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All chat will be recorded and archived.

This material is based upon work supported by the National Institute of Food and Agriculture, U.S. Department of Agriculture, and the Office of Family Policy, Children and Youth, U.S. Department of Defense under Award Numbers 2010-48869-20685 and 2012-48755-20306.

U.S. DEPARTMENT
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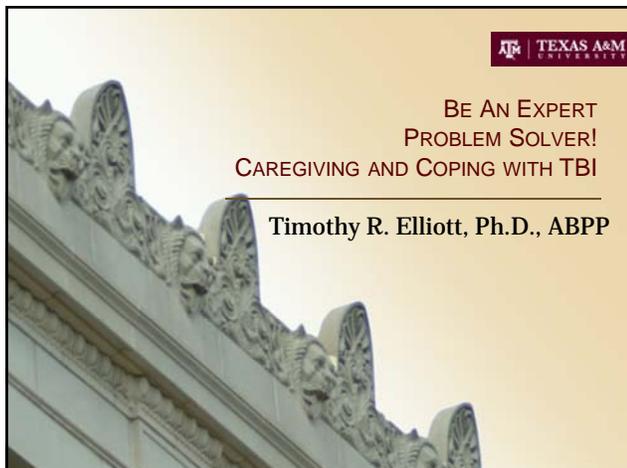
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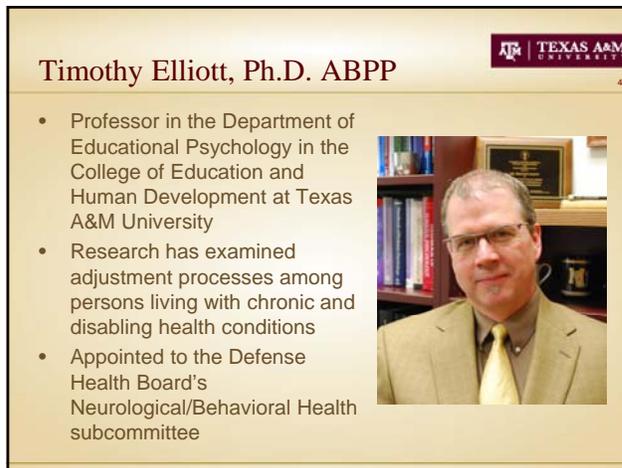
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**BE AN EXPERT
PROBLEM SOLVER!
CAREGIVING AND COPING WITH TBI**

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- Research has examined adjustment processes among persons living with chronic and disabling health conditions
- Appointed to the Defense Health Board's Neurological/Behavioral Health subcommittee



Traumatic Brain Injury

and Family Members



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- A large number of returning military personnel incurred a brain injury in the line of duty
- The number of those wounded with TBI and the accompanying complications has necessitated major changes in the ways in which the Department of Defense and the VA treats these injuries
- Although family members and caregivers are to receive education about TBI as early as possible, many families find they need additional and ongoing support

Traumatic Brain Injury

and Family Caregivers



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- In this presentation we will review many issues family members face living with TBI
- I will present basic information about coping and specific problem solving strategies that have been useful to other caregivers living with TBI
- Some of this information is available at websites for military personnel and their families and at DoD and VA websites

What is a TBI?

Families Need to Know the Basics



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- A traumatic brain injury (TBI) is a direct blow or jolt to the head, penetrating head injury, or exposure to external forces such as blast waves that disrupts the function of the brain.
- Commonly results in a change in neuronal activity, which effects the physical integrity, the metabolic activity, or the functional ability of the individual
- Not all blows to the head or exposure to external forces results in a TBI.

Excellent website for families:

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



Families Need to Know That....



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TBI can cause a wide range of functional short-or long-term changes affecting thinking, sensation, language, or emotions

- Thinking *memory, reasoning*
- Sensation *touch, taste, smell, pain*
- Language *communication, expression, understanding*
- Emotion *depression, anxiety, mood changes*
- Behavior *fatigue, agitation, impulsiveness, social inappropriateness*

Differences in TBIs



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- The severity of TBI may range from “mild”— a brief change in mental status or consciousness — to “severe,” an extended period of unconsciousness or confusion after the injury
- Mild TBIs (mTBIs) are often described as concussions
- Most TBIs incurred by our military personnel are mild
- Blasts account for the majority of TBIs
- Most military personnel are exposed to many blasts, increasing the likelihood of multiple concussions/mTBIs over time

Causes of TBI Among Military and War Zone Personnel



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In 2008, the Department of Defense (DoD) reported that:

- Seven out of 10 TBI injuries were due to a blast
- More than 1 in 10 were due to a fall
- More than 1 in 20 were due to a vehicular incident
- One in 20 were due to fragments
- The rest were due to other causes.

The Army reported that 88 percent of TBIs among soldiers were mild. Six percent were moderate and another six percent were severe.



