



Defense and Veterans Brain Injury Center
“The TBI Family” Podcast
“The TBI Family,” Episode 101, Transcript
TRT: 32:16 min
Host: Dr. Samantha Finstad

November 22, 2016

[Street noise]

WELCH: Do you know what a TBI is?

Woman: No, sorry.

Man: No.

Woman: No, I’m not sure. What context?

Man: Yes.

Woman: A what?

WELCH: A TBI.

Woman: I do not.

WELCH: Did you know that 1.6 million military veterans are being taken care of by family members and friends because they have a TBI?

Woman: No, I didn’t know that.

Man: No, that’s an out— That’s a surprising statistic, to be honest.

Man: Oh, I didn’t know that.

Woman: Um, it’s terrible, I think. It’s unfortunate. I really, you know, hope they’re getting the best of care.

[Theme music plays.]

HELLO, AND WELCOME TO THE FIRST EPISODE OF 'THE T-B-I FAMILY,'
A BIWEEKLY PODCAST FOR CAREGIVERS OF SERVICE MEMBERS AND
VETERANS WHO'VE EXPERIENCED TRAUMATIC BRAIN INJURIES.

WE'RE PRODUCING THIS PODCAST IN SILVER SPRING, MARYLAND, AT THE
HEADQUARTERS OF THE DEFENSE AND VETERANS BRAIN INJURY CENTER -
WHICH WE CALL DIVBIK - THE DEPARTMENT OF DEFENSE'S CENTER OF
EXCELLENCE FOR TRAUMATIC BRAIN INJURY. WHAT THAT MEANS,
BASICALLY, IS WE'RE AN ORGANIZATION FILLED WITH DOCTORS,
NURSES, NURSE PRACTITIONERS, RESEARCHERS AND A BUNCH OF OTHER
FOLKS CONDUCTING STATE-OF-THE-SCIENCE RESEARCH, DELIVERING THE
LATEST IN T-B-I THERAPIES TO MEDICAL PROVIDERS AND TRYING HELP
SERVICE MEMBERS, VETERANS AND THEIR FAMILIES PREVENT, RECOGNIZE
AND GET TREATMENT FOR TRAUMATIC BRAIN INJURIES.

I'M DOCTOR SAMANTHA FINSTAD AND I'LL BE YOUR HOST FOR THIS TEN-
EPISODE FIRST SEASON OF 'THE T-B-I FAMILY.'

THROUGHOUT THIS SEASON, WE WANT TO PROVIDE FAMILY CAREGIVERS
WITH INFORMATION TO HELP THEM BETTER MANAGE THE EFFECTS OF
THEIR LOVED ONE'S T-B-I, INCLUDING SHARING THE MOST UP-TO-DATE
RESEARCH ON THE CONDITION, POINTING YOU TO TOOLS TO ADDRESS
SPECIFIC T-B-I RELATED SYMPTOMS AND TELLING YOU ABOUT OTHER
PROGRAMS AVAILABLE TO HELP CAREGIVERS OFFERED BY THE D-O-D, THE
DEPARTMENT OF VETERANS AFFAIRS AND OTHERS. WE ALSO WANT TO

POINT YOU TO TRAINING AND TECHNIQUES TO HELP YOU LIVE YOUR BEST LIFE. WE KNOW CAREGIVERS OFTEN IGNORE THEIR OWN NEEDS, DUE TO THE DEMANDS OF THEIR ROLE, BUT, THAT DOESN'T HELP ANYONE. AND, MORE THAN THAT, CONSIDERING THE NUMEROUS PROGRAMS AVAILABLE TO HELP YOU, IT'S NOT EVEN NECESSARY. BY THE WAY, WHILE THE FOCUS OF THIS PODCAST WILL BE T-B-I CAREGIVERS, ALMOST ALL OF THESE PROGRAMS WE'LL TALK ABOUT ARE AVAILABLE TO CAREGIVERS OF VETERANS NO MATTER THE CONDITION, SO, IF YOU KNOW OTHERS WHO CAN BENEFIT, LET THEM KNOW.

