Partnering with a Spouse Who Has a Brain Injury

Ellyn Bader, Ph.D. presents Lori Weisman, MA, LMHC

Ellyn: I am Ellyn Bader, and I'd like to welcome you to tonight's webinar with Lori Weisman. I'll say a couple of things about why we are doing this call, and then let you know more about Lori. Lori has been working with Pete and me in our mentoring program and in our advanced couples therapy training program. She did a seminar for a number of the trainees on her work with brain injury. It was so well-received, and people were so appreciative of what she did that we decided we wanted to bring it to you in our larger community. Also, because a lot of our commitment at the Couples Institute is to train really solid, exceptional couples therapists who know what they're doing and why they're doing it.

So let me tell you a little about Lori, and, Lori, I'm delighted that you're here. Lori, as I said, is a therapist who's been working in private practice for the last 25 years. But she was also originally trained as a Speech Pathologist. She had the opportunity to study all the intricacies of the brain's functioning, and she developed a specialization in identifying unique challenges which come along with brain injury. As probably many of you know, there's been an awful lot in the news lately about brain injury with things like concussions and certainly in many of the sports.

Lori has extensive experience in diagnosing, assessing, and treating both individuals and couples with Mild Traumatic Brain Injury (mTBI). In her career, she's developed a lot of influence through working with insurance companies to recognize and understand the need and the benefit to providing help. She was involved in leading to the opening of the first mTBI center in Utah, and this provided her with the opportunity to work with patients and couples as well as being able to train members of the team to work with people who are grappling with the physical, the cognitive, and the emotional challenges that result from brain injury.

Now she works regularly with other psychotherapists to assist them in the treatment and care of this growing population. She consults with attorneys and she has served as an expert witness in cases involving brain injury.

With her unique background, Lori is a leader in the field of psychotherapy in relation to this kind of work.

So I am delighted to welcome you, Lori, and to have all of you get a chance to meet her. How about if you take it away?

So, Lori, you're on.

Lori: Thank you. Thank you so much, Ellyn, for giving me the opportunity to teach today. I'm so happy to be able to share and to speak with all of you about what I've been so passionate about for so many years. Working with traumatic brain injury is truly in my blood. I absolutely love working with these clients. People have frequently asked me

how I even got involved working with this population. They wondered if I had a traumatic brain injury myself, or if someone in my family has had an injury. But neither of these has happened. But what did happen and what I share in common with this population is the devastating trauma of experiencing how life can change in a moment. I think we all know how this can happen. One minute we're going along and the next something unexpected and sudden happens. Then it changes everything. My life changed in a moment.

Lori: When I was 16, my father died suddenly of a massive heart attack. He was only 45. This catapulted me and my entire family into turmoil. I was completely grief stricken. I was lost. I was scared and confused. I found no one to help me so I felt like I was just bushwhacking through my life. So in my typical style, I decided I had to look up the definition of what bushwhacking was. Do you know what Webster said? He confirmed my experience as he defined bushwhacking as “to clear a path through thick woods, especially by chopping down bushes and low branches.” This is how it was for me for many years. I was so lost that I missed opportunities like having children of my own and getting married. Finally, I found help from a skilled therapist who helped me get on my path to freedom and help me to discover the hidden blessing in my unfortunate experience.

I am very happy to say that I am now married with three stepchildren. If only I had that help at the time of my life that my life had changed in that fateful moment. This is exactly what happens to people who sustain a traumatic brain injury. Without immediate intervention and guidance, they go bushwhacking through their life, and their spouse and their partner go with them.

Today I will be sharing with you how this occurs with people who experience a traumatic brain injury. Their life and their partners life changes in a moment. I've been inspired by so many clients and couples with traumatic brain injury over the years. They have taught me about resilience, healing, and putting one's life together after it's been shattered. They've taught me how the strong bond of love endures even through the toughest of times.

This is a story about Bob and Sue. This is a story that is more common than you may realize. It's their second marriage and they have two children. They've been married 20 years, both were highly educated and successful in their careers. Sue worked in a role that she didn't have to engage much with people and this went very well with her personality as she was an introvert. Sue also had a history of depression, so she depended a lot on Bob's positive energy, as he was an extrovert. Bob was the life of the party and he was well liked by all of his friends. They had a really strong support system that was filled with friends and family. At home, he always found solutions and initiated innovative projects, and Sue relied on him for everything. He was her rock. They had a harmonious relationship with little to no conflicts. They were just a really good team.

They took up bike riding as an activity to enjoy together. Bob began cycling every single day and got so strong that Sue couldn't keep up with him. So she suggested they take up tandem bike riding. I don't know how many of you know about tandem bike riding. I didn't know much about it, but it is truly a great example of how to work as a team. In

tandem riding, the front rider is commonly known as the captain and the rear rider is commonly known as the stoker. So Bob was the captain and Sue was the stoker.

