



# Brain Injury Association of Texas

## *E*newsletter

## Welcome New Board Members!

The Brain Injury Association of Texas welcomes its newest Board Members:

- Jane Boutte, President
- Elisabeth Collura, Public Policy Chair
- Betty Danley, Member
- Daniel Cotts, Member
- George Yesian, Member

For a complete listing of the Association's board members please visit:

<http://www.biatx.org/>

BIATX's next board meeting will be prior to the Statewide Conference on April 4<sup>th</sup> from 10am to 2pm at the Association's main office in Austin.

**For information,  
contact us at:**

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- *National Institute on Disability and Rehabilitation Research (NIDRR) Long Range Plan*
- *Legislative Update*

### **Alcohol and Drug Use After Traumatic Brain Injury: Why Not?**

**By: Angelle M. Sander, Ph.D., and Allison N. Clark, Ph.D.**

It often seems as if our society is filled with temptations to drink alcohol. There are television commercials, magazine advertisements, and billboards advertising beer, wine, and liquor. If you attend a sporting event or a music concert, beer and wine will be sold. When you go to a party, the first thing that the host or hostess usually does is to offer you a drink. Drinking alcohol is often a part of peoples' lives. It may be used as a way to socialize or to relieve stress. While other drugs, such as marijuana, cocaine, and ecstasy, may not be as openly used, they are common in certain nightclubs and in certain social circles. Many people feel positively about using alcohol and drugs-especially in moderation. However, there are many negative consequences of using alcohol and drugs. These negatives include having bad judgment when under the influence of alcohol and drugs, and being more likely to get injured.

For some of you, alcohol or drugs may have been involved in your injury. Maybe you were drinking or using drugs at the time, or maybe you were hurt by someone else who was using. Whether or not alcohol or drugs were involved in causing your injury, they can be harmful to you after your injury. Here are some reasons why alcohol and drugs may be even more harmful after injury:

- After injury, your brain is more vulnerable to the effects of alcohol and drugs. You may have been able to drink a 6-pack before injury and not feel much different. After injury, you may feel the effects of alcohol or drugs more quickly, so that just a little can affect your judgment or make it difficult to walk.
- If you are like most people who have a traumatic brain injury, you are probably taking some type of medication. Alcohol and other drugs can have negative interactions with medications commonly prescribed after injury, including seizure medications, medications used to make you more awake and alert, and medications to help you sleep. In some cases, the interactions of alcohol and other drugs with prescribed medications can be fatal.
- Many people with traumatic brain injury have difficulty with thinking, memory, and concentration. Use of alcohol and other drugs can make these problems worse.
- In some people, use of alcohol or drugs can increase the risk of having a seizure after injury. The risk of seizures is usually low after injury, but it is something that you want to prevent.
- Using alcohol or drugs increases the possibility that you will have a second injury. When people are under the influence of alcohol or drugs, they tend to do things that they wouldn't normally do. This includes things that are not always safe, like driving too fast, driving with others who have been drinking, and standing too close to the edge of a balcony. We are never at our safest when drinking or using drugs.

The biggest reason to not use alcohol or drugs after injury is that it can interfere with your personal goals for your recovery and your life. Most people who have TBI are eager to resume the activities that they enjoyed prior to injury. These activities can include work and school, but they also include social and leisure activities, continuing relationships, and forming new relationships. Using alcohol or drugs can make it more difficult for you to reach your goals in these areas. It can make your injury-related problems worse and it can interfere with your relationships with your friends and family. Many people see positive aspects to drinking and using drugs-like feeling closer to their friends or feeling more comfortable and relaxed in social situations. You must decide for yourself if these things outweigh the negative effects that alcohol and drugs can have on your goals for recovery and for life.

Many times, it is hard for people to stop drinking or using drugs on their own. In this newsletter, we are including tips that you can use to stop drinking. We are also including some resources that you can turn to for information and/or assistance. While we encourage you to seek help, the final decision is yours. Professionals who do substance abuse counseling know that people will only stop using alcohol or drugs when they are ready to- when they have decided that there are more negatives than positives for using.

