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The Support Needed for Spouses of Traumatic Brain Injury (TBI) Survivors: An Exploration into Resources and Reference Materials

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**The Support Needed for Spouses of Traumatic Brain Injury (TBI) Survivors: An
Exploration into Resources and Reference Materials**

by

Brigitte Espinet

A capstone project submitted in partial fulfillment of the
Requirements for the degree of Master of Arts in
Professional Writing in the Department of English

In the College of Humanities and Social Sciences of Kennesaw State University

Kennesaw, Georgia

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College of Humanities & Social Sciences
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Certificate of Approval

This is to certify that the Capstone Project of

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Part I: Significance & Development

Chapter One: Introduction

This journey has no end. Once it begins, it takes a series of twists and turns—often and with increasing intensity. One would think with a journey this agonizing, there would be more support available especially considering how common of a journey it is, affecting so many: the single father, the new wife, the elderly parent, the young fiancé, the once-estranged sibling, the decades-old best friend . . . all manner of relationships—not to mention, the rich, the poor, the middle-class.

Traumatic brain injury (TBI) is, indeed, an equal opportunity perpetrator. Of the millions of Americans who sustain a TBI each year, at least 230,000 people are hospitalized and survive, and more than 80,000 to 90,000 people experience the onset of long-term disability (“Report to Congress”). However, it would appear that the reference materials and resources available to those needing life guidance post-TBI are not at all commensurate with the incidence of its occurrence. More specifically, it seems the population most overlooked within the world of those affected by TBI is the partners of adult TBI victims—even though, as articulated in an article in the journal *Concussion*:

Traumatic brain injury (TBI) presents significant challenges to the partner of the person with the TBI and to the relationship they share. Struggling to deal with those challenges can have a significant impact on the psychological well-being of the partner, and on the quality and stability of the relationship (Riley).

Being the wife of a man who survived a motorcycle accident but sustained severe head trauma, I can vehemently attest to that—and that’s why this capstone. I suppose, in a way, if fate was going to insist on taking my family down the dreadful path that led to my taking care of a brain-damaged husband, then at least the timing was propitious. As a student in the final stages of Kennesaw State University’s Master of Professional Writing (MAPW) program, I would have the opportunity to use the writing skills I had been refining in this program, as well as the research techniques I was discovering, to tell the story of how traumatic brain injury traumatizes spouses of the injured just as much as the TBI victim themselves. So, that’s how TBI came to be the topic I landed on for the final project of my Issues & Research in Professional Writing class in Fall 2018, which would ultimately pave the way for my capstone. It was in conducting preliminary research in Fall 2018 that I was able to confirm that although there is literature focused on and targeted to TBI victims themselves, that’s not so much the case for the families of these victims. A *Psychology Today* article speaks to the paucity of research for partners in particular: “Research is lacking into how brain injury changes the relationship between husband and wife” (Jeejeebhoy). In addition, a study by Kratz et al. revealed that:

Partners expressed more intense frustration and desperation about having to shoulder the caregiver burden alone and more intense stress related to feeling alone in their duties and decision making . . . the new parent/child dynamic can cause particular stress in a previously more equitable partnership (Kratz et al.).

Therefore, this capstone will explore the resources—or lack thereof—for partners who are caregivers for individuals who have survived TBI. It will specifically share where resources that *are* available might be accessed and offer suggestions of what partners of TBI victims might find helpful as they care for their loved ones in their new normal and navigate a host of challenges that impact their relationship. These challenges for the partner caregiver are, indeed, wide-ranging, and include the physiological, psychological, and neurobehavioural consequences; financial strain; insufficient time for themselves; scarce information on the consequences of sustaining a TBI; lack of understanding or empathy from others; emotional distress; stress; anxiety; depression; shock; uncertainty; and inadequate resources (Broodryk and Pretorius). The resources that I point to that are already in existence—as well as the ones that I am suggesting in this capstone—do attempt to address this flood of issues, and the autoethnographic components contained herein provide analysis that examine these tools and offer reflections that speak to why there is a valid need for more comprehensive resources (which are shared as appendices to this project).

Chapter Two: Background

When I began the MAPW program at Kennesaw State University, I wondered semester after semester what I could possibly settle on for a sensible capstone topic. And I kept coming up blank when trying to answer the questions: What would be compelling enough? What would be practical enough, while keeping me personally engaged for a prolonged period? Then on April 28, 2018, my life changed, and the seeds of my project, heartbreakingly, were planted. On that date, I received a call from Kennestone Hospital notifying me that my husband had been admitted to the ICU, and my entire world simply collapsed. But, among the ruins, I would eventually—and ironically—find my capstone topic.

Gilbert left our home that fateful afternoon in April on his Harley-Davidson, intending to take a short ride to the dealership only a few miles from our house. He wanted to make the most of what he described that day as “the perfect biker weather:” a seventy-five-degree, sunny, breezy day. But that perfect weather scenario led to a tragic lifechanging scenario: A drunk driver behind the wheel of an SUV mowed him off his bike, causing him to sustain several near-fatal injuries, including a TBI.

Traumatic Brain Injury ... that day was the first time I’d ever paid any mind to the consequences connected to damaging one’s brain. One would’ve thought someone like me with a severe worry complex would’ve thought long and hard about this as a possibility long before it actually happened because I’ve spent all my life in the “what-if” mode. As a little girl, teenager, and young adult, this mindset controlled my

relationship with school grades and friends. As a wife and mother, this mindset took over all aspects of my life—from health, to career, to marriage, and finances—but it was now compounded because I was worrying not just about myself and how things might affect me, I was worrying on behalf of my spouse and two children. Oddly enough, though, I never really experienced fear or worry when I met my future husband and realized that his favorite pastime fell into what some would argue is most certainly a high-risk category, considering that “you are 37 times more likely to die in a motorcycle accident than a car accident” (Keller). Sure, thoughts of road rash and some broken bones—totally short-term inconveniences in my simple mind—did occur to me fleetingly on occasion. I mean, I was in love with a biker—a man who got his motorcycle license before he could even drive a car—so it would’ve been unnatural to not ever have a few thoughts along those lines. But, for the most part, I jumped on the back of his bike umpteen times without any major reservations; in fact, I felt he was a far more focused and cautious rider than he was a driver. I also said goodbye to him ad infinitum as he revved up and rode off solo, never thinking for a moment that I would never hear him roaring back into our garage—until that time that he didn’t.