LAST, BUT DEFINITELY NOT LEAST, WE WANT TO HEAR FROM YOU. THE RESULTS OF TWO STUDIES WERE A HUGE INFLUENCE ON US AS WE CONCEIVED AND CREATED THIS PODCAST: A STUDY RELEASED BY THE NATIONAL ALLIANCE FOR CAREGIVING AND UNITED HEALTH FOUNDATION IN 2010, AND ONE RELEASED BY THE RAND CORPORATION AND ELIZABETH DOLE FOUNDATION IN 2014. ONE OF THE THINGS WE LEARNED FROM THOSE STUDIES IS THAT ALMOST THREE-QUARTERS OF YOU - SEVENTY-ONE PERCENT! - SAY OTHERS DON'T UNDERSTAND WHAT YOU'RE GOING THROUGH. THAT MUST BE A VERY LONELY FEELING. SO DURING THIS SEASON WE'RE GOING TO BE SHARING STORIES FROM OTHER CAREGIVERS STORIES AND WE HOPE SOME OF YOU LISTENING RIGHT NOW WILL CHOOSE TO HONOR US WITH YOURS. WE'LL TELL YOU A LITTLE BIT MORE ABOUT THAT, AND HOW YOU CAN BE PART OF THIS, AT THE END OF THE PODCAST.

- SEGMENT 1 INTRO -

AT THE TOP OF THE SHOW, YOU HEARD OUR PRODUCER TERRY WELCH SPEAKING TO CUSTOMERS AT THE METRO STOP HERE IN SILVER SPRING. HERE'S A REMINDER. [PLAY AUDIO FROM INTRO.] AS YOU PROBABLY NOTICED, IF YOU SAY T-B-I TO MOST PEOPLE, THEY'LL BE A LITTLE CONFUSED AT BEST. WHAT'S WORSE IS THAT STOP IS LITERALLY STEPS AWAY FROM THE FRONT DOOR OF THE BUILDING THAT HOUSES THE DEFENSE

AND VETERANS BRAIN INJURY CENTER. PEOPLE ON OUR DOORSTEP DON'T EVEN KNOW WHAT A T-B-I IS!

NOW, BEFORE WE GO ANY FURTHER, LET'S GO BACK TO THE METRO STOP FOR A SECOND - [NAT SOUND FROM METRO] AH, HERE WE ARE - AND THANK OUR INTERVIEWEES [INTERVIEWEES SAY THEIR NAMES] AND [LAST INTERVIEWEE SAYS HER NAME]. OUR PRODUCER SPRUNG HIS QUESTIONS ON THEM WITHOUT WARNING, SO IT'S TO BE EXPECTED THEY MIGHT NOT HAVE BEEN PREPARED TO DEAL WITH THEM.

IF YOU'RE THE CAREGIVER OF A SERVICE MEMBER OR VETERAN WITH A T- B-I, YOU PROBABLY KNOWS HOW THAT FEELS. WE'VE HEARD SOME OF YOUR STORIES OF WHAT IT'S LIKE TO FIND OUT YOUR HUSBAND, WIFE, CHILD OR FRIEND HAS BEEN INJURED AND WILL NEED HELP RECOVERING FROM A CONCUSSION. OR WILL NEED AN EVEN GREATER LEVEL OF

ASSISTANCE TO RECOVER FROM A MODERATE OR SEVERE T-B-I, OR HOW DEAL WITH THE 'NEW NORMAL' OF THEIR LIVES IF FULL RECOVERY IS OUT OF REACH.

IN THIS FIRST EPISODE WE'RE GOING TO FOCUS ON THOSE FIRST DAYS. WE'RE AIMING TO HELP THE PERSON WHO HAS JUST GOTTEN THE TOUGH NEWS ABOUT A T-B-I, BUT FOR THOSE OF YOU WHO ARE OLD HANDS AT THIS, I GUARANTEE YOU THERE WILL BE SOMETHING FOR YOU TO LEARN IN THIS EPISODE AS WELL.

SO, IF YOU'VE RECEIVED THAT CALL AND HAD TO WONDER WHAT IT COULD MEAN FOR YOUR FUTURE, AND THE FUTURE OF YOUR FAMILY, THIS FIRST STORY'S FOR YOU.

WELCH: When family members and friends first get the news their loved one has sustained a traumatic brain injury, it's often the first time they've even heard the term, TBI. In the hectic days that follow, getting up to speed on the condition can be difficult, if not impossible, as other demands on one's time and the stress of the emerging situation can make it hard to absorb everything a new caregiver might need to know. So the TBI family spoke to two experts in the field of traumatic brain injury and asked them what they think new caregivers should know. First up, Dr. Joel Scholten.

