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OF EXCELLENCE**

For Psychological Health  
& Traumatic Brain Injury

# **Clinician's Guide: Assisting Family Members Coping with Traumatic Brain Injury**

**July 9, 2015, 1-2:30 p.m. (ET)**

## **Presenter:**

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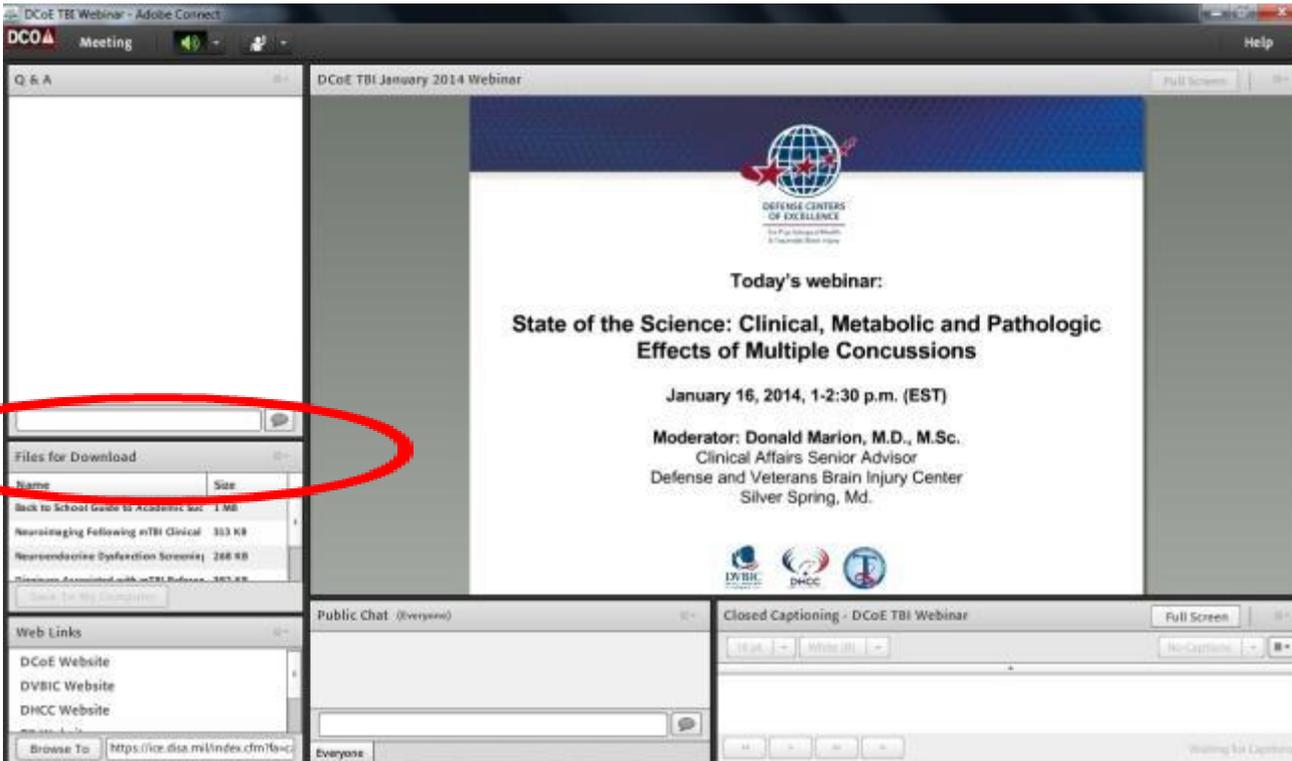


# Webinar Details

- Live closed captioning is available through Federal Relay Conference Captioning (see the “Closed Captioning” box)
- Webinar audio is **not** provided through Adobe Connect or Defense Connect Online
  - Dial: CONUS **888-455-0936**; International **312-470-7430**
  - Use participant pass code: **9942561**
- Question-and-answer (Q&A) session
  - Submit questions via the Q&A box

# Resources Available for Download

Today's presentation and resources are available for download in the "Files" box on the screen, or visit [dvbic.dcoe.mil/online-education](http://dvbic.dcoe.mil/online-education)



The screenshot displays a webinar interface with several panels. The main content area features the Defense Centers of Excellence logo and the following text:

**Today's webinar:**  
**State of the Science: Clinical, Metabolic and Pathologic Effects of Multiple Concussions**  
January 16, 2014, 1-2:30 p.m. (EST)  
Moderator: Donald Marion, M.D., M.Sc.  
Clinical Affairs Senior Advisor  
Defense and Veterans Brain Injury Center  
Silver Spring, Md.

Logos for DVBIC, DHCC, and the Department of Defense are visible at the bottom of the main content area.

The 'Files for Download' panel on the left is circled in red and contains the following table:

Name	Size
Back to School Guide for Academics.doc	1 MB
Neuroimaging Following mTBI Clinical	353 KB
Neuroendocrine Dysfunction Screens	266 KB
Diagnosis Associated with mTBI Referral	303 KB

Below the table is a 'Web Links' panel with the following entries:

- DCoE Website
- DVBIC Website
- DHCC Website

A 'Browse To' field shows the URL: <https://ice.dsa.mil/index.cfm?c=ic>

# Continuing Education Details

- DCoE's awarding of continuing education (CE) credit is limited in scope to health care providers who actively provide psychological health and traumatic brain injury care to active-duty U.S. service members, reservists, National Guardsmen, military veterans and/or their families.
- The authority for training of contractors is at the discretion of the chief contracting official.
  - Currently, only those contractors with scope of work or with commensurate contract language are permitted in this training.

# Continuing Education Accreditation

- This continuing education activity is provided through collaboration between DCoE and Professional Education Services Group (PESG).
- Credit Designations include:
  - 1.5 AMA PRA Category 1 credits
  - 1.5 ANCC nursing contact hours
  - 1.5 APA Division 22 contact hours
  - 1.5 ACCME AMA PRA Category 1 credits
  - 1.5 CRCC continuing hours
  - 0.15 ASHA, Intermediate level continuing hours
  - 1.5 NASW continuing hours

# Continuing Education Accreditation

## **Physicians**

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Professional Education Services Group and the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCOE). Professional Education Services Group is accredited by the ACCME to provide continuing medical education for physicians. This activity has been approved for a maximum of 1.5 hours of AMA PRA Category 1 Credits™. Physicians should only claim credit to the extent of their participation.

## **Psychologists**

This activity is approved for up to 1.5 hours of continuing education. APA Division 22 (Rehabilitation Psychology) is approved by the American Psychological Association to sponsor continuing education for psychologists. APA Division 22 maintains responsibility for this program and its content.

## **Nurses**

Nurse CE is provided for this program through collaboration between DCOE and Professional Education Services Group (PESG). Professional Education Services Group is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. This activity provides a maximum of 1.5 contact hours of nurse CE credit.

## **Speech-Language Professionals**

This activity will provide 0.15 ASHA CEUs (Intermediate level, Professional area)

# Continuing Education Accreditation

## **Occupational Therapists**

(ACCME Non Physician CME Credit) For the purpose of recertification, The National Board for Certification in Occupational Therapy (NBCOT) accepts certificates of participation for educational activities certified for AMA PRA Category 1 Credit™ from organizations accredited by ACCME. Occupational Therapists may receive a maximum of 1.5

## **Physical Therapists**

Physical Therapists will be provided a certificate of participation for educational activities certified for AMA PRA Category 1 Credit™. Physical Therapists may receive a maximum of 1.5 hours for completing this live program.

## **Rehabilitation Counselors**

The Commission on Rehabilitation Counselor Certification (CRCC) has pre-approved this activity for 1.5 clock hours of continuing education credit.

## **Social Workers**

This activity is approved by The National Association of Social Workers (NASW) for 1.5 Social Work continuing education contact hours.

## **Other Professionals**

Other professionals participating in this activity may obtain a General Participation Certificate indicating participation and the number of hours of continuing education credit.

# Summary and Learning Objectives

The Centers for Disease Control and Prevention (2014) reports that in one year alone traumatic brain injuries (TBI) accounted for approximately 2.2 million emergency department visits, 280,000 hospitalizations, and 50,000 deaths. Those who survive a TBI may experience short- and long-term effects such as alterations in thinking, sensation, language, behavior and emotions, which affect the entire family. Family members are often at a loss to understand problematic behaviors and assist their loved one in daily routines and during times of stress.

This webinar will address family challenges and adjustment following TBI. Discussion will include teaching caregivers coping mechanisms and specific problem-solving strategies associated with optimal adjustment. Lastly, the presentation will highlight readily available resources for clinicians and family members.