So you see- it's all up to you! You have overcome so much to get to this point! In order to have your best chance at recovery, make the choice to stay away from alcohol and drugs! It is your choice to make!

## **Tips to help you to stop drinking\***

### **Make a list of reasons to stop drinking.**

Different people have different reasons to stop drinking. For example, possible reasons may relate to your general health, recovery from injury, relationships with family and friends, getting and keeping a job, saving money, the interaction with medications, and thinking skills. Some of these reasons may apply to you, or you may have different reasons to stop drinking. Write down the reasons why you want to stop drinking. Refer back to this list to help you remember why you have decided to stop drinking.

### **Get support.**

Talk to your family and friends about your decision to stop drinking, and ask for their support. Stay away from people who are not supportive of your decision or who give you a hard time about not drinking.

### **Watch out for high-risk situations.**

High-risk situations are situations in which you feel tempted to drink. These situations may involve certain people, places, or time of day. For some people, high-risk situations occur when they have a strong emotion, like anger, frustration, or sadness. Be aware of your high-risk situations, and stay away from people or places that you associate with drinking.

### **Develop an emergency plan to cope with high-risk situations.\*\***

Create an emergency plan that you can follow when in a high-risk situation. An emergency plan may include leaving the place or changing the situation, delaying the decision to drink for 15 minutes, thinking of something unrelated to drinking, reminding yourself of your success in staying away from alcohol, calling a supportive friend, and challenging your thoughts about drinking (e.g., 'Do I really need a drink?').

### **Explore new environments and activities that do not involve drinking.**

There are many situations and activities that do not involve drinking, just as there are many people who do not drink. Check out activities and events in your community that do not involve alcohol. It may be helpful to ask a friend or family member who does not drink to attend new activities with you, especially at first. Getting involved in alcohol-free activities can help you stop drinking.

### **Learn other ways to deal with stress.**

Do not drink when you are stressed, angry, upset, or have a bad day. To help stop drinking, learn to deal with stress in a way that does not involve alcohol. Exercise, deep breathing techniques, muscle relaxation exercises, yoga stretching, and visualization are common techniques used to cope with stress. For more information about these and other strategies, talk with your doctor, psychologist, or social worker, look for books on relaxation and stress management at your local bookstore, or check the internet.

## **When you feel an urge to drink, distract yourself.**

Develop a list of activities you can do when you feel the urge to drink. Some examples may include exercise, writing an e-mail or letter, calling a supportive friend or family member, playing with your dog or cat, and making a cup of coffee. Refer to your list when you feel the urge to drink. Instead of drinking, do something on your list.

## **Learn how to say “No.”**

You may be offered a drink by another person, especially in certain social situations. However, you do not have to drink when other people drink. You do not have to take a drink that another person has given you. Be prepared by practicing ways to say “no” firmly and politely. For example, you can say, “No thank you” or “No thanks, I feel better when I don’t drink.”

## **Remove alcohol from your home.**

Removing all alcohol from your home can also help you to stop drinking.

## **Talk to your doctor.**

If it has been hard for you to stop drinking, it may be helpful to talk to your doctor or other healthcare professional, like a psychologist, counselor, or social worker. They can help you get more information about treatment options in your community, such as support groups, individual counseling, and Alcoholics Anonymous meetings.

Some people develop a physical dependence on alcohol, which means that their body has difficulty functioning without alcohol. As a result, they can have serious problems when they suddenly stop drinking. These problems or symptoms are known as ‘alcohol withdrawal,’ and include tremors, confusion, hallucinations, restlessness, increased blood pressure and seizures. Persons who may be physically dependent on alcohol should talk to a doctor before they suddenly stop drinking. The doctor will help plan a treatment to stop safely.