He earned Sue's confidence as they were riding because he had to stop when Sue wanted to stop, and he had to slow down when she wanted to slow down. So since Sue couldn't see the road directly, Bob had a special responsibility to warn her of the bumps in the road so that she can brace for them. Bob and Sue developed a very special level of nonverbal communication through very subtle weight shifts and variations in peddle force.

When a couple fails to make it as a tandem team, it's almost always due to either the stoker being scared as a result of an incompetent or inconsiderate captain or just simply do to the saddle soreness. However, this was not true for Bob and Sue. Together, they became a great team. They saw the world together. They knew each other's next move just by feeling the tension of the chain or a slight adjustment of his body. She trusted him completely. They smelled the trees together. They heard the same sounds, felt every single bump. This experience is so very different than when we travel by car or just taking a walk together.

They ended up cycling thousands of miles together, and the closeness of the experience was hard to describe to people. It truly was their very own little secret. Neither one of them knew that they would become one of the statistics of traumatic brain injury.

So today I have some goals in mind for my time with you. Most importantly, this population needs you. There are just not enough therapists with this specialty and training. Today, I will offer you some insight on how many people are affected, what causes a mild traumatic brain injury, and most importantly, how it affects relationships and how we can help them in therapy.

The following five slides are designed to give you an idea of how big this problem is. So some of this information is not too exciting. However, it is vital for you to understand the enormity of this problem as well as what happened to their brain. I know we're a group of therapists that are most interested in just helping people, and you may dislike statistics as much as I do. But it is really hard to ignore these numbers. So let's take a closer look.

Every 21 seconds, someone in the United States sustains a traumatic brain injury. What this means is that roughly 85 people every 30 minutes and 170 people each hour are injured. That is a lot of people. 3.5 million people a year sustain a brain injury. Of those with traumatic brain injury, about 85% to 90% will go on to have a normal recovery. It is the remaining 10% to 15% with ongoing problems from the injury who may present to you for help. One of the biggest problems is that people fall through the cracks, so the true stats are not known, as many people that are injured are never seen at the ER or at their doctors. Also, when there are more severe physical injuries, traumatic brain injury can be totally undiagnosed or ignored.

5.3 million Americans currently have long term or life-long need for help to perform activities of daily living as a result of a traumatic brain injury. There is a disparity in these numbers, again, because many people go undiagnosed or are misdiagnosed.

Traumatic brain injury is the leading cause of death and disability for children, adolescents, and young adults in the United States. Over the years, more and more people are surviving. You can see today the survival rate is much higher at 78%. This is primarily due to the advances in medical care, which is now leading many more people to treatment. Most people will look at these numbers and say, "Oh, this won't happen to me. This happens to other people." But, hopefully, you can see by these numbers that unfortunately it can happen. I have seen hundreds of people who have said this very thing, and they end up in my office. It happened to them.

So who experiences traumatic brain injury? Anyone. It could be you, it could be me, it could be your partner or even your child. People are at a highest risk at certain times in their life. From 0 to 4 years of age, 15 to 24 years of age, and 75 years and older. We also know that males are more at risk for experiencing a traumatic brain injury. We also know that individuals who have already sustained one or more concussions are more susceptible to having more.

Traumatic brain injury has a reputation for being known as the invisible disability or the silent epidemic. It is called the silent epidemic because its problems just aren't visible. Most people look uninjured and you wouldn't recognize a person with a mild traumatic brain injury on the street, at a party, or even at work. Many people describe having a mild traumatic brain injury as being in an invisible wheelchair.

I've heard many times that, “If only I had stitches on my head or a cast on my arm, then people including myself would know something was wrong and would understand why I'm having problems.” But because they look normal, it is hard for people including themselves to believe there is something wrong. This creates a tremendous amount of isolation and feelings of going crazy. It's so hard to imagine that there is something wrong with the brain when there are no outward, visible signs. Another contributing factor to this silent epidemic is many people just do not get the care at the time of injury. They spend weeks, months, and sometimes years until they will later present to their primary care provider with complaints.

I just saw someone recently in my office, a young woman who fell down 15 stairs, which were concrete by the way. She woke the following morning with blood coming out of her ear. She was taken to the ER and evaluated. She had a skull fracture. However, she was sent home, told to rest, and that she would be just fine. There were no instructions or education provided about potential complications related to a brain injury such as problems with her thinking, memory, and personality changes.

After a few weeks, she realized, as well as her partner, that she was just not the same. She reported problems with her thinking. She was slow in processing. She was quicker to anger. She felt foggy in her head, and just didn't feel like she was the same person. Again, no physical signs. She looked absolutely normal. She became very confused, scared, and she began doing research, which lead her to get onto the Brain Injury

Alliance of Washington's website where I'm listed as a resource, and then she contacted me for help.

I cannot tell you how many times this happens. People are discharged from hospitals, ER facilities with absolutely no guidance or education. They are just sent home and are left with trying to manage these symptoms on their own to figure out what is wrong.