At the conclusion of this webinar, participants will be able to:

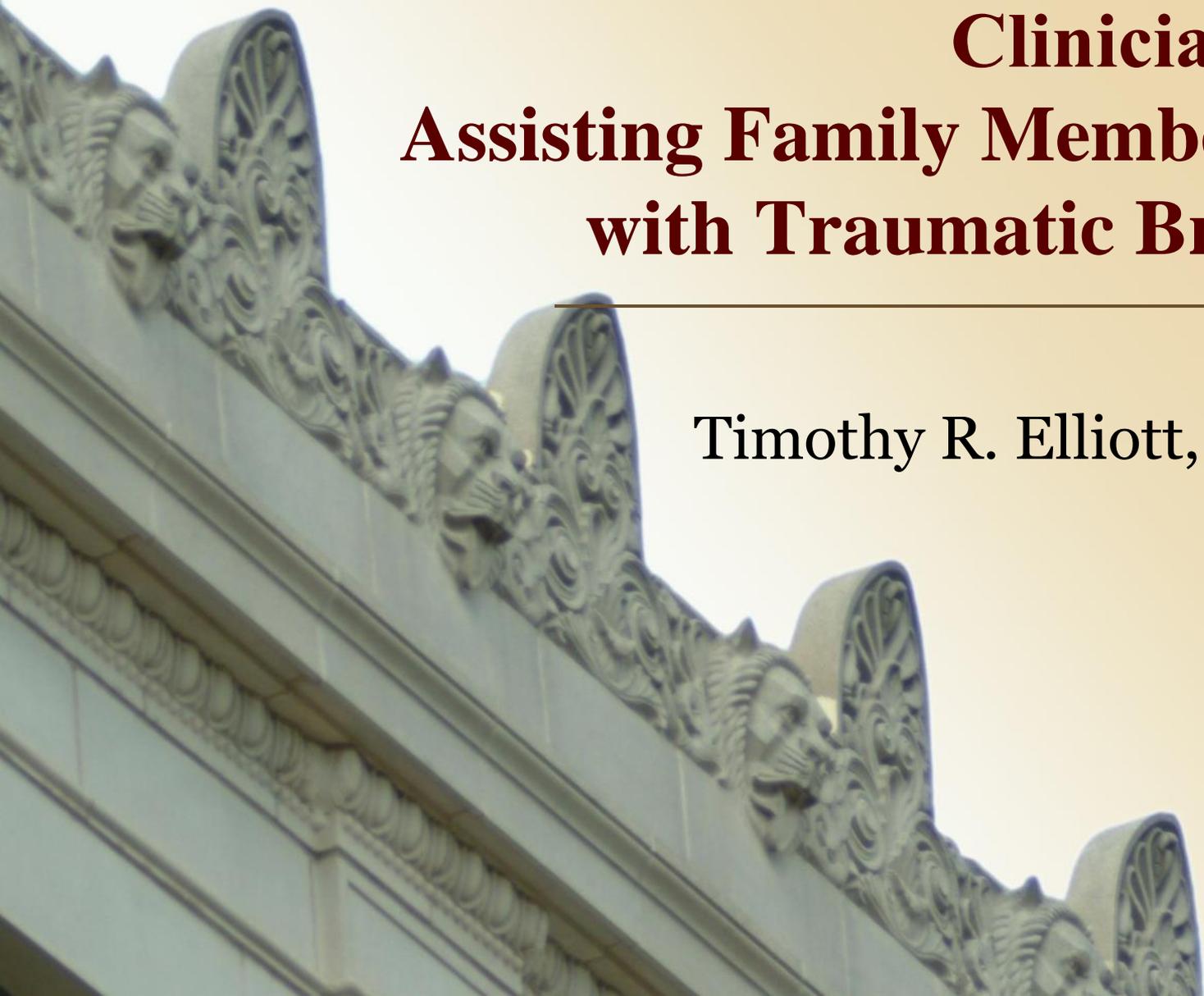
- Recognize and describe ineffective coping techniques among distressed family members
- Differentiate the elements of effective and ineffective problem-solving
- Evaluate ways in which family members can learn effective problem-solving skills to promote healthy methods of coping and adjustment

# Timothy R. Elliott, Ph.D., ABPP



Timothy R. Elliott, Ph.D., ABPP

- Licensed psychologist; holds board certification in rehabilitation psychology
- Professor, Department of Educational Psychology, College of Education and Human Development, Texas A&M University
- His research has examined adjustment processes among persons living with chronic and disabling health conditions, with particular emphasis on the role of social problem-solving abilities and other factors that predict adjustment following disability
- His research team pioneered the use of long-distance technologies in providing problem-solving training to family caregivers of persons with acquired disabilities including traumatic brain injuries
- Member of the Defense Health Board's Neurological/Behavioral Health Subcommittee to provide advice on psychological/mental health issues and neurological symptoms or conditions among service members and their families
- Former member of the American Psychological Association Presidential Task Force on Caregivers
- Editor of the *Journal of Clinical Psychology*

A decorative architectural element, likely a cornice or frieze, featuring a series of lion heads and ornate scrollwork, running diagonally across the left side of the image.

# **Clinician's Guide: Assisting Family Members Coping with Traumatic Brain Injury**

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**Timothy R. Elliott, Ph.D., ABPP**

# Disclosures

- The views and opinions expressed in this presentation are those of Dr. Elliot and do not represent official policy of the Department of Defense (DoD), the United States Army or DVBIC.
- I have no financial relationship with any vendor or contractor.
- I do not intend to discuss the off-label/investigative (unapproved) use of commercial products or devices.

# Overview

- TBI is the signature wound of Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF).
- A large number of returning veterans incurred a brain injury in the line of duty.
- The number of those wounded with TBI and the accompanying complications have necessitated major changes in the ways in which the DoD and Department of Veterans Affairs (VA) treat these injuries.
- Although family caregivers are to receive education about TBI as early as possible, many families find they need additional and ongoing support.

As stated, in this presentation we will:

- Review basic information about family adjustment following TBI.
- Discuss specific coping and problem solving strategies that have been useful to other caregivers living with TBI.
- Discuss ways to help family caregivers learn how to identify and cope with the specific issues they face, and in the process, facilitate optimal adjustment.
- Recognize symptoms of ineffectual coping and distress among family members living with traumatic brain injury.
- Describe the elements of effective and ineffective problem solving abilities.
- Discuss ways in which family members can learn effective problem solving abilities to promote their coping and adjustment.

# POLLING QUESTION #1

Please select the primary type of health care organization where you practice.

- Military treatment facility
- VA health care facility
- Academic medical center
- Community hospital
- Private practice
- Not applicable

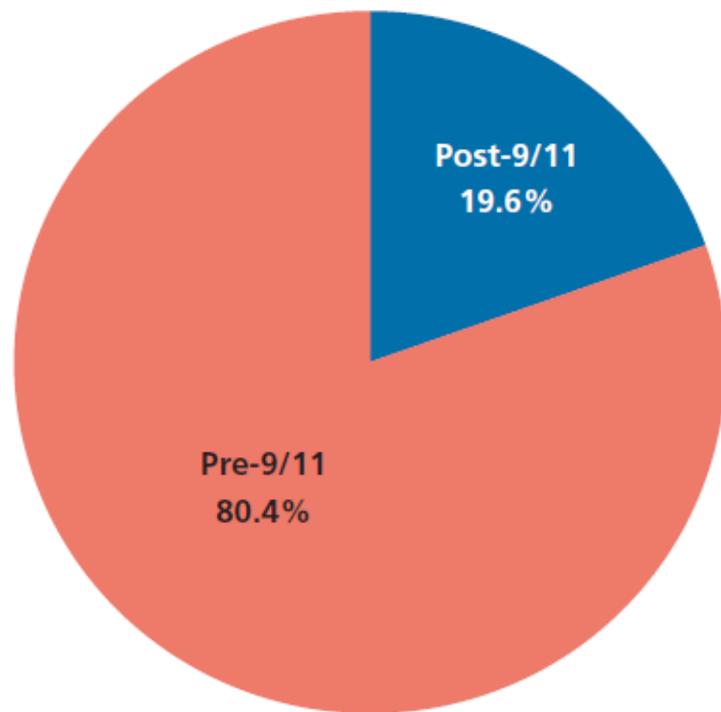
# POLLING QUESTION #2

Please select the type of caregiver you see most often.

- OEF/OIF veteran
- Vietnam War veteran
- Korean War veteran
- World War II veteran
- Other

# Who Are The “Post-9/11” Military Caregivers?

Era of Service of Military Care Recipients in the United States



There are 5.5 million military caregivers in the United States. Approximately 20 percent (1.1 million) are caring for persons who served post-9/11.