Of all the what-if scenarios that had played on my mind throughout the years—some not even necessarily plausible—I never imagined my husband (the guy who, over the two-plus decades we’d been together, had simply not ever been physically defeated) lying in the ICU fighting for his life and facing BRAIN DAMAGE, of all things! It was while Gilbert was making his way back home from his “perfect biker

weather” ride, that a reckless young man, who thought it reasonable to drive his wife and small child while under the influence—with an open container in the vehicle, no less, not only secured two collapsed lungs, and multiple broken ribs and vertebrae for my dear husband, he also saddled him with the life-altering diffuse axonal injury, which is basically bleeding across several different regions of the brain. This meant that instead of doctors being able to identify a localized area of trauma (and so predict what types of brain function might be specifically affected), they were dealing with multiple lesions affecting a widespread area of his brain, indicating that several areas of cognitive ability would be negatively impacted, including his executive functioning capacity.

Again, until that point, I had honestly just never entertained the possibility of my life partner and father of my children severely damaging his brain—and how catastrophic that would be for our family. But that’s the thing about TBI: It is a pervasive problem, yet, unless and until it’s your problem, it doesn’t get a second thought. In other words, until your loved one goes off casually to do the most routine of things, but then, in the next instant—without any kind of warning—ends up in hospital with frenetic critical condition discussions taking place that later evolve into conversations about long-term disability care and medications for psychosis, TBI and its lifetime of distressing challenges will likely never cross your mind. That seems to be representative of the way things are with regard to what research and support materials are at the ready for partners of TBI survivors. Not much thought seems to

have been given to the spouse who has to cope with grieving the ‘loss’ of a lifetime mate—while still having to figure out how to deal with a brain-damaged spouse returning to the family as a disabled child instead of the able-bodied and agile-minded partner that *was* prior to the TBI event. Added to that, there is an overwhelming amount of responsibility an abruptly single person has to shoulder in the aftermath of a TBI. A few immediate examples of questions that the healthy partner might face include: How do I arrange power-of-attorney authority? Will in-laws pose a challenge with decisions to be made about TBI-related healthcare? Will we have to sell our home now that one of us can no longer work? And, of course, there’s the Herculean task of counseling the children through their grief and fears, and singlehandedly—and stoically—dealing with their breakdowns and outbursts. Indeed, the partner of the TBI victim has it as tough as the actual victim—arguably even more so, because the partner doesn’t get to escape it all by slipping into a coma.

With the research predicting that approximately ten million people annually will be affected by TBI by the year 2020 (Hyder et al.), the reality is that the possibility for sustaining a TBI and having to deal with the lifetime consequences should be on everyone’s mind. The Brain Injury Association of Georgia shares on its website, “A brain injury can happen anytime, anywhere to anyone. Brain injuries do not discriminate. An injury that happens in an instant can bring a lifetime of physical, cognitive, and behavioral challenges.” Additionally, the World Health Organization has labelled road accidents, a primary cause of TBI, the “third largest contributor to

the global burden of disease and disability (after heart disease and depression)” (Humphreys et al. 281), providing a most compelling statistic that reinforces the notion of how far-reaching the vulnerability is. This is all especially sobering, given that the numbers affected rise exponentially when bringing family members—who, as already established, are equally impacted—into the mix. Hence the urgent need for the availability of support that extends to that extended population affected by TBI-related consequences, and my attempt to bring attention to this need.

Chapter Three: Research Methods and Methodology

To start my exploration of this issue, I began with two basic research questions:

- What resources are available for families of persons impacted by TBI?
- What resources are still needed/would be useful for partners who are caregivers of TBI survivors?

Given that I had already been living the TBI-burdened life, even prior to deciding that this would be my capstone topic, I had made some connections not only with other TBI patients and their families but also with specialists in the TBI field. This included case managers, neuropsychologists, peer network coordinators, family support volunteers, and therapists. From those connections, I began to gain a sense that the lack of resources for partners was more than just my perception. Additionally, in the work I had done in my Issues & Research class in Fall 2018, I confirmed this hypothesis. To begin with, the literature I had examined in this course affirmed that there is unanimous acknowledgement about the alarming prevalence of TBI—so much so it has been described as “the leading cause of disability in people under 40” (Fleminger and Ponsford 1419). But another equally common finding that kept striking me is the negative effect TBI has on the brain-injured person’s interpersonal bonds: “Traumatic brain injury (TBI) causes physical and cognitive-behavioral impairments that reduce participation in employment, leisure, and social relationships.” (Wardlaw et al. 1). Similarly, in recognizing the distress TBI imposes on family members specifically, William Winsdale, the author of *Confronting Traumatic Brain Injury:*

Devastation, Hope, and Healing refers to the costs incurred by family members as “enormous and often overwhelming” (Winslade xiii). But even with all the acknowledgement of the toll TBI takes on the family members dealing with their loved ones post-injury, the spotlight on them is dim. I found this lacking attention on the survivors’ loved ones’ needs to be truly puzzling, given the consensus on the existence of the problem. Though the study led by Wardlaw et al., for instance, acknowledges this issue for family members from the outset as universally problematic—and even notes that “almost half of the sample reported unhealthy levels of family functioning,” (Wardlaw et al.) nothing was incorporated into the study’s methods to measure the troubles TBI casts upon loved ones and the ensuing traumatic disruption it inflicts on their lives. And while I would agree with the reasoning that going in this direction might have made the scope of the study untenable, I would still counter that the authors of this article could, at the very least, have conceded that this gap exists and, as such, advocated for further investigation in this area. Because family members’ perspectives are critical to a TBI survivor’s holistic comeback—as well as their supporters’ sanity—this is a hole that needs to be filled, which is the point that really validated my decision to focus on the partners of TBI survivors.

To accomplish my goal of contributing to some forward movement in the area of improving the current situation of what’s available to the caregiving partners of TBI survivors, I first conducted online research. One of my very first steps in that regard was to conduct a secondary research literature review within the MICUSP Corpora to

ascertain what the work of other college students and academics had produced on my topic. As I suspected would be the case, I could find nothing. Then I went the route of searching Google and Google Scholar using ultra-specific search terms, as some of what I was hoping to find was along the lines of personal testimonies and advice. I used a range of creative search topics—some seemingly unusual—relevant to my husband’s particular TBI recovery situation. For example, I would use search phrases such as “accusations of affairs from TBI husbands” and “TBI husbands insisting spouses retire.” Apart from these online searches, I undertook secondary resource review of both academic and non-academic sources, primarily generated using the Georgia Institute of Technology and Kennesaw State University libraries as my gateways, in my efforts to identify and compile some of what support is at the disposal of the partners of TBI survivors today.