So what is brain injury? The Center for Disease Control defines a traumatic brain injury as a disruption in the normal function of the brain that can be caused by a bump, a blow, or a jolt to the head or a penetrating head injury. But to me it is so much more, as it impacts every single part of one's life and relationship. It's important to know that there are many names for a mild traumatic brain injury. So you may hear someone refer to it as a concussion, a mild brain injury, or a minor brain injury. But these are all different ways of saying the same thing. They all mean the brain is damaged.

There are two types of brain injury. The first type is acquired brain injury. This occurs after birth and can be due to a stroke, an aneurysm. I'm not sure if any of you had read in the news a couple weeks ago, but Danny Farquhar, who was the pitcher for Chicago White Sox, was at the top of the seventh inning and he went to the dugout and collapsed. He had an aneurysm in his brain that ruptured, and now he is left fighting for his life. He remains in the hospital and is beginning to respond, but his future remains unknown. Some recover and lead a normal life, and others have damage and may not be the same. He is 31 years old, married, and has three young children.

Another way that the brain can become damaged is through anoxia, which is a loss of oxygen to the brain, chemical exposure or drug abuse.

The second way the brain can become injured is caused by traumatic brain injury, and the first and most common is through a motor vehicle accident, sports injuries, falls, physical violence, or a blast injury.

Another thing you may see is blast injuries from soldiers returning from war. This is the leading cause of TBI in war zones. This is caused by the complex pressure waves that are generated by the explosions and is the leading cause of traumatic brain injury. This is now creating a large population that is now needing treatment.

So let's talk about what happens to the brain. The first type of injury is called a focal impact injury or the coup-contrecoup. This occurs when deceleration causes the brain to move within the skull and to impact the inside of the skull. The coup refers to the initial impact of the brain against the interior of the skull and the contrecoup refers to the rebound of the brain against the opposite or contralateral side of the skull. So, for example, you may be in the car and sitting at a light and get hit from behind. Your head is stationary. Your brain is forced forward with a rapid acceleration and deceleration movement, which often can result in whiplash. But your brain was there, too. Your head does not have to hit anything to get injured. It doesn't have to hit your steering wheel, your dashboard, the windshield, or even the airbags.

I often give an example to clients that I see to help them understand this concept by imagining a pitcher of water with a tennis ball in it. If you push the pitcher of water pretty hard from behind, the tennis ball will be slammed forward into the pitcher and then will hit the back of the pitcher and sometimes it will move side to side. I explain to them that this is really what's happening to their brain. This explanation is very helpful because it's so hard for people to get the concept of what happens to the brain when there's an impact like that. This helps them understand that their brain is encased in spinal fluid and it gets jostled around when there is an impact so that the brain actually moves.

Another type of injury that we see is called diffuse axonal injuries or DAI. This is a form of traumatic brain injury and it happens when the brain rapidly shifts inside the skull as an injury is occurring. The rotational forces on the brain causes stretching and snapping and shearing of axons. These changes in the brain are often very tiny and can be difficult to detect on a CAT or an MRI scan.

What is receiving a lot of attention now in the news is called chronic traumatic encephalopathy or CTE. This is a neuro degenerate disease, which we are now identifying in football players. *The Journal of the American Medical Association* published an article recently, which studied the brains of deceased football players, and they found that 110 of the 111 brains of former NFL players had this degenerative brain disease called CTE. With this new awareness, more athletes are now getting diagnosed and are getting treated sooner. It's going to be interesting to see as time goes on how the sport of football is impacted by the knowledge we now have of these injuries.

Another change that happens in the brain is called the neurometabolic cascade. This is a complex series of biochemical and neurochemical reactions. There are changes in brain chemistry and neurotransmitters. This will affect neurological functioning. The body has to work extra hard to restore chemical balance.

So how bad can these injuries get? We define traumatic brain injury on a continuum from severe to moderate to mild. Most people that will show up in your office will show up in the mild range. This is the population that we'll be spending time today talking about.

But mild is a misnomer. Remember, the word mild describes just where the injury fell on the continuum. This does not mean that they are not suffering with changes in their personality and their ability to work or to have relationships. As you can see, a high percentage of people will recover, but there's still many that do not. There are many who have not been diagnosed or have been misdiagnosed. Even if they are doing well physically, this does not influence their long-term recovery as it relates to cognitive skills or personality changes. It also doesn't mean that the cognitive and communication changes are mild. When cognitive skills are impacted, this can change dramatically how a person is able to function on a daily basis. For instance, if you were a software developer and you were diagnosed with a mild traumatic brain injury, your ability to work would be impacted by the changes in attention, concentration, and organization.

You will often hear people say they are experiencing post-concussion syndrome when they fall in the mild range. Unfortunately, this term implies and gives many people the idea they are not struggling that much.