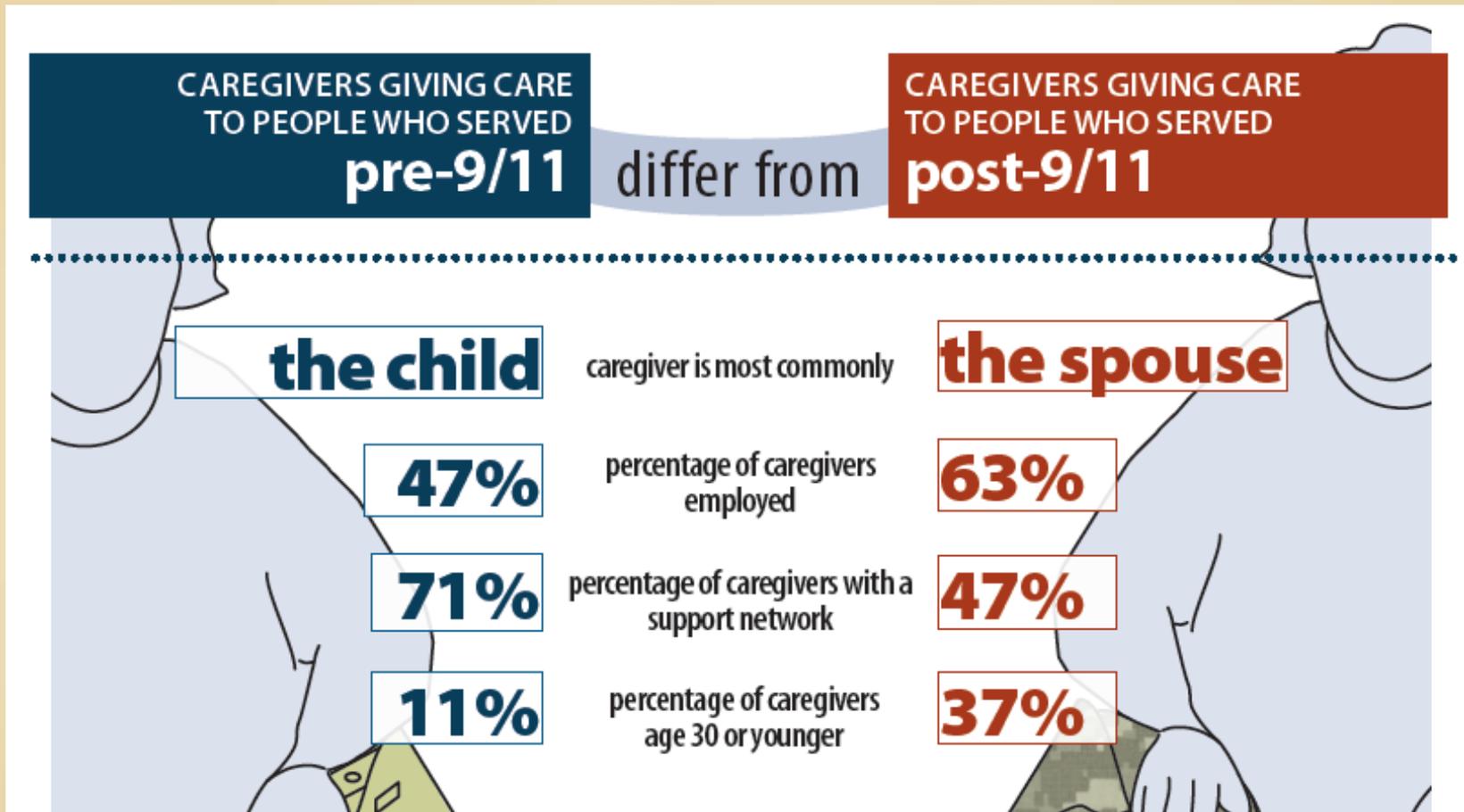


(Ramchand et al., 2014, p. 30-31)