Coming out of these findings, I produced a resource listing and additional materials, including an annotated bibliography; example of a blog entry; and sample content for a caregiver’s pamphlet, which are attached as appendices to this capstone. I situated those appendices in the context of the anterior autoethnographic accounts of my lived experience as the wife of a TBI survivor. These autoethnographic accounts have been organized into chapters according to the gap that I felt needed filling. For example, the first autoethnographic account “Can I Get a Map Please?!” is meant to demonstrate the part of my struggle that made me realize the desperate need for a compilation of various resources through a listing of relevant nonprofit organizations

supporting TBI. Similarly, the second autoethnographic component, “A Shortcut Savior for the Stretched Caregiver” speaks to the period in my experience that underscored the usefulness of having access to an annotated bibliography of TBI-specific resources. In the same way, the third and fourth autoethnographic accounts, “Blogging it Out” and “The Need for a Necessarily Plainspoken Guide,” share reflections that demonstrate how my personal experience brought to light just how helpful blogs for partner caregivers and a down-to-earth, easy-to-digest pamphlet would be for others travelling this TBI path.

The basis for this autoethnographic approach is supported by the work of Christopher Poulous who shares that “the relationship between the ‘researcher’ and the ‘researched’—and thus the relationship between the story and the storied life—is critically important in the discovery process” (Poulous 48). I also relied on the work of Sarah Wall who explains that autoethnography can be “used as a way of telling a story that invites personal connection rather than analysis” (Wall 39). I see writing my personal narratives and conducting an autoethnographic examination of my journey as a compelling way of highlighting the resource material deficits for partners. I am able, through my lived experience, to convey how my precise personal trials poignantly exposed the need for certain resources to help partners better cope with the aftermath of a TBI event. Even though the issues from brain injury to brain injury do vary substantially, the extent of the need for resources does not.

Part II: Autoethnographic Reflections

Chapter Four: Can I Get a Map Please?!

The mental exhaustion caused me later that day of the extubation episode to curl up in an almost fetal position in the cot at his ICU bedside, wishing for someone or some entity—something, anything—to offer up a map guiding me to the practical resources I so desperately required ...

As I sat in the ICU, numb with disbelief at the tragic turn my life—our lives—had taken out of the blue, I felt overwhelmed with the prospect of what the future might hold. As I wondered how long it would take him to wake up—if he would wake up—and what he would be like if he did, the biggest question weighing on my mind was: “Who would help me navigate this nightmare now that my life partner and co-decisionmaker was ‘gone’?” That may have been the umbrella question, but there were virtually hundreds of sub-questions that raced through my head relentlessly. In fact, it was probably the barrage of what-do-I-do-about-this-and-that questions that were largely responsible for the adrenaline overflow that caused me to literally go without even a five-minute nap in the first thirty-six hours following my being notified of the accident—and I never once felt tired. Funny how the body responds to crisis.

In any event, my questions ran the gamut from financial, to medical, to emotional, to legal, and then some. I was fortunate enough to have solid support from my two older sisters, but neither of them had ever been in a remotely similar situation. Given this, they didn’t have the first clue of how to direct me to answers for questions such as:

- How will our family cope financially if he can never work again?
- What kinds of physical at-home support will our household need when he's released from the hospital?
- Is there a resource for assistance with long-term care, if it turns out that he cannot return home?
- How soon should I expect to even have a reliable answer regarding his prognosis?
- What types of medical professionals do I need to seek out once he's discharged from hospital?
- Who do I see about legal action against the drunk bastard who did this?
How do I find the best, most affordable representation, and how do I fit that all in from my husband's hospital bedside?

These were only a small sample of what addled my brain—and that was just in the immediate days following the accident. What made it all even harder was that finding the *right* answer to the endless questions, no matter what the type, seemed almost impossible. Case in point: I remember asking a trauma doctor in the initial stages of his ICU stay when he felt Gilbert would be stable enough for the breathing tube to be removed. On multiple occasions, I was given the impression that extubation could not safely be immediately on the agenda—and that I'd be notified *before* it was done. So, when I ran out of the shower dripping wet to answer my phone that one day that I took a two-hour break from my ICU watch and it was my sister on the other end explaining

that she'd popped in to visit Gilbert and he'd been extubated, I flipped my lid. Yes, it was a hell of a relief that he was breathing on his own, but considering the fatal risk involved in extubating him prematurely that had been impressed upon me repeatedly (which is why I was at least thankful that they had promised to make sure I was at his side when they took that risk), I was just livid. I was furious that a) they did it a lot sooner than ever suggested; b) I was not told in advance; and c) no one from the hospital bothered to call me even after the fact. Who needs that kind of blindsiding when monitoring the life-and-death situation of their spouse? No one!

It was those kinds of dramatic events that punctuated our post-accident lives regularly, and having to navigate other complicated issues of the administrative and legal type, for example, on top of that kind of medical drama was truly too much. I began doubting myself, thinking that I probably was having the extubation conversations with the wrong trauma doctor in the first place. I started thinking that I should've known better and spoken with Dr. So-and-So instead. Then I also speculated that maybe, at a different hospital, this would've been handled better; was there a hospital that I should've tried transferring him to that specialized in brain trauma? Maybe I would've thought to look into that if I weren't trying to figure out all the other things. My mind was forever racing, always second-guessing the million decisions I had to make. The mental exhaustion caused me later that day of the extubation episode to curl up in an almost fetal position in the cot at his ICU bedside, wishing for someone or some entity—something, anything—to offer up a map guiding me to the

practical resources I so desperately required: assorted support information, like a listing of nonprofits and specialty hospitals. But there was none of that. Nothing even close to it.

Admittedly, the one point you're guaranteed to hear over and over when TBI comes crashing into your life is that brain injury is wildly unpredictable and that no two TBI situations are the same. As pointed out on the website [Traumatic BrainInjury.com](http://TraumaticBrainInjury.com), "no two brain injuries are alike and the consequence of two similar injuries may be very different." My particular situation reflected that frustrating reality to a T in that it seemed that every single conversation with every single medical professional—the five doctors from his trauma team, the four neuropsychologists, and his umpteen therapists—began with, "You know, every brain injury is different, so it's hard to say..." This may well be the justification for the lack of roadmaps for caregivers. Be that as it may, though, the depths of confusion for the caregiver aren't any less so just because the availability of partner-specific support is lacking. So, as I reflect on my TBI journey, I would say that what would have been most helpful to me was to be prepared at a high level for the various stages of recovery that were to come—which, as the days progressed, went from improving to worsening, then stagnating, then nosediving again—and to be directed to a single place where I could readily link to the relevant resources for help as our recovery situation evolved—instead of my having one more thing to figure out alone.

