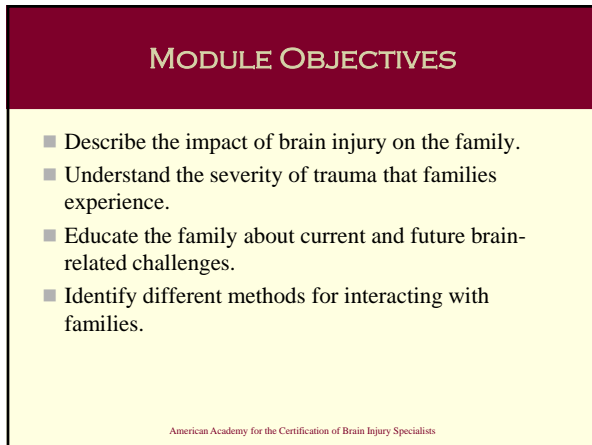


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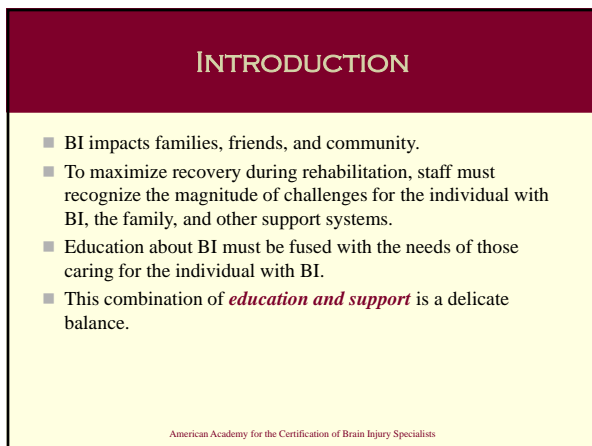
CERTIFICATION EXAM PREPARATION COURSE
**Chapter 7: Brain Injury – A Family
Perspective**



MODULE OBJECTIVES

- Describe the impact of brain injury on the family.
- Understand the severity of trauma that families experience.
- Educate the family about current and future brain-related challenges.
- Identify different methods for interacting with families.

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INTRODUCTION

- BI impacts families, friends, and community.
- To maximize recovery during rehabilitation, staff must recognize the magnitude of challenges for the individual with BI, the family, and other support systems.
- Education about BI must be fused with the needs of those caring for the individual with BI.
- This combination of *education and support* is a delicate balance.

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A FAMILY'S POINT OF VIEW


- Pre-injury cohesiveness
- Attitudes about illness and responsibilities
- Economic supports
- Social supports



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A FAMILY'S POINT OF VIEW

- Isolation
- Loss of emotional support
- Restricted independence
- Financial strain
- Bewilderment
- Frustration
- Guilt
- Trepidation
- Depression
- Fear
- Confusion
- Anger
- Desolation



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A FAMILY'S POINT OF VIEW

- BI creates complex and long-term demands on the family system and community.
- A common denominator for all families is the awareness that they have been **forcibly changed forever**, with no idea what the future holds.
- Staff must be aware of the multiple needs of families and understand:
 - The devastation associated with the physical injury
 - The emotional instability of the family
 - The financial burdens associated with care

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WORKING WITH THE SYSTEM

- The BI of a family member challenges the core values and resources of the family system.
 - The family's understanding of brain injury depends on the kind of information provided and the ability of family members to understand and comprehend complexities of the BI.
 - The ability of staff to provide information in clear and understandable terms, to answer questions directly, and to provide diagrams to illustrate complex anatomy and procedures directly affects the family's comprehension.
 - The *interpersonal communication skills* of staff during the delivery of difficult news also affect the family's understanding, as families need compassion and support as they try to absorb clinical information.

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WORKING WITH THE SYSTEM

- The *timing* of imparting information is crucial
 - Healthcare and rehabilitation professionals must listen to the needs of the family to determine how much information they can process at this time and to what extent.
 - *Early and appropriate* communication of information by professionals will greatly diminish family's anxiety and allow them to start working toward the inevitable changes that occur
 - Offering a small packet or booklet about the basics of brain injury often reduces confusion and allows the family to read the information at their own speed and in their own time.
 - Advantageous to provide information from the Brain Injury Association of America (website, address, phone number, and family help line information)

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FAMILY'S REACTIONS TO CHANGE


- Standard patterns of family functioning that can place families at high risk for becoming *dysfunctional*:
 - Pre-morbid history of family problems such as marital stress, abuse, or alcoholism
 - Persistent and severe cognitive or physical impairments of the person with the brain injury.
 - Extended period of denial
 - Lack of basic supports
- These difficulties must be identified by staff in the beginning of the rehab process and their influences on the family unit distinctly clarified.



