

*Traumatic Brain Injury: A Guide for Caregivers
of Service Members and Veterans*



Caregiver's
Companion



"I would just say that this experience has shown all of us that there's hope at every turn. We have found that through the doctors, through case managers, and through our family and friends who have supported us. We found it in the small changes in Tim's abilities.

There has always been that sense of hope, and even at the bleakest moment, there was always something that you could look back on or look forward to that could give you that hope. I wish that every caregiver could see that and hope that they do. I think most of them do. I think most caregivers are just amazingly resilient people themselves, and they thrive off the strength of their wounded warrior."

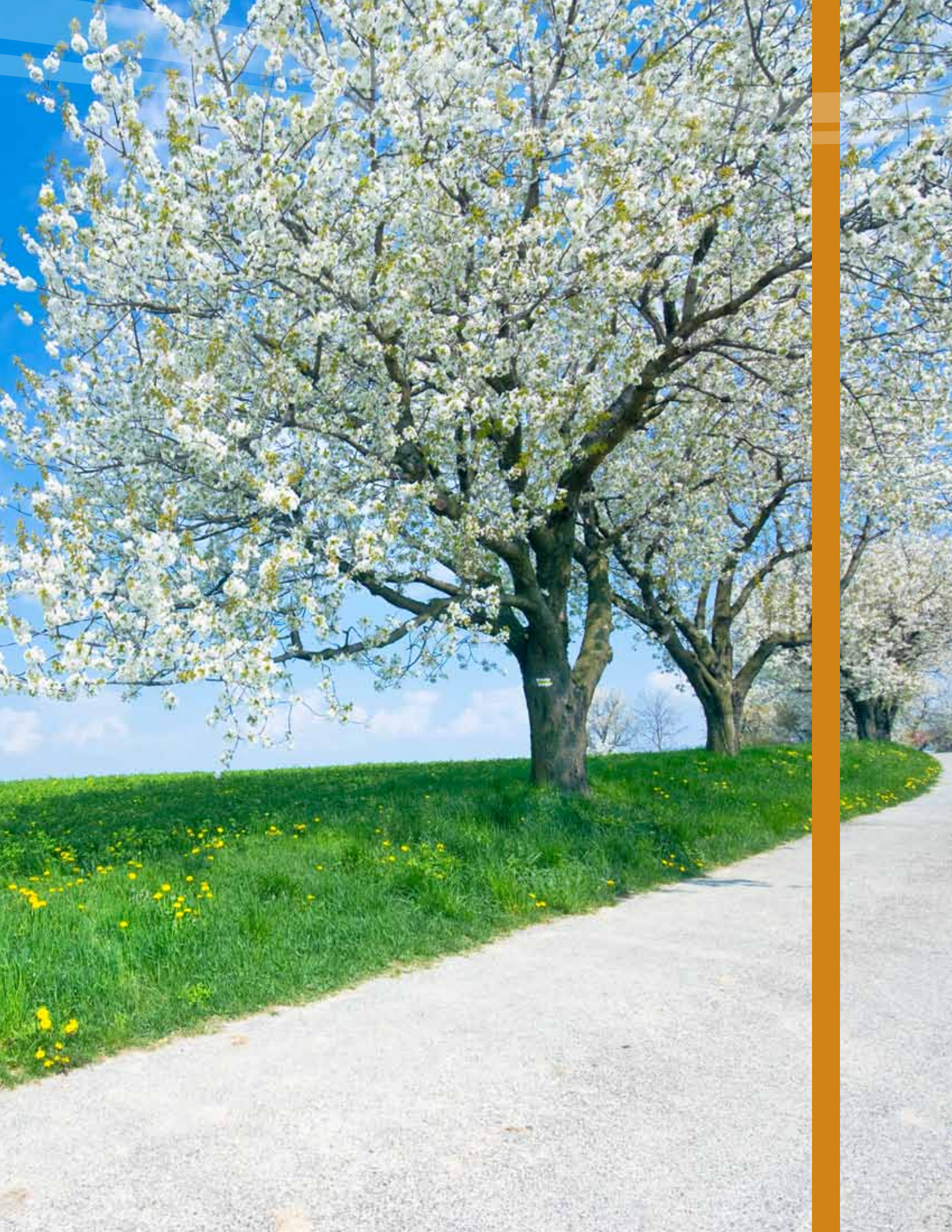
- Shannon M.