Chapter Five: A Shortcut Savior for the Stretched Caregiver

It probably would have better served me to fill that sister-in-law-avoidance time with literature that would have helped me deal with some of the specific TBI issues that I was facing.

We've all heard the phrase: "Kids say the darndest things." But so do grown-ass adults who should know better. What brings this point to mind is my recall of a time (when Gilbert had been transferred from Kennestone Hospital to what would be the first of two rehabilitation facilities for him) involving a little run-in with one of my dear sisters-in-law—a tiff that I think it apropos to reference because of how it connects with my argument for compiling an annotated bibliography of resources for TBI survivors' partners/caregivers. The context and situation support the need for an easily digestible and comprehensive resource listing for partners and family members that could prove to be exceptionally practical during a high-stress time.

When it was determined that my husband would likely be kept at the Shepherd Center, the first facility he was transferred to from Kennestone Hospital, for inpatient rehab no more than six weeks, my sister-in-law came to stay with us in preparation for his homecoming. The physiatrists and case manager at Shepherd Center warned us that he would need 24/7 supervision so we could manage everything including ensuring that he didn't try finding the car keys to run away or attempt to use sharp objects to hurt himself or others, as well as assisting him with toileting issues and grooming routines, and supervising his medication regimen. His sister, Helen, would

be his primary caregiver looking after these sorts of things during business hours so that I could continue working full-time.

Retired after years of serving as a home health aide herself in Canada, she felt that she was the best positioned out of all his eleven living siblings to make herself physically available to support us, so she graciously came to us at what was supposed to be the tail end of his stay at Shepherd Center. The idea was for her to be in Georgia in order for her to be able to partake in Shepherd Center's family training that would prepare us to support him and his special needs when he was sent home. Like me, she would learn techniques such as how to help him shower, how to persuade him to do things he might resist (like taking his medications), and how to redirect him if he tried undertaking some kind of unsafe activity (like walking our seventy-pound Doberman Pinscher dog, given that he barely had enough strength and balance to support his own now frail 160-pound frame).

The problem with this plan was that once she was finished with her Shepherd Center visit and/or training every day, she would return to my lifeless, morose home—a place void of her brother's presence: His favorite TV shows weren't blaring in the living room, there was no doggie talk with Marley, and no pots bubbled on the stove filling the air with pungent West Indian spices when it was dinner time. Besides this, the two young adults who were her nephew and niece now avoided our home without their Dad like the plague—finding any and all reasons to not come home. I, of course, had to spend a full workday at the office where I was, at that time, in the throes of

helping produce my university's flagship recruitment piece. This project was demanding: It changed at the very last minute from being a simple reprint to a piece to be completely revamped both editorially and design-wise, requiring more focus than I had to give at the time. After hectic days at work, I would then leave my office to visit with my husband at Shepherd Center. There, instead of a comforting reunion, I would have to endure crazy-talk conversations in which he'd refer to renovating our home (that, in his brain-injured mind, was down the street in our homeland of Trinidad) to accommodate his mother—who had actually passed away six years prior. It was only after my draining daily Shepherd Center visits that I would finally make my way home late at night. So, yes, the amount of time Helen spent by herself at my home was substantial. Then one day, she said it. She had the nerve to complain about *her* long days!

In conversation one afternoon with a Shepherd Center neuropsychologist who was updating us on my husband's cognitive progress—or lack thereof—Helen began complaining about what a toll this situation was taking on her: “Brigitte is gone all day, the kids are never home, there's nothing for me to do, and it gets so lonely in that big house.” I couldn't believe my ears, especially as she had been living the life of a spinster for some thirty years. Why on earth would she be looking to my household—at this time of all times—to take refuge from her loneliness? I could tell the neuropsychologist was trying to keep a neutral expression. She rocked back uncomfortably in her chair and looked down at her notepad, but she couldn't keep her

brow from furrowing, so I could tell she was just as taken aback as I was, and I was certain she sensed that I was biting my tongue. I wanted to yell: “How could you possibly have the cajones to so selfishly bring up your feelings of loneliness in front of me who could barely manage to get out of bed day after day because every room in my house and almost everything in each of those rooms is a reminder of my husband—and that that I’ve lost him. *YOU’RE* lonely??!!!! And, I’m so sorry that I don’t have time to entertain you with ‘things to do,’ but I’m kind of preoccupied, trying to figure out my new normal and just keeping my shit together!”

Suffice it to say, of course, I did not respond with what was really on my mind when she said what she did, but I was so angry that I dodged her for several days when I was at home. I did so by retreating to my room where I read. I wondered, as I distractedly flipped the pages of *To Kill a Mockingbird*, what advice Atticus would give to someone in my situation. I can admit in retrospect, though, instead of reading material not at all related to my husband’s condition—or to our new situation—it probably would have better served me to fill that sister-in-law-avoidance time with literature that would have helped me deal with some of the specific TBI issues that I was facing [Appendix B]. But I did not know what that literature was. No one had given me a list. I needed literature—but not just American classical literature.

Had I had access to a TBI-centric annotated bibliography, I would’ve easily realized, for instance, that there’s actually some informative literature that takes a light-hearted approach and incorporates humor like *I’ll Carry the Fork*, written by a

victim of TBI. There are also some reads that do provide research findings that are even easily digestible: *Confronting Traumatic Brain Injury: Devastation, Hope, and Healing* comes to mind. In other words, if I'd had such annotations available to me, I would've been more inclined to expend my reading energy and stretched time on materials germane to the TBI situation. Because I never had any downtime, I would've definitely welcomed access to a resource such as an annotated bibliography so, as a time-stretched caregiver, I would be able to more quickly and easily get to reading what was relevant—and even entertaining—for me in my particular situation.

Chapter Six: Blogging it Out

Creating a blog or simply having access to a caregiver's blog—the need is real and welcomed.

There's much to be said about the therapeutic effects of writing. In Amber Esping's article in the *Journal of Border Educational Research*, she asserts "the experience of healing may be attributed to the idea that the self who is writing an autoethnographic story may be changed by the process of writing it" (Esping 61). And in considering specifically autoethnography as a reflective tool, Mariza Mendez explains that one of the purposes of autoethnography is recreating the researcher's experience in a reflexive way, "aiming at making a connection to the reader which can help him or her to think and reflect about his or her own experiences" (Mendez). Bingo! That was exactly my thought process when I set out to write the journal blog I created for my final project in my Issues & Research in Professional Writing class in Fall 2018. The additional bonus was the catharsis in it for me gotten out of intensely reflecting and putting my particular experience in black and white.