SCHOLTEN: I'm the national director of physical medicine and rehabilitation for the Veteran's Health Administration.

WELCH: Dr. Scholten said knowing the type of TBI is the first step to understanding what your care recipient is going through.

SCHOLTEN: The first thing to understand is what was the severity of traumatic brain injury. So individuals with mild TBI or concussion are likely going to present much differently than those individuals who have a moderate or severe traumatic brain injury. Moderate and severe TBI-- our patients with moderate and severe TBIs usually have very visible injuries or deficits following the brain injury. Those with concussion or mild TBI will tend to look normal and act and function relatively normal but have complaints about memory, pain, sleep concentration issues, some of the more kind of mild or what we call nonspecific symptoms, because they can be caused by a variety of different medical conditions.

WELCH: Kathy Helmick, deputy director of DVBIC, is a nurse practitioner who's worked on TBI issues for

more than a quarter of a century, including treating patients and helping families in intensive care settings. She said she'd tell caregivers to be prepared for both victories and setbacks, especially with moderate to severe TBI.

HELMICK: It will be a roller coaster. You'll take two steps forward and one back. You'll take three steps forward and five back, and that's the nature of brain injury and recovery. A lot of complications that can occur, a lot of things that we can try to predict and provide treatments and prepare you for, but no matter. All of our best preparations and anticipatory guidance-- there's still going to be things that are going to get you off guard.

WELCH: Both Helmick and [Skelton?] recommend that no one entering into caregiving should try to take on the task entirely by themselves. Finding a community of others who've been where you are can be hugely beneficial, according to Helmick.

HELMICK: Find folks that are also going through similar things so you can have some shared experience to get support, to seek out resources that will help you facilitate this new role. And really trying to take care of yourself, and make sure that you don't lose that piece of it.

WELCH: And while a community of fellow caregivers is important. Scholten said everyone should take advantage of professional help that's available through the VA and DOD as well.

SCHOLTEN: A good case manager is worth their weight in gold because they can help not only coordinate all of the medical needs as well as some of the new social demands that are placed on the individual and the family, but they're also aware of symptoms that might be evolving, they're trained to interact with families and start to recognize when there can be evidence of increased stress on either the individual or the family and the caregiver. And so they can, by being aware of that, they can also start to intervene and pull the team together to make sure that there's adequate support not only for that individual but for the caregiver as well.

WELCH: New caregivers should also be prepared for uneasiness if the severity of a TBI creates some changes in the household. Symptoms of TBI can include everything from impulse control to concentration problems, which can create a need for former household roles to be shifted. This can make both the caregiver and care recipient uncomfortable.

SCHOLTEN: There can be a role reversal. So for instance, the individual may have managed the checkbook or managed the finances prior to a head injury, and now they may not have the cognitive ability to do so. And so there's these social roles that change within the family, and that can be really challenging for caregivers to adjust to that difference in functional ability.

AS DOCTOR SCHOLTEN SAID, GETTING EDUCATED ABOUT T-B-I IS IMPORTANT FOR CAREGIVERS. YOU CAN FIND UP-TO-DATE INFORMATION ABOUT THE CONDITION ON OUR WEBSITE - DIVBIK-DOT-DEECOE-MILL, D-V- B-I-C DOT D-C-O-E DOT M-I-L - OR AT THE V-A SITE, POLYTRAUMA-DOT- V-A-GOV.

[MUSICAL OUTCUE]

- **SEGMENT 2 INTRO** -

KNOWING SOMETHING ABOUT TRAUMATIC BRAIN INJURY DOESN'T NECESSARILY MAKE A PERSON AN EXPERT CAREGIVER, BECAUSE CAREGIVING IS ABOUT SO MUCH MORE THAN THE INJURY. AT DIFFERENT TIMES, THE ROLE OF CAREGIVER CAN FEEL LIKE BEING A NURSE, AN ACCOUNTANT, A TAXI DRIVER AND MUCH MORE - ALL ON TOP OF EVERYTHING ELSE INVOLVED WITH BEING PART OF A FAMILY. GETTING GOOD AT CARING FOR SOMEONE WITH A T-B-I CAN TAKE TIME AND, OFTEN, IT DOESN'T JUST COME NATURALLY.