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An electronic version of this Guide can be found at the following Web address:
www.traumaticbraininjuryatoz.org



Introduction

This Caregiver's Companion to *Traumatic Brain Injury: A Guide for Caregivers of Service Members and Veterans* has information and forms that can help you in your caregiving journey. Use this binder to keep yourself organized. You may want to carry it with you to keep track of important information. You may need to start a new binder as this one gets full.

The Companion includes:

- A glossary of terms that you're likely to come across time and time again
- A table of military ranks to help you understand the ranks of the service members and officers that you may meet
- A list of acronyms (e.g., DoD for the Department of Defense) to make sense of the alphabet soup within government agencies
- Blank diagrams of the brain that you can use when talking to your health care provider about where the injury occurred
- Master forms to use for writing down key information. The master forms in the Companion are meant to be duplicated. Make several copies of each to use over time or download the forms from www.traumaticbraininjuryatoz.org.

The master forms include:

- contact information for members of the health care team
- medication log to keep track of medications, dosage, timing, and side effects
- home care team volunteer form to keep track of those who volunteer to help
- caregiver support worksheet, to help you list the members of your home care team - the people who can help you take care of all the responsibilities you may not have time for.
- Plastic sleeves to keep business cards of medical professionals and others you want to be able to contact later for more information
- Plastic sleeves for compact disks (CDs) of medical scans and tests you will want to keep. You may need to purchase more plastic sleeves.

May your caregiving journey be one that brings you hope, love, pride, and peace.

Glossary of Medical and TBI Terms

Absence Seizures – A non-convulsive generalized seizure when a person may appear to be staring into space with or without jerking or twitching movements of the eye muscles. These seizures may last for seconds, or even tens of seconds, with full recovery of consciousness and no confusion. People experiencing absence seizures sometimes move from one location to another without any purpose.

Abstract Thinking – Being able to apply abstract concepts to new situations and surroundings.

Acceleration – To increase speed and/or change velocity.

Amnesia – A loss of memory. Amnesia can be caused by brain injury, shock, fatigue, repression, illness, and sometimes anesthesia.

Angiogram – A procedure in which a dye is injected through a thin tube into a blood vessel. Special x-ray pictures are taken, allowing your health care provider to view the blood vessels of the brain, heart, or other part of the body. Also called an arteriogram for arteries or venogram for veins.

Anorexia – A loss of appetite, especially when prolonged over time.

Anosmia – The decrease or loss of the sense of smell.

Anoxia – Absence of oxygen supply to an organ.

Anoxic Brain Injury – Injury to the brain due to severe lack of oxygen. This usually happens when blood is unable to flow to the brain due to certain injuries, bleeding, or cardiac arrest.

Apraxia – The loss or impairment of the ability to perform complex coordinated movements despite having the desire and the physical ability to perform the movements.


Arthralgia – Joint pain or stiffness in a joint.

Ataxia – The inability to coordinate the movement of muscles. Ataxia may affect the fingers, hands, arms, legs, body, speech, or eye movements.

Axons – Also known as nerve fibers, an axon is a long, slender projection of a nerve cell, or neuron, that conducts electrical impulses away from the neuron's cell body or soma. Axons are the primary transmission lines of the nervous system.

Basal Ganglia – The deep brain structures that help start and control voluntary movements and postures.

Blast Injuries – Injuries that result from the complex pressure wave generated by an explosion. The explosion causes an instantaneous rise in



pressure over atmospheric pressure that creates a blast over pressurization wave. Injuries to organs surrounded by fluid, such as the brain, and air-filled organs, such as the ear, lung, and gastrointestinal tract are common.

Brain – The main organ of the central nervous system (CNS). It is divided into the cerebrum, brainstem, and cerebellum. The brain regulates virtually all human activity.

