

Brain Injury

October 2018

HOPE

supporting the
brain injury
community

MAGAZINE

SERVING ALL AFFECTED BY BRAIN INJURY

SPECIAL SECTION
K9's for Warriors



Welcome

Publisher's Introduction

HOPE MAGAZINE

*Serving the Brain
Injury Community*

**October
2018**

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Welcome to the October 2018 issue of HOPE Magazine!

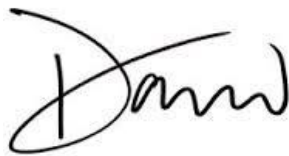
This month's issue of HOPE Magazine features a diverse range of contributing writers from all walks of life.

From brain injury survivors to members of the professional community, this month's stories present different and very unique perspectives on brain injury.

You'll also find an expanded special section: *K9's For Warriors*. In this article, you'll read about the dual diagnoses faced by so many military veterans: TBI and PTSD. It is a very insightful article. As one who lives with both TBI as well as PTSD, I find comfort in knowing that I am not alone.

I hope you come away from this issue with renewed hope and understanding.

Peace,



David A. Grant
Publisher

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"A very small degree of hope is sufficient to cause the birth of love."

~Stendhal



The Strength to Recover

By Josh Becker

As a little kid I can remember watching and admiring my dad’s powerlifting training. When I turned fifteen and had the chance to start myself, I jumped at it. By February, six months into my training, I was having a blast with my sights firmly set on nationals when I got ambushed by an accident. During an exercise my muscles gave out and I dropped an eighty-pound barbell on the back of my head. I was disoriented, but I had multiple concussions before, so I walked away thinking nothing of it.

It wasn’t nothing. Days later, after being hospitalized, I learned I had a severe traumatic brain injury, which if not treated might paralyze me for the rest of my life. That news was the scariest thing I ever heard. Sitting in silence with my family, I contemplated what would happen next. Would I be in a wheelchair for life? What will my friends think of me?

Scared as I was, I started therapy quickly after hearing the terrifying news. I was faced with occupational therapy, speech therapy, physical therapy and vestibular therapy, all to give me just a chance at a normal life. Therapy sucked because it was so frustrating not being able to do everyday things that I was used to doing all the time. The frustration was unimaginable. The worst feeling was when people started staring at me

“During an exercise my muscles gave out and I dropped an eighty-pound barbell on the back of my head.”



in the outside world. They looked at me like I was a freak, making me feel stupid and abnormal. Those remarks would bother me for days.

Having therapy multiple times a week was hard. Physically and mentally drained, I kept talking to my therapists asking how long it would be until I could return to my regular activities and they all had the same answer: "I'm not sure." Many times I had the chance to give up, but each time I refused to live a life in which I did not meet my goals, so I pressed on.

At 8:35am on March 14, 2017, I took my first steps without losing balance. My hard work started paying off and I started crying. After hearing doctors say I may never walk again, proving doubters wrong gave me hope of my miracle happening. Knowing that I was so close to recovery drove me to work harder with my eyes on one goal, making it to nationals.

By the beginning of May, I got my clearance to go back, with no contact activity. I was working so hard, motivated to compete. With little time to prepare, I drove myself to work harder to heal faster even with knowing it may not be possible, all to give myself a chance. Doctors kept telling me there would be no way I could compete again, but I wanted to prove them wrong, and I did.

May 28, 2017: Powerlifting Nationals. I competed in the deadlift-only category at a body weight of 148 lbs. I set a goal for myself to lift 425 lbs. That was more than anyone had done before in my age and weight division.

It was my third attempt and it was the moment I'd worked for and trained for. I got up to the bar and looked to the crowd. Everyone was cheering for me. I gripped the bar and pulled like never before. Extended at the top, I glanced over to the judges table with the weight in my hands seeing the three white lights. It was a good lift. I broke the state, national, and world records in deadlift for my weight and age class by over seventy pounds.

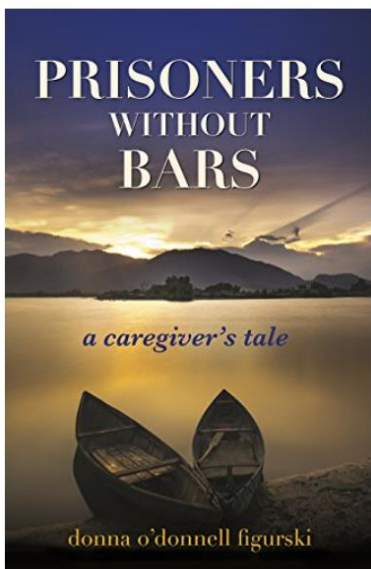
It was unbelievable. Knowing that I'd done the impossible in my doctors' and family's eyes was a moment I'll remember forever. This injury forced me to encounter struggles I would never have imagined, and it led me to discovering in myself the motivation and confidence I needed to turn my tragedy into my comeback story.

Meet Josh Becker

Josh Becker was only sixteen-years-old when he faced TBI. He is a nationally and world ranked kickboxer and powerlifter and a member of WAKO Team USA and AWPC Team USA powerlifting. Josh is also an avid musician, playing piano, trumpet, and guitar. He loves jazz and is the drum major for the marching band at his high school. He is currently seventeen years old and currently a senior in high school and will be attending Carroll University in 2019.



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Maintaining My Balance

By Jeff Sebell

For the last forty-three years, since my car crash and month-long coma, I have essentially been performing one big balancing act. Over this time I have learned what it takes to maintain my balance on the brain injury high wire; balancing what I used to be, what I was becoming, what I thought I was and my new reality in order to build a life that works.

I will be balancing for the rest of my life, balancing on a straight and narrow line so I can continue to live my life and move forward.

I have learned that staying balanced requires that I remain focused on the big picture and not get caught up in momentary wishes and desires, dreams of what could have been, or on day-to-day events. I can't let myself get either too low or too excited. I have to just be the way I am. I would love to live my life being footloose and carefree, but "staying balanced" means that is not going to happen. Instead, I keep myself in check and in control, a little bound up and tense as I discover what I am now all about; always preparing for what could happen.