LUCKILY, CAREGIVERS DON'T HAVE TO FIGURE IT OUT BY THEMSELVES. THERE ARE COURSES AVAILABLE TO CAREGIVERS DESIGNED TO HELP WITH EVERYTHING FROM DEALING WITH MEDICAL STAFF TO KEEPING A BUDGET. TERRY WELCH HAS A RUNDOWN OF SOME OF THE CAREGIVER TRAINING OPTIONS.

WELCH: In 2007, Congress asked DVIC to create a tool to help family caregivers of service members

and veterans who'd sustained a traumatic brain injury. A task force was chosen which included representatives of military medicine, the Veterans Affairs Administration, non-profit organizations, and caregivers themselves. In 2010, DVIC released the Family Caregiver Curriculum, a massive and comprehensive resource designed to provide TBI caregivers with the information they would need to be able to understand TBI, know how they could best help their care recipient, prepare for the stresses and challenges of the caregiver role, and navigate services and benefits.

There's a lot of information out there. Some of it's accurate. Some of it's not. Some of it's easy to navigate. Some of it's not.

WELCH: Dr. Scott Livingston, DVIC's education director.

We're not discouraging caregivers, family members from using other resources, but if you picked up no other resources about TBI this would be your primary source of information, both basic content - what is a TBI? What to expect - but then also all those decisions about finances and housing and travel and managing this as a long term problem.

WELCH: DVIC is now beginning the process of re-designing and re-writing the Family Caregiver Curriculum. The process it will be a lengthy one that could take years. But Livingston said, "Caregivers should take the opportunity to give their input on what they'd like to see in the new version, as well as the format they'd prefer it in."

That firsthand knowledge of, "I've used your product, it's great," or, "I've used your product, and it's hard for me to lug this thing around." When it was originally produced, it was promoted, marketed in a backpack type of format, so it all came in a backpack, easy to carry around. And, again, caregivers said, "Great resource. A lot of information. I don't want to be lugging around a backpack of notebooks, trying to run my husband or child to medical appointments." We listen to that feedback, and that's what we're going to incorporate in reviewing both the content and the format, and trying to get it in a little bit better user-friendly format. But family members, caregivers can send us their comments directly to [inaudible].org, and that feedback comes directly into headquarters staff, that we can utilize that input in making future revisions to the product.

WELCH: While the family caregiver curriculum was intended to be a one-stop shop for all things for TBI caregivers, it's not the only resource available. For example, according to Nicole Johnson, the National Program Manager for the Veterans Affairs Administrations Caregiver Support Program, "The VA has several training programs, including a monthly caregiver education call."

JOHNSON: The National Caregiver Support Support Line offers a monthly telephone education class for caregivers. And, basically, the theme is care for the caregivers. So the focus is that the caregivers are going to learn different topics and themes that will help them better take care of themselves, so that, obviously, they can be a part of the caring for the veteran for the long haul. We know that our caregivers often time neglect their own self-care. And so this is a strong reminder to caregivers everywhere to pay attention to their needs as well. The calls help the caregivers recognize their own self-care needs and how to advocate for themselves, as well as learning some other programs throughout the VA that help with supporting veterans. Which, of course, has lent itself to supporting the caregivers. And we hear really positive feedback from the caregivers about these courses. The Caregiver Support Line will reach out to caregivers to hear directly from them what their experience is, if they want to learn more about a particular topic, and really get the feedback on these calls. And it's been positive to-date. We also take those live recordings-- those live calls and turn them into an audio recording that's on our website. So at VAcaregiver-- excuse me, caregiver.VA.gov, caregivers all over the world can access these recordings and transcripts. So those that can't participate live on the call

can always go to the website and hear them any time they need that reinforcing.

WELCH: The VA also offers a Building Better Caregivers online workshop. A six-week program focused on helping caregivers of veterans from any era, focusing especially on the areas of dementia, memory problems, PTSD, or serious brain injury.

JOHNSON: The Building Better Caregivers program is really unique in the sense that the caregiver doesn't have to leave their home. They can log on at any point in time to participate in the training. It is completely done online, and there's always a skilled professional available to answer any questions or to help triage any perhaps emergency issues or things of that sort.

Caregivers have been excited to learn things such as relaxation techniques, breathing techniques, ways to manage difficult behaviors. It's really improved how caregivers are providing care while validating that they each have their own self-care needs.