Brainstem – The lower extension of the brain where it connects to the spinal cord. Neurological functions located in the brainstem include those necessary for survival (breathing, heart rate) and for arousal (being awake and alert).

Cerebellum – The portion of the brain (located in the back) that helps coordinate movement.

Cerebral Hypoxia – Inadequate oxygen supply to brain tissue. Mild or moderate cerebral hypoxia is sometimes known as diffuse cerebral hypoxia. It can cause confusion and fainting, but its effects are usually reversible.

Cerebrospinal Fluid (CSF) – A colorless fluid that is found around and inside the brain and spinal cord, offering some protection and cushioning the brain.

Cerebrum – The largest part of the brain. It is divided into two hemispheres, or halves. It controls motor, sensory, and higher mental functions, such as thought, reason, emotion, and memory.

Chronic Subdural Hematoma – An “old” collection of blood and blood breakdown products between the surface of the brain and its outermost covering (the dura).

Closed Head Injury – Injury to structures within the skull or the brain that do not result in an opening in the skull, such as a direct blow to the head or a blast. Injuries may range from a mild concussion to potentially fatal.

Coma – A state of unconsciousness in which the person is not aware of the environment nor able to perform voluntary actions.

Computed Tomography (formerly known as Computerized Axial Tomography) – A painless procedure in which x-rays are passed through the affected area at different angles, detected by a scanner, and analyzed by a computer. CT scan images show bones and blood collections more clearly than conventional x-rays. The computer can combine individual images to produce a three-dimensional view.

Concussion – involves a disruption of brain function caused by trauma. This disruption is characterized by, but not limited to, a loss of consciousness for less than thirty minutes, post-traumatic amnesia lasting for less than 24 hours, and a Glasgow Coma Scale of 13-15. Also referred to as a mild traumatic brain injury.

Consciousness – The state of awareness of the self and the environment.

Contusion – A bruise. In terms of brain injury, a contusion refers to bruising of the brain tissues.

Coup-Contrecoup – An injury to the brain that occurs when an impact or violent motion brings the head to a sudden stop, causing injury to the impact site and the opposite side of the brain. This is also known as an acceleration/deceleration injury.

Cranium – Skull.

Deceleration – To reduce speed or go more slowly.

Diffuse – Widely spread.

Diffuse Axonal Injury, or DAI – Widespread injury of large nerve fibers (axons covered with myelin).

Diffuse Brain Injury – Injury to cells in many areas of the brain rather than in one specific location.

Diplopia – Seeing two images of a single object; double vision.

Dura Mater – The outermost of three membranes protecting the brain and spinal cord. It is tough and leather-like.

Dysarthria – Difficulty in forming words or speaking them because of weakness of the muscles used in speaking. Tongue movements are usually labored and the rate of speaking may be very slow. Voice quality may be abnormal, usually excessively nasal; volume may be weak; drooling may occur.

Dyskinesia – Involuntary movements most often seen in the arms or legs.

Electroencephalograph, or EEG – A test that measures electrical activity of the brain that is recorded from electrodes placed on the scalp.

Epidural Hematoma – Bleeding into the area between the skull and the dura mater.

Euphoria – An exaggerated or abnormal sense of well-being not based on reality.

Executive Functions – The ability to formulate and carry out plans effectively. These functions are essential for independent, creative, and socially constructive behavior.

Expressive Aphasia – Also known as Broca’s aphasia. A difficulty in expressing oneself in speech and writing. Characterized by knowing what one wants to say but being unable to find the words to say what is being thought. There is lack of spontaneous speech, words are often labored over, and sentences are short and incomplete.

Focal Brain Injury – Damage confined to a small area of the brain. The focal damage is most often at the point where the head hits an object or where an object, such as a bullet, enters the brain.

Frontal Lobe – The front part of the brain; involved in planning, organizing, problem solving, selective attention, personality, and a variety of “higher cognitive functions.”

Generalized Tonic-Clonic Seizures – A seizure involving the entire body. It is also called a grand mal seizure. Such seizures usually involve muscle rigidity, violent muscle contractions, and loss of consciousness.

