or passivity, I become accepting of what others say or do, and I nod a lot and I shrug. Afterwards, with the dust still settling around me, I begin to recover my wits and reflect on what just happened. I always wish I could live that little piece of life over again, this time with the wherewithal to participate or to make my wishes known.

I can get disconnected at any time; but I usually get disconnected when I am with other people and the conversation starts going too fast, or I don't understand a joke, or the place I'm in is just too busy and loud. I've gotten used to having it happen to me in social situations, and have gotten pretty good at being able to avert those or mitigate those, mostly by using my nonsensical sense of humor - perfect for that kind of situation.



However, I can also get disconnected when I am trying to perform tasks. This usually happens when I get confused or overwhelmed, or when I've done something a bunch of times and now can't remember how to do it. Nothing seems to make any sense, and I sit dumbfounded, unable to put two and two together. Having the ability to put two and two together is a skill that enables you to understand why things happen the way they do, how one thing can lead to another. It's important when figuring out problems on your own. Adding two and two is so easy, and that's what makes it so infuriating when I just can't do it - sort of like word finding problems.

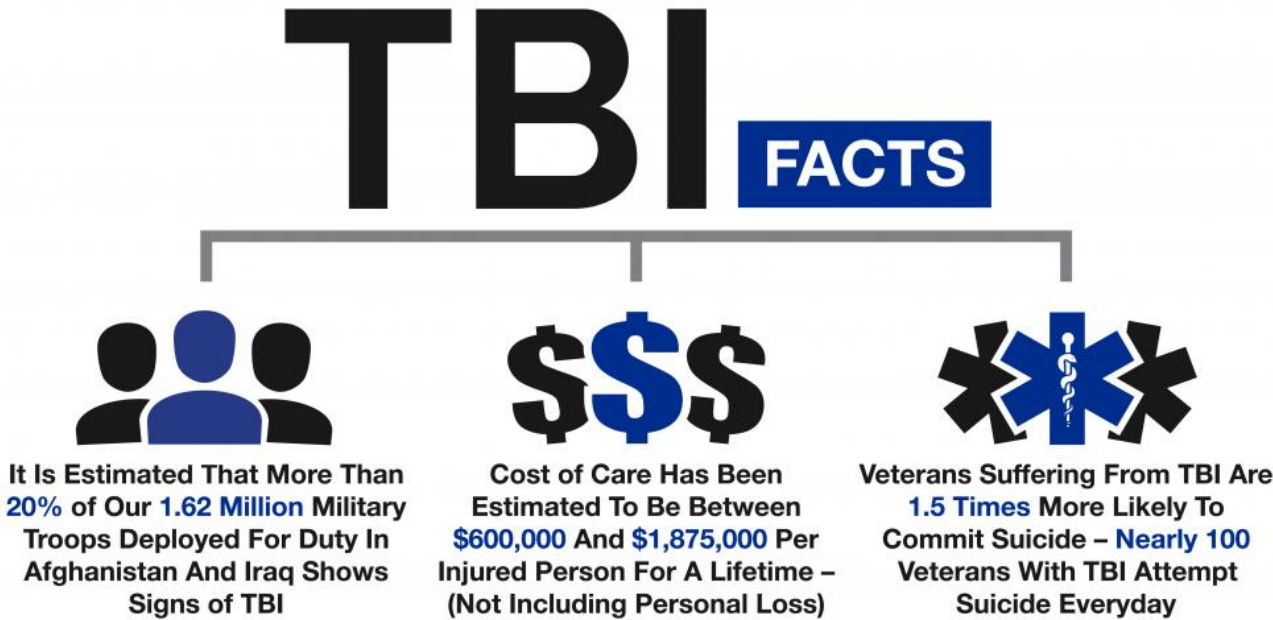
You would think that by the time I reached 59 years old, I would be able to put two and two together in my sleep, but I'm not always able. What could be causing me to be so removed from what is going on? Is it something I can control or is that the normal way my brain behaves now? The answer for me seems to be, as with so many other TBI related issues, preparation. I do my best to prepare for situations that I know I'm going to find myself in, and my preparations include taking a futurist's approach to what I am about to do by planning ahead for different conversations, outcomes and eventualities.

It takes a lot of work not to be disconnected, and sometimes that means doing what you don't want to do or you don't feel like doing. There is the work it takes to be present in situational disconnects. By doing your best to stay in the present, by controlling your thoughts and emotions, or forcing yourself to interact with others.

It is both easy and tempting to get on your case after a disconnect and blame yourself, or laugh at yourself for something you just did or didn't do, but it is work to just accept it as reality and move on, with dignity and a clear head.