For me, being able to tell the story of the loneliness, the fear, the blame-taking, the desolation, the denial, the guilt that came along with that uninvited TBI guest began to make the experience almost tolerable. Because I felt sharing details in a raw way would be deeply relatable for other spouses and family members, I felt empowered to open up in a way that I had been stifling up till that point. As Stephen Da Cambra points out in his own blog written on the topic of the relevance of blogs in

2018: “You can’t ‘filter’ a blog post. While you might wish you could, the fact that you can’t gives you an incredible opportunity to be yourself.”

Furthermore, it’s really a two-way street. In the beginning of my experience, I was unaware that there were personal accounts from caregivers that existed in the form of blogs. At the start of my own journey, I would’ve certainly welcomed being able to read another wife’s journey—and not necessarily in the form of a novel. I would’ve been more open to looking into another spouse’s real-time accounts as they blogged about the daily trials that life brings when TBI takes over your household. Besides which, with blogs, there’s the added feature of a Comments section that allows interaction from and connection with other readers—another means of catharsis.

Although my blog contribution for my final project did not take the approach of a daily recount of happenings in our new post-TBI life, it was posted to a blog forum that I happened along when I started my capstone research. It appears in the Caregiver Stories section of the Brain Injury Peer Visitor website because, according to the founder of that association, “It’s very heartfelt and real” and so “would be very helpful to the more than 2,000 users” who visit that site every month.

So, from two perspectives—creating a blog or simply having access to a caregiver’s blog—the need is real and welcomed. A blog would be that much-needed outlet for either venting as an overlooked casualty of TBI’s ruthless indirect consequences or for discovering a comforting commonality in others’ caregiving experiences, written in a candid way [Appendix C].

Chapter Seven: The Need for a Necessarily Plainspoken Guide

How much easier it would've been for me to have learned that little tidbit much, much earlier on through some kind of quick-read pamphlet—and without having to actually admit such ugly thoughts to someone else.

There are few life events worse than assuming the status of unexpected widow. But one of them is definitely living the life of a widow—with the expectation and burden of preparing for the return of a lifetime partner who is likely to be severely disabled.

What a mess! In the deepest, darkest hours of my living through that reality, having computed very early on in the acute stage of my husband's recovery battle that a damaged brain is ultimately a lifetime problem, I repeatedly asked myself—sometimes even out loud: "How could this be my life?" All in the matter of an instant, I no longer had the one who had been an absolute constant in my life for more than two decades. I felt so unbelievably lonely. In fact, I didn't realize how close I was to him till all this accident nonsense. I wondered how elderly wives could possibly survive widowhood after literally spending half their lives with their other half; mine was just a mere quarter, and this so did not feel survivable to me. How could I get used to walking into my home day after day when his larger-than-life presence was absent? How would I ever see a Harley drive by again and not lose it? How would I ever get accustomed to not hearing his work truck beep annoyingly as it reversed into our

driveway at the end of the day, while our Doberman Pinscher eagerly waited at the door to greet him? I missed him so goddamn much!

But did I really have time to grieve? Absolutely not. My husband was not dead. He just was not living at that point, and I had to spend every waking minute figuring out how to deal with our family's new normal when he did come out of his coma. This would have been difficult any way—having never been down this kind of road before—but because his condition was a virtual roller coaster of progress and regression of varying proportions, figuring this stuff out was, as cliché as it sounds, like trying to shoot a moving target.

I needed to vent to someone, and, thankfully, at the Shepherd Center I finally connected with a counsellor who was easily accessible and disarming enough that I could truly vent. And one day, she bluntly asked *the* question: “Would it have been easier if he died?”

“Yes. Yes. 1,000 times, YES!” And as soon as I blurted that out, I launched into an explanation of how guilty I felt about that confession. But she quickly explained to me that such feelings were actually common—and totally understandable for someone in my position.

How much easier it would've been for me to have learned that little tidbit much, much earlier on through some kind of quick-read pamphlet—and without having to actually admit such ugly thoughts to someone else.

That's just one example of why I feel strongly that a down-to-earth guide written in a conversational tone, covering those obscure points of everyday life post-TBI is essential for a partner. For partners living through the hell, a guide like this would help them realize their hell has been experienced by others before them and others' experience can be instructive. The bottom line is that caregivers having access to information on many topics that might seem taboo or embarrassing, and things that might not even be on a their radar early on but are bound to come up, is key to a partner not being blindsided and being better to prepared to survive a situation that most often seems unsurvivable. *What to Expect When TBI Was Never Expected* [Appendix D] contains sample content that attempts to do exactly that.

Part III: Conclusion

Chapter Eight: The End to a Beginning

As anyone who has been affected by TBI (both survivors and their loved ones) can attest to, sufficient support for a problem that is considered to be of epidemic proportions simply does not exist, which is just not satisfactory given that “the long-term impairments and disabilities associated with TBI are grave and the full human cost is incalculable . . . and have profound effects on social and family relationships” (“Report to Congress”). But even if that’s not enough of a compelling reason, the chilling reality is that absolutely no one is exempt from the possibility of suffering from TBI’s shattering effects. The unforgiving reality is that TBI does, indeed, claim victims no matter the age, gender, race, or socioeconomic class, and it can take the form of the most spectacular freak accident or just happen in the most routine of scenarios. Regardless, the point remains that until it happens to you or your wife, father, grandchild, sibling, or best friend, it’s never a thought that enters your mind—then it fundamentally consumes you forever after, fundamentally changing your life. For that reason, every single one of us should care about support and resource materials being more plentiful and more easily accessible.

The work completed in this capstone therefore, ideally, will ultimately trigger the production of a single—much broader and more comprehensive—initiative that can be *the* resource that nonprofits and peer support groups across the nation point to when a family is in need of TBI support. I see it as taking the form of a website meant to serve as a one-stop repository for a vast range of TBI resources. For example, the

father overwhelmed with raising his three small children on his own as he also takes on the care of his now totally dependent wife can go to that website and readily find that he can at least access some financial support for his now single-income home through the Brain & Spinal Injury Trust Fund Commission, located in Appendix A – Listing of Nonprofits Supporting Individuals Impacted by Traumatic Brain Injury. Likewise, the husband who has lived with his wife for thirty years but can't figure out how to deal with the now constant fighting in their post-TBI household because of the new parent-child dynamic can easily find from the annotations on this proposed one-stop website that *The Brain Injury Survivor's Guide: Welcome to Our World* may have just the pointers he needs to better cope with the new expectations and often unreasonable demands of his brain-damaged wife found in Appendix B – Annotated Bibliography of Resources for TBI Survivors and Caregivers. Or the live-in girlfriend, who was just beginning discussions of marriage right before her boyfriend's accident, can see on this website that there's a place for her to openly share her fears and frustrations along with other caregivers who write blog posts as a means of self-therapy (as the Sample Caregiver's Blog Entry in Appendix C illustrates). And the wife who has been suffering silently with rejection issues because her post-TBI husband has shown absolutely no interest in being intimate with her in the year since he's returned home will discover discreetly from *What to Expect When TBI Was Never Expected* in Appendix D that this is typical—though no one ever talks about it.