Glasgow Coma Scale – A scale used for measuring level of consciousness. Scoring is determined by three factors: eye opening ability, verbal responsiveness, and motor responsiveness. The scores range from lowest level of responsiveness (a 3) to highest level of responsiveness (a 15).

Hematoma – A collection of blood caused by the rupture or tearing of blood vessels.

Herniation/Herniated – Compression of brain tissue caused by high pressure inside the skull that can lead to death if not aggressively treated.

Hypertension – The medical term for high blood pressure.

Hypotension – The medical term for low blood pressure.

Hypoxia – Decreased oxygen levels in an organ, such as the brain.

Impaired Initiation – The diminished ability to take the first step in beginning an action.

Improvised Explosive Devices, or IEDs – An IED can be almost anything with any type of material and initiator. It is a “homemade” device that is designed to cause death or injury by using explosives alone or in combination with toxic chemicals, biological toxins, or radiological material. IEDs can be produced in varying sizes, functioning methods,

containers, and delivery methods. IEDs can utilize commercial or military explosives, homemade explosives, or military ordinance and ordinance components.

Intracerebral Hemorrhage – A subtype of intracranial hemorrhage that occurs within the brain tissue itself. Intracerebral hemorrhage can be caused by brain trauma, or it can occur spontaneously in hemorrhagic stroke.

Intracranial Pressure, or ICP – The amount of pressure inside the skull resulting from the brain tissue, cerebrospinal fluid, and blood volume. This pressure normally ranges from 0-10 mm Hg.

Intracranial Pressure (ICP) Monitor – A monitoring device used to determine the pressure within the brain. It is used to assess potential complications resulting from increased pressure exerted on the brain.

Limbic System – A group of structures deep within the brain that are associated with emotion and motivation.

Lobe – A part of the brain located in each of the two hemispheres. Each hemisphere of the cerebrum is divided into four sections known as the frontal lobe, the parietal lobe, the occipital lobe, and the temporal lobe.

Magnetic Resonance Imaging, or MRI – A test that uses a powerful magnet linked to a computer to make detailed pictures of soft tissues inside the body.

Meninges – The covering of the brain that consists of three layers: the dura mater, the arachnoid mater, and the pia mater. The primary function of the meninges and of the cerebrospinal fluid is to protect the central nervous system.

Mild Traumatic Brain Injury, or mTBI – Also referred to as a concussion, mTBI involves a disruption of brain function caused by trauma. This disruption is characterized by, but not limited to, a loss of consciousness for less than thirty minutes, post-traumatic amnesia lasting for less than 24 hours, and a Glasgow Coma Scale of 13-15.

Military Acute Concussion Evaluation, or MACE – A standardized mental status exam that is used to evaluate concussion in theater. This screening tool was developed to evaluate a person with a suspected concussion.

Myalgia – Pain in one or more muscles.

Neurocognitive – Of, relating to, or involving the brain and the ability to think, remember, or process thoughts.

Neuron – A nerve cell that can receive and send information by way of connections with other nerve cells.

Neuropsychology – A science that combines the study of the brain’s structures and functions with psychological processes and human behaviors.

Neuroradiological Tests – Tests using computer-assisted brain scans. These tests allow providers to visualize the brain. Tests may include: CT Scan, MRI, Angiogram, EEG, SPECT Scan, PET Scan, DTI Scan.

Neurotransmitters – Chemicals found within the brain that are released from a neuron which transmit signals from neuron to neuron across gaps called synapses. These chemicals either excite or inhibit specific reactions; e.g., in motor neurons, the neurotransmitter causes contraction of muscles through stimulation of muscle fibers.

Nystagmus – Involuntary, usually rapid movement of the eyeballs (side to side or up and down).

Occipital Lobe – The occipital lobe is found at the back of the brain. This lobe receives signals from the eyes, processes those signals, allows people to understand what they are seeing, and influences how people process colors and shapes.

Ocular – Relating to the eye.

Open Head Injury – Trauma to the brain that occurs from a skull fracture or penetrating injury.