"I can't let myself get either too low or too excited. I have to just be the way I am."

That is my reality since my accident; though I am positive and forward looking, I have a persistent tug in the back of my mind, a slight nagging feeling telling me that I have to be careful and watch out.

Strength

I have been fighting the brain injury war, minute by minute and breath by breath, for a long time. For forty-three years my life has been chock-full of one battle or another, and it is draining, but it is important to stay vigilant as I stay in the present and in reality. I can't let visions of what life used to be like bog me down. Nor can I dream beyond my capabilities.

I have now arrived at a place where I am at peace with my life, but that doesn't mean I have won the war. I would never say I vanquished my brain injury. Rather, I will say I found a way to survive by maintaining my balance.

So that is what I take away from this: it's all about balance and staying on the straight and narrow. Balancing on that fine line means we don't get distracted, don't let our minds wander, and we find a way to stay strong, to persevere and quietly stay confident. We do what we have to, not because we want to, but because it is our job.

Walking on that Line

Over the years, through my own experience and the experiences of others, I have come to appreciate the fragility of my life and I have learned about the strength I have. I marvel at my life; not just the idea that my life can change in an instant, but also the idea that I have the power to maintain balance and direct my life, even when I feel out-of-control.

“

I have now arrived at a place where I am at peace with my life, but that doesn't mean I have won the war.

”

I have found the strength and power to fight distractions, stay focused, and set the tone and direction for my life, as well as the power to **not** let myself be affected by the things happening around me that could throw my balance off.

When I think back on my life, I credit my success on my ability to stay balanced; to stay away from the highs and lows, to not let the fear win and to focus on the little things. I am still amazed that I didn't snap, or that I didn't lose my balance and fall off that cliff or lose my sanity. What kept me sane? I think back to certain situations, especially when I was alone with my wild thoughts, with my worries and my fears, balancing on that fine line between normal and crazy and how I was saved by vigilance and balance.

Staying in control and balanced was a great goal to have.

Victory?

I will never claim victory in the war with my brain injury; that would be egotistical and wrong. I have learned that it's not necessary to yell, "I've won," in order to be victorious. Claiming victory would disrupt my balance, and pumping my chest and yelling would interfere with the learning of important lessons one discovers when one is humble.

I have done the best I can and have built a life I can be proud of.

Yes. By learning to be balanced I have found what powers me, and it's something we all have. I have found the power to block out distractions, fight my fears, stay focused and persevere. Being balanced may not be the most fun, but it is what has enabled me to get to "this place."

As I said earlier, I know "this place" is fragile, and as good as I might feel right now, I have to remember all that stuff from my past is buried somewhere in me, waiting to jump out and make me unbalanced. I live right on the edge and I always will.

That is why maintaining my balance is essential.

Meet Jeff Sebell

Jeff Sebell is a published Author, Speaker and Blogger writing about Traumatic Brain Injury and the impacts of his own TBI which he suffered in 1975 while attending Bowdoin College. Jeff has been active in the community since the inception of the NHIF, and was on the founding board of directors of the MA chapter. His book "Learning to Live with Yourself after Brain Injury," was released in August of 2014.





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A Living Grief

By Dr. Katherine Kimes

The media overwhelms us with the sound-bite of death in this country. We are bombarded by the images of demolished vehicles empty along the side of America’s roads and the voice-overs announcing how many fatalities occurred or if people were lucky enough to survive these accidents. What is seldom, if ever, reported by the media are how many of those individuals were lucky enough to have survived, and sustained a traumatic brain injury (TBI). Little reporting is done on those survivors or the impact the brain injury had on their life. I am one of those survivors.

It wasn’t until several years after my TBI, while I was still trying to reclaim some semblance of my other self, my mother commented to me that there are worse things than death. She confided, “It is one thing to have your child die in a car accident, but it’s another thing to have your child sustain a TBI and live.” Was she saying that it would have been easier if I had just died that August night in 1989? I was speechless—not only because I was still unable to move my tongue and articulate, but I couldn’t believe what had just come out of my mother’s mouth. I simply nodded in compliance.

“It is one thing to have your child die in a car accident, but it’s another thing to have your child sustain a TBI and live.”

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It is difficult to rationalize emotions, but I now know what she meant. I understood her pain as I understood my own pain. I was still present in her life, but the child she had known for 16 years was no longer there. I was alive, but not really alive; not my “self.”

My mother was experiencing a living grief. My soul, my personality, momentarily died the night of my TBI, but my physical body managed to live. As a result, I would never be 100% the same person.

In hindsight, however, my mother wasn’t talking about me or the reality I now found myself in. Rather, she was referring to the individuals she saw, day after day, at the rehabilitation center who sat in wheel chairs with blank looks on their faces, unable to communicate.