Producing these appendices for this project not only reinforced for me certain techniques in academic research, an area I had little exposure to prior to my time in the MAPW program, but it unearthed resources that I can take advantage of going forward in my own TBI journey. The point that this reiterates, however, is that finding the support relevant to your particular situation can be difficult and time-consuming if you don't know what you don't know. So, I feel I have accomplished a little bit of practical good by beginning the process of compiling the tools that would be most helpful to the population of partner caregivers—a population that has been typically treated with scant regard.

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**APPENDIX A – Listing of Nonprofits Supporting Individuals Impacted by
Traumatic Brain Injury**

- Brain & Spinal Injury Trust Fund Commission – a potential channel for any TBI-related financial assistance that might become necessary to secure help with assistive technology, personal support services, transportation, home modifications, etc.

- The Brain Injury Association of America – an organization offering information on advocacy and government relations as well financial options TBI survivors and their families might be able to consider.

- The Brain Injury Association of Georgia – a state-centric organization catering to the needs of not only TBI survivors and their families but service providers, as well.

- The Brain Injury Peer Visitor Association – an educational nonprofit founded by a TBI survivor and operated solely by volunteers.

- BrainLine – a website providing education and support on all things TBI using multimedia assets such as video, webcasts, articles, personal reports, research briefs, and current news.

- Brain Trauma Foundation – an organization dedicated to conducting clinical research to improve outcomes for the millions who suffer from traumatic brain injuries every year through research partnerships and educational outreach.
- My Shepherd Connection – a tips-and-resources website for brain injury patients, their families, and caregivers.
- Restore Neurobehavioral Health Center – an inpatient care facility focused on helping brain-injured patients with severe behavioral issues reintegrate into the community.
- Shepherd Center – a full-service 152-bed rehab hospital specializing in brain and spinal injury, ranked among the top 10 rehab hospitals in the United States.
- Side by Side Brain Injury Clubhouse – a program offering brain-injured adults the opportunity to return to a routine of work and involvement in the activities of a contributing member of society.

- TraumaticBrainInjury.com – a holistic online resource offering guidance and support to survivors and their families from even before the TBI victim is discharged from the hospital.
- [Unlimited Possibilities Support Group](#) – a community of stroke and brain injury survivors and caregivers.

**APPENDIX B - Annotated Bibliography of Resources for Survivors of TBI and
Their Caregivers**

Humphreys, I., et al. "The Costs of Traumatic Brain Injury: A Literature Review."

ClinicoEconomics and outcomes research : CEOR 5 (2013): 281-7. Web.

This journal article examines the heavy burden placed on society from an economic point-of-view. But apart from providing examples of economic drains, the piece also touches on the other types of strains and stressors brought on by TBI that affect the loved ones who live with TBI survivors. It speaks to the fact that, although TBI survivors often make a full recovery physically, it is the residual neurobehavioral disabilities that pose a substantial—and often lifelong—challenge for the survivors' supporters like spouses and children, with some of the TBI-related costs manifesting in outcomes such as divorce. Leading up to the discussions about the various types of TBI-related costs, the piece does a good job of providing the alarming statistics that set the stage for why research on this topic is greatly needed.

Jameson, Larry, and Jameson, Beth. *The Brain Injury Survivor's Guide: Welcome to Our World*. Outskirts Press Inc., 2007.

Based on how it's formatted alone, the reader can tell that this guide has been authored by a pair who has truly lived the TBI experience. Written by a brain injury survivor and her husband, the guide is presented in large font, with generous amounts of white space, so that it's visually simple for someone struggling with processing and vision issues following brain trauma. At under 200 pages, it's also a relatively short

read, which can be a most welcome feature for the partner who is spreading herself in 100 additional ways as a caregiver. But the true winning aspect of this resource is that, in a single book, it gives two perspectives from extreme ends of the spectrum in a very candid fashion. And the real-world advice and tips are supplemented with usable tools such as cheat sheets, sample lists, and example pages for a daily organizer. It is fair to describe this book as a must-read for both TBI survivors and their partners.

Rocchio, Carolyn. *Challenges, Changes, and Choices: A Brain Injury Guide for Families and Caregivers*. Brain Injury Association of America, pp. 1-27.

Written by founder of the Brain Injury Association of Florida and mother of a son who sustained a brain injury in an auto accident, this booklet provides family members of TBI victims with practical guidance whether their loved one is recovering from severe brain trauma or a brain injury of the milder kind. The content really does take a pragmatic approach even going so far as to include not only contact information for TBI resources, from legal to rehab and support services, but references to federal statutes that would be helpful to family members trying to advocate for particular accommodations and concessions that might be needed to improve the brain-injured individual's quality of life. This guide is one of the few commendable attempts at trying to consolidate the tips TBI caregivers will find helpful at various stages of the recovery process.

Swanson, Kara. *I'll Carry the Fork: Recovering a Life After Brain Injury*. Rising Star Press, 1999.

In this book, TBI survivor Kara Swanson chronicles her journey of recovery following her 1996 road accident and does a stellar job of combining humor and candor to engage an audience that's meant to include fellow survivors as well as their families. I highly recommend this as an easily digestible read that—because of its funny, light-hearted approach—really can serve as a respite for a partner needing an escape from the routine of caregiving. However, I would definitely fault Swanson for the oversight of not creating a space especially for family members. Yes, she recognizes them in terms of sharing advice on how best to provide support, but in her Team Kara section where she has carved out a space for contributions from those she felt were most instrumental in her recovery victories, the absence of family members' input is a tad offensive. That section includes supporters such as her doctor, her vocational rehab counselor, and even her attorney. There is, however, not one family member represented.

Winslade, William J. *Confronting Traumatic Brain Injury: Devastation, Hope, and Healing*. New Haven: Yale University Press, 1998. Web.