Parietal Lobe – The part of the brain that is involved with movement, and with the processing of signals received from other areas of the brain such as vision, hearing, motor, sensory, and memory.

Penetrating Head Injury – A brain injury in which an object pierces the skull and enters the brain tissue.

Perseveration – The repeated and uncontrollable use of the same words or actions regardless of the situation.

Photophobia – An intolerance to light or a painful sensitivity to strong light.

Positron Emission Tomography, or PET Scan – A specialized imaging technique that uses an injection of a short-lived radioactive substance and special CT scans. PET scanning provides information about the body’s chemistry not available through other procedures. Unlike other imaging techniques that look at structures of the brain, PET looks at the energy use of different parts of the brain.

Post-Deployment Health Assessment, or PDHA – The military’s global health screening that occurs when a unit or service member returns from an overseas deployment. The purpose of this screening is to review each service member’s current health, mental health, or psychosocial issues commonly associated with deployments, special medications taken during the deployment, possible deployment-related occupational/environmental exposures, and to discuss deployment-related health concerns.

Post-Deployment Health Reassessment, or PDHRA – A second assessment used 3-6 months following re-deployment or return of service members from overseas deployment. PDHRA extends the continuum of care for deployment-related health concerns and provides education, screening, assessment, and access to care.

Post-Traumatic Amnesia (PTA) – The inability to acquire new memories. For example, a person with TBI may not be able to remember what he or she had for breakfast. Long-term memories, such as those from childhood, are not affected. PTA may range from a period of just a few minutes to a more permanent condition.

Post-Traumatic Stress (PTS) – Anxiety that can develop if you are exposed to or witness a traumatic event (like combat) that threatened or caused great physical harm to self or others.

Rancho Los Amigos Level of Cognitive Functioning – A scale used to follow the recovery of the TBI survivor and to determine when he or she is ready to begin a structured rehabilitation program.

Receptive Aphasia – Also known as Wernicke’s aphasia; characterized by difficulty understanding spoken words. Aphasic individuals have difficulty interpreting and categorizing sounds, and speak in what is referred to as a “word salad” with random words put together unintelligibly to form sentences.

Seizure – Uncontrolled electrical activity in the brain, which may produce a physical convulsion, minor physical signs, thought disturbances, or a combination of symptoms. Seizures fall into two main groups. Focal seizures, also called partial seizures, happen in just one part of the brain. Generalized seizures are a result of abnormal activity throughout the brain.





Single-photon Emission Computed Tomography, or SPECT Scan

– Test that uses the injection of a weak radioactive substance into a vein, followed by pictures taken with special cameras. This test is similar to a PET scan and provides information on the energy being used by the brain.

Skull Fracture – A break, split, or crack in the skull.

Subdural Hematoma – Bleeding confined to the area between the outermost covering of the brain (dura) and the brain.

Temporal Lobe – The temporal lobe is located at about ear level, and is the main memory center of the brain, contributing to both long-term and short-term memories. The temporal lobe is also involved with understanding what is heard and with the ability to speak. An area on the right side is involved in visual memory and helps people recognize objects and faces. An area on the left side is involved in verbal memory and helps people remember and understand language. The back area of the temporal lobe helps people interpret the emotions and reactions of others.

Thalamus – A part of the brain that is primarily responsible for relaying sensory information from other parts of the brain to the cerebral cortex.

Tinnitus – “Ringing in the ears” or another noise that seems to originate in the ears or head.

Traumatic Brain Injury, or TBI – An injury to the brain as the result of trauma to the head.


















Whiplash – An injury to the neck caused when the head is violently thrown back and forth, such as in a rear end car collision.