About Jeff Sebell

A long-time survivor, Jeff is the author of “*Learning to Live with Yourself after Brain Injury.*” You can read more about Jeff and his journey on his blog at www.TBISurvivor.com



www.brainhealthteam.org

GRAPHIC CREDIT: THE BRAIN HEALTH TEAM

Living a Purpose Filled Life

By Joan Miller

When I was younger I had no idea what it meant to live a purpose filled life. I wasn't a stranger to bad choices. They seemed to be something I learned at a young age and carried through to my adulthood.

Being the life of the party and having fun was my goal, even at the cost of a job, a marriage, and my self-respect. That stuff didn't matter. I was having fun and that's ALL that mattered.

Then I met John and my world started making sense. Loving someone and being loved by someone was wonderful. He didn't judge me and wanted to help me love myself and others. I was determined not to mess this up with my partying.

Despite my better choices, our lives were permanently changed on June 12, 1999 in Ogden, Utah when we were hit by a drunk driver. There were 24 shards of skull and debris driven into my brain and massive amounts of blood flowing into my brain blowing it up like a balloon. The trauma surgeon told my family, if I did wake from my coma I may be a vegetable for the remainder of my life. He stated an injury as severe as mine has a 97% mortality rate.

A miracle ensued. I spent four days in a coma and two weeks in ICU. When stable I was flown via medical jet back home to Portland, Oregon for a month of intensive in-patient rehab at The Rehabilitation Institute of Oregon at Good Samaritan Hospital. I went from learning to walk, talk, feeding myself and swallowing, combing my hair, brushing my teeth to re-learning the names of my family including my husband.

I didn't quite understand what all the fuss was about though. I was just in a car wreck. People are in wrecks every day and they simply rehab back. This was no different. And what's all this brain injury stuff they keep talking about? And why do they keep asking me the same questions over and over?

With my head shaved and a big indentation on the right side, sporting a walker for



balance and wearing a helmet, after a month they let me go home. Finally things could get back to normal. I was glad I was able to convince them nothing was wrong, minus a few 'bumps & bruises.'

Over the next few months, I began to realize my injuries were more extensive than I first thought. With the help of a great psychologist who specialized in brain injury, I was able to understand the magnitude of my injuries. I wasn't going crazy because I couldn't remember things or forgot what I was saying right in the middle of a sentence, or had inappropriate outbursts of tears or anger at times. He reassured me it was the brain injury; it was that big and would try to control my life, however I could fight back. It would take rest and lots of it - taking baby steps to find my new normal. However he assured me it could be done if I was up for the challenge and he'd be there for me.



Little by little I found my new path. I started volunteering at Good Samaritan Hospital. That led me to talking with other brain injury survivors and their families about the road back. It's tough but can be done if they surround themselves with positive, likeminded people who have their best interest at heart. Despite a brain injury they are still a WHOLE person who deserves validation and can accomplish anything they set their minds to; it simply takes re-structuring.



That re-structuring led me to co-founding a survivor-led non-profit called BIRRDsong. With our outreach continually growing we are now Brain Injury Connections NW or BIC-NW.

I started speaking in schools and on Victim Impact Panels about the ramifications of drinking & driving. However I was still feeling lost and it seemed like my message wasn't getting through.

In August of 2003 John & I flew to Arizona to attend another leadership conference to hear one of our favorite speakers, Chuck Goetschel. It was through Chuck's influence I discovered how to live a purpose filled life. He spoke of following your dream, discovering your purpose and pursuing it with passion. I realized in that moment that was why I survived the crash that should have killed me or left me in a

vegetative state. It was to help people see their value no matter what life had dealt them. This was my purpose!

Everything we do in life begins with a choice. You choose to be a victim or a champion. You can take past mistakes and dwell on them or learn from them to teach and influence others. You can turn your tragedies into triumphs, your misery into your ministry. Without even realizing it, that's what I had done with BIRRDsong and now I could touch and save more lives!

People have a choice in how their life turns out and don't have to sit around and wait for things to happen. Attitude is altitude and in spite of mistakes, physical or mental setbacks, a person can still go on to be a fruitful member of society. I'd learned what it meant to live a purpose filled life!

Meet Joan Miller

Joan Miller lives in Portland OR with John, her Husband of 23 years. In addition to her busy speaking schedule, she volunteers at Oregon Impact and Good Samaritan Hospital. Joan is well known in the Portland Oregon vicinity for her passion for teaching people to find significance in their lives and to recognize the value they have to offer. "I take great satisfaction", she says, "in being a 'conduit', a means to help people find direction and purpose in life. I learned you don't get your old life back, you get a new life. I choose to use mine to bring hope to others."