Written in a simple, but engaging conversational style, Winsdale's book hooks the reader with the story of his own TBI experience at age 2. Having established himself as a personal authority on the subject at the very start, the professor of psychiatry and

behavioral sciences at the University of Texas Medical Branch doesn't beat around the bush in establishing TBI as an epidemic. Labelling it as such affords the sense of urgency he wants to see associated with strategies for dealing with victims of TBI. His use of others' staggering stories of struggles with TBI is also an effective way of maintaining the exigency central to giving this topic the attention it deserves. Of course, his incorporation of hard statistics lends additional weight to the arguments he makes for why better must be done in addressing TBI. And he does speak to the particular challenges of family members, suggesting that their trials may go unnoticed because in dealing with others outside the home, brain-injured patients "may appear to be perfectly normal for short periods of time; back at home or confronted with something irritating or unexpected, they may lose control."

APPENDIX C – Sample Caregiver’s Blog Entry

The Resurrection

He was definitely on his way back. And it seemed his mood alteration meds had finally been adjusted just right so that his outbursts were basically nonexistent. So, my visits with him were now back on a daily schedule. At this point, I thoroughly enjoyed going to visit him because he was now extraordinarily affectionate, could hold a coherent conversation, could read materials I took to share with him, and could participate in discussing upcoming plans (with the remarkable progress he had been making, the case manager began working on unsupervised visits off-campus for the two of us).

There was one problem, however. Although he wasn’t exhibiting the scary agitation that had become the norm at Shepherd Center and at the beginning of his Restore stay—he began consistently harping on the negative in a way that made me feel mentally and emotionally battered.

“These meds that you insist on letting these doctors give to me,” he would say, “they’re making me nauseous, and they make everything taste like cardboard.”

There was also his finding fault with how I handled the motorbike insurance settlement. I should never have settled for such a meagre amount.

Another point of contention: “You’re never going to let me ride a bike again. But you married a biker,” he would say. “I may not have died, but now you want me to stop living?!”

And, the big one: “You signed papers for them to keep me locked up here in Restore. Why won’t you fight to have them discharge me?”

No matter how I explained that we had to stick with their recommended treatment plan to ensure that his therapies were carried out in the suggested time frame to reduce the likelihood that he would regress, he insisted that the doctors didn’t know what they were doing, and I needed to stand up to them.

I wanted to punch him out. How could he not see how far he’d come—whether it was because of or in spite of the jail-like Restore—and why would he want to jeopardize that progress by aborting treatment early? More importantly, why was he finding every reason to blame me for his being in this situation? Hello!!! *I* was the one in the first place who suggested that he not get on the bike that damn doomed day in April!

APPENDIX D – Sample Content for *What to Expect When TBI Was Never Expected* Pamphlet

That's right . . . it was never on your agenda to take a detour to the ICU that fine Saturday afternoon just days before your daughter's high school graduation—or instead of having date night that you had planned for weeks, or because he dismissed you when you suggested he not do that particular thing at that particular time. Yet here you both are living the unexpected tragedy of TBI trauma. So, now what?

When It First Happens

- **Take all the help you can get:** When tragedy strikes, it is human nature for loved ones and even just acquaintances to rally around the affected family with the most generous offers of household help, financial and administrative assistance, and emotional and prayerful support. Readily accept all of it! What's important to keep in mind about this is that there is simply no room for pride in a catastrophe. Moreover, the outpouring of assistance will not last indefinitely. Soon enough, even the closest family members and dearest of friends have to return to their own routines—regardless of where you and your spouse are in your TBI journey.
- **Make your case manager/social worker/care coordinator your new BFF:** Whoever the hospital assigns in this role will be an invaluable resource to you in terms of helping you liaise with all the different members of the medical team that will have to work on your partner. Additionally, she will be able to

provide you with some guidance in terms of what care options (inpatient or at-home) might be the most appropriate for your partner's particular situation.

Do not project into the future: The only thing that you can count on with brain injury is that it is one of the most unpredictable situations you'll ever have to deal with. So, it most certainly challenges you to not think about tomorrow in order to feel less overwhelmed; just deal with today. In plain truth, your loved one's cognitive status and trajectory can change drastically when you least expect it, positively or negatively. And in order to be able to deal with such drastic vagaries, you need to resign yourself to figuring things out day by day—even hour by hour, literally. In one moment, you may be having discussions with your case manager about which long-term care facilities might be the most appropriate, and the next moment that conversation may shift to what home modifications need to be made—and ASAP, because the three weeks of inpatient rehab that had been planned have been denied by your insurance company.

Accept that you've experienced a 'death': Having your partner comatose—whether it's for a few days or a few months—followed by weeks or months of post-traumatic amnesia, creates a void for you, as the surviving partner, that's much the same as death. It's OK to acknowledge that and allow the grieving process to happen.

If you've had death thoughts, you're not the first: What's even more challenging than a scenario in which your partner has died is that the TBI situation that has ripped your loved one from participation in your life has also brought along an intense dimension of long-term care planning that is more than a little overwhelming. To be blunt, had your partner died, you would have the burden of planning a funeral, which is a finite situation. But because your partner has survived, and (depending on the severity of injuries) may be an invalid indefinitely, there's the burden of thinking through all the potential long-term care arrangements—and that is ongoing stress of heights you're likely unfamiliar with. Not many will tell you this, but you may find yourself wishing your partner had, in fact, taken their earthly exit. Know that such thoughts are completely normal—even common.

During Rehab

- **Be a part of the process:** When your loved one eventually returns home, she will be both mentally and physically different. For some TBI survivors, that means the use of assistive technology and durable medical equipment, and an arsenal of medications. For others, it may involve just medications. Regardless, there will be a new regimen that has no resemblance to life pre-TBI, and you will need to get accustomed to the new routines. This can only happen if you make yourself available while your partner is still in inpatient rehab to familiarize yourself with the when's and how's of the post-TBI routines.