Building Better Caregivers has also been one of our programs that has shown so much success that we continued in having a Building Better Caregiver alumni group. So that cohort that go through the training together can continue to support one another outside-- once they're done with the six-week training to help relieve that feeling of isolation that we know caregivers sometimes feel.

WELCH: The VA also offers in-person caregiver self-care classroom training at VA locations. It focuses on helping caregivers get the tools they need to meet their own needs.

JOHNSON: The neat thing is that these classes are led by trained facilitators, they're offered in English and Spanish, and for an example of some of their topics, it includes managing stress, problem-solving, effective communication, taking care of yourself, and utilizing technology. And the caregivers have found this to be extremely helpful in multiple ways. One, having that in-person classroom training allows them to connect with other caregivers and professionals that are supporting caregivers throughout the VA.

WELCH: Government agencies are the only providers of caregiver education, though. PsychArmor is a national nonprofit whose mission is to provide support, education and resources for non-military people who live with, care for, or work with veterans. PsychArmor is barely two years old, but recently began a rapid expansion of the courses it offers to family caregivers says Dr. Heidi Kraft, clinical director of PsychArmor.

CRAFT: The current caregiver offerings are relatively new. There's new ones being added all the time. So the caregiver school has always been there, the family and caregiver school. But it has been expanded and enhanced in very recent weeks and months. Only in the last year or so have the courses evolved to look the way they look now? Even less than that. They are animated and the narrator's voice is brought to life in what we believe is a very engaging and interactive way.

WELCH: Craft said Psych Armor asked caregivers about what courses might best help them and design their programs accordingly.

CRAFT: They would like to have information about what their loved ones might be going through. And this can run the gamut between sort of symptoms and things to expect at home and the ways that treatment works and the way that sort of all the different spectrums of information that they might need. Resources which would then be helping them understand the system, kind of how to advocate for their veterans. How to communicate with their veterans and with their veterans' providers and how to understand the large variety of resources that are out there and available to them. And then I think kind of this piece of learning to identify as caregivers and find a way to take care of themselves enough to stay at their best for caring for their veterans. We know this is-- the third is a big challenge.

WELCH: According to Craft, Psych Armor has plans to add courses on legal issues, financial planning, and health care advocacy, among others. She said she really hopes caregivers will take advantage of courses that help them care for themselves.

CRAFT: As a clinician, I would say that I feel the most passionate about making sure that they understand how to care for themselves and to stay healthy themselves, and to get the respite care they need, and to allow themselves those breaks and that processing of all the emotions they're having, and sort of all of that piece. That's really important to me to make sure that those kinds of programs are available for our military caregivers

OF COURSE, IF YOU'RE A MILITARY CAREGIVER AND YOU NEED ANSWERS QUICKLY, YOU DON'T HAVE TO WAIT TO TAKE A COURSE TO GET THEM. THE V-A NATIONAL CAREGIVER SUPPORT LINE CAN ANSWER QUESTIONS FROM 8- TO-8 EASTERN TIME. JUST CALL 1-8-5-5-2-6-0-3-2-7-4 OR VISIT THE V-A CAREGIVER SITE, CAREGIVER-DOT-VA-GOV. YOU CAN FIND OUR FAMILYCAREGIVER CURRICULUM ON THE DIVBIK WEBSITE - DIVBIK-DOT-DEEEOE-DOT-MILL.

- SEGMENT 3 INTRO B -

BEFORE WE LEAVE, WE WANTED TO LET YOU HEAR FROM ONE OF YOUR FELLOW CAREGIVERS. AS WE SAID EARLIER, CAREGIVERS OFTEN FEEL ALONE IN THEIR SITUATION. THEY CAN FEEL LIKE NO ONE UNDERSTANDS THEM. SO WE ASKED A CAREGIVER ABOUT WHAT IT WAS LIKE WHEN SHE FIRST LEARNED SHE WOULD BE A CAREGIVER AND WHAT HAS HELPED HER BEST SHOULDERS THE CHALLENGE. EMERY POPOLOSKI ANSWERED IN A 'CAREGIVER CALL.'