So how do we diagnosis mild traumatic brain injury? The first is by a neurologist and a neurological exam. The second way is by a neuropsychologist. A neuropsychologist has specialized training in evaluating cognitive skills, emotions, and behavior. There are many, many tests that are sensitive to picking up these weak areas. This is very important for the higher functioning people and people who have clear scans. A neuropsychologist is very important to your team, as this may be the only way to validate and confirm a brain injury.

The medical industry also has many tools to look at the brain such as CAT scans, MRIs, PET scans, and diffuser tensor imaging. However, in mild traumatic brain injury, even with all of these fancy, expensive tests, these scans can often come back clear. This contributes significantly to people believing that they even have a brain injury. That is why, again, that the neuropsych testing is essential as it will show where the cognitive and executive function deficits are as well any emotional and personality changes.

There is a typical profile that we see with mild traumatic brain injury, and one of the most important to be aware of is that a loss of consciousness is not required for this diagnosis. An alteration in their mental status or consciousness is considered standard. The cognitive and emotional deficits that people experience very widely. Everyone is different. As mentioned previously, the MRI and CAT scans are often normal, and, again, the post injury symptoms are often referred to as post concussive syndrome.

So let's come back to our couple, Bob and Sue, now that you have more information about mild traumatic brain injury. Last we left them, they were a good team. They were happily married. They're life was normal. They were working. They were enjoying bike rides. They were seeing their friends and being with their family. They even had goals for their retirement.

One day, Bob was riding his bike and was hit by a car. This sent him and his bike flying in the air. He was taken to the hospital for his injuries. Sue received a phone call that her husband was in an accident, and they asked her to come to the hospital as soon as possible. She quickly arrived and her first look at Bob was shocking and terrifying. He was hooked up to machines. He was in incredible pain. He was moaning. He was screaming. She wasn't even sure if he was going to survive. In the hospital, he underwent many tests and the doctors were only tending to his physical injuries. At that time, not even suspecting a head injury. They were just focused on keeping him alive and managing his pain.

This focus on his physical injuries went on for a few months. Everyone thought he was going to heal and get better. It was just a matter of time. After a few months, he was discharged from the hospital. He went back home without any guidance or instructions except to continue physical therapy to increase his strength and endurance so he could walk. But their life was filled with doctors’ appointments. As time went on, they began

to notice that there were changes in his personality and thinking. He just wasn't the same. Their life wasn't the same. Their relationship wasn't the same.

Sue was preparing his meals each day, tracked his meds. Family and friends weren't there as much. Sue was exhausted, angry, lonely, and scared. She was becoming more depressed. No one had provided them with any information about brain injury or what to expect. They were totally in the dark that his brain was injured as well as the problems he could experience. Again, this is so common where people just get help for the physical injuries and what can be seen, but they do not get help for what is invisible and not seen, which is the injury to their brain.

So let's take a look at what kind of deficits brain injury can cause and what Bob was experiencing. There is impairment in executive function and cognitive skills. This is a set of mental skills that help you get things done. These skills are controlled by an area of the brain called the frontal lobe. As you recall, this is the part of the brain that gets slammed into the skull when hit from behind. Executive function helps you manage time, helps you pay attention, switch focus, plan, organize, remember details, impulse control, and multitask. When the executive function isn't working as it should, your behavior is less controlled. All of this significantly affects a person's ability to work, attend school, maintain relationships, and even do things independently.

Cognitive fatigue is one of the most debilitating and common symptoms that you will see. They become fatigued because the brain is working harder than it did before the injury. The brain becomes overstimulated easily. So if there is too much stimuli going in, they will decompensate. An example I like to give my clients is that it's like when we put too many plugs into an outlet. It short circuits. This is what happens to the brain when too much information comes in. The brain short circuits. They may also still be recovering from related problems, which can also take energy to heal. The brain is trying to heal itself and do its best to help the person function, but it needs more energy than usual. That is why rest and controlling how much stimulation comes in is so important.

People often tend to want to push through their difficulties or push through their fatigue, especially type A personalities. But actually, this is not best as the brain heals when it is rested and not stressed.

Physically, people can suffer from headaches and these can be daily. People often report feeling pressure in their head and also have migraines. These can be debilitating. People struggle with sleep disturbance, noise sensitivity, light sensitivity, balance and coordination problems, seizures, impaired sexual functioning, taste, and smell. The behavior and emotional deficits that we see, again, vary. But most commonly we see impaired self-esteem, depression as a result to all the changes and losses, anxiety, post-traumatic stress disorder, especially if they've been in a motor vehicle accident or assault, emotional lability and reduced self-awareness. They can become much more self-absorbed and may not be as motivated and have more difficulty controlling their anger. They also have difficulty feeling emotion.

I'm remembering a particular man that I saw awhile back who was the father of a three-year-old-son, and he said to me, "I look at my son, and I know that he's crying, and I

know that he's hurting, and I know that I should feel sad, but I just can't feel that feeling anymore." Therapy helped him to learn to behave in the way he knew was right even though he could not feel the emotion. This is common and something to be aware of when you're working with these clients.