Understanding Mild TBI



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Often described as concussion or as a post-concussive syndrome (PCS)

It is associated with a variety of symptoms that will manifest immediately following the event, and may resolve quickly, within minutes to hours after the injury event, or they may persist longer.

<http://www.traumaticbraininjuryatoz.org/Interactive-Brain>

Understanding Mild TBI



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The most typical signs and symptoms after concussion fall into one or more of the following three categories:

- Physical:** headache, nausea, vomiting, dizziness, fatigue, blurred vision, sleep disturbance, sensitivity to light/noise, balance problems, transient neurological abnormalities
- Cognitive:** attention, concentration, memory, speed of processing, judgment, executive function
- Behavioral/emotional:** depression, anxiety, agitation, irritability, impulsivity, aggression.

Polytrauma Among Veterans



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52% percent of returning warriors has one or more of the following: Pain, TBI and PTSD

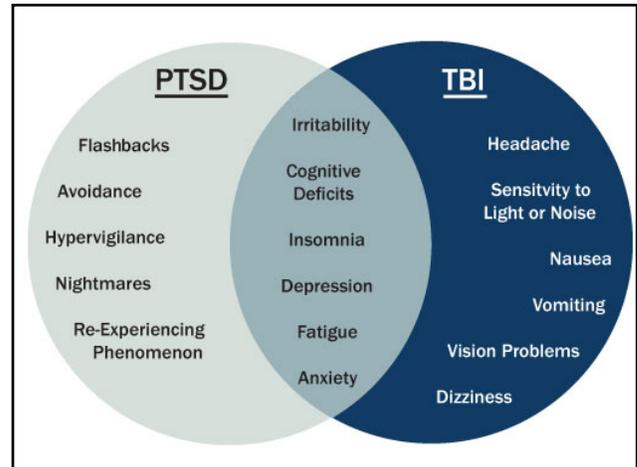
9% of them have TBI

30% has PTSD

40% have pain

6% may have all three

DePalma et al



Caregiving Can be Stressful

Components of Stress



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PHYSIOLOGICAL

COGNITIVE

EMOTIONAL

INTERPERSONAL

Variations in Problems and Stressors



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Sudden --- Gradual

Events --- Hassles

Objective --- Subjective

Consequences of Prolonged Stress



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- Varies by personal vulnerabilities
- Negative moods
- Anger, frustration
- Anxiety, depression
- Ill health
- Interpersonal conflicts
- Burnout

Frequently Encountered Problems



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Caregivers of Persons with TBI

- Dealing with everything by myself
- Feeling overwhelmed with responsibility
- Finding time to be alone
- Loss of husband/wife relationship
- Dealing with violent behavior
- Dealing with their negative, pessimistic attitude
- Dealing with changes in personality
- Keeping a positive attitude all the time
- Having to re-teach and watching the struggle
- Not being able to go places
- Dealing with their anger
- Financial issues

Problems that Cause Stress



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Men with TBI

- Loss of independence
- Loss of role as husband, father
- Difficulties recognizing limitations
- Loss of memory
- Personality changes

Problems that Cause Stress



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Women with TBI

- Loss of autonomy
- Loneliness
- Diminished interest in sex
- Pain and limitations in activities
- Personality changes
- Reduced cognitive/memory abilities

Problems that Cause Stress *Husbands of Women with TBI*



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- Wife's loss of autonomy
- Wife's mood swings
- Wife's insecurities and over-protectiveness
- Wife's reluctance to leave the home
- General change in lifestyle

Problems that Cause Stress *Wives of Men with TBI*



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- Changes in husband's personality
- Changes in husband's memory, cognition
- Husband's lack of insight, poor acceptance
- Reduction in financial resources
- Loss of emotional support, companionship
- Feeling unable to meet children's need

Brief Overview of Coping



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Coping depends on many things:

- learned coping behaviors*
- appraisal of stress*
- differences in repertoire*

Broadly defined, there are two types of coping

- emotion-focused*
- problem-focused*

Emotion Focused Coping



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Ways to manage negative emotions and emotional consequences of stress.

- Shopping
- Happy hour
- Music
- Going out
- Eating chocolate
- Watching TV, etc.



Problem Focused Coping

Instrumental, goal-oriented tasks to change a situation, change aspects of the environment, or change the way you respond to or perceive a stressor.

- Making a plan*
- Learning a new skill*
- Being assertive*

The Social Problem Solving Model

Described by D'Zurilla, Nezu
a cognitive-behavioral model
 Encompasses coping styles
 Emphasizes self-regulation of emotions
 Recognizes positive expectancies and orientation as motivating factors
 Specifies strategies for solving problems that can be taught and implemented as needed

What Do Effective Problem-Solvers Do?