POPOLOSKI: my name is Emery Popoloski. I am a military caregiver and also Fellows Program

Coordinator for Elizabeth Dole Foundation. I guess I kind of first became a military caregiver-- it started off unknowingly in about 2011 when I noticed my husband started having some memory issues and kind of spacing out [events?] where I didn't really know exactly what was going on. To me, it looked odd. My husband was probably about 26 at the time and I was 24 and I just know that a younger male like that should not be forgetting why he's going to the store or getting lost when he's driving, kind of daily confusion stuff that started to go on. In about early 2012, February he ended up being hospitalized. And while he was hospitalized the term, besides PTSD, the term "brain injury" started coming up and some of his doctors suspected that he may have had brain injury from one of his earlier deployments which was in 2005 and 2006. And for myself, I didn't even know that you could have issues that long-term from getting small concussions or kind of any of the stuff that sort of kind of goes around for the mild brain injuries. So after he got out of the hospital and then he eventually got out of the military and within a couple months [inaudible] and we moved back home he went to the VA. And we lived 10 miles outside of Boston so he went to a couple of private people here, got a lot more extensive testing done and it was confirmed that he had a brain injury. And throughout that time we also discovered that he's had epileptic seizures and then also having non-epileptic seizures. So we went from, "He is perfectly fine. Everything is okay." within a year to all these big diagnoses and us kind of bewildered and not really knowing what was going on and not sure what to expect. And still was pretty much kind of unsure of the long-term consequences of what was going to happen with my husband and with us as a family - we have children - and the game plan that we had set out. All of a sudden our 20-year plan, how we were going to go to work, retire, all that stuff just kind of went out the window and that scared me because I'm a huge planner and I like to know when we're going to do stuff, what we're going to get done. And not being able to know anything and not having control over any of it was the most scariest factor for me in not being able to fix the problem. You know, you can't just stop, I guess, the residuals that come from the brain injury. You just can't stop that from happening. But that kind of, I guess-- my background was in the field of political science and policy, and all that work. And that was kind of how I got into the work at the foundation and connecting with them. So I started to look into different stuff to help out not only my husband but, also, I realized that I needed a lot of help to figure out what do you do with some of kind of the ambiguous loss. What do you do when you realize you're not going to have that life that you thought you had planned out, and you realize that at 25 years old, you're going to be taking care of your spouse long term for the next 20, 30, 40 years? And that means you're going to have to stop going-- put aside different goals. Like I stopped graduate school. You're going to have to-- my career goals kind of took a hit for a little bit of not being able to work because the main focus was getting Charlie stabilized. So it was kind of a bumpy start and a rough start to the journey. And we had a lot of friends and family who helped us out, but I guess that's kind of how I became it. And there was no set date for us. It was just slowly evolving over time of whether or not-- of learning as the caregiver, of learning about the TBI, and just kept getting-- I felt like it was just a year and a half of just new diagnoses of, "This is what's going on." I think our situation was different because Charlie deployed. He had two full deployments to Iraq, and then he had like a [TDY?] trip. So, but when he came home from all that, he wasn't missing any limbs. He went through all the redeployment. And we thought everything was fine. We thought some people get injured or hurt; they have hard times. But it didn't affect us, and we are fine. And just kind of went on with our life. And we didn't realize that there was stuff. They call it the invisible wounds. It's there, but we didn't realize until it started manifesting in other ways. And there's kind of-- a lot of caregivers, they go through that, where the injuries slowly reveal themselves over time. And then there's the other caregivers who they have that live date, that one catastrophic day of the massive injury. And their loved ones usually ship to like Germany or somewhere stabilized, and then they come back home, Stateside. So we didn't go through that. I didn't go through-- I got to welcome Charlie home. I got to watch him walk off the plane, and hold up my sign and stuff. And I didn't go and see him in a hospital