Hidden Heroes

America's  
Military  
Caregivers

# Who Are The “Post-9/11” Military Caregivers?



# Who Are The “Post-9/11” Military Caregivers?

CAREGIVERS GIVING CARE TO PEOPLE WHO SERVED **pre-9/11**

differ from

CAREGIVERS GIVING CARE TO PEOPLE WHO SERVED **post-9/11**

RECIPIENTS

**36%**

care recipients who have a behavioral health condition

**30%**

percentage of care recipients who have a VA disability rating

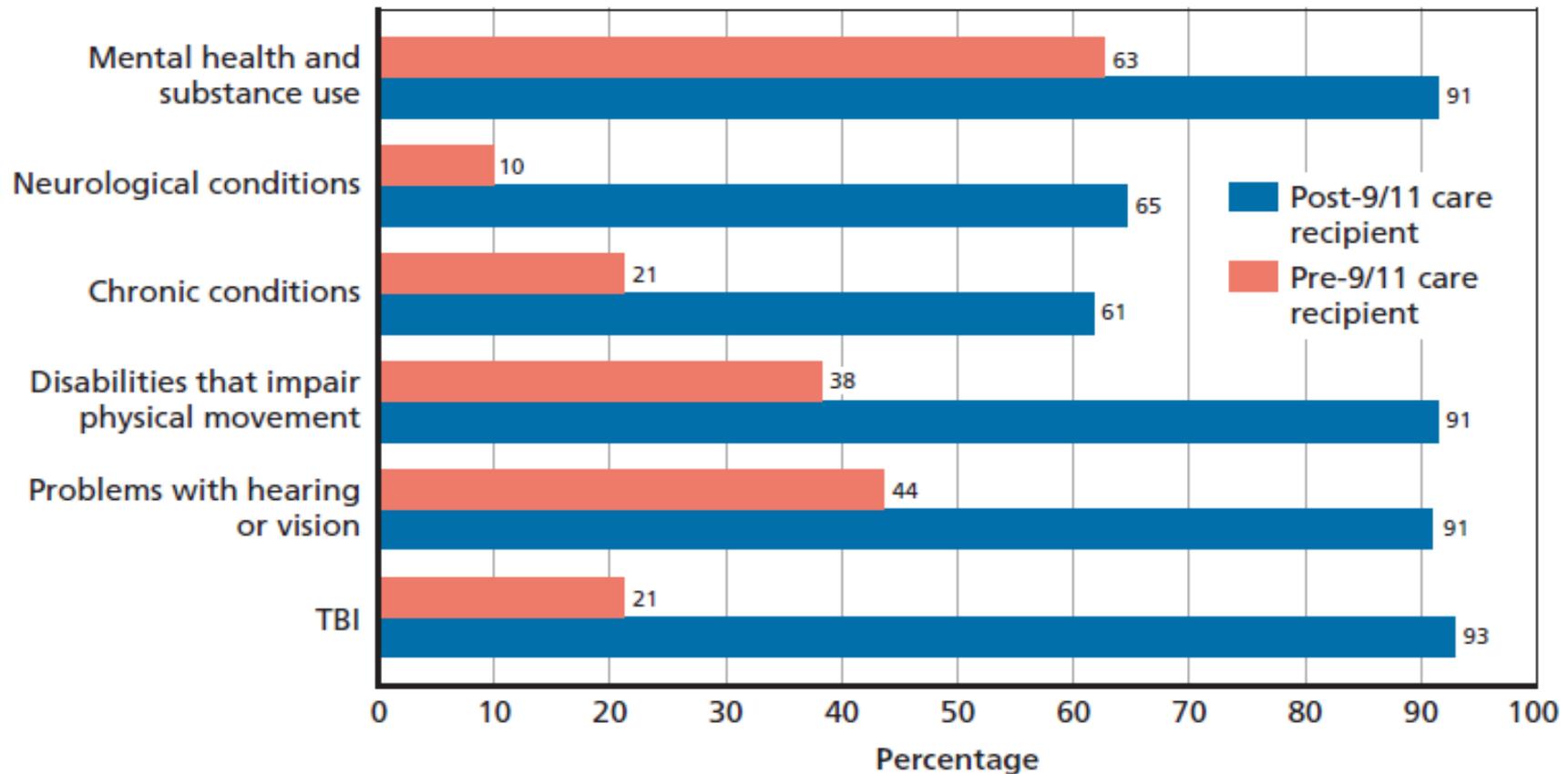
RECIPIENTS

**64%**

**58%**

# Who Are The “Post-9/11” Military Caregivers?

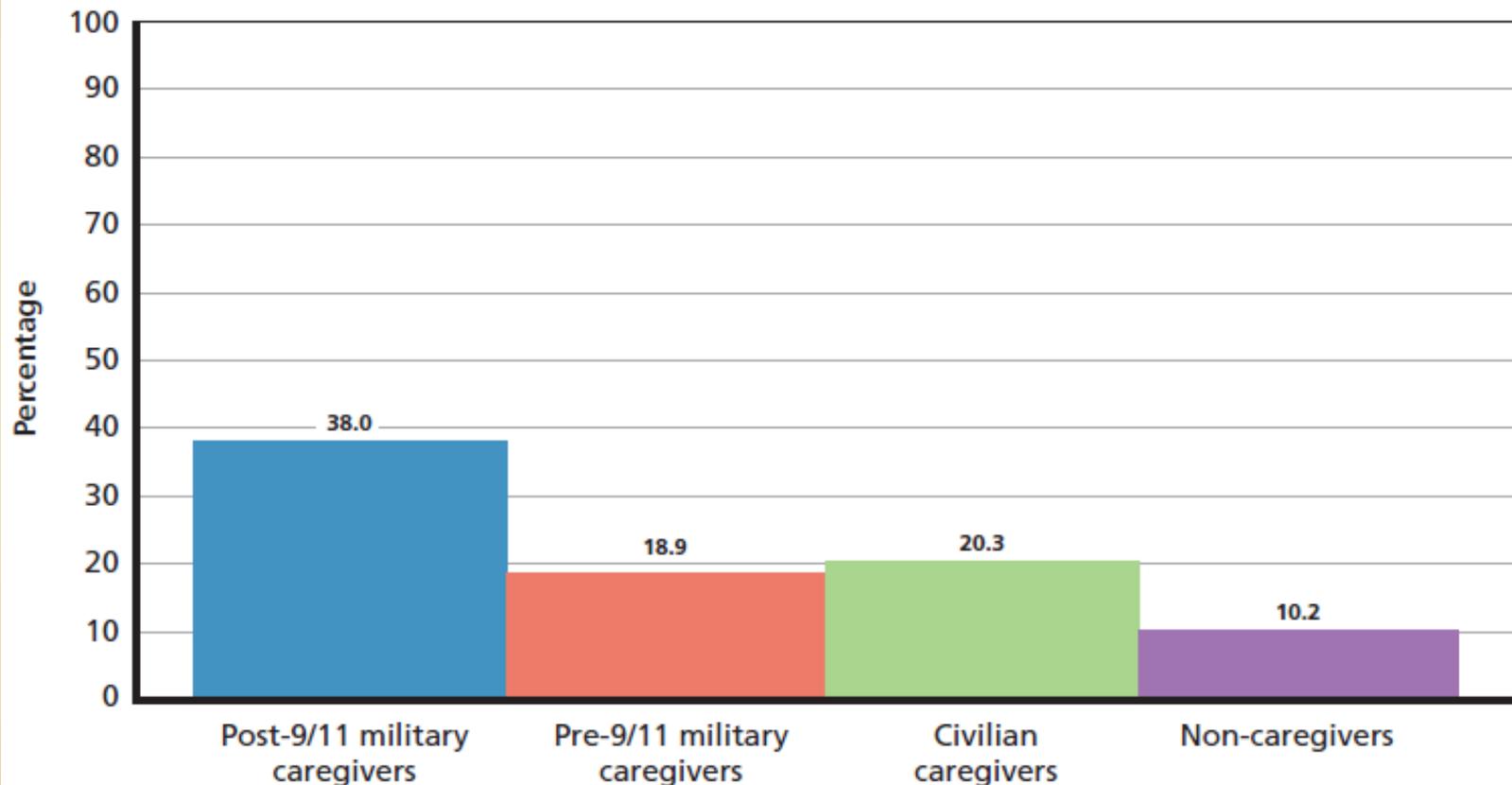
Proportion of Medical Conditions Related to Military Service



NOTE: All differences between pre-9/11 and post-9/11 care recipients except for neurological conditions are significant after controlling for history of deployment to a war zone.

# Who Are The “Post-9/11” Military Caregivers?

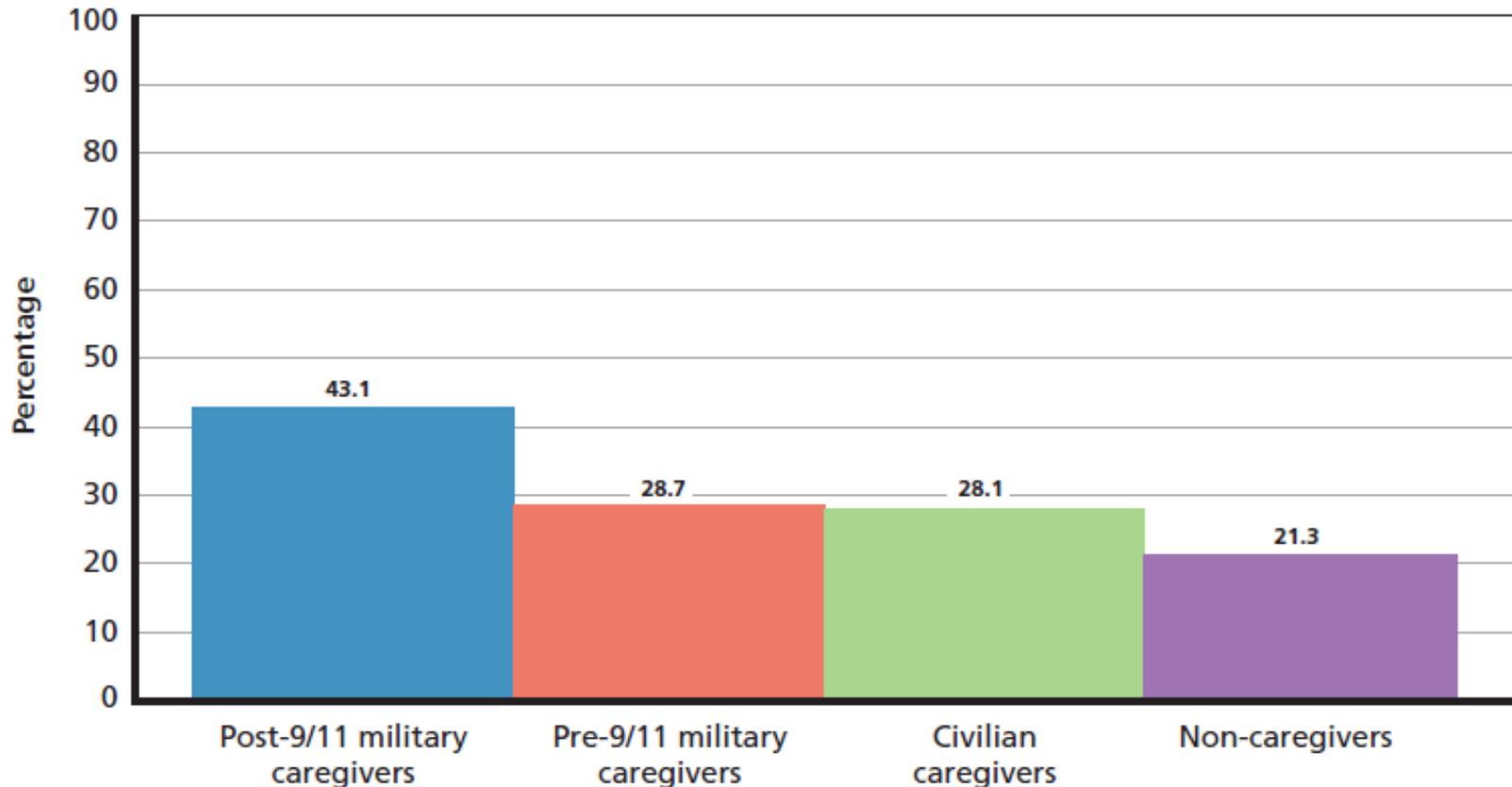
Probable Major Depressive Disorder Among Post-9/11 Caregivers, Pre-9/11 Caregivers, Civilian Caregivers, and Non-Caregivers



NOTE: Probable MDD was determined with a cutoff of 10 or higher on the eight-question Patient Health Questionnaire (PHQ-8) (Kroenke et al., 2009).