## **Resources on Substance Abuse**

Ohio Valley Center for Brain Injury Prevention and Rehabilitation

<http://www.ohiovalley.org/abuse/index.html>

<http://www.ohiovalley.org/abuse/prog/index.html>

<http://www.ohiovalley.org/abuse/umanual/index.html>

Brain Injury Association of America: Substance Abuse Issues after TBI

<http://www.biausa.org/elements/BIAM/2004/substanceabuse.pdf>

TBI Challenge!: Family Guide to use of Alcohol and Other Substances After Brain Injury

<http://www.biausa.org/Pages/related%20articles/article.family%20guide%20to%20use.html>

Substance Abuse and Brain Injury: JudithFalconer,PhD

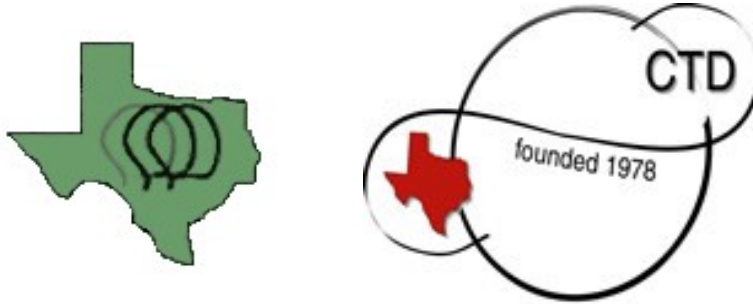
<http://www.brain-train.com/articles/substanc.htm>

SynapShots: Charlotte Institute of Rehab. & Ohio Valley Center for BI Prevention and Rehab.

<http://www.synapshots.org/SAandTBI/index.html>

\*adapted from the National Institute on Alcohol Abuse and Alcoholism (NIAAA), NIH Pub Nos. 96-3770 and 07-3769  
\*\*adapted from Corrigan J, Sparadeo F, Ferris R. (June 2003). TBI and Substance Abuse. Webcast presented by the National Association of State Head Injury Administrators, the Maternal and Child Health Bureau of the Health Resources and Services Administration, and the US Department of Health and Human Services.

**25<sup>th</sup> Annual Statewide Conference**  
**April 4-7, 2009**  
**AT&T Executive Education and Conference Center**  
**Austin, TX**  
**“Brainstorm the Capitol”**



The 25<sup>th</sup> Annual Statewide Conference is fast approaching! This year's conference is a joint venture with the Coalition of Texans with Disabilities ([www.cotwd.org](http://www.cotwd.org)).

Thank you to our generous sponsors of this year's conference:

*Pate Rehabilitation*  
*Touchstone Neurorecovery Center*  
*NeuroRestorative Specialty Services*

Keynote speakers include:

*Susan Connors, President and CEO of the Brain Injury Association of America*

*Dr. Erin Bigler, Professor of Psychology and Neuroscience, Brigham Young University*

*Mark Zupan, Gold Medal Winning Paralympian and star of “Muderball”*

*Dr. Kathryn Kotrla, Associate Dean of Texas A&M Health Science Center College of Medicine (TAMHSC-COM) Round Rock and Chair of the TAMHSC-COM Department of Psychiatry and Behavioral Services*

Topics will include:

“Coping with TBI and Raising a Family”  
“Brain Injury Rehabilitation in a Natural Environment”  
“Collaboration: Building Bridges Into the Future”  
“Answers to Common Legal Issues Facing Those with Brain Injury”

“Alcohol and Drug Abuse After TBI”  
“Intrathecal Baclofen Therapy Across the Brain Injury Continuum”  
“Brain Injury in the Criminal Justice System”  
“Neuropsychological Optimization in Disease Management Following Traumatic Brain Injury”  
“Brain Injury as a Disease”  
“Inside Insight: Approaches to the Treatment of Patients with Impaired Self Awareness”  
“Mild Traumatic Brain Injury: Blasts Stress and Treatment”  
“PTSD and TBI”

And much more!

Please visit [www.biatx.org](http://www.biatx.org) for a full conference agenda, list of speakers, exhibitor information and hotel booking information. The AT&T Center has reserved rooms at a discounted rate for anyone wishing to stay on-site at the conference. Rooms are ADA compliant.

