



# Brain Injury Association of Texas

## Enewsletter

### Upcoming Events

The 2008 Walk For Thought will be held on November 8th at the West Campus Field on the Texas State University campus in San Marcos from noon until 6pm. Please bring your friends and family and join us for our largest fund raising event of the year! All proceeds from the walk will be used to give hope, help and a voice to the 450,000 Texans who live with a disability caused by brain injury.

BIATX's one day seminars are in the final stages of preparation. The seminars will be held in Houston (September 6<sup>th</sup>), Lubbock (September 13<sup>th</sup>) and Tyler (TBA). Please visit our website for the call for papers and vested interest declaration forms.

BIATX's next board meeting will be July 19<sup>th</sup> from 10am to 4pm at the association's main office in Austin.

For information,  
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## Social Communication and Traumatic Brain Injury

By: Dr. Margaret Struchen  
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TIRR Memorial Hermann - Brain Injury Research Center

Changes in social communication can be one of the most troubling issues for persons with traumatic brain injury (TBI). Changes in social communication can be relatively mild, such as having problems with word-finding in conversation. Or, changes can be more widespread, affecting several aspects of communication. Social communication skills play a key role in being successful in one's home life, work, and school following TBI. Communication difficulties can affect the ability to get and maintain a job after injury. It can also affect the ability to make and keep friendships and can impact family relationships.

Focus groups and surveys conducted at the Brain Injury Research Center at TIRR Memorial Hermann highlighted the importance of changes in social skills for persons with brain injury and their family members. Changes in social skills functioning were ranked within the top three concerns for persons with TBI as being what they wanted to learn more about, what others should know about them after injury, and as being hardest to explain to others. Family members echoed this, ranking changes in social skills as what they wanted to learn more about and would like to have explained to others in their communities.

### *What do we mean by social communication?*

Social communication involves sending and receiving messages to and from others. Social communication can involve words, gestures, tone of voice, rate of speech, facial expressions, and much more. In other words, the message is more than just the words that we say. In fact, *how* something is said can be more important than *what* words are said. In addition to verbal and nonverbal skills, the specific context in which the communication is taking place must be considered. That is, a person needs to adjust how they communicate depending on the situation in which they are involved and the persons

with whom they are talking. For example, the communication style you use when talking with an employer during a job interview will likely be very different than that used when talking with friends at a party.

***What kinds of changes in social communication can occur after brain injury?***

Social communication changes following TBI can be the direct result of the primary pathological mechanisms of injury. These injury mechanisms contribute to the most common cognitive impairments experienced following TBI, namely problems with slowed processing, attention and memory functioning, and executive dysfunction. These cognitive problems can contribute to social communication difficulties. For example:

**Attention/Concentration problems can lead to:**

Difficulty staying on topic  
Problems keeping track of the conversation  
Problems in changing topics or shifting between speaker and listener roles

**Memory problems can lead to:**

Repeating self when talking  
Losing track of conversation topic  
Mixing up instructions or messages

**Executive Functioning (High level reasoning, planning, etc.) problems can lead to:**

Difficulty understanding sarcasm or “getting the joke”  
Having trouble starting conversations  
Poor use of feedback from others  
Interrupting others  
Poorly organized speech  
Excessive talking  
Difficulty taking someone else’s perspective

***What can we do to help improve social communication abilities after brain injury?***

Many rehabilitation programs offer services to help people with brain injury to improve their social communication abilities. Sometimes these services are offered on an individual basis (like individual speech therapy) and sometimes group treatment is offered. The main ways in which therapists will try to help is by using the following techniques:

- **Structured Feedback:** getting information from someone who is trusted about what aspects of communication went well and what aspects need to be worked on can be useful. This is especially helpful if the feedback can be given immediately after the conversation takes place.
- **Use of Videotaped Interactions:** videotaping conversations and then playing them back can be very helpful in increasing awareness of communication strengths and weaknesses.
- **Modeling:** a therapist or other communication partner may demonstrate ways to handle different communication situations.
- **Role-play and rehearsal:** practicing different communication situations in can be very helpful.
- **Positive Reinforcement:** providing praise and encouragement for positive communication behaviors can help.
- **Homework:** working on communication skills in daily life is especially important. The more opportunities that a person can work on communication behaviors outside of

therapy, the more likely that positive changes will be made.

Often, a key factor in improving social communication skill is the involvement of family members, friends, and others in the community in helping the person with brain injury to develop and practice skills and to provide feedback and support. A trusted family member or friend can help provide feedback, can provide coaching and encouragement, and can help the person with brain injury practice communication skills.

***What are some steps I can take to help improve my social communication skills? Or, how can I help my family member or friend to improve social communication skills after brain injury?***

Identify a family member or friend that you feel comfortable with, and ask them to help you by providing feedback and support. If you are a family member or friend, let your loved one with brain injury know that you're willing to help.

Take the time you need to answer others or explain your needs. Let others know that it might take longer for you to get your ideas out, but that you have something to say. Allow more time for your peer partner to answer you or explain what he or she wants.