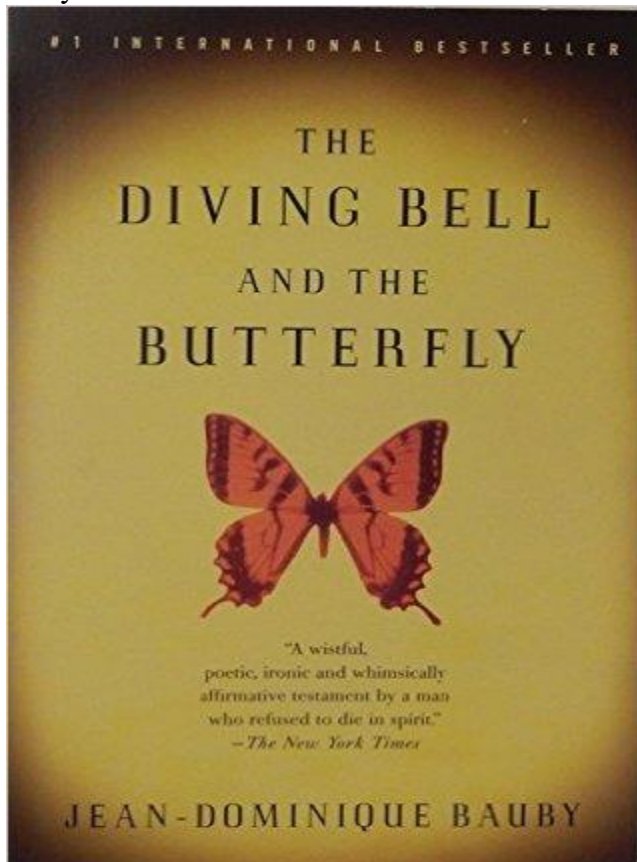
These were young men and women whose physical and mental conditions literally broke her heart. They would sit with blank looks on their faces—some eyes would flutter around the room and other eyes would stare straight ahead. Many smiled, while many did not. When these young men and women were spoken to, their faces showed no signs of emotion—neither love nor detest. They sat in wheelchairs. They showed no sign of recognition or comprehension. All wore diapers and had to be waited on: fed, bathed, dressed and groomed.

My mother wondered if these young men and women were as “dead” on the inside as they appeared to the outside world. These young men and women are the ones we never hear about. Their stories never make the 5 o’clock news. To my mother, their realities were worse than death. She knew if this had been my life after my brain injury, empty on the inside, she would rather I had not lived. But my mother refused to believe that their realities would be my reality. My mother, as usual, got it right.

It is one thing to be able to grieve over the death of a child, but it’s another thing to grieve over the death of a living child, a child who’s present, but no longer

“there.” I’m not exactly sure how my mother would have reacted if I had been one of those women who showed no signs of emotion; no signs of recognition, and no signs of comprehension and had to be fed, bathed, dressed and groomed until the day I died. Fortunately, for both of us, their realities were not my reality.

Regardless of whether or not you can believe or even fathom how a mother could make such a statement, I believe my mother’s emotional response was completely authentic, even though it may not have been politically correct. I know for a lot of you the thought is inconceivable—to actually wish your child dead rather than alive. But to my mother, these young men and women were not living, at least not a functional life. I don’t think it matters what your pre-existing capabilities are if your brain is damaged beyond repair and you become “locked-in.” There is not much hope for your recovery.



Jean Dominick Bauby dictated the memoir, “The Diving Bell and the Butterfly” by blinking his left eye after he suffered a massive stroke to his brain stem. The stroke, which is another term for brain injury, caused him to become “locked-in” a motionless state. He confesses, “Something like a giant invisible diving bell holds my whole body prisoner” (3). The book was published in Europe in 1996, almost a decade after my accident and experience with traumatic brain injury (TBI). Bauby summarizes for his readers the experience of being confined to a life of locked-in syndrome, in relation to a world where human connection is maintained through personal interaction, humor, and physical touch. He narrates that he is, “paralyzed from head to toe...his mind intact...imprisoned inside his own body, unable to speak or move” (4).

What if those young men and women my mother saw at the rehabilitation facility, had the mental capacity to understand just like Bauby, but did not have the physical capacity to express themselves? Could they have been “locked-in” too? Bauby’s personal

experience, as recounted in his memoir, only confirmed to my mother her deepest fear—those young men and women were aware of their situations. He writes, “My old life still burns within me, but more and more of it is reduced to the ashes of memory” (77).

Prior to my TBI, I was a very independent, self-sufficient and highly motivated and determined child. My mother and I had always had similar personalities—I always considered myself my mother’s child. There had always been a bond between us, but my injury seemed to me to sever this bond for many years. But what if I had been one of those women my mother tearfully speaks about? How would my mother have handled it? Would she have had been able to handle it? Could she have handled it? I’m not sure.

Even 27 years later, my mom has difficulty talking about my brain injury and what happened to me. She doesn't believe it is good for me to hear how she felt or how she still feels. She won't talk about it unless forced. She grieves still. She will always grieve. For many weeks after my injury, she could not eat, sleep or drive a car. It was as if her ability to function stopped the night she picked up that telephone receiver. It was 2am. My father was out of town on business. The telephone rang, but my mom was awake. She couldn't sleep because she knew something was wrong, but had no one to call. The driver's mom was on the other end of the line. She told my mother that there had been an accident and she thought my condition was serious. She told my mom that she needed to get to the hospital as soon as possible.

My mom knew she wouldn't be able to drive herself so she called the next door neighbor and asked if she would be willing to drive her to the hospital. My mom hung up the phone. She went upstairs to change out of her nightgown. She stood in her closet dumbfounded, trying to figure out what she should wear. After several minutes of staring at her wardrobe, she "sort of shook" herself back to reality. She realized it didn't matter what she wore. She grabbed a pair of shorts and a t-shirt.



My mom's life irrevocably changed that night when she answered the phone at 2am on August 28, 1989. Her mind set on auto-pilot. Her actions were mechanical. Her complete focus was me. When I was in the intensive care unit, she spent every night, in vigil, in a spare room at the hospital. When I was out of intensive care, she came to the hospital every morning and left every night—only to return the next day. Her days were cyclical, habitual. Once I went to a rehabilitation facility, she came every morning and left at the end of a long day after I was put to bed for the evening—only to return the next day. She knew this behavior was unfair to both her husband, my father, and her daughter, my older sister, but she could not function in any other way. All her attention had to be focused

on me. It was the only way she could handle the situation. This was how she dealt with her grief.

She grieved not only because she couldn't make me better or well again; she grieved because she couldn't trade places with me. She still grieves because I am not the "charmer" she once knew me as. She told me, as my mother, this is something she will never get over. Her grief is a living grief that will not go away. She grieves for the person I will never become; the husband I never met; the children I never had. She grieves for the life I was never given the chance to live. She still grieves for the life I lost. I grieve over those same things.