like that. So I feel it was a little bit different in that respect because I did get to have the homecoming and I had what I thought was a peaceful and great homecoming, and not realizing that there was kind of a ticking bomb going off inside, that revealed itself much later than when he came home. I think the best advice I can give is that you can't do it alone. And we're all kind of, "Don't be a martyr." Don't be like, "I'm going to take all this on alone," because you can't, and you will fail if you try to do it alone. You need caregivers, we need the support. So whether it's reaching out at the VA, asking them for support stuff. I found, originally, a lot of my support was a lot of the Facebook groups, and connecting with other people across the country online who understood what I was going through. Because when we came back home to Boston, I was 25. All my friends were just getting engaged. Nobody had a spouse. None of my close friends, no matter how great they were, understood what I was dealing with. So you need to definitely reach out and get that community support. Connect with someone who can help you. Who can help you figure out what you need to ask for. How do you talk to a doctor to say, "This is what I'm seeing in my care recipient, and it's making me concerned"? How do you clearly communicate with medical professionals? And if you're not able to, then how do you go to patient advocate, or talk to the director of the local hospital to make sure your needs and your care recipient's needs are being met. And a lot of the tools, they can go on hiddenheroes.org and find a lot of those other resources the foundations put up. But a lot of those tools, too, you learn and you find from having a support system. From having a couple of trusted people who understand what you're going through, and are able to help kind of guide you in the right resource. And, also, just being kind of open with someone. And if people say, "Well, how can I help?" just say, "Well, yeah, I do need a little bit of help with getting my lawn mowed. Do you know someone who can help me out with that?" Or, for me, on our journey, when we moved back home, I ended up moving back into my mother-in-law's for a couple years before we bought a house. And so when I lived with her, that was someone else to help me out. And she also saw what was going on, and it helped ease a little bit of the burden for me. And for a while, Charlie had lost his license, and he was not allowed to drive due to the seizures. So my mother-in-law helped out with getting the kids to and from school, with taking him to a VA appointment if I wasn't able to make it, because I was also trying to work and stabilize stuff. But it's definitely the whole reaching out, and build your tribe, kind of build your village, and get a support system behind you. Because if you don't have that, you are going to get lost. And a lot of people, they have that. Or they break down and they're scared to say. They're scared to get help, and it's okay you need to go and get that, to make sure that you are being the best caregiver in person that you can be, and in turn, it'll help out, and make stuff with them carrying for your care recipient and your veteran a lot better.

Thank you for listening. And good bye

IF YOU'D LIKE MORE INFORMATION ABOUT THE ELIZABETH DOLE FELLOWS PROGRAM, VISIT ELIZABETH DOLE FOUNDATION DOT ORG. YOU CAN ALSO FIND INFORMATION ON CAREGIVING AT THEIR WEBSITE, HIDDEN HEROES DOT ORG, WHICH HAS LINKS TO RESOURCES, CAREGIVER STORIES AND EVEN A FORUM FOR CHATTING WITH OTHER MILITARY AND VETERAN CAREGIVERS.

- CONCLUSION AND CREDITS -

SO THAT'S THE FIRST EPISODE. IF YOU HAVE ANY QUESTIONS ABOUT THE PODCAST OR ABOUT DIVBIK PRODUCTS OR PROGRAMS, PLEASE FEEL FREE TO E-MAIL US AT INFO@DIVBIK.ORG. THAT'S I-N-F-O AT D-V-B-I-C DOT O- R-G.

DURING THIS SEASON WE WILL BE DISCUSSING OTHER TOPICS THAT WE HAVE HEARD FROM CAREGIVERS THAT ARE MOST IMPORTANT TO YOU, AS WELL AS SHARING STORIES FROM OTHER CAREGIVERS AND THEIR EXPERIENCES CARING FOR THEIR FAMILY MEMBER OR FRIEND WITH A T-B-I.

'THE T-B-I FAMILY' IS PRODUCED AND EDITED BY TERRY WELCH AND IS HOSTED BY ME, DOCTOR SAMANTHA FINSTAD. IT'S A PRODUCT OF THE DEFENSE AND VETERANS BRAIN INJURY CENTER, COMMANDED BY ARMY COLONEL GEOFFREY GRAMMER, AND THE DEFENSE CENTERS OF EXCELLENCE FOR PSYCHOLOGICAL HEALTH AND TRAUMATIC BRAIN INJURY, COMMANDED

BY NAVY CAPTAIN MIKE COLSTON.

THANKS THIS WEEK TO THE DEFENSE HEALTH AGENCY, THE VETERANS
HEALTH ADMINISTRATION, THE VETERANS HEALTH ADMINISTRATION
CAREGIVER SUPPORT PROGRAM AND THE PSYCHARMOR INSTITUTE. AND
WE'D LIKE TO GIVE A SPECIAL SHOUT-OUT TO LAUREL RODEWALD AT
THE ELIZABETH DOLE FOUNDATION.

WE'LL SEE YOU IN TWO WEEKS.