- Use rational, problem-focused coping under stress
- Assertive, higher self-concept and confidence
- Proactive, conscientious coping style
- Have a greater sense of control over health
- Report fewer health problems and complaints
- Greater desire for information about health care
- Less distressed, higher life satisfaction

The Five Steps to Solve Problems Effectively



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1. How to think about a problem
2. How to define a problem/set goals
3. How to create solutions
4. How to make good decisions
5. How to evaluate outcomes

Two Components of Problem Solving: Part I



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Problem Orientation

- Ward Off Negative Emotions
- Promote Positive Emotions
- Inhibit Impulsive Reactions
- Motivate Person toward Problem Solving

Regulating Emotions

...because negative emotions get in the way



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- Positive self-statements
- "Read" emotions for cues
- See problems as challenge
- Re-goal
- Rational thinking

Two Components of Problem Solving: Part II



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Problem Solving Skills

- Generate Solutions
- Make and Implement Choices
- Evaluate Progress and Outcome
- Can be rational, impulsive, careless, or avoidant



Facts

Optimism

Creativity

Understanding

Solve

- Caregiver
- Links to
- Understanding
- Education and
- Support

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Learn More about Problem Solving

Caregiver Briefcase for Clinicians

- <http://www.apa.org/pi/about/publications/caregivers/index.aspx>

Problem-Solving Interventions for Caregivers

- <http://www.apa.org/pi/about/publications/caregivers/practice-settings/intervention/focus.aspx>
- <http://www.apa.org/pi/about/publications/caregivers/practice-settings/intervention/social-skills.aspx>
- <http://www.apa.org/pi/about/publications/caregivers/practice-settings/intervention/problem-solving.aspx>

Caregiver Guides

- <http://www.traumaticbraininjuryatoz.org/Resource-Center/For-Caregivers/Caregiver-Guides-Printable>

#3 "Becoming a Family Caregiver for a Service Member/Veteran with TBI"

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Getting the Facts

Define your problem

Answering the questions: WHO? WHAT? WHEN? WHERE? HOW?

What about this situation makes it a problem for you? What are the obstacles? What are the conflicts?

The more specific you are, the more likely you will be to find an effective solution.

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- Is it a real and likely problem I am concerned about?
- Is the problem something happening now?
- Is the problem something I have some control over?

Step 1: Identify/Define Problem

Try to state the problem as clearly as possible. Be objective and specific about the behaviour, situation, timing, and circumstances that make it a problem. Describe the problem in terms of what you can observe rather than subjective feelings.

The problem grid

The problem:

| | Goals • What is the goal? • Why do you have that goal? | Exceptions • In what situations is there not a problem • What is different when the problem isn't occurring? | Hypothetical • How will things be different when the problem is solved? • What will be evidence that the problem no longer exists? |
|--|--|--|--|
| Self From your own perspective | | | |
| Other From the perspective of a partner or a good friend | | | |
| Detached From the perspective of an outsider / complete stranger | | | |



BEING OPTIMISTIC:

UNDERSTAND and READ EMOTIONS

*Emotions such as irritability, anger, nervousness, or sadness are signals that a problem exists and...
...are a cue to STOP and THINK*



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BEING OPTIMISTIC:

Reading Emotions

Feelings – what did you feel before and after the problem occurred? What did you feel while it was occurring?

Thinking – what did you think before and after the problem occurred? What did you think while it was occurring?

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BEING OPTIMISTIC:

Positive Versus Negative Orientation

Positive Problem Orientation (adaptive thoughts)

1. Problems are normal, ordinary, inevitable events in life.
2. Problems are challenges or opportunities for personal growth or self-improvement instead of threats to be avoided.
3. There is a solution to most problems and I am capable of finding the solutions and implementing them successfully.
4. Solving problems is likely to take time and effort. I like to stop and think instead of acting impulsively. I do not give up too easily if a solution is not quickly discovered. Instead, I try my very best to succeed, and if I cannot, I will either accept the problem as unchangeable in its current form and try to view it differently, or I will go get help.

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BEING OPTIMISTIC:

Positive Versus Negative Orientation



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Negative Problem Orientation (maladaptive thoughts)

1. Problems are my fault. Something is wrong with me that I have problems.
2. Problems are threats to be avoided or to be attacked immediately without hesitation or plan.
3. I cannot cope with problems effectively because the problem is unsolvable. I am not capable of solving problems successfully. It is better if someone else solves my problems for me.
4. A competent individual should be able to solve problems quickly and with little effort. My failure to solve problems is because of my inadequacy or incompetency. Someone else should solve my problems for me.

BE CREATIVE: GENERATE SOLUTIONS



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Step 2: Generate Possible Solutions/Options

List all the possible solutions. Be creative and forget about the quality of the solutions. If you allow yourself to be creative, you may come up with some options that you would not otherwise have thought of.