# Who Are The “Post-9/11” Military Caregivers?

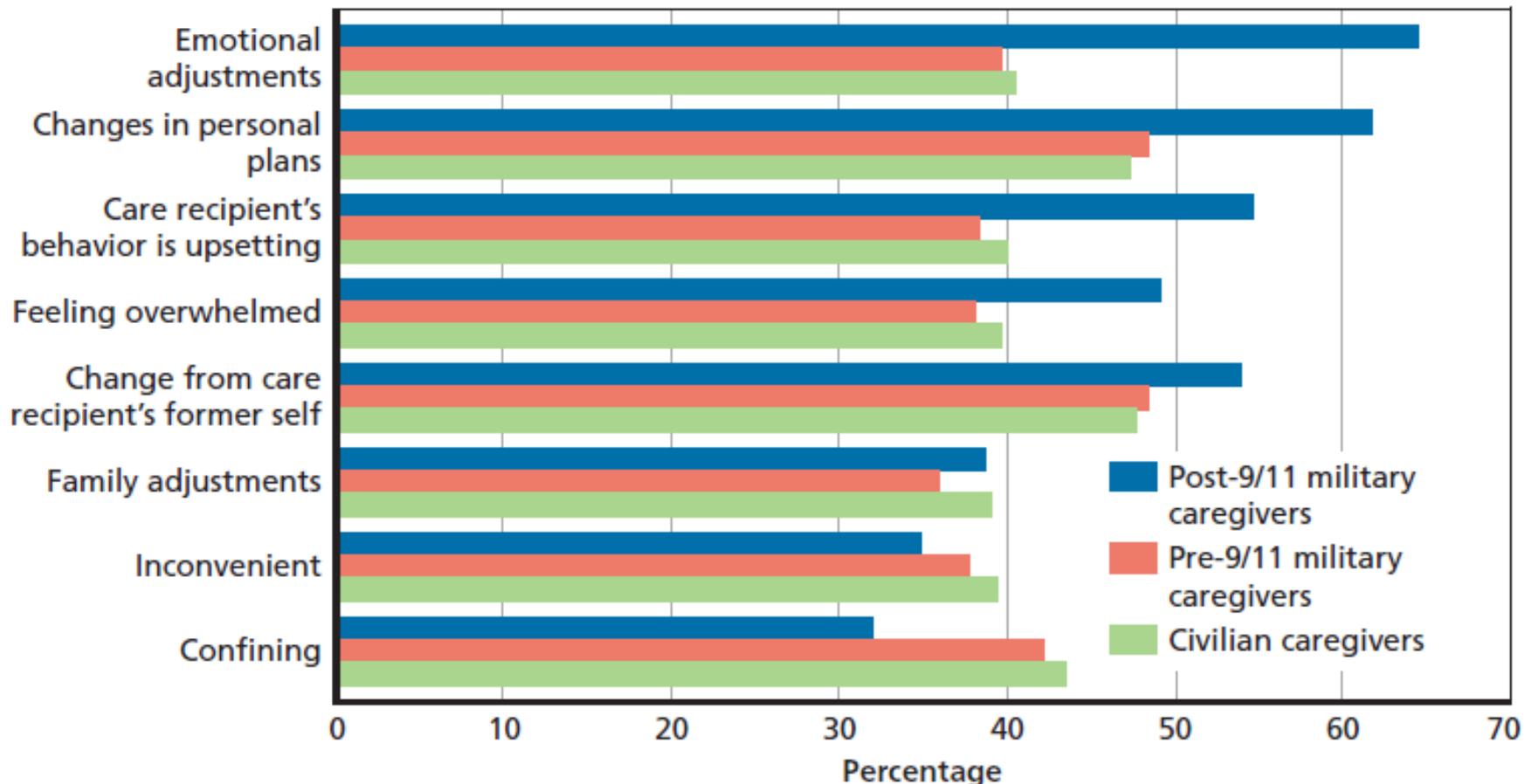
Anxiety Symptoms Among Post-9/11 Caregivers, Pre-9/11 Caregivers, Civilian Caregivers, and Non-Caregivers



NOTE: Anxiety was measured with the Mental Health Inventory anxiety subscale, which ranges from 0 to 100. Higher scores indicate higher levels of anxiety.

# Who Are The “Post-9/11” Military Caregivers?

Adverse Impacts of Caregiving Self-Reported by Post-9/11 Military Caregivers, Pre-9/11 Military Caregivers, and Civilian Caregivers



# But What Do Caregivers Know and When Do They Learn It?

*“VA's Polytrauma System of Care strongly advocates family involvement throughout the rehabilitation process, and VA strives to ensure that patients and their families receive all necessary support services to enhance the rehabilitation process.....multiple levels of clinical, social, and logistical support to ensure a smooth transition and continuous care for TBI patients and their families.”* (<http://www.polytrauma.va.gov/support/>, para. 1)

# But What Do Caregivers Know and When Do They Learn It?

*“VA values your commitment as a partner in our pledge to care for those who have "borne the battle," and we have several support and service options designed with you in mind. The programs are available both in and out of your home to help you care for the Veteran you love and for yourself.”* (<http://www.caregiver.va.gov/>, para. 1)

- Caregiver toolbox
- Online training
- Support hotline

# How Many Caregivers Receive Needed Services?

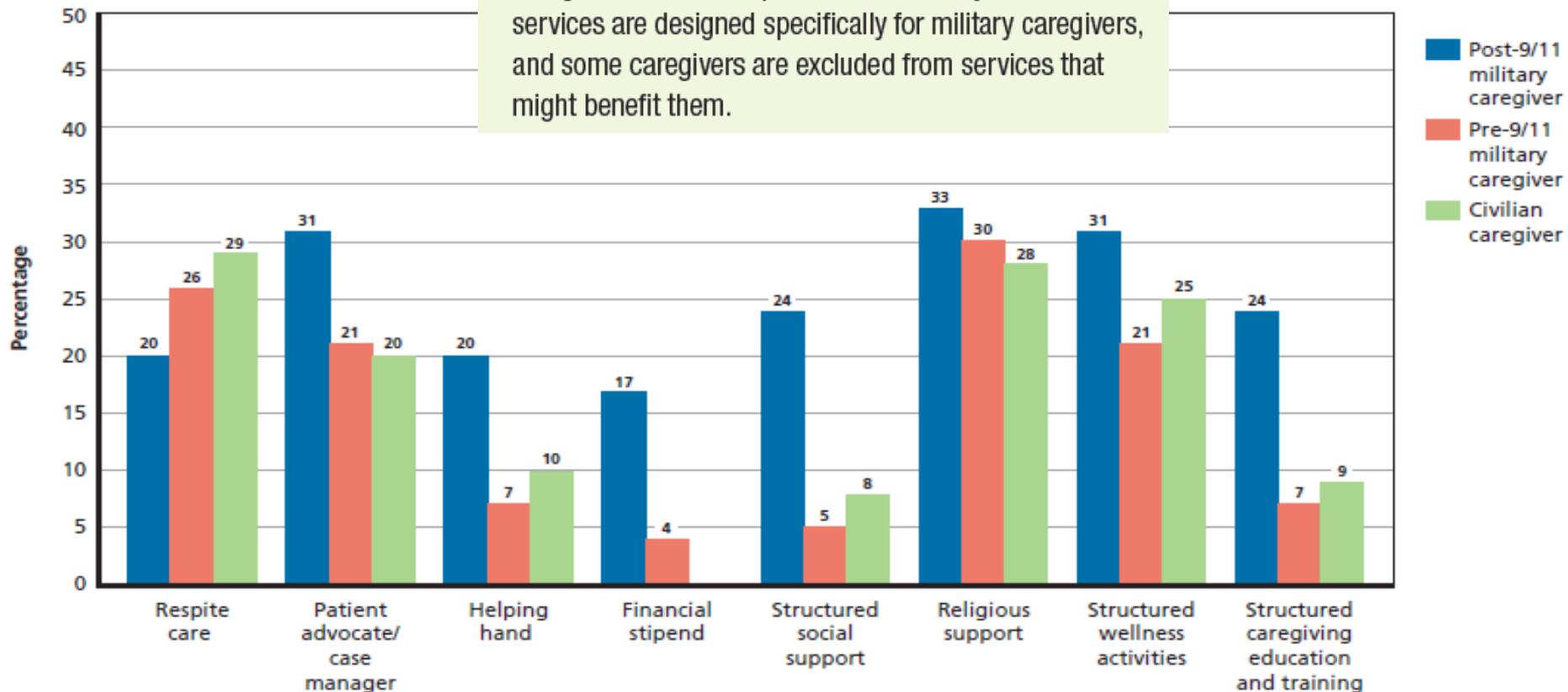
## Key Finding

Roughly two-thirds of caregivers with probable depression have not received care from a mental health professional in the past year; over 80 percent of those who have sought care have found such care to be helpful.

(Ramchand et al., 2014, p. 82)

- **Programs to support military caregivers often do so incidentally** by extending services for service members and veterans to family caregivers or by including caregivers in services provided for military families. Few services are designed specifically for military caregivers, and some caregivers are excluded from services that might benefit them.