The other thing to be aware of is the amplification of pre-existing mental or physical conditions. If someone was experiencing neck or back pain, for example, prior to the injury, these could be increased and made worse after the injury. If someone was predisposed to depression or anxiety prior to the injury, again, this can worsen following the accident. If someone has been in more than one accident, the second one can “light up” these pre-existing injuries. What this means is that the injuries from the first accident have healed and can get re-injured as the body is vulnerable.

But no two brain injuries are alike. Keep in mind all the deficits I just mentioned. I wish I could provide you with a template of treatment for this population, but there are so many factors that contribute to the struggles each person and couples may face. So much depends on their pre-injury functioning and their personality type. Recovery time, what improves, what doesn't improve, what lingers, it's all different. You will find when you begin to screen people that there are many similarities in the deficits reported. However, there are differences in how their daily life is impacted.

So I would like to stop for a moment now, Ellyn, to see if there are any questions before I move on.

Ellyn: Sure, yeah, go ahead and write your questions in the chat if anybody has a question for Lori.

Yeah, definitely feel free to write in if you have a question for Lori. I'm not getting any, Lori.

Lori: Okay. That's great.

Ellyn: Let's do this. Why don't you go on? And then if anybody does have a question and they write it in, I'll let you know.

Lori: Okay. So how can we help these people, which is really what we're all most interested in doing, I know. So the first thing you want to do when people come to therapy with you or even people that you're currently working with is you just want to notice what people are reporting and complaining about. If they are saying they've noticed problems recently like I'm just not the same, I feel like I'm not as motivated. My memory isn't as good. I feel more fatigued, I'm having difficulty concentrating or following through. These are things that would make me suspicious if they've experienced a traumatic brain injury. A lot of these symptoms mimic disorders like depression, anxiety, ADHD, and even autism. But these also could be indicators of mild traumatic brain injury. So you want to begin to decipher what you're dealing with.

Ellyn: Lori, I do have a couple questions now if you want.

Lori: Oh. Okay. That's fine.

Ellyn: Let's see, Angelie asks if surgery to the brain is considered an MTBI?

Lori: Yes, it's considered brain injury.

Ellyn: Then somebody else wants to know for very old brain injuries, is it still possible to see it on a brain scan?

Lori: That's a hard question to answer because so much depends on the type of injury it is. Because, as I said earlier, a lot of times the scans will come back clear, and you can still have brain damage. So that's not a simple question for me to answer. It depends, unfortunately.

Ellyn: Okay. Certainly, I know, and I think you can probably speak to this better than some of the more recent research. With football players, after their death they are able to see the effects of some of those old injuries in the brain.

Lori: Yeah, absolutely you can. When the damage is really small and minuscule, it doesn't even show up on the scans. Sometimes, I mean, you can do it if you do an autopsy. Of course, you can see those things. But a lot of times scans just won't pick them up. So it just depends on the type and extent of damage.

Ellyn: Okay. The last question is do we currently have any indication that therapies can rebuild neuro functioning?

Lori: Yes, we do know that we can build new neuro pathways in our brain by developing new behaviors. And through repetition, we can develop new neuro pathways.

Ellyn: Okay. That's it.

Lori: Okay. Thank you for those questions. Those were great questions.

Okay. So we're back to how to figure out if the person in your office has experienced a brain injury, so you can be a good detective. I just want to remind all of you that you will be getting a copy of my handouts and my slide presentation I believe tomorrow. So don't worry about writing all these down. I did provide you with a series of questions that can be used to begin to assess if they've had a brain injury. So I'm not going to read through all the questions, but a couple examples of the questions that you may ask would be, “have you ever been hospitalized or seen in the ER due to any injuries in your neck or head, have you ever been in a motor vehicle accident or a bike accident where you would have injured your head or neck, have you ever experienced a fall where you injured your neck or head? This can include when you were playing sports.”

This brings to mind a client who was taking her dog out in the middle of the night on his leash. When he saw something, he pulled her forward really hard, she fell flat on her head, and experienced a brain injury. Her head hit the concrete but after it happened,

she said to herself, "Oh no, I'm fine." But then a couple of months later, she was starting to have problems with her thinking and memory.

So after you've asked them a series of questions and they've said Yes to any of the ones that I provided to you, there is a strong possibility that there is a history of a brain injury. So I've given you even more questions that you can ask them to get more evidence, and these, again, are included in your handout. But just a couple of questions as an example would be to ask them: have your roles or responsibilities changed, have you noticed changes in their personality, do you feel like you're married to a stranger? You can ask that to the uninjured partner, and you can ask the injured partner do you feel like a stranger to yourself? The questions that I provided you will give you a lot more information, which can then inform you of any referrals that will be needed.