**For our professionals:**

BIATX has secured 14 clock hours of continuing education credit (unless otherwise specified) for the following disciplines: CCAA, CVE, CWA, Social Workers, Certified Counselors, Licensed Professional Counselors and Speech-Language-Hearing (17 clock hours).

**March is “Brain Injury Awareness” Month!**

The Brain Injury Association of America has useful information regarding [sports and concussions](#). Please visit their website to find out what you can do as a parent, athlete or educator to prevent sports related concussions.

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The National Institute on Disability and Rehabilitation Research's (NIDRR) long range plan for fiscal years 2010-2014 has been released. You can view the plan here:  
<http://www.ed.gov/about/offices/list/osers/nidrr/policy.html>

BIAA and BIATX's response is as follows:

*“March 15, 2009*

*Ms. Donna Nangle  
U.S. Department of Education  
400 Maryland Avenue, S.W. Room 6029  
Potomac Center Plaza  
Washington, D.C. 20202-2700*

**Re: Comments regarding NIDRR's proposed long range plan for FY 2010-2014**

Dear Ms. Nangle:

*On behalf of the Brain Injury Association of Texas (BIATX) and the 1.4 million Americans who sustain a traumatic brain injury (TBI) each year, I am writing to express my **deep concern** regarding the proposed long range plan (FYs 2010-2014) for the National Institute on Disability and Rehabilitation Research (NIDRR).*

*As proposed, NIDRR's plan will all but abandon the agency's longstanding commitment to research in the life domains of health and function as well as participation and community living, and instead, narrowly focus on employment. In general, BIAA believes such an approach would **undermine NIDRR's mission** to improve participation of persons with disabilities of all ages in varied settings. Specifically, BIAA believes the proposed approach would have **long-lasting, detrimental effects on individuals with brain injury**.*

*For people with brain injury, **health and function research** (including medical rehabilitation interventions) is more than an "antecedent" to employment. Indeed, the knowledge stemming from the health and function portion of NIDRR's research portfolio is vital to maintaining the overall health and wellness of individuals with brain injury and to maximizing their independence. Moreover, while such interventions do not always translate directly into changes in vocational outcomes, they do reduce dependency on public health and welfare systems and contribute significantly to the body of knowledge on TBI.*

*For example, the NIDRR's **TBI Model Systems** are the only source of non-proprietary longitudinal data on what happens to people with brain injury immediately after the injury and throughout their lifetimes. The Model Systems are a key source of evidence-based medicine, and serve as a "proving ground" for future researchers. TBI Model Systems researchers are currently working closely with the Department of Veterans Affairs to improve the treatment of returning service members with brain injuries.*

*Brain injury is not an event or an outcome. It is the beginning of a lifelong disease process.*

*NIDRR should reaffirm its longstanding recognition that rehabilitation is not limited to short-term engagement for those individuals experiencing injuries or illnesses, but also includes ongoing management of chronic conditions as people move through their lives. NIDRR must maintain a broad portfolio of disability and rehabilitation research, including TBI-related **Rehabilitation Research and Training Centers (RRTCs) and field-initiated investigations**, which make similar contributions to ensuring the full inclusion and integration into society, employment, independent living, family support, and economic and social self-sufficiency of individuals with TBI, regardless of age.*

*In order to fully and faithfully carry out NIDRR's mission, the Brain Injury Association of Texas strongly urges the new Assistant Secretary for Special Education and Rehabilitative Services and the Director of NIDRR to restore the broad focus of NIDRR's research and development activities by recognizing the critical importance of all major life domains affecting persons with disabilities, i.e., participation and community living, health and function, as well as employment.*

Sincerely,

Jane Boutte  
President

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## Legislative Update 2009

BIATX would like your help in supporting the following measures:

**DARS-CRS Fund**- *the CRS program saves the state long term resources*

**Long Term Brain Injury Waiver**- *a long term waiver for persons with acquired brain injury is desperately needed for the families that care for injured loved ones at home*