Resource Utilization Among Caregivers



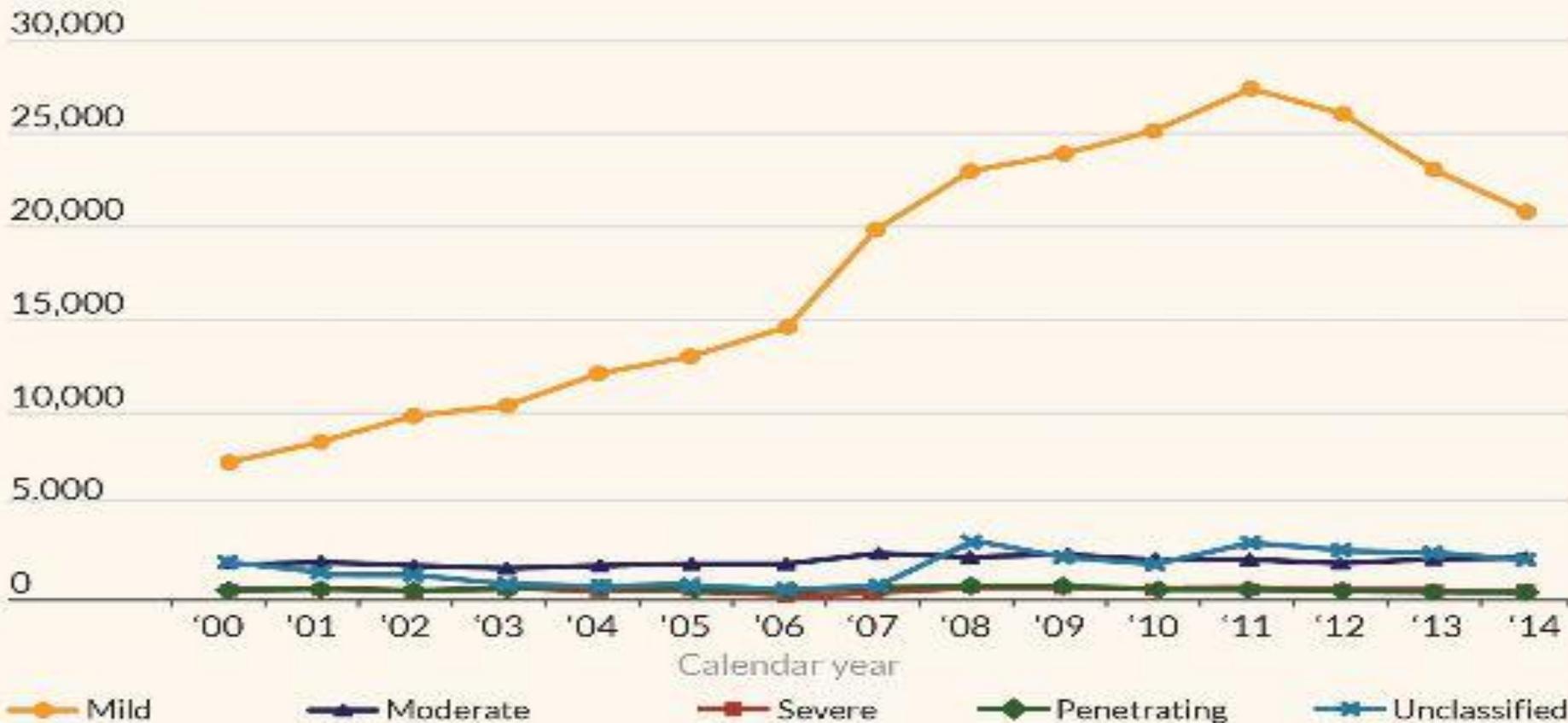
# TBIs: Understanding Differences Between Civilians and Veterans

- 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.
- Most of the available research and educational materials are based on moderate to severe TBI, published by colleagues working with civilian samples.



# DoD Numbers for Traumatic Brain Injury Worldwide - Incidence by Severity

No. of cases



Source: Defense Medical Surveillance System (DMSS), Theater Medical Data Store (TMDS) provided by the Armed Forces Health Surveillance Center (AFHSC).

Prepared by the Defense and Veterans Brain Injury Center (DVBIC)

2000-2014

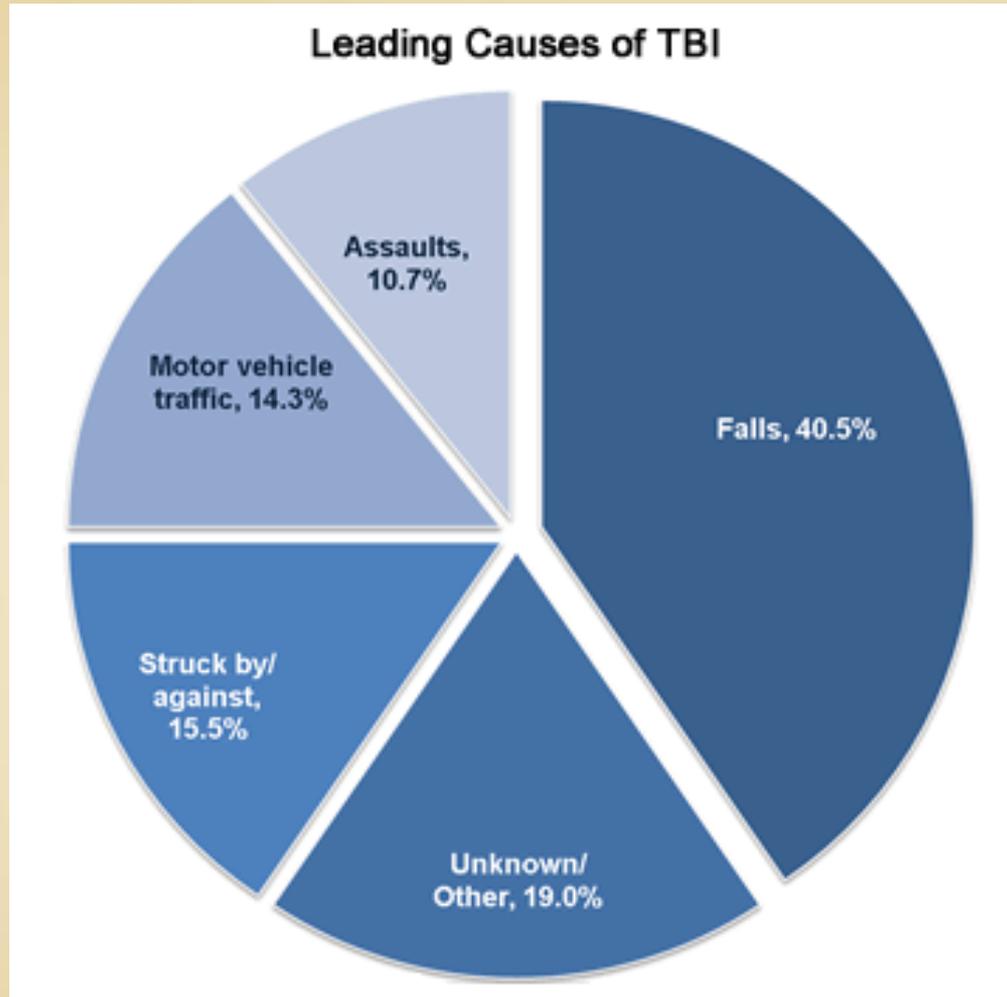
# Causes of TBI Among Military Personnel 2000-2013

Causes of TBI Diagnosed at Military Treatment Facilities 2000-2013<sup>2</sup>



<sup>2</sup> TBI numbers for the external causes of injury are for active components only. These numbers do not include repeat TBI encounters in garrison. Percentages have been rounded. <sup>3</sup> Battle injury refers to injuries from enemy action, including late effects which can occur any time after injury. Source: Defense Medical Surveillance System as of Sept. 17, 2013. Prepared by Armed Forces Health Surveillance Center.

# Causes of TBI Among Civilians



*It is estimated that at least 75% of TBIs among civilians may be classified as minor TBIs.*

[http://www.cdc.gov/traumaticbraininjury/get\\_the\\_facts.html](http://www.cdc.gov/traumaticbraininjury/get_the_facts.html)

# Major Differences Have Major Implications

Military personnel deployed during OEF/OIF incurred TBI under very different circumstances than those observed among civilians with TBI.

*As many as seven out of 10 TBIs during OEF/OIF were reportedly due to blast injuries and these numbers include those with repeated blast exposures. (Congressional Research Service Report to Congress, 2008)*

The best available research about treatment and outcomes prior to OEF/OIF was conducted with civilians who had moderate and severe TBIs.

*Most civilians who incur a single concussion or mild TBI probably do not seek treatment at all, and their symptoms remit over time.*

# Major Differences Have Major Implications

Very little research prior to OEF/OIF studied problems that co-occur with TBI among military personnel

*Posttraumatic stress disorder (PTSD), polytrauma, amputations; PTSD and TBI co-occurrence among civilians is relatively rare.*

Increased risk of PTSD with repeated exposures, repeated deployments

PTSD often accompanies TBI among veterans, but TBI does not always accompany PTSD.