So as you get more information and you're becoming more and more suspicious that this person had had a brain injury, then you want to see if they've had a history of seeing anyone that is common on the treatment team. The first person is a neurologist. So you want to see if they saw someone who has evaluated them for any kind of brain injury, provided any kind of CAT scans or any other brain scans. You also want to see if they've seen a neuropsychologist. Again, this is the person that's done all of the tests that are very sensitive to traumatic brain injury. Have they seen a psychotherapist or a speech pathologist? Most people when they think of a speech pathologist, they'll say, "Well, no. I've never had trouble talking." But what's true is that a speech pathologist is also well trained to diagnosis and treat cognitive and executive function changes. If they have had a brain injury, you would see a speech pathologist also to help you learn strategies to compensate for the executive function deficits that they're experiencing.

Something else to be aware of and is included in the team – if someone had a motor vehicle accident, there is often an attorney involved. This does bring up a whole set of very important issues to talk about that we're not going to have time to get into today. But as therapists, you want to be aware that there may be an attorney involved, and this will impact how you keep your records.

So recovery varies from person to person. We measure it in weeks, months, and years. But we do know the most rapid recovery reoccurs in the first six months, and then it starts slowing down. Brain recovery is much slower than physical recovery. We know so much more about the brain's capacity to change and adapt. This is called neuroplasticity. It's an important factor in healing from the brain injury. This is why psychotherapy and cognitive retraining is so important because we now know that we can help them create new neuro pathways to compensate for areas of deficit. Explaining this to the people you are working with is very helpful as it relates to slow recovery time because many people become hopeless. They have improved physically, but they're cognitive skills are still not back to pre-injury status. This education gives them hope that they can actually get better.

What does brain injury have to do with relationships? Well, let's come back to Bob and Sue. We left off at the point where Bob was getting stronger physically and he was beginning to walk again. But now they were facing changes in his personality and thinking. This was the point they began to seek out help and became aware of a class I

was teaching in the community called Why Marriage Succeeds After Brain Injury. Following this class, they decided to contact me for marriage counseling about a year after his injury.

These were the changes that Bob reported to me. He reported he was slower in his thinking, he had trouble tracking conversations, would lose his train of thought, would become overstimulated if Sue said too much detail. He would become fatigued, had trouble with his attention and concentration, had memory problems, had trouble thinking clearly, and difficulty multitasking. He also had difficulty with new learning, would experience headaches every single day. He had a lack of energy both physically and cognitively, and he had to take frequent naps.

Sue reported that she took over responsibility for all the household tasks, took him to all his doctor's appointments, tracked his meds, prepared his meals. This was the most significant change since the accident for her. She had to reduce her work hours and her ability to cope was compromised as she used bike riding to cope with her feelings of depression before. Sue reported feeling more depressed and helpless and began drinking to cope. She reports always feeling exhausted and having no time for herself or her needs. She feels extremely annoyed by his dependency on her and expressed feelings of resentment. She was not interested in sex as it was just one more thing on her list of things to do.

Bob reported they struggle with doing anything outside of the house. So there was little time for them to enjoy. For example, if they would go to a restaurant, they would have to go when it was no crowded due to his sensitivity to noise. They were no longer able to enjoy bike riding due to his physical limitations. They both expressed feeling isolated from family member and friends, and no one seemed to understand that Bob was having these problems. Why? Because he looked like he always had, and they all felt he should be better by now.

Can you see how hard it is to have all these changes and be called mild? These changes called mild are really not mild at all. All of these changes impact relationships in a person's life.

So let's take a look at what happens to relationships. One of the things that people say nine and a half times out of 10 is, "I feel like I'm living with a stranger. I don't know this person anymore. He looks the same, but how he does things is totally different." The person that has experienced the injury will say, "I feel like I'm living in someone else's body. I don't recognize myself. I can't rely on myself as I did before."

Bob described feeling like his brain was shattered like glass, and now he has to find a way to put the pieces together except in a different way. Sue didn't know how to relate to Bob and Bob didn't know how to relate to Sue. As you can imagine, another huge change is in the role and responsibilities. All of a sudden, she was the captain and he was the stoker.

Sexual intimacy is obviously a very complicated issue, as we all know, in working with our couples. There are many factors that contribute to people struggling with sexual intimacy that have had a traumatic brain injury. First and foremost, any medications they may be on as well as fatigue, depression, or any physical pain that they may be experiencing.

As time goes on, people end up losing many friends, as people just don't understand why these people are struggling and why they can't do the things that they did before. All of their social activities change. There's communication challenges that are significantly impacted due to the changes in their executive function skills totally wreaks havoc with their communication.

But believe it or not, there is good news in all of this. This is why I truly love working with this population. It's not only an opportunity to help them with their traumatic brain injury, but it's also an opportunity to help them with preexisting vulnerabilities as well as improve their relationship with each other.

So there are hidden blessings. There is an opportunity for a lot of growth. Their defenses are down, which means their psychological vulnerabilities are exposed. They've been there all along, but now we have an opportunity to help them. For example, people that were perfectionists come in and they're trying to get help for the changes since their brain injury, but they have a personality trait that causes them some stress even before the injury.