**Increase Booster Seat Standards**- *support booster set legislation that sets a higher minimum size for required booster seat usage in the transport of Texas children*

**Post Acute License for Brain Injury Providers**- *providers of post acute care for brain injury survivors have for many years exceeded the minimum requirements for existing licensing. Creation of a new post acute license will protect the individuals serviced and set a new standard for care in Texas.*

**Acquired Brain Injury Should be Covered by All Health Plans-Please Support SB1348**- *currently small health plans in Texas are excluded from the requirement to cover treatment services related to acquired brain injury*

Please click [here to take action on any of the above issues.](#)

## BIATX Position Statements:

**Re: Sobriety Checkpoints** Texas currently leads the nation in alcohol-related traffic fatalities. However, due to advances in medical technology, many Texans may survive alcohol-related accidents, but with the disabling and costly effects of traumatic brain injury. Of the 144,000 traumatic brain injuries sustained by Texans each year, thousands are the result of alcohol or other substance-related traffic accidents. The Centers for Disease Control reported that alcohol-related crashes and fatalities dropped by 20% when sobriety checkpoints were used and publicized. Traffic safety experts agree that sobriety checkpoints are the most effective deterrent against drunk driving. Texas is one of only 11 states that do not allow law enforcement to conduct sobriety checkpoints. Evidence based studies clearly demonstrate the efficacy of sobriety checkpoints in saving lives, health, and valuable dollars for the state of Texas and its citizens. BIATX therefore supports legislation that will permit law enforcement in Texas to conduct sobriety checkpoints in a highly publicized schedule, stopping vehicles in a strict specific numbered sequence in order to ensure a balanced enforcement preventing disparities in implementation. BIATX further recommends that the state of Texas apply for federal grant funds available through the National Highway Traffic Safety Administration (NHTSA) to facilitate the establishment of this effective deterrent against drunk driving in Texas. As problems related to brain injury may be confused with a state of intoxication, funds should also be utilized to prepare drivers who have brain injury for responding at sobriety checkpoints, and to train law enforcement officers to differentiate between individuals with brain injury and those who may be intoxicated.

## **RE : EMS/Trauma Registry**

The EMS/Trauma Registry uses information on injuries to investigate the causes of injuries, their distribution, health outcomes, and associated costs. Local communities and providers rely on the data from the EMS/Trauma Registry to evaluate the trauma system in Texas and to plan and evaluate injury prevention programs.

It is estimated that up to 95% of the 144,000 TBIs sustained in Texas each year are preventable. The impact of TBI is devastating and costly as there is no cure for brain injury; the effects are life long as is the care that must be provided. A properly funded EMS/Trauma Registry would provide an essential starting point for system-wide improvement initiatives. Therefore, BIATX supports legislation that will fund resources, including program staff, within DSHS to redesign, stabilize, and maintain the existing EMS/Trauma Registry system according to current national standards and to foster an injury prevention program. Entries into the registry related to *acquired brain injury* should have a unique identifier in order to track and measure outcomes, services provided, and service needs. Registry data should link to other pertinent data systems such as those utilized at the Texas Education Agency. The state of Texas cannot afford to ignore the need to support organized, effective and efficient statewide injury prevention programs.

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## **Have You Been Denied Insurance Coverage for Brain Injury Rehabilitation? We Want to Hear Your Story**

The Brain Injury Association of Texas is seeking out individuals with brain injury who have been denied cognitive rehabilitation benefits through their insurer on health benefit plans issued or renewed on or after January 1, 2008. In some cases this may be a violation of [HB 1919](#) which was passed in the last Texas legislative session. The Association is encouraging members and their families to file a complaint with the Texas Department of Insurance (TDI) directly.

TDI's website links for filing complaints:

1. Go to <http://www.tdi.state.tx.us/>
2. Click on "Online Services"
3. Click on "Online Services-Complaints"
4. Follow Instructions

General Information on Complaints:

<http://www.tdi.state.tx.us/pubs/consumer/cb003.html>