Prior to OEF/OIF, PTSD unfamiliar to those who treated TBI and TBI unfamiliar to those treated PTSD

## Mental Health “First Aid” Guidelines

- Assess level of distress
- Listen without judgment
- Reassurance and information
- Encourage appropriate professional help
- Encourage self-help and other support strategies

(<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=321>, para. 2)

## Be careful about assumptions

- Latest evidence indicates most caregivers are resilient.
- Resilience is defined by stable, low levels of distress over time, maintaining sense of humor and perspective.
- Evidence indicates that many veterans returning from deployment are resilient.

## Objective assessment required

- Official diagnoses only by qualified professionals

# Assess Level of Distress

Patient Health Questionnaire (PHQ)-4 *screens for symptoms over prior two weeks*

- Two items assess depression
  - Little interest or pleasure in doing things?
  - Feeling down, depressed, or hopeless?
- Two items assess anxiety
  - Feeling nervous, anxious, or on edge
  - Not being able to stop or control worrying
- “More than half of the days” may indicate need for referral.

*PHQ available at [www.phqscreeners.com/instructions/instructions.pdf](http://www.phqscreeners.com/instructions/instructions.pdf)*

# Listen Without Judgment

Do not assume you know the problem.

*“If you’ve seen one person with a brain injury, you’ve seen one person with a brain injury.”*

*–National Head Injury Foundation*

Understand the nature of stress

- Sudden vs. gradual
- Events vs. hassles
- Objective vs. subjective

*FOCUS* on the caregiver’s report and experience

# Frequently Encountered Problems

## *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

Distressed caregivers do not appear to “get better” on their own.

Distress is a clear signal the caregiver needs assistance.

We want to match the “assistance” to the unique needs and problems experienced by the caregiver.

In many cases, this may require a professional referral.

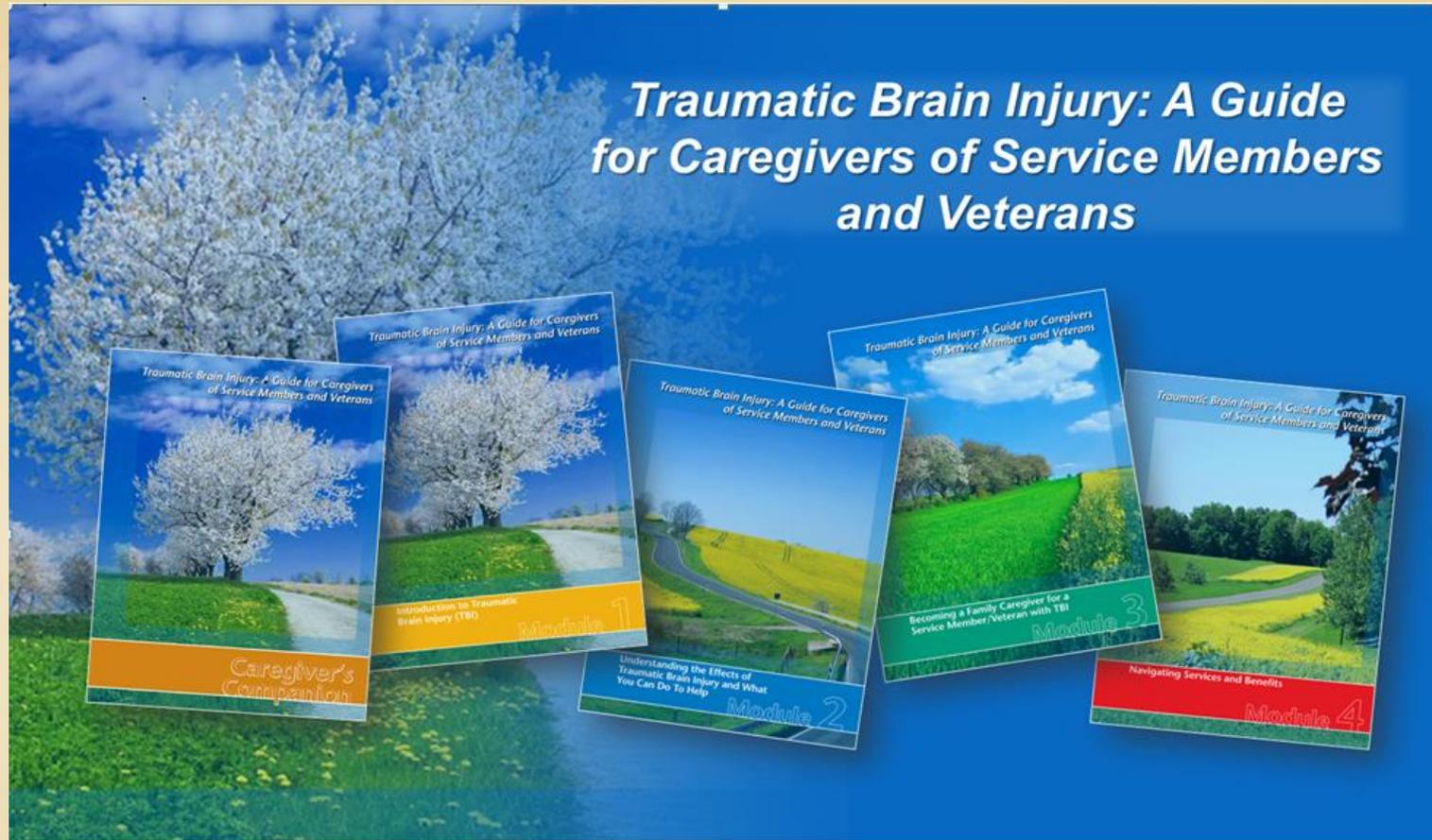
Caregivers need accurate information about

- TBI
- Their own issues as caregivers

Much of the information available at many places is limited by a reliance on research and practice:

- Conducted with civilians
- With moderate and severe TBI
- Without co-occurring problems like PTSD
- Without appreciation for military and veteran health and support services

# Reassurance and Information

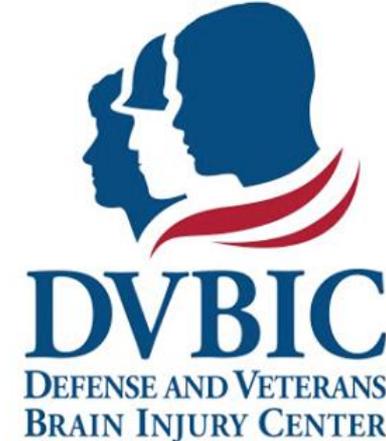


Tools that provide information and support for caregivers of service members and veterans with moderate to severe traumatic brain injury  
**To download electronic copies, visit [dvbic.dcoe.mil](http://dvbic.dcoe.mil)**

Taking Care of Yourself  
While Caring for Others



Addressing Family Needs



**Headache and Neck Pain**

Concussion/Mild Traumatic Brain Injury



**Head Injury and Dizziness**

Concussion/Mild Traumatic Brain Injury (mTBI)



**Changes in Behavior, Personality or Mood**

Concussion/Mild Traumatic Brain Injury (mTBI)



**Help With Ongoing Symptoms**

Concussion/Mild Traumatic Brain Injury (mTBI)



**Ways to Improve your Memory**

Concussion/Mild Traumatic Brain Injury (mTBI)

<http://dvbic.dcoe.mil>

<https://www.facebook.com/DVBICpage>

# Encourage Appropriate Professional Help



## I have more questions. Where can I go for help?

VA knows that being a Caregiver can be both rewarding and hard. You can always find more information at [www.caregiver.va.gov](http://www.caregiver.va.gov), including contact information for the VA Caregiver Support Coordinator nearest you.

You can also call VA's Caregiver Support Line  
**toll-free at 1-855-260-3274.**

The Caregiver Support Line is open  
Monday through Friday, 8:00 am – 11:00 pm ET,  
and Saturday, 10:30 am – 6:00 pm ET.

### Call to talk to caring professionals who can:

- Tell you about the assistance available from VA.
- Help you access services and benefits.
- Connect you with your local Caregiver Support Coordinator at a VA Medical Center near you.
- Just listen, if that's what you need right now.

# Encourage Appropriate Professional Help

Some recommendations from the RAND Corporation “*Hidden Heroes*” report:

- Provide high-quality education and training to help military caregivers understand their roles and teach them necessary skills.
- Health care environments catering to military and veteran recipients should make efforts to acknowledge caregivers *as part of the health care team*.
- Ensure that caregivers are supported based on the tasks and duties they perform *rather than their relationship to the care recipient*.
- Foster caregiver health and well-being through access to high-quality services.