U.S. Military Ranks







Pay Scale	Army	Air Force	Marines	Navy and Coast Guard
Enlisted Personnel				
Special E-9	Sergeant Major of the Army 	Chief Master Sergeant of the Air Force 	Sergeant Major of the Marine Corps 	Master Chief Petty Officer of the Navy 
E-9	Command Sergeant Major 	First Sergeant (Chief Master Sergeant) 	Sergeant Major 	Command Master Chief Petty Officer 
	Sergeant Major 	Chief Master Sergeant 	Master Gunnery Sergeant 	Master Chief Petty Officer 
E-8	First Sergeant 	First Sergeant (Senior Master Sergeant) 	First Sergeant 	Senior Chief Petty Officer 
	Master Sergeant 	Senior Master Sergeant 	Master Sergeant 	
E-7	Sergeant First Class 	First Sergeant (Master Sergeant) 	Gunnery Sergeant 	Chief Petty Officer 
		Master Sergeant 		
E-6	Staff Sergeant 	Technical Sergeant 	Staff Sergeant 	Petty Officer First Class 

Pay Scale	Army	Air Force	Marines	Navy and Coast Guard
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Enlisted Personnel

E-5	Sergeant 	Staff Sergeant 	Sergeant 	Petty Officer Second Class 
E-4	Corporal  Specialist 	Senior Airman 	Corporal 	Petty Officer Third Class 
E-3	Private First Class 	Airman First Class 	Lance Corporal 	Seaman 
E-2	Private 	Airman 	Private First Class 	Seaman Apprentice 
E-1	Private (Recruit)	Airman Basic	Private	Seaman Recruit



























Commissioned Officers

Special**	General of the Army 	General of the Air Force 		Fleet Admiral 
O-10	General 	General 	General 	Admiral 

Blank indicates there is no rank at that pay grade.
















** Ranks used infrequently, during wartime.

U.S. Military Ranks

Pay Scale	Army	Air Force	Marines	Navy and Coast Guard
Commissioned Officers				
O-9	Lieutenant General 	Lieutenant General 	Lieutenant General 	Vice Admiral 
O-8	Major General 	Major General 	Major General 	Rear Admiral (Upper Half) 
O-7	Brigadier General 	Brigadier General 	Brigadier General 	Rear Admiral (Lower Half) 
O-6	Colonel 	Colonel 	Colonel 	Captain 
O-5	Lieutenant Colonel 	Lieutenant Colonel 	Lieutenant Colonel 	Commander 
O-4	Major 	Major 	Major 	Lieutenant Commander 
O-3	Captain 	Captain 	Captain 	Lieutenant 
O-2	1st Lieutenant 	1st Lieutenant 	1st Lieutenant 	Lieutenant, Junior Grade 
O-1	2nd Lieutenant 	2nd Lieutenant 	2nd Lieutenant 	Ensign 

Pay Scale	Army	Air Force	Marines	Navy and Coast Guard
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Warrant Officers

W-5	Chief Warrant Officer 5 		Chief Warrant Officer 5 	Chief Warrant Officer 5 
W-4	Chief Warrant Officer 4 		Chief Warrant Officer 4 	Chief Warrant Officer 4 
W-3	Chief Warrant Officer 3 		Chief Warrant Officer 3 	Chief Warrant Officer 3 
W-2	Chief Warrant Officer 2 		Chief Warrant Officer 2 	Chief Warrant Officer 2 
W-1	Warrant Officer 1 		Warrant Officer 1 	Warrant Officer 1 

Military Terms

Here are terms that you may hear when you are on a military base or military hospital.

Terms related to injuries and treatment:

- BI – Battlefield Injury
- CASEVAC – Casualty Evacuation
- MTF – Medical Treatment Facility; for example:
 - NNMC – National Naval Medical Center, commonly called “Bethesda”
 - NMCSD – Naval Medical Center San Diego, commonly called “Balboa”
 - BAMC – Brooke Army Medical Center
 - WRAMC – Walter Reed Army Medical Center
- OT – Occupational Therapy
- PT – Physical Therapy
- PTSD – Post-Traumatic Stress Disorder
- SCI – Spinal Cord Injury
- TBI – Traumatic Brain Injury
- VSI, SI, SPECAT – Very Seriously Injured, Seriously Injured, Special Category
- WII – Wounded, Ill, and Injured

Terms related to Medical Review Boards:

- COAD – Continuation on Active Duty
- COAR – Continuation on Active Reserve
- DES – Disability Evaluation System
- EPTE – Existed Prior to Entry
- HAO – Home Awaiting Orders
- MEB – Medical Evaluation Board
- MMRB – MOS Medical Retention Board
- MOS – Medical Occupational Specialty
- PEB – Physical Evaluation Board
- PDRL – Permanent Disability Retirement List
- PLD – Permanent Limited Duty
- TDRL – Temporary Disability Retirement List
- VASRD – Veterans Affairs Schedule for Rating Disabilities

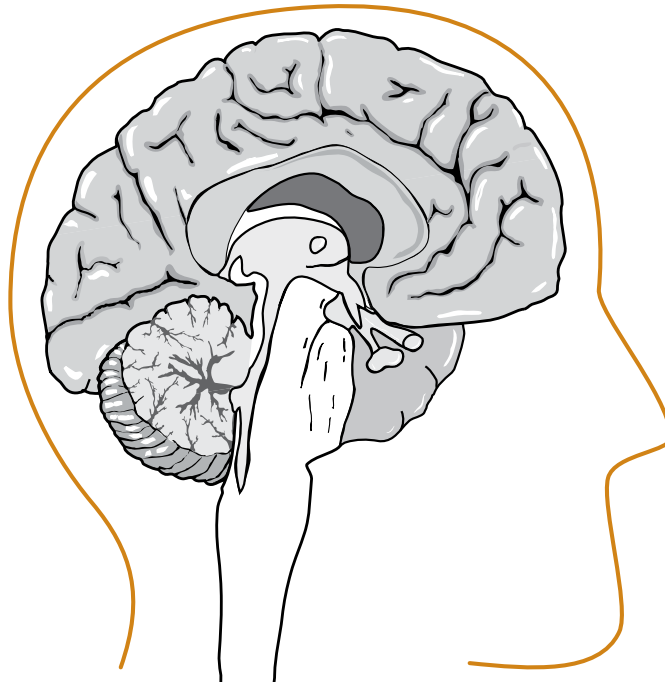
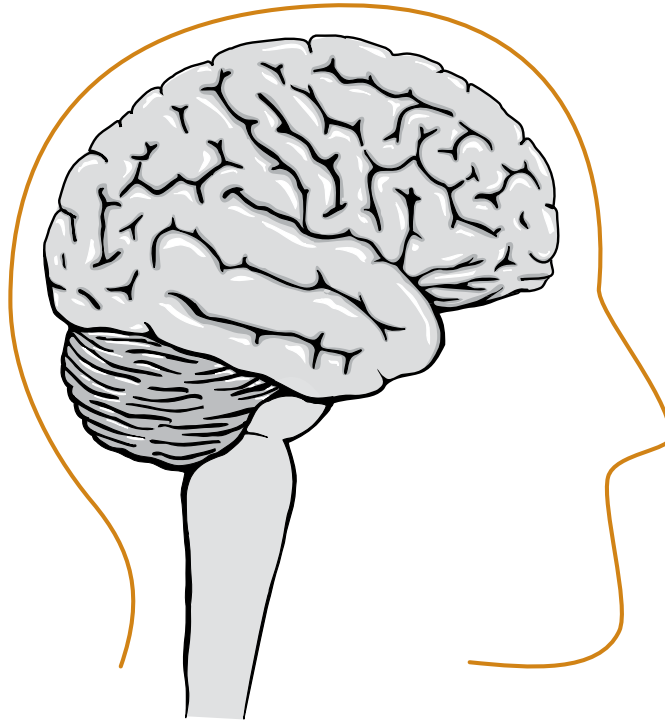