So we do have an opportunity to help people with things that they would have never have reached out for help with before. Also, couples who had had problems before can now get help, and there's a huge opportunity for changing negative patterns, healing, and deepening intimacy.

So let's talk about what to do in therapy – what I did with Bob and Sue. So one of the things is I educate the couples. I began with providing information on what happened to his brain, how the brain heals, and the length of time it takes for it to heal. I explained how important it is to have a team like the neuropsychologist and speech pathologist, and I also provided referrals for them. I explained neuroplasticity and this addressed their hopelessness as they both thought he should have been better by now. So this offered a lot of encouragement. It's also important to educate them about the need for resting the brain and to not push through when you’re fatigued.

People are literally desperate for this information. Knowledge is power, and it helps them deal with the changes and challenges as well as offering help.

The other area to address, and this is a term commonly used in the field, is the “new normal.” They'll say, "We're adjusting to the new normal." When people get to this point, they realize that some skills and personality characteristics will just not be returning, and they need to adjust to what is. What Bob and Sue are having to do in their marriage now is like what they would have had to have done on their tandem bike. They were being asked to switch positions, except they didn't plan on this. So now Sue is

the captain and she was in charge of everything, and Bob was relying on her to lead the way and keep him safe. Remember, she was an introvert, so this was difficult for her as she does not have the same amount of time to recharge her batteries.

The other thing to be aware of is to pace the sessions. People with traumatic brain injury often need shorter and less frequent sessions, and you also have to be aware of keeping content on one topic at a time. You want to make sure that the injured person is understanding and tracking the conversation. So you need to check in frequently. I also helped Bob look at his schedule and help them pace each day to minimize his fatigue and maximize his cognitive functioning. We typically would meet twice a month for 50 minutes each.

One of the things that is so important to address is the ability to grieve the loss of the relationship as it was. The grieving process of this population is so unique. The person has not died but who they were has died. Pauline Boss, who's a noted author, refers to this as ambiguous loss. There is not closure. People are having to learn to live with it. The person you care about is psychologically absent, that is emotionally or cognitively missing. What occurs is that people can never forget who they were individually or as a couple. So as they are adjusting to new ways of being together, they will often look back to what was. I hear them say, "Oh, we used to be able to go the theater. I miss that so much." Or, "I just want my old marriage back," or, "I want to go bike riding again." People are constantly looking back. They can't forget who they were and yet they have to be with what is.

This is extremely important that we normalize this for them and help them with the adjustment process. If they don't accept this, it will be so much more difficult for them to be open to the tools and strategies that you're offering and for them to move forward.

As therapy progresses, it's important to help them create a new vision and goals as things are. The old template just does not work anymore. In order to help these couples move through this, you need strong skills in couples therapy. Most couples who come to us for therapy almost always need to learn to differentiate. This was true for Bob and Sue. As you recall, they were functioning very happily, I might add, at a symbiotic conflict avoidant level. I integrate all the tools offered in the developmental model of couple's therapy to assist and guide couples through this. There are a lot of exercises available to you in this model to support you in helping them communicate, grow, and develop and create new goals and a vision for their relationship.

There are some factors that will influence a person's recovery. The first is preexisting depression, post-traumatic stress, lack of social support, fatigue, pain, preexisting learning disability, and ADHD. If people aren't working anymore, if they're feeling victimized or if they're malingering. One thing I want to mention here quickly, and I've seen it frequently, is that people who feel victimized by the injury often do worse in therapy. The people that are able to look forward and make meaning out of the injury do much, much better.

A few more factors that influence recovery are decreased activity, physically, cognitively, and socially; any medications, lack of or too much education; drugs and alcohol; any secondary gains like money or relationship dynamics or litigation.

In closing, I hope you can now appreciate the number of people affected by brain injury, the types of brain injuries there are, recovery time, and guidelines for therapy and treatment. I have seen so many people over the years say to me, "If only I started out my rehab in therapy with people that truly understood brain injury and my specific challenges, then I wouldn't have wasted precious years of healing working with the wrong rehabilitation team." My hope today is that you were inspired as I am by Bob and Sue, and that you will be motivated to learn more. This was an introduction and as you can imagine there is so much more to learn.

I do hope you use the tools and information you received today and are able to go back to your practice and feel more confident and informed about this population, so you can begin to help treat these clients that really, really need you.

Ellyn: Lori, can you take another question?

Lori: Okay.

Ellyn: Hey, thank you. Let's do this. How about if you tell people how they can contact you if they want to contact you and what you may do as a follow up for those who are interested? I'll come back and give you the questions and people can write in any last questions they have as well.

Lori: Oh, okay. Great. Well, you can go to my website, which is my name: LoriWeisman.com, and I have some resources on my website for you. I also have a free guide for you of things not to say to a brain injured partner or spouse. So please feel free to go and get that from my website. I'm also going to be offering a consult group for therapists that are interested in learning more in deepening and strengthening your skills working with traumatic brain injury. So if you are interested in that consult group, I'll be starting it in July. Send me an email.