My mother's coping mechanism—when at all possible—is to avoid, avoid, avoid.

While I was in the hospital, my mother avoided the doctors whenever possible. She conveniently timed her exit at the time of their routine visits. She carefully planned her escape. She did not want to hear what the doctors had to say. Every word that came out of their mouths was negative. My mother did not believe

The world moved past me, and I was unable to participate.

it. She would not believe it. She could not believe it. She was repeatedly told things like, “Your daughter will be bedridden for the rest of her life,” or “She doesn’t have much chance for any significant recovery,” or “She won’t be able to graduate from high school without major assistance, and higher education is out of the question.” My mother refused to believe the doctors’ words. She didn’t want to hear it. She was repeatedly told that she was not realistically dealing with her daughter’s TBI. My mother’s mantra: avoid, avoid, avoid. Avoid the issues she does not want to hear or discuss.

I know that after my brain injury, I did not feel alive inside. I don’t think my mother did either. The world moved past me, and I was unable to participate. The world kept moving on without me. Was this the life I was meant and destined to live? I grieved for what could have been.

I now had physical limitations. I oftentimes behaved irrationally, but it got better day by day. I know I struggled with the person I had become and all of the obstacles I faced; still face, and have yet to face. After my injury, I could not walk, talk, hold up my head, or even feed myself. I was like a helpless infant.

There was a time, after I graduated from college, when I would just cry and cry as I lay on my bed, grieving for the life I would never live and what my life had become. I learned the hard way that dreams do fade away. The dreams from my adolescent years were never realized. It’s only rational that the dynamic of my brain injury affected my mother in a comparable way. We both experienced the loss of a loved one. Society doesn’t seem to understand, or perhaps doesn’t want to understand, how brain injury impacts the individual and the family as a whole and causes the family dynamic to shift.

Since the accident and thus my injury, I’ve had to try my best to live my life in spite of my injury. My desire and determination have helped me in the

long run to reestablish a sense of myself and allow me to recover as much as I have. My mom has told me that she is “very proud of my determination and so many accomplishments.” She believes it was “this drive and determination that the accident didn’t take away,” and I would not be where I am today without it. However, despite my successes there have been times when life and the people in the world have not been very kind to me.

I have learned to accept that this reality is my life. I have learned to move past my grieving. The life I have is now. What type and quality of life would I be living if I incessantly grieved over the life I lost, that was never meant to be? My mother still grieves over the life I now find myself in. I know she wishes my life would have been different and not so full of so much pain and so many obstacles. It’s not a life’s path that you dream of for your child, but it’s my life none the same. Bauby’s grief for his past life is quite evident in his memoir.

My mother’s grief is a living grief that she honestly admits that she will never get over. There are many dimensions of living grief. My mother and I have experienced two spectrums. My mom’s grief is the living grief experienced by a mother for her child who has not died, but has lived through a TBI. My grief is the experience of surviving and learning to function independently after a TBI. I have come to learn that while my life has irrevocably changed, I need to move beyond my grief to make a new life for myself. I owe this to myself.

We live in a world that is not very kind or understanding to those of us who are different. It has been a very difficult road for me to travel not just because of other’s judgments, but because I had to find a way to move beyond my living grief and learn to live life. I can honestly say, however, this is not what I had wanted my life to be. I had dreams for my future, full of possibilities. I can honestly say, TBI was not supposed to have been a part of it. I think I can safely speak for my mother too when I say this.

What type and quality of life would I be living if I incessantly grieved over the life I lost, that was never meant to be?

Meet Dr. Katherine Kimes

Dr. Katherine Kimes has a master’s degree in literary and technical Writing from DePaul University. She also has a master’s degree in Transition Special Education with an emphasis in acquired brain injury and a Doctorate in Special Education also with a concentration in acquired brain injury. She has worked as a CSPPPD Service Coordinator and is a Certified Brain Injury Specialist. Please visit her website, www.ABI-EdServices.com, for more information.



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Relationships After Brain Injury

By Lori Weisman

The human brain is an incredible thing. But when someone suffers from symptoms and damage caused by traumatic brain injury (TBI), their brain may never fully recover, and the effects on even the strongest marriages and long-term relationships can be devastating if left unaddressed for long by both partners.

Most of us know the story of at least one loving, committed couple who were enjoying a beautiful life together when suddenly, a tragic accident, sports injury, or stroke comes along and changes everything.

Their world is turned upside-down as the injured partner struggles through their painful recovery. Months, even years, of medical appointments, tests, and physical therapy pass in a painful blur, consuming a huge share of their time and energy.

“The injured one has trouble sleeping, concentrating, and following conversations. Both are tired all the time and can’t keep up with everyday activities.”

As the visible wounds begin to heal, both partners hold onto the belief that things will soon get back to normal — but in fact, nothing is, or ever will be, the same as it was before. The injured one has trouble sleeping, concentrating, and following conversations. Both are tired all the time and can’t keep up with everyday activities.

Memory and attention problems resulting from brain damage are creating conflicts between the two, and the torture brought on by the bright lights and noisy environments makes even dinner at what was their favorite restaurant more trouble than it's worth.

"I'm just not myself," the injured partner says.

And the loved one listening may silently think to themselves, *"That's right. You're not the person I fell in love with."*

These are just a few ways the effects of a mild brain traumatic injury permeate relationships, and it's something millions of couples live through every day



What is traumatic brain injury and how does it happen?

We often think of brain damage as something caused by a catastrophic event, like a car crash or a fall from a great height, but in reality, there are many ways brain injuries happen.

You can tumble off your bike and hit your head, not even losing consciousness, and hurt your brain. You can take a spill walking the dog or going down the stairs or playing tennis. The blow to your head doesn't have to be particularly hard, and you don't have to be in a coma for the effects to be serious and long-lasting.

If you are dealing with the effects of brain injury on your primary relationship, you are far from alone.

In the U.S., a traumatic brain injury happens every twenty-one seconds, affecting more than 3.5 million people every year.