Generate as many alternative solutions as possible. Remember:

- (1) quantity leads to quality;
- (2) don't judge the solution ideas until later;
- (3) think of both strategies and tactics.

This is BRAINSTORMING. Try to list at least a dozen possible solutions. When you review them you may find that you could combine a few. One may help improve another.

UNDERSTANDING: ANALYZE YOUR SOLUTIONS!



Now eliminate the less desirable or unreasonable alternatives only after as many possible solutions have been listed. Then, list the remaining options in order of preference.

Eliminate the ones that are out of the question. They are either impossible or unreasonable.

Let's evaluate the ones remaining:

| | Advantages | Disadvantages |
|-----------------------|------------|---------------|
| Potential Solution #1 | | |
| Potential Solution #2 | | |
| Potential Solution #3 | | |
| Potential Solution #4 | | |

SOLVING THE PROBLEM: DECISION MAKING



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The **BEST** solution is one that:

- Solves the problem
- Maximizes positive consequences
- Minimizes negative consequences

Evaluate each solution according to:

- Personal and social consequences
- Short-term and long-term consequences
- Likelihood that the solution will solve the problem
- Likelihood that you can realistically carry out the solution



SOLVING THE PROBLEM: DECISION-MAKING WORKSHEET



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Instructions: (1) Write an abbreviated form of each possible solution
(2) Evaluate the consequences of implementing each solution

Rating Scale: + = generally positive consequences; very likely
- = generally negative consequences; not very likely
0 = neutral

Goal: Try and be more patient with him and not get so upset

| Possible Solution | Personal Effects | Social Effects | Short-term Effects | Long-term Effects | Likelihood of Success (Will it work?) | Likelihood of Implementation (Can I do it?) |
|--|------------------|----------------|--------------------|-------------------|---------------------------------------|---|
| Don't try to talk to him when I'm already upset | + | + | 0 | 0 | 0 | + |
| Do some deep breathing exercises before I talk | + | + | + | + | + | + |
| Ask his sister to stay with him so I can get out of house more often | + | 0 | + | 0 | + | - |
| Ask the social worker for help and/or advice | + | + | 0 | + | - | + |

IMPLEMENT THE SOLUTION



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1. Pick a solution

2. Test your selected solution

3. Evaluate the results

a. Did you accomplish your goal?

b. Do you need to take any additional steps to accomplish your goal?

c. If so, go back to step #1

Evaluate What Happened



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What solution are you evaluating?

Don't try to deal with him when I'm already upset.

How well did your solution meet your goals?

1 2 3 4 5
Not at all Somewhat Very Well

How did this solution affect you personally?

It took a great deal of effort to put aside my feelings when trying to deal with his anger. While I might not have been in a bad mood before he got angry I found that once he did I got very upset and anxious.

How well did you predict these personal consequences?

1 2 3 4 5
Not at all Somewhat Very Well

SOLUTION EVALUATION



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Possible Solution #1 (cont.)

What were the actual effects of this solution on others?

I noticed that even while I was anxious, I was not as overwhelmed as usual. My husband noticed that I was not as tense afterwards.

How well did you predict the consequences that this solution would have on others?

1 2 3 4 5
Not at all Somewhat Very Well

OVERALL SATISFACTION WITH THIS SOLUTION

1 2 3 4 5
Not at all Somewhat Very Well

F-O-C-U-S



Problem Solving for Caregivers

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F- is a reminder of the importance of having all the **facts** about a problem situation. By being able to identify "who" "what" "when" "where" and "how", you can increase your chances of finding a solution that will solve your problem.

O- stands for '**optimism**' which is the major characteristic of effective problem solvers. By understanding how your thoughts influence your behaviors, you learn to recognize some of the ways people fall into a negative mind-set and try some tools to help you become a more positive thinker.

C- **creativity** is necessary for effective problem solving in order to view the situation from a different perspective and, thus, come up with more alternatives for resolving the problem.

U- evaluating the effectiveness of a solution requires **understanding** the short and long term effects as well as its impact on yourself and others.

S- effective problem solving involves evaluation and modification of a possible **solution** in order to elicit the most satisfactory results.

Concluding Thoughts Develop Stress Buffers



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Wellness behaviors

Good diet

Meaningful activities

Routine exercise

Daily health regimens

Leisure and relaxation

Concluding Thoughts Develop Stress Buffers



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Interpersonal styles

Effective social skills

Assertion skills

Conflict management

Social support

Cultivate positive emotional experiences

important to do things that promote positive emotions!

Concluding Thoughts Develop Stress Buffers



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Cognitive styles

Sense of control

Tolerance

Priorities and goals

Humor, perspective

Hope and meaning

"We must accept finite disappointment, but never lose infinite hope."

-----Martin Luther King, Jr.

Questions or Comments?