- **Don't be part of the process all the time:** Allow yourself time away from the situation. While your partner is being taken care of in an inpatient rehab facility, it's essential to take time to recharge by getting a proper night's rest in your own bed, for example. Remember, that while your loved one is away from home, he's in the care of professionals around-the-clock. When he gets home, though, you become the point person around-the-clock. So, although, you want to be part of the process to ensure you're well familiar with the new normal when he's back at home, take advantage of the opportunities for a reprieve.
- **Stimulate the memories:** During rehab, the speech, occupational, and physical therapy that will be part of your loved one's daily routine will obviously be key to the gains he will make toward recovering his old self. It's important to enhance those initial recovery efforts by adding familiar elements to his rehab environment. Fill his room with old and recent family photos and personal items, play his favorite songs, and watch familiar TV shows. Also, make conversation with him that will reinforce the basics about his current life: what city he resides in, what he did for a living, how many children he has and when their birthdays are. All conversations should be had with the purpose of triggering both short- and long-term memories.
- **Make connections:** At the rehab facility, you will, of course, come into contact with lots of other families who—although they may be dealing with a different type of brain injury—are having to adjust to life with a loved one who's a

completely different person. Find comfort in the common experience. You will find it therapeutic to hear others' stories. And apart from learning a thing or two that has worked for others in dealing with some challenges of the new norm, you might gain new perspective, realizing that your situation may actually not be as bad as others may have it. The families that you connect with while your loved one is in the rehab facility should remain ones you keep in touch with even after your partner comes home, as brain injury recovery is a lifelong process. Maintaining those connections as your loved one's situation evolves will be a solid means of support—even if it's just virtual.

- **Organize your home in anticipation of your partner's return with special needs:** Whether or not your partner comes home with severe deficits or not, someone who has suffered brain damage will have trouble with everyday conduct like initiating tasks, remembering routines, and maintaining focus. This will necessitate preparation of your household to support the TBI victim in getting through her new everyday routine. So, even if your situation doesn't warrant modifying your home with a wheelchair ramp, for instance, an individual struggling with TBI will benefit from aids such as a whiteboard in common areas with day and time reminders , and a reorganizing of your bedroom and closet space to make the process of finding things easier for your loved one, thereby reducing possible meltdown episodes.

At Home

- **Watch out for depression:** After having spent weeks or months in hospital and at a rehab facility, your partner will be so excited when she is finally discharged. Those first couple weeks at home will likely be joy-filled, but once the novelty of no longer being confined to a care facility wears off, your partner may well descend into a severe depression once the reality of her new normal hits. Her limitations and deficits will be all the more frustrating in the home setting—particularly if she remembers what she was capable of in the home setting prior to the TBI event.
- **Keep up the counselling:** Psychotherapy was probably part of the rehab process when your loved one was an inpatient. Do not let that fall by the wayside just because she's no longer an inpatient. Having a neutral party to talk to when you and your 'new' partner are relearning each other can be marriage-saving.
- **Let go:** Perhaps the hardest part for an adult TBI survivor is having to accept being treated like a child or an invalid. The survivor being treated as such necessarily happens because most brain-injured victims are not aware of or willing to acknowledge their deficits. Consequently, they are inclined to be unsafely impulsive in thought and deed, which necessitates an evolution in the relationship that comes to resemble a parent-child dynamic as opposed to the partnership that *was* prior to the TBI event. This takes a toll on the relationship very quickly. One way to handle this is to recognize that you will, at some point,

have to allow your brain-injured spouse to do things and take on responsibilities that he wants to even if he's not operating at his pre-TBI level. This means you'll have to get creative about subtly supervising his activities or covertly double-checking what he's done. But letting go of the urge to essentially control every move your 'new' spouse makes—and, instead encouraging independence—is key to helping your spouse regain a sense of individuality, which will eventually lead to your feeling less drained.

- **Talk about sex:** One of the most common side effects of TBI (whether it's medication-induced or a function of the brain's lag in rewiring) is a lack of interest in sex and the actual ability to perform sexually. This is probably information no medical professional will offer up to you; it's something that you'll only realize when your spouse is back home. Just remember that getting the problem resolved means you have to talk about it: you and your partner—and you and your partner with the chosen professional. The Shepherd Center hosts a class on intimacy and can provide you with literature that will be helpful as you and your spouse work on this particular issue.
- **Expect unpredictability with progress, and adjust expectations accordingly:** There may be times when you feel like your partner's advances are promising and, as such, your expectations may rise. For example, one day she may call you to tell you about a chore she completed that she remembered to do without ever writing it down. Or she may be able to take the lead on walking to the store

without taking any wrong turns. Such developments will give you a great sense of hope about her development. With a TBI victim, even very minor accomplishments are very significant—as they should be because every advancement, no matter how small, is a move forward to a life of pre-TBI capabilities. However, be aware that the reconnections taking place in the brain happen in sort of a haphazard way that results in inconsistency in level of ability. So, don't be caught off guard when, on Monday, she can prepare a tuna casserole with no problem, but on Tuesday when you ask her to take care of a load of laundry, it gets done without any washing detergent. Know that an 'off' day or incident should not incite panic about some kind of permanent regression; it should just really be taken as a reminder that the TBI recovery road is necessarily long, requiring lots of extra patience.

Though you'll probably find yourself wishing over and over that you could turn back the hands of time to reverse the decision and consequent activity that changed your family's life forever, there are also blessings to be had that wouldn't have come if it weren't for the tragic turn of events. Focus on those blessings. Whether it's a calmer or more upbeat—albeit medicated—demeanor, or a release for your partner from the grind of a full-time job that stressed him to the nth degree, find the blessings. They are there waiting for you to embrace them.

Biographical Sketch

A senior writer/editor in Institute Communications at Georgia Institute of Technology — a public university rated eighth in the United States and ranked among the top 8% of the world's universities — Brigitte Espinet has more than 20 years' experience as a professional communicator.

With beginnings in print journalism, the field in which she obtained her undergraduate degree from Florida International University, she made the shift from news reporting to corporate communications soon after graduation when a full-time assistant editor position at a national insurance company wooed her away from her part-time staff reporter position at a community newspaper. She has been wedded to the world of corporate/marketing communications ever since.

With a strong technical command of the English language, she has served as a writing and editing expert in a variety of industries including insurance, publishing, banking, continuing medical education, and higher education.

She is skilled in crafting corporate articles/advertorials and marketing collateral, press releases, executive speeches, fact sheets, key messages, and has a special affinity for conducting interviews and producing human interest stories and multimedia features. One [such Georgia Tech feature](#) on which she served as the lead writer received coveted recognition from the Public Relations Society of America, winning the 2015 Bronze Anvil Award. That year, the PRSA competition attracted a total of 828 entries, and the 24 Hours at Clough Commons feature was one of only 45 to

be selected for the Bronze Anvil Award. Also noteworthy of that particular piece is that at a time when Tech's typical online feature drew approximately 3,500 page views, [24 Hours at Clough Commons](#) pulled in 19,704. It remained Tech's No. 1 feature for at least a year.

As at all her previous employers, she is also considered a style authority. She manages Georgia Tech's AP-based style guide and fields style and grammatical questions from communicators across campus.

She would have earned her Master of Arts in Professional Writing degree from Kennesaw State University upon completion of the 2019 Summer semester.