No wonder millions of couples are desperately searching for help. If you're one of them, you have already seen the devastating effects that brain injury is having on your loved one — and you.

Here are several ways mild traumatic brain injuries threaten even the strongest relationships and marriages.

You feel like a stranger in your own body - or in your partnership. This is a common complaint from people who suffer these injuries. The injured person feels alienated from him or herself, and the "healthy" partner hardly recognizes his or her loved one.

Communicating becomes even harder. Coming up with the right words can feel impossible. The injured one may rattle on without getting to the point, or sink into silence, or have that glazed-over look, leaving the other one completely in the dark.

Your energy levels are low. Brain-injured people suffer from chronic and profound fatigue. Partly, this is due to poor sleep, but even after eight or more hours of rest, the brain is working so much harder just to process the same information that energy is sapped quickly, much like a cell phone battery dying fast.

Sex goes out the window. Brain injuries affect hormone levels, which in turn can affect desire. The sense of anguish and embarrassment about everything that's happened can also hack away at a couple's intimate life. Many say they haven't even thought of asking each other for sex, yet they're starved for the closeness it once gave them.



Roles and responsibilities suddenly change. The injured partner may not be able to handle the simplest of chores. He or she may not follow through on things or may handle tasks in a shoddy way. This can affect the ability to work and, in turn, create serious financial stress. The inability to initiate, plan, organize and pay attention — all supported by the brain's executive functioning — are profoundly disrupted, leaving the healthy partner struggling to compensate.

Resentment and anger build up. Both of you may feel the injured one “should be better by now,” even though you know that healing takes time. This can create a climate of blame and shame that colors every interaction and leads to open conflict.

Loneliness and isolation may set in. Your loved one may be too tired, angry or ashamed to socialize. Worse yet, you may feel lonely in each other's presence — a tremendous source of pain that is hard to discuss.

Family and friends don't always understand, and they may agree you should be healed by now, an attitude that only makes matters worse. With all these difficult changes, one or both of you may feel depressed and hopeless. But take heart. There are things you can do to turn things around. You can rebuild your relationship after a brain injury. A brain injury doesn't have to destroy your relationship or marriage. You've already lost a lot — but you don't have to lose each other.

Many couples believe that breaking up or settling for an unsatisfying relationship are their only two options, but there *are* ways to create a strong, loving union as you adjust to the “new normal” and move forward with your lives.

Healing takes time. Regardless of how the brain injury happened, it's crucial to know that recovery is often slow. The injured person may look just fine, but that's only what you see on the outside. It can take years for the brain to heal, which means that patience must be an essential part of your approach to life now.

You are not alone. While it may not feel true right now, you do still have each other. And now that you know more about the effects of brain injury, you can turn toward each other for sustenance and understanding.

Meet Lori Weisman

Lori Weisman, MA, LMHC, is a psychotherapist, frequent lecturer and consultant who has helped thousands of married and committed couples rebuild their lives in the wake of brain injuries. Lori established her private psychotherapy practice in Bellevue, Washington in 1993. People come to her for compassionate, focused support in learning better ways to deal with stress, anxiety, career struggles and complex family and relationship issues.





Special Section

K9's For Warriors

By Scott Smith

MEET JAMES AND DUNKIN

James Rutland is a twelve-year Army veteran who served a tour of duty in Iraq in 2004, followed by two more tours in South Korea. He left the military in 2014, suffering from multiple medical conditions related to his service, including mild traumatic brain injury (TBI), sleep apnea, and hearing loss, to name a few.

Most importantly, he suffered from depression and often thought about suicide. Thinking he could do it alone, Rutland tried healing from the trauma on his own. That wasn't working. "If you do what you've always done, you'll get what you always got," says Rutland.

In 2016, Rutland finally rounded the bend of recovery when he was paired with his service dog, Dunkin. “I started focusing on ‘we’ instead of ‘me’”, says Rutland.

He has a semi-colon tattoo on his right wrist, a symbol known for taking a pause when thinking about suicide. Unlike a “period” which ends a sentence, the semicolon creates a pause for the reader, then continues the story. Rutland wears it proudly. “It’s a great conversation starter,” Rutland says.

He goes on to explain that breathing exercises, family, friends, and the program that gave him Dunkin are what keeps him going.

THE PROGRAM: K9S FOR WARRIORS

K9s For Warriors is a BBB accredited charity organization located in Ponte Vedra, Florida, that has been pairing rescue dogs with traumatized soldiers since 2011. The dogs are trained to be service dogs, specifically performing tasks to quiet the symptoms of war trauma disabilities in soldiers.

“The skillsets our dogs learn help these warriors with anxiety, isolation, depression, and nightmares,” says Shari Duval, the founder of K9s For Warriors. “So, the warriors can function again in public.”

Specifically, the dogs are trained to deal with symptoms of Post-traumatic Stress Disorder (PTSD), traumatic brain injury (TBI), or military sexual trauma (MST), as a result of military service on or after 9/11.

Duval started the program after watching her son Brett Simon suffer from PTSD after he returned from Iraq. Simon did two tours, developing PTSD during the first one. Watching her son suffer from the debilitating condition motivated Duval to research alternative treatments to the standard talk therapy and medication, neither of which worked for her son.

“On average, soldiers take fourteen medications each day to treat PTSD, TBI, or MST,” says Duval. If treatment is not working, she says veterans are prescribed more and more drugs. “I even knew one soldier who was taking forty-four medications per day.”

After two years of researching alternative PTSD treatments, Duval came upon a program that paired service dogs with veterans to alleviate their PTSD symptoms.

According to Simon, “Mom was the one that suggested I use a service dog to deal with my PTSD when nothing else worked.” Duval saw her son’s symptoms begin to improve. She then wanted to help other veterans do the same.



Shari Duval, Founder, with her son, Brett Simon, President of K9s For Warriors

Thus, the K9s For Warrior program was born. With her son's background in training dogs, including thirteen years as a canine police officer, Duval convinced Simon to start the nonprofit together.