It's okay to use gestures or signals (for example, hand motions and facial expressions) to help express yourself if you are having trouble coming up with the words you want to use.

Work with a family member or friend to develop a signal that will let you know when you have gotten off topic. For example, they might hold up your index finger to let you know you are off topic. If signals don't work, your family member or friend might help you get back on track by saying, "We were talking about..."

For family members and friends, remember to use kind words and a gentle tone of voice. This will make it easier for your loved one to accept what you say. Also, take care to provide feedback in a way that does not embarrass your loved one

When you are listening to others, you may find it helpful to ask them to repeat important information so you are sure you've understood what has been said. You can also try paraphrasing (saying it back in your own words) what was said to you to be sure that you understand.

If you have been told that you sometimes talk about something too personal or offensive to others, you may want to work with a family member or friend to develop a signal to help let them know that this is occurring. You might have them hold up their hand or some other signal that you have agreed upon. Later, you might discuss the situation with your family member or friend and discuss what made them uncomfortable and how this could affect friendships with others. You can also try to remember to stick to "safe" topics, like talking about sports, the news, or the weather, especially when talking with someone you don't know well.

Remember that feedback should include information about positive aspects of social communication, not just about problem areas. We all need to have encouragement and recognition of our strengths in addition to areas that need work.

**Social Communication Treatment study at the Texas Traumatic Brain Injury Model System (TXTBIMS-TIRR) at TIRR Memorial Hermann:**

Although therapies to help improve social communication abilities are commonly offered in rehabilitation programs, there have been very few studies to look at how well these treatments work. Of the studies that have been done, the results have been generally supportive. However, few studies have looked at how well a person does after treatment has been ended for a period of time or how well the skills learned in therapy have been adopted in the person with injury's daily life. In today's clinical practice climate, it has become increasingly important to show that rehabilitation treatments produce beneficial results for clients. Researchers at the TXTBIMS-TIRR, funded by a grant from the National

Institute on Disability and Rehabilitation Research (NIDRR) are conducting a clinical trial to look at the effectiveness on one kind of treatment to address social communication difficulties. This treatment is called "Interpersonal Process Recall (IPR)" and is provided in 10 individual therapy sessions. During each session a conversation is videotaped and reviewed, and the therapists and client with TBI discuss strengths, weaknesses, and practice alternative approaches to the same situation. The study will involve up to 192 people with TBI and will last four years. Participants with TBI will either participate in the IPR treatment right away or they will be assigned to a wait-list and can receive the IPR treatment after a few months. The study will look at whether participants improve their communication skills and also whether improvements in mood occur. For more information on this study, please contact Dr. Margaret Struchen by email at [struchen@bcm.edu](mailto:struchen@bcm.edu) or phone Dr. Allison Clark at 713-630-0519.

**2008 National Brain Injury Caregivers' Conference  
June 6-8, 2008  
Westin Dallas/Fort Worth Airport Hotel, Dallas TX**

*BIATX Board Member, Cathie Gleinser is writing a multi part series on the conference.*

**Part One**

Lee Woodruff, wife of Bob Woodruff, was the special guest and keynote speaker. She started the afternoon with an awesome talk about the book she and Bob wrote together, *IN AN INSTANT*. Her demeanor was so gentle, loving and sincere; bringing tears to many eyes. As others have said, "You are not alone." All caregivers of a person with a brain *injury know how difficult it can be to manage everything that comes at you*. Lee had always picked up a pen when life got difficult or confusing. When Bob was injured, she began keeping a daily journal, knowing that the reporter in him *would want to learn* every detail of his time after the injury and during the early fog of his recovery.

Writing the book was a part of Bob's therapy too. Sometimes Lee wrote what Bob dictated then Bob edited what she wrote. Lee is an emotional writer where Bob's tendency as a journalist likes to stick to the facts. Only seven months after the traumatic brain injury is a testament to his will to recover and his determination to master his own recovery.

Let's start at the beginning. Lee and their four children were at Disney World the weekend of January 28, 2006 while Bob did his most challenging work, in Iraq. Bob drew sustenance from being on the road; the stories, the energy, the adrenaline rejuvenated him. Now he had reached the pinnacle of his profession; he had been newly appointed co-anchor of ABC News with Elizabeth Vargas, one on the road and one in the studio was the jingle. Photographs had already been taken of the new couple to be released that week, the week Bob was doing a report in Iraq.....

Sunday morning, David Westin, the president of ABC called with the news that Bob had been wounded. Lee immediately knew that life would change. She got the children together and flew home. Leaving the family in capable hands she flew to be with her husband overseas. Bob was in a drug induced coma at first and his skull was opened to allow the brain to swell. His face was distorted but Lee was at his side through everything. He had the best care that the military and civilian doctors together could provide.

This book is well worth reading, in fact, I found enough time to enjoy the luxury of finishing it; the day after the conference.