## Expand coping repertoire

- **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

- **Emotion-focused coping**

Ways to manage negative emotions and emotional consequences of stress. Examples:

Shopping

Happy Hour

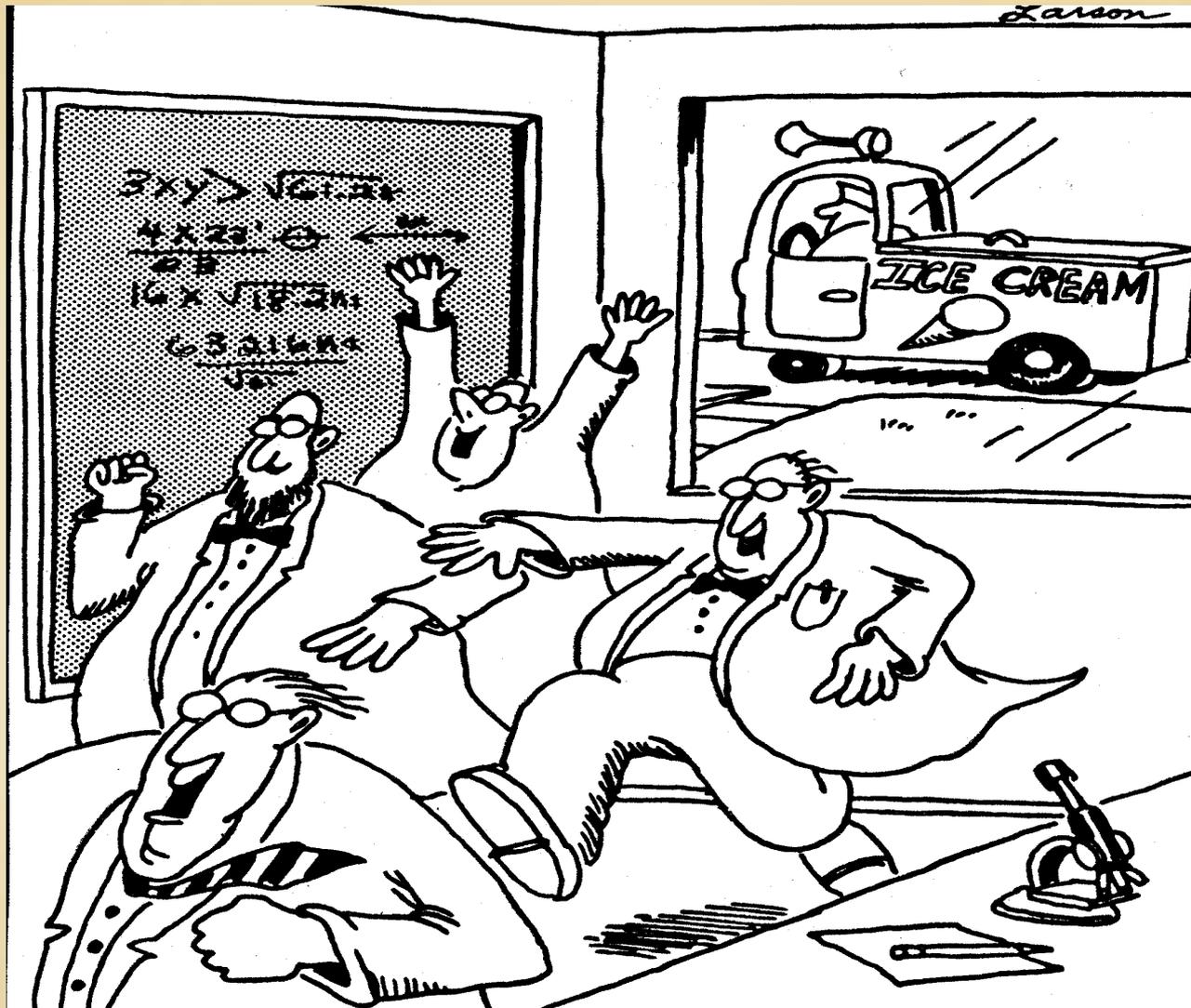
Music

Going out

Eating chocolate

Watching TV

# Everyone Has an Emotional Coping Strategy



# Promote a Problem Solving Perspective

Facts

Optimism

Creativity

Understanding

Solve

*Evidence from several randomized clinical trials indicate that family caregivers benefit from problem solving training*

# 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

# Two Components of Problem Solving: Part I

## Problem orientation

- Ward off negative emotions.
- Promote positive emotions, confidence, a sense of competence.
- Inhibit impulsive reactions.
- Motivate person toward problem solving.

# Regulating Emotions

*...because negative emotions get in the way*

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

# Two Components of Problem Solving: Part II

## Problem solving skills

- Identify the problem
- Generate solutions
- Make and implement choices
- Evaluate progress and outcome

# F-O-C-U-S

## *Problem Solving for Caregivers*

**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.

# Getting the **FACTS**

- Define your problem.
- Answer 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.*

- 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 **O**PTIMISTIC:

*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*



# 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?

# 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.

# BEING OPTIMISTIC:

## *Positive Versus Negative Orientation*

### 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*

### **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:

	<b>Advantages</b>	<b>Disadvantages</b>
Potential Solution #1		
Potential Solution #2		
Potential Solution #3		
Potential Solution #4		

# SOLVING the Problem:

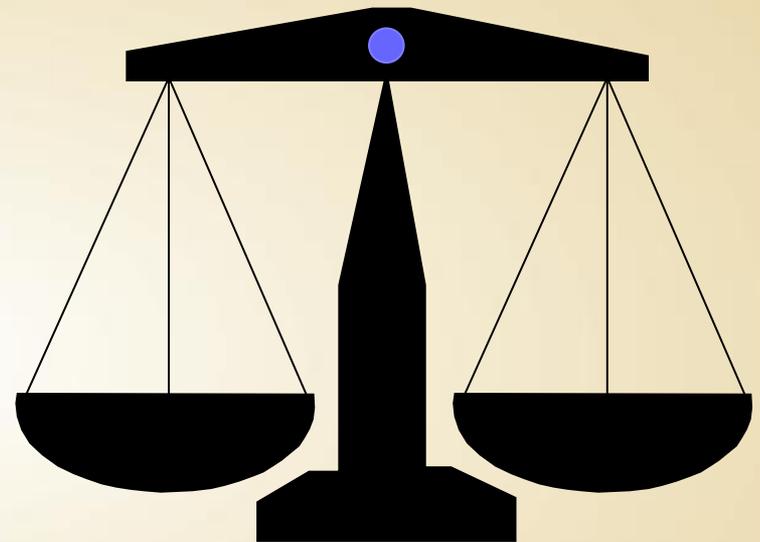
## *Decision Making*

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



**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?)
<i>Don't try to talk to him when I'm already upset</i>	+	+	0	0	0	+
<i>Do some deep breathing exercises before I talk</i>	+	+	+	+	+	+
<i>Ask his sister to stay with him so I can get out of house more often</i>	+	0	+	0	+	-
<i>Ask the social worker for help and/or advice</i>	+	+	0	+	-	+

# Implement the SOLUTION

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

**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

## Possible Solution #1

**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

# Concluding Thoughts

## *Cultivate Stress Buffers*

## Wellness behaviors

- Good diet
- Meaningful activities
- Routine exercise
- Daily health regimens
- Leisure and relaxation

*Important to do things that help you  
experience positive emotions!*

# Apps for Self-Care

## Virtual Hope Box

<http://t2health.dcoe.mil/apps/virtual-hope-box>

Concussion Coach, CBT Coach, Mindfulness Coach, Parenting2Go, mTBI Pocket Guide, Positive Activity Jackpot, Tactical Breather

<http://t2health.dcoe.mil/products/mobile-apps>

# Concluding Thoughts

## *Cultivate Stress Buffers*

### Interpersonal styles

- Effective social skills
- Assertion skills
- Conflict management
- Social support systems

# Concluding Thoughts

## *Cultivate Stress Buffers*

## 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.*

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# DVBIC TBI Recovery Support Program



U.S. Army photo by MC1 Gary DeSmet

Provides traumatic brain injury (TBI) expertise, resources and support to military and veteran communities

Available at [dvbic.dcoe.mil](http://dvbic.dcoe.mil)

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- We will respond to as many questions as time permits.



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**Next DCoE Psychological Health Webinar:  
Alcohol Misuse in the Military: Screening Brief Intervention and  
Referral to Treatment**

July 23, 2015  
1-2:30 p.m. (ET)

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**Next DCoE Traumatic Brain Injury Webinar:  
Returning to College After Concussions and Mild Brain Injuries**

August 13, 2015  
1-2:30 p.m. (ET)

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