To date, the program has rescued more than 850 dogs and 440 military service members, with an astounding 99% program success rate.

Based on a recent Purdue study, the organization's mission seems to be making a difference in the lives of warriors.

WHAT IS PTSD?

PTSD is classified as a mental disorder that develops after a person experiences severe trauma as the result of a traumatic event such as warfare, sexual assault, auto accident, or other severely traumatic events. PTSD symptoms are re-experiencing, avoidance, arousal, and negative changes in beliefs and feelings. The disability manifests itself in depression, anxiety, night terrors, and social embarrassment, resulting in isolation. Many individuals have initial symptoms while others can worsen, requiring treatment.

K9s For Warriors sees it as two battles: fighting the past of the dog and fighting the past of the warrior. We're saving two lives here.

-Brett Simon

According to the Department of Veterans Affairs (VA), it is common to have reactions such as upsetting memories of an event, increased anxiety, or trouble sleeping after experiencing a traumatic event. If these reactions do not go away or worsen, then the individual may have PTSD.

Along with TBI and MST, PTSD is recognized under the American Veterans Aid (AVA), the Department of Justice through the American Disabilities Act (ADA), and the Veteran's Association of America (VA). The Department of Defense (DoD) is also strongly committed to providing service members and families with access to quality mental health care and resources for all mental health conditions including PTSD.

PILOT STUDY AFFIRMS ANTICIPATED OUTCOME

K9s For Warriors recently partnered with Purdue University College of Veterinary Medicine on a pilot study testing the effectiveness of service dogs as a complementary treatment for military members and veterans who suffer from PTSD. Dr. Maggie O'Haire, assistant professor of human-animal interaction, along with Kerri E. Rodriguez, research assistant, conducted the study and published the findings earlier this year.

The study had a total of 141 participants from the K9s For Warriors' program or individuals on the program's waiting list. Half of the program's participants had service dogs; the other half did not. The study found that PTSD symptoms were significantly lower in veterans with service dogs, demonstrating that service dogs are associated with lower PTSD symptoms among war veterans. "The

initial findings showed lower depression, lower PTSD symptoms, lower levels of anxiety, and lower absenteeism from work due to health issues,” says Dr. O’Haire.

Each morning, she measured levels of cortisol - a stress hormone, in each participant; an increase of the hormone in the morning is indicative of a healthy level or curve. We tend to see a rise in cortisol immediately after waking up. “We call it the morning rise,” says Dr. O’Haire.

Dr. Anantha Shekhar, Director of Indiana Clinical and Translational Sciences Institute, and professor at Indiana University School of Medicine was the lead researcher on the grant at the university. "Service dogs are a great resource for veterans to modulate their own reactions and to cope better with symptoms of PTSD,” says Dr. Shekhar.

Dr. Timothy Hsiao, a Yale graduate, as well as the Program Director of the National Center for Advancing Translational Sciences (NCATS) at the National Institute of Health (NIH) awarded the NCATS award to Dr. O’Haire as a KL2 Scholar under the CTSA Career Development Award.

“This is an innovative approach to a serious medical issue,” said Dr. Hsiao. “This study highlights the unique skills that the CTSA Program Hubs and their KL2 Scholars bring to address difficult conditions like PTSD.”

THEY RESCUED EACH OTHER

Her senses were always up, in a constant state of fight or flight, ever since that day in May of 2012. Tiffany Baker, an Army National Guard soldier, was traveling in a Mine-Resistant Ambush Protected (MRAP) vehicle while stationed in Afghanistan when it hit a 250-pound IED. The bomb was so powerful, it rolled the heavily-enforced vehicle.

Baker sustained major physical injuries, requiring four hip surgeries the next year. She also suffered a traumatic brain injury because of the attack. “I was taking seventeen medications between being overseas and then coming back,” says Baker. She was frequently going to the VA, seeing a counselor, psychiatrists, and psychologists. “They were constantly giving me medications.” She was feeling more and more isolated.

In February 2015, Baker medically retired, saying goodbye to her unit, the 1157 Transportation Company. That same year, she met Buddy through K9s For Warriors.



Tiffany Baker and service dog, Buddy

Buddy had been badly abused and neglected by his owner. Before being rescued, he was found tied to a tree without any food or water. “K9s For Warriors is great at pairing the dog with veterans,” says Baker. She explains that Buddy always covers her back. He’s “got her 6”, and he creates a safe barrier between her and other people, allowing her to function in public.

Baker was so taken with Buddy and the K9s For Warriors program that she got involved in supporting the PAWS (Puppies Assisting Wounded Service Members) Act of 2017 that got the VA on board with service dogs helping veterans. The bill directs the VA to carry out a five-year pilot program, providing grant funding to qualifying nonprofits that provide service dogs to military members or veterans who suffer from PTSD after they finalize other traditional treatments.

Just as Buddy is my service dog, I am Buddy's service human.

-Tiffany Baker, K9s For Warrior graduate and advocate

Baker actually spoke at a press conference in support of the act. “Going into the public was very difficult,” says Baker. “I’m always watching my back.”

But Buddy has helped Baker to get back out into the public. Tiffany graduated this past May from Waukesha County Technical College with a degree in business management with an emphasis in social media marketing. As Baker puts it, she is like every other broken person whose service dog keeps them going. She says, “I need to get out of bed to take care of him.” The two rescued each other.

War Trauma: The Monster in The Room



Service dog gazing up at veteran

Seventeen years at war with a volunteer military has resulted in U.S. soldiers being deployed multiple times more than any other time in modern history. According to a recent Rand Corporation report, 2.77 million service members have been deployed on 5.4 million deployments since 9/11, with around 225,000 Army soldiers having been deployed at least three times or more.

The DoD reported that between 2000 and September 2017, about 173,000 active-duty service members were diagnosed with PTSD in the military health system, with about 139,000 of those being diagnosed following a deployment of 30 days or more.