Joan's website, blog and more can be found here www.joanwins.com

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Behavior Management in School for a Student with a Brain Injury

by Katherine A. Kimes, Ed.D., CBIS



Behavior can change in many ways after brain injury. Behavior is ultimately social in nature. Behavior is a form of communication. Behavior problems after a traumatic brain injury or TBI can be difficult to understand. Behavioral issues are prevalent after TBI.

There are various reasons for this. The first is due to the damage caused by the injury to the brain. Another reason relates to how a student reacts to environmental situations in the classroom. Behavior patterns typically intensify after an injury.

Behavior can be divided into three categories: aggressive, explosive, and passive. These three behavior categories can reduce a student's ability to productively learn. Examples of behaviors that can inhibit learning include: frustration, anger, disorganization, mood swings, withdrawing, avoidance, shutting down, non-compliance, disruptiveness, and impulsivity.

For example, a boy who was short tempered prior to his injury and frequently had fights on the playground, now expresses anger at inappropriate times and is no longer able to regulate his emotions. He becomes frustrated with a test question and rips up the exam and yells at his teacher.

Behavior Management Strategies

In order for a student to reach his/her highest level of independence, it is important to reduce or eliminate the disruptive behaviors. Teachers and school professionals need to understand how to carry out effective behavior management techniques. Positive behavior management techniques provide students with

strategies to independently work within the classroom.

Person-Centered Approach

A person-centered approach is an ideal strategy to manage problem behaviors because students are in control of managing their own behaviors. By using a person-centered approach, students can learn how to be pro-active, i.e., learning how to be responsible of their behaviors.

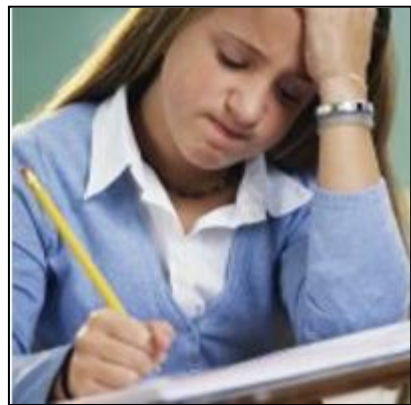


Positive Behavioral Supports

Behavior management depends on the interplay of three factors: Antecedent, Behavior, and Consequence (A-B-C Model). Behavior is best managed by eliminating situations that cause problem behaviors. A-B-C behavior management models focus on the principle of learning.

Each A-B-C model uses different learning principles and different methods of implementation. A few examples include: Differential Reinforcement, Rational Behavior Therapy, Applied Behavior Analysis and Antecedent Control Procedures (Positive Everyday Routines).

In-School Behavior Management Tools



Students can struggle in school after TBI. The behavior change programs mentioned above promote learning and are similar to a student's IBP (Individual Behavior Plan), which is implemented within a student's IEP (Individual Education Plan).

When problem behaviors impede a student's learning process, developing an IBP is a first, if not essential step. A Behavioral Support Plan (BSP) can also be used when the student needs a moderate level of support. The IBP and BSP are most effective when they linked to effective instruction and an appropriate curriculum.

When an IBP or BSP is being developed, problem behaviors are identified and clearly defined. It is important to keep track of what classroom situations cause these behaviors and how often those behaviors occur. A checklist can be developed to help teachers understand and identify when positive/negative behaviors occur.

Components of behavioral checklists include:

1. Identifying changes in behavior;
2. Identifying the behavior (What are the behavior patterns? How long and how often do problem behaviors occur versus how long and how often do positive behaviors occur?);
3. Measuring the behavior (Determining the cause of the problem behavior; identifying strategies to manage these behaviors and identifying whether or not the student is consistent in using positive behavior strategies) and;
4. Evaluating the behavior management plan (What are the skills the student is learning to successfully managing his/her behavior? What are the barriers preventing successful completion of the behavior plan? Are the strategies being used effective in promoting positive change?).



It is important that the student and family help develop the behavior plan, as the plan should also be carried over to the home. The plan should complement the student's learning style and needs to focus on the student's strengths, needs, and preferences.

In addition to developing an IBP or BSP, it is also important to teach alternative behaviors. Strategies should be developed to support and reinforce positive, learned behaviors. Positive reinforcements can include rewards for work completed (token economy), and praise for a job well done (positive reinforcement).

Providing strategies is critical to help students with changes in behaviors after TBI. Classroom accommodations can also help to reduce behavior issues. These include: a highly structured setting, limited unstructured time, a clearly stated agenda, a planner to help organize homework assignments, and preferential classroom seating.

Meet Dr. Katherine Kimes

Dr. Katherine Kimes is the President of ABI Education Services, LLC, and is a Certified Brain Injury Specialist. ABI Education Services is a business focused on providing consultation, training, in-school support, and transition services to children, adolescents, and young adults with acquired brain injury. Please visit her website at <http://www.ABI-EdServices.com> for more information.

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