The conference was filled with so much information, dispensed from great personalities. First was Gregory J. O'Shanick, MD National Medical Director, BIAA Medical Director, Center for Neurorehabilitation Services in Midlothian, VA. Dr. O'Shanick has authored more than 80 peer-reviewed publications on the topic of

brain injury. With his accolades and extensive experience, Dr. O'Shanick became the Medical Director for the Brain Injury Association in 1996. He still holds this position. His talks centered on the basics of the brain and brain function, location of brain and cranial nerve functions to the limbic system. The Limbic system includes the thalamus and other parts forming the brain stem. Its functions deal primarily with behavior and emotions. Presently the four TBI Rating Scales consist of Glasgow Coma Scale, Galveston Orientation & Amnesia Test, Rancho Los Amigos Level, and Disability Rating Scale. Medications change from the early phase to the late phase of treatment of TBI and as we all know - prognosis of a moderate & severe TBI is predicted by length of coma. Mild TBI prognosis is different. In this population 65% recover by 3 months and 85-90% recover by 12 months.

#### Complex Mild Traumatic Brain Injury I: What is it?

Thomas Kay, Ph.D. was the recipient of the 1990 Clinical Service Award from the BIAA for his work on minor head injury. He has spent over 20 years at the NYU Medical Center, Rusk Institute of Rehabilitation Medicine, and served as Director of Research at the NYU Research and Training Center. He has over 200 international presentations, as well as a book and two dozen chapters and articles in professional journals. Emotional destabilization is the largest factor resulting from MTBI.

#### What Happens in the Military after a Brain Injury?

Sarah Wade is the wife of retired Army Sergeant Edward "Ted" Wade. Sgt Wade was one of the first major explosive blast polytrauma cases from operation Iraqi Freedom, the Department of Defense or the Department of Veterans Affairs had to treat. Sarah suspended her studies to serve as an advocate for her husband. In addition, she has acted as his primary caregiver and case manager for the last four years. Mental health and cognitive care needs of America's returning veterans are needed.

#### Managing Addictions

John D. Corrigan, PhD is currently a Professor in the Department of Physical Medicine and Rehabilitation at Ohio State University. He has researched BI, served on multiple boards, was awarded BIAA's William Caveness Award and the 2007 Robert L. Moody Prize. He gave suggestions for providers of substance abuse treatment & working with persons with brain *injury*. *Four* short and simple bullets are: 1. Try to determine a person's unique communication and learning styles. 2. Assist the individual to compensate for a unique learning style. 3. Provide direct feedback regarding inappropriate behaviors. 4. Be cautious when making inferences about motivation based on observed behaviors.

And that was only one day of the 2008 National Brain Injury Caregivers' Conference-more next month.



The Peace of Mind 5K on June 14<sup>th</sup> was a huge success! We would like to thank our sponsors Goodrich Corp., EADS North America, Posit Science Corp., RunTex and CBS KEYE 42.

*Austin, TX (June 17, 2008) – The Peace of Mind 5K, the first-ever rally/walk/run in the nation saluting Americans with combat-related traumatic brain injuries, raised more than \$46,000 in sponsorships, registrations and donations, organizers announced. Nearly 1,000 people attended the rally and run.*

*“The Peace of Mind 5K was a tremendous success. We’re very pleased with the show of*

*support for American heroes who have borne the battle and are coping with combat-related brain injuries,” says Austin neurologist Dr. R.W. Van Boven, chairman of the Peace of Mind 5K. “The money raised through Peace of Mind 5K will help scores of men and women with traumatic brain injury. Just as importantly, the Peace of Mind 5K raised awareness about TIB.”*

Continuation of the article and other media coverage here: [www.biatx.org](http://www.biatx.org)

### **Austin Man Competes in Triathlon to Finish Race His Father Never Began**

On May 10<sup>th</sup>, Jason Ledlie completed his first rookie triathlon. Jason and his teammates, Team Glutes Engage, competed in the name of Jason's father who had a stroke while training for a triathlon. Through their efforts, they were able to raise and donate \$1,035 for BIATX and the National Stroke Association. Thank you, Jason!

For more information about Jason and Team Glutes Engage, visit [www.ledlie.net](http://www.ledlie.net)

### **Texas Health Insurance Risk Pool**

The Texas Health Insurance Risk Pool was created by the Texas Legislature to provide health insurance to eligible Texas residents who, due to medical conditions, are unable to obtain coverage from commercial insurers. The Pool also serves as the Texas alternative mechanism for individual health insurance coverage, guaranteeing portability coverage to qualified individuals who lose coverage under an employer group plan, church plan or state plan, as mandated by the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). The program continues to serve the State of Texas as an important “safety net” for individuals who have been denied health insurance coverage because of pre-existing conditions, can afford the Pool's premiums, and do not have other coverage options. The stated mission of the Pool's Board of Directors is to foster public awareness of the Pool and provide eligible Texans with cost-effective health coverage that is consistent with major medical policies available in the commercial market. [www.txhealthpool.org](http://www.txhealthpool.org)