According to the DoD, PTSD is treatable, and many service members will recover with appropriate treatment. However, many do not.

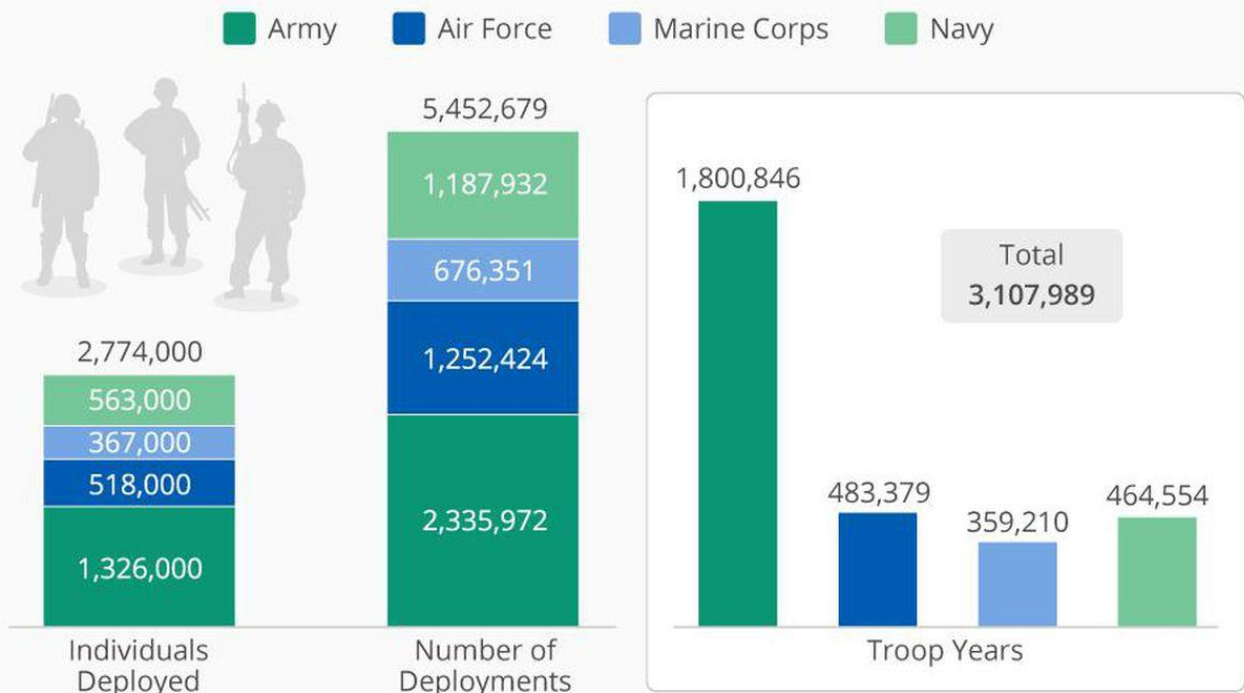
Dr. Andrea Roberts, Research Scientist with the T.H. Chan School of Public Health at Harvard University says PTSD is common in civilian life. “Most PTSD goes untreated,” says Roberts. “Individuals suffering

from PTSD have higher tendencies for cardiovascular disease, high-blood pressure, and autoimmune disease (Lupus).”

Roberts went on to explain there are effective treatments for PTSD, including talk therapy or exposure therapy (where a patient is led through the trauma to understand that the event is part of the past and not in the present). Another treatment is prescription medication on its own or in combination with talk or psychotherapy.

2.77 Million Service Members Have Deployed Since 9/11

U.S. troop deployments between 9/11 and September 2015



@StatistaCharts Source: Rand Corporation

Forbes statista

HOW K9S FOR WARRIORS IS SAVING LIVES

According to the American Society for the Prevention of Cruelty to Animals (ASPCA), 670,000 dogs are euthanized each year in the United States. “We take shelter or rescue dogs and turn them into warriors,” says Duval. K9s For Warriors rescues dogs from animal shelters across the United States, particularly local ones including the Alachua County Humane Society, Putnam County Shelter, and Lake City County Shelter.

It takes K9s For Warrior six months to train a dog. They train a total of 120 dogs per year. They rescue most breeds except full-bred Pitbulls, Dobermans, Chow Chows, Rottweilers, or Dalmatians due to insurance restrictions or state sanctions. The service dogs have full public access (with papers) but are not emotional support dogs or pets.



K9s For Warriors Training Program

Once the dogs are fully trained, they are ready to be paired with their warrior. As Duval says, “When the dog's healthy, the warrior is healthy.”

As of May 2018, K9s has rescued 870 dogs with 434 dogs becoming service dogs, and the remaining rescues placed for adoption with loving families.

I Got Your 6

The K9s For Warriors program trains rescue or shelter dogs to perform four specific tasks: averting panic attacks, waking warriors from nightmares, creating personal space comfort zones in public situations by standing in front of the veteran (barrier) and reminding warriors to take their medications.

Dogs also learn two other commands: brace and cover. Many warriors suffer physical disabilities as well, so the brace command prepares the dog to assist the warrior with standing, sitting or kneeling. The cover command is used to cover the warrior's back.

Many soldiers with PTSD do not like people coming up from behind them. In the field, soldiers say to one another, "I got your back" or "I got your 6." The cover command does just that. The service dog literally becomes the warrior's sixth sense, by sitting and facing the opposite way the warrior is facing. When someone approaches from behind, the dog wags its tail.

According to Moira Smith of the ASPCA, service animals can also boost the handler's social and emotional life, in addition to providing safety and autonomy in public. "The dog acts as a bridge for social interaction," says Smith. She explains that most Americans can't relate to war experiences, but they are familiar with taking care of a dog as a pet. "It also adds another dimension to their identity."