Ellyn: Send the email to?

Lori: loriweisman@me.com.

Ellyn: Right. I know when I saw your list of questions of what not to ask, some of them were intuitive but some of them really weren't. It was great to look at that. So I encourage everybody to go over to Lori's website and download for free. That’s her list of questions not to ask.

Lori: I also want to say, because I know that I bet there'll be a lot of questions that won't get answered, if anyone just wants to send me an email again just what you're more interested in learning or questions that you have. It will really help me because I'm going

to be doing more on helping therapists learn more about this. So it helps me to know what you want. So please feel free to reach out and send me an email.

Ellyn: We do have a couple of questions. I think probably I'll ask you one that a lot of people may be thinking, which is, “what is the outcome for Bob and Sue?”

Lori: Well, funny you should ask. I had a great last session with them. I just saw them last week. They're still in therapy with me. She finally, by using the Initiator-Inquirer tool, was able to ask him to take a vacation without him because she needed a break from taking care of him. He was personalizing it, and of course we had to work on that. But she finally was able to ask to spend time separate from him to take care of herself. This was very new for her because they didn't have to do that before. They were both working, and they would just get on their bikes. They didn't have to talk. So they're still in therapy with me. They are doing better, and we're working on differentiating.

Ellyn: Great. Okay. Jennifer would like to know if there are particular therapeutic interventions or methodologies for TBI and individual therapy that show better efficacy than others? For example, CBT or somatically based therapies or art therapy or does it really matter on the type of brain injury? What things have you seen be most effective?

Lori: That is a good question. Again, it just depends on the person, the type of injury. A couple years ago I was doing a group for traumatic brain injury and there was a woman who taught art. We all went to her studio and they all started painting. One just became an artist and she actually is now submitting her things. She had no idea she had that skill. It was very good for her in terms of her therapy. So I wish I could tell you CBT is better or somatic is better. I think you just have to look at who's sitting in front of you and draw on what you know because there isn't just one type that works better. There are some cognitive strategies that you can give people. But in terms of a particular approach, I hate to say it, it just depends.

Ellyn: Somebody else is asking whether Bob or Sue resumed individual or tandem biking.

Lori: They are working on it. They really need to do that. That was their whole life, and it was a huge loss for them. Their whole social network was involved with that. But the recovery is a lot longer than people ever really anticipate.

Ellyn: That dovetails into another question about whether brain injuries get worse over time or is the worst in the beginning?

Lori: Typically, the worst is in the beginning and then the best-case scenario, the brain will heal. It really depends. There's that word again that you probably aren't going to want to hear. Depends on the person's lifestyle. If they're starting to abuse drugs or alcohol, that could worsen things. If they sustain another, even if it's a minor hit on the head, they could start having more problems again.

Ellyn: So David is asking can you talk about the relationship between TBI and brain surgery?

Lori: I'm not sure what the question is. Like if someone has surgery on the brain?

Ellyn: I mean, he's asking about a personal thing about having had surgery to have a cyst removed from his pituitary, but I don't know that you want to specifically get into personal questions unless people want to email you directly.

Lori: Yes, why don't you email me. What's his name, David?

Ellyn: Yeah.

Lori: Yeah, David, why don't you shoot me an email? And I'll see if I can't help.

Ellyn: The last one that I have is can you say more about pacing for the brain injured person in daily living? How do you balance needs with fatigue? If you don't push through, sometimes the pain of least resistance is a baseline of inactivity.

Lori: That's a really, really good question. Again, it's different for every person. The way that I work with it is I begin to look at what their day is like, and you have to begin to get them to start tracking when their fatigue starts hitting, the cognitive fatigue that I talked about because they want to rest and stop before that fatigue hits. Cause once the fatigue hits, it often can take one to two days for a person to recover. So we're trying to minimize that. So the pacing is different, again, for each person, but you want to just begin to explore with them what fatigues them, when do they become fatigued, and then sometimes this is where mindfulness and meditation is very useful. There's so much more.

Lori: When you're trying figure out when to say, "Okay. Keep going." The way that you check to see if that was good for them is what was the recovery time, how many days were they in bed after they did what they just did? If they say, "Oh, took me two days to recovery," then you say, "Well, let's kind of back it up a bit."

Ellyn: Let's see. Oh, is there a greater risk of developing dementia or Alzheimer's with someone who's had a TBI?

Lori: Yes, there is. We now know that.

Ellyn: There's another question, which I don't understand. So let's ask anybody else who's got questions to go ahead and email Lori. Lori, thank you for a really good evening, for sharing a lot of great information. And I know that when I've watched what's happened with the trainees, a lot of people have come back to you with other questions. This is, like you said, a baseline. But I think it's great to think that you'll actually be training people to be more effective and more knowledgeable in this area.

Lori: Yes, thank you. Thank you all for coming and please, again, feel free to reach out to me. I look forward to hearing from all of you.

Ellyn: Well, good night for now.