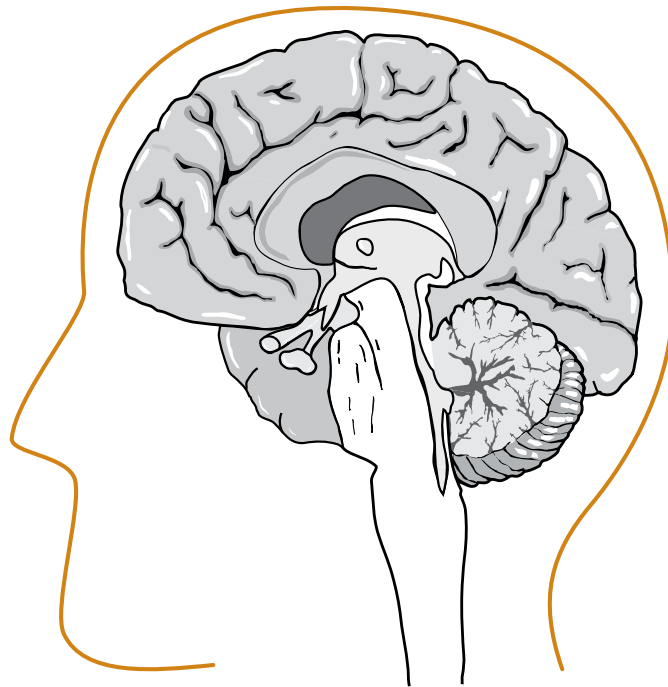
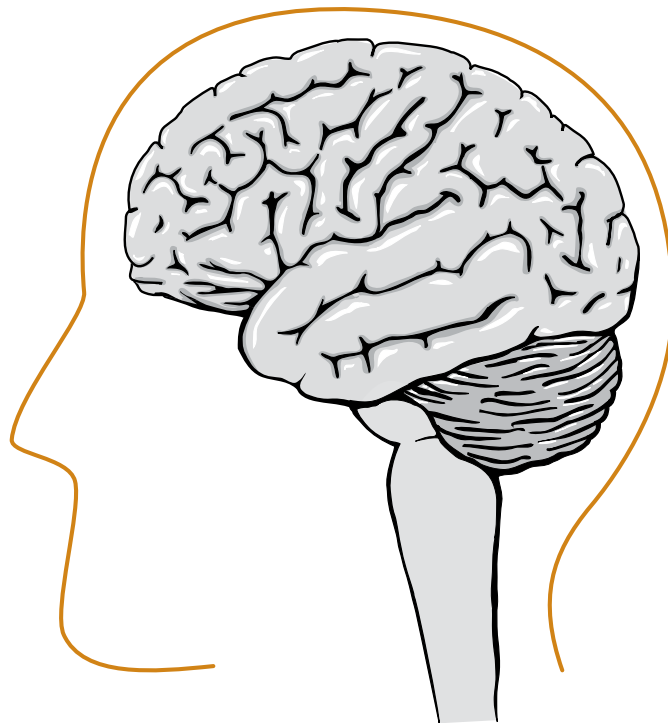
Other terms:

- AW2 – U.S. Army Wounded Warrior Program, formerly called DS3
- BAH – Basic Allowance for Housing
- BAS – Basic Allowance for Subsistence
- CACO – Casualty Assistance Call Officer
- CONUS – Continental U.S. (OCONUS is Outside the Continental U.S.)
- DoD – Department of Defense
- FMLA – Family and Medical Leave Act
- IED – Improvised Explosive Device
- ITOs – Invitational Travel Orders
- M4L – Marine For Life
- MLO – Marine Liaison Office
- NMA – Non-Medical Attendant
- OEF – Operation Enduring Freedom
- OIF – Operation Iraqi Freedom
- PNOK – Primary Next of Kin
- SSN – Social Security Number
- TSGLI – Traumatic Servicemembers' Group Life Insurance
- VA – Department of Veterans Affairs
(formerly called Veterans Administration)
- VBA – Veterans Benefits Administration
- VSO – Veteran Service Officer

Diagrams of the Brain

These drawings of the brain may be used by the health care team to show you the area of injury in your service member/veteran.





Contact Information of the Health Care Team Members

PROFESSIONAL - NAME	CONTACT INFORMATION
Audiologist	
Cardiologist	
Case Manager(s)	
Chaplain Services	
Department of Defense Military Liaison	
MEB/PEB Case Manager	
Neurologist	
Neuropsychologist	
Neurosurgery Specialist	
Nurse	