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FAMILY'S REACTIONS TO CHANGE

- Identification of family strengths
 - Ability of the family to listen
 - Shared and common perceptions of reality within the family
 - Spirituality of the family
 - Ability of the family to realize the redemptive power of a seemingly tragic event



- Ability of family members to accept and assist in any disability-related problems
- Ability of the family to compromise within the family unit

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FAMILY'S REACTIONS TO CHANGE

- Identification of family strengths (continued)
 - Family members' willingness to take good care of themselves
 - Ability to focus on the present, rather than on past events or disappointments
 - Ability of family members to provide reinforcements for each other
 - Ability of family members to discuss concerns
 - Ability of family members to provide an atmosphere of belonging
 - Use of the family's effective trans-generational coping strategies

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BLAMING AND GRIEVING


- Grief is a normal and healthy reaction to loss.
- This emotion is not a simple feeling, as it is combined with the past, present, and future dreams for this loved one.
- To help families, staff should:
 - Pay attention to lost dreams while offering comfort, education, and support
 - Facilitate *coping strategies* for dealing with their losses
 - Allow families to *express their feelings* of grief, anger, and disappointment
 - Remember that these emotions are the natural process of grieving
 - Not personalize family's anger
 - Encourage family or individual counseling during the rehabilitation process



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CARE-TAKING


- The parents or spouse of the person with the BI are often pushed into or take on the role of the primary caretaker, even if the survivor is an adult.
- Retired family members often take on the full time job as the primary caregiver.
- Working family members may have to leave their current career, which often strains the finances, as well as the emotional stability, of the family.



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CARE-TAKING


- Families need to make preparations for the lifelong care and well-being of the survivor.
- Problems may arise *when family members disagree* over the care of the individual.
- Family members may experience feelings of neglect, as they become overwhelmed by the demands of caretaking.



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CHILDREN AND SIBLINGS


- Staff should remember that children often:
 - Physiologically lack the conceptual maturity to comprehend what has happened
 - Lack the abilities to process large amounts of information
 - Lack the abilities to tolerate the abrupt changes in the family and situation
 - May not understand the severity of the problem
 - Do not understand how permanent a disability can be



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CHILDREN AND SIBLINGS

- Following the BI of a parent or sibling, children may:
 - React to what has occurred with responses ranging from *hysteria to shock*
 - Show signs of extremes in areas of behaviors (e.g., under-responding or over-responding)
 - Feel the void of not having the loved one available and the attention that they provided
 - Feel some *guilt*, even if they were not involved or present when the injury occurred



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CHILDREN AND SIBLINGS

- Staff can help children by:
 - Understanding what they may be feeling from the crisis
 - Ensuring the child *that they had nothing to do* with the injury
 - Educating the primary adult family members about how to talk with young children about the injury, the process of rehabilitation, and answering basic questions
 - Alerting other adults (e.g., teachers, neighbors, extended family members, etc) to identify the early signs of stress and notify and work with the treating professionals

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SEXUAL CONCERNS

- Sexual issues for adults with BI, as well as their partners, are often altered
- Damage to specific areas of the brain can effect sexual behaviors
- *Depression* and *role changes* can affect sexual functioning
 - Spouses may have a difficult time changing their role from caregiver to sexual partner



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SEXUAL CONCERNS

- Many persons with BI are very vulnerable as their cognitive abilities are often immature, which leaves them at risk for harm by persons who could *take advantage* of the situation
- Understanding the causes of any behavioral changes, while learning about ways to *communicate concerns*, can maximize sexual adjustment after trauma.

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PTSD AND FAMILIES

- Trauma is defined as “an emotional shock that creates *substantial* and *lasting* damage to the psychological development of an individual” and the main components are feelings of victimization, loss, and individual or family pathology.
- Symptoms of Posttraumatic Distress
 - Vigilance and scanning
 - Elevated startle responses
 - Blunted affect or psychic numbing
 - Aggressive, controlling behavior
 - Interruption of memory and concentration




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PTSD AND FAMILIES

- Symptoms of Posttraumatic Distress (continued)
 - Depression
 - Generalized anxiety
 - Episodes of rage
 - Substance abuse
 - Intrusive recall
 - Disassociative "flashback" experiences
 - Insomnia
 - Suicidal ideation
 - Survivor guilt

If a family member starts exhibiting many of these symptoms, *a counselor* must be contacted.



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