Dogs and Warriors Together: Let the Healing Begin

The three-week program is open to veterans or military members who became disabled while serving in the U.S. Armed Forces on or after 9/11. The program costs \$27,000 per participant but at no cost to the warrior. If one cannot cover travel costs, K9s pays for travel to and from the facility. To Duval, every military member or veteran who walks through her door is family and is treated with honor and respect. "We bring the warrior home to heal, to a place to regroup, to hit the reset button," says Duval.

To qualify, a warrior must submit an application and have a verified clinical diagnosis of PTSD, TBI, or MST. All applications go through a full vetting process that takes 2-4 weeks to complete. During that time, a trained service dog is identified that matches the applicant's specific situation and needs. The organization stays in constant contact with applicants throughout the entire application process, including after approval or while a warrior is put on the waiting list. The waiting period is currently one year.

If accepted into the program, the warrior must reside at Camp K9, the organization's Florida facility, for three weeks. There is one program per month with 12 warriors in attendance. Warriors arrive on a Sunday and are introduced to their canine warriors within 24 hours. "After that, you go nowhere without your dog," says Simon.



Brett Simon of K9s For Warriors with a warrior

K9s For Warriors believes their program is unique. In addition to matching warriors with service dogs and providing training, certifications, seminars, legal instruction, and housing, they also offer what Duval calls “wrap-around services.” These include lifelong health care and food for the service dogs and ongoing unconditional love and support of the warrior pair.

The program includes grooming, health care, and command classes, among others. Public access classes take warriors out in public with their dogs, to Costco, to the Jacksonville Zoo, to downtown St. Augustine or a restaurant. “They go to places in a high-stress environment to force them to use their



Marine and service dog at K9s For Warriors headquarters

dogs,” says Simon. At the end of the program, warriors and their dogs go to a local park and practice all the commands. Before graduating, the pairs take a Public Access test regulated by the Assistance Dogs International.

ADI sets the standards for training guide, hearing, and service dogs. Sheila O’Brien, the President of the North America Chapter, says, “This is a rigorous process, holding organizations to the highest standards.”

According to O’Brien, the

committee was formed (with ADI) nine years ago to look at programs that are placing dogs with vets and persons with PTSD to develop best practices.

She went on to explain that the initial purpose of ADI was to meet the physical needs of veterans. “After speaking with vets, we understood they could handle the physical disabilities, but it was the PTSD that was with them 24/7, and *that’s* where the service dogs provided the most value.”

There are now 72 ADI-accredited programs throughout North America with a total of 17,502 service dog teams formed from accredited programs. Each team must be recertified every five years.

We Are Family

Duval is all about family and serving those she vehemently sees as our nation’s greatest asset: our country’s military members. Each month, a new family is formed when a warrior takes his or her first step onto the grounds at Camp K9 in Florida. In addition to meeting their dog and dog trainer, warriors meet the “Housemoms,” volunteers who stay in the facility day and night and talk with the warriors about everyday things instead of their military service.

The Housemoms run errands, grocery shop, and take warriors on outings. After graduation, Housemoms continue to stay in touch with the warriors by phone and on social media.

Apart from the Housemoms, K9s For Warriors relies heavily on its volunteers, local businesses, and support from Florida's veteran community. Many of the meals donated to the program come from local restaurants, neighbors, and organizations. Whether it be offering emotional aid to our veterans or helping with kennel enrichment, K9s is readily available to accept new Volunteer Ambassadors.

At the start, K9s For Warriors operated out of two houses with the dogs in the garages and vets sleeping on couches. "Then our humble beginnings were transformed by Summit Contracting. They believed in our program and built us a beautiful 17,000 square foot facility on nine acres. It was the most incredible



K9s For Warriors headquarters built and donated by Summit Contracting

gift in the world" said Simon.

In 2017, Steve Gold and family, gifted The Gold Family Campus to K9s For Warriors. The campus is a 67-acre property featuring a 9-bedroom and 7-bath house. It will be powered by solar panels (worth \$1 million), making the campus energy-independent. The facility is currently under construction and will be operational in 2019.

It will allow four more veterans to attend each monthly program, bringing the total number of warriors graduating per month to 16. The campus will also function as the primary facility for female military members and veterans. An additional facility means more space for Duval and Simon to save lives.

There are good things in K9s For Warriors' future.

The VA is also running a Congressionally-mandated PTSD service dog study that will be completed in 2019. A total of 180 veterans have received either a service dog or an emotional support dog as part of the study. According to a VA spokesperson, after peer reviews, the VA will submit the study and results to the National Academy of Sciences for review, as required by the authorizing legislation (Section 1077 of the 2010 National Defense Authorization Act).

On the legislative side, Simon is working to secure public access identification from Service Dog Credentials, so K9s For Warriors' service dogs will be recognized by airlines, hotels, and restaurants, bypassing the need for the warriors to provide paperwork or visit the disability office.

The future for K9s For Warriors looks promising as Duval and Simon continue to fight to save lives, both of soldiers and their canine warriors.

Because together, they stand.

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News & Views

This issue presents what is perhaps the most diverse range of time post-injury by our contributing writers. Josh Becker, a young man of only nineteen-years old, who is only a couple of years out, shared with courage beyond his years.

Jeff Sebell, now in his fifth decade as a brain injury survivor, shared another wonderfully insightful piece.

Both stories have the power to help others to know that they are not alone – and that others share their fate.

Brain injury is hard. This I can share from firsthand experience. But as these and our contributing writers have shared, it's not so much what happened that matters. Rather, it's how you chose to live after life forever changes.

Every story has value. Everyone has the ability to help others. It doesn't take much – a kind word, a phone call to an old friend, even something as simple as an email letting someone know that you are thinking about them.

These seemingly small tasks can lift someone's spirits. None cost any money, but the rewards gained are priceless.

I encourage you, as you move forward through your day, to give thought to how your experience can serve a greater good. Over the years, we've published close to 500 stories that show that hardship can indeed be the springboard to a meaningful life.

Peace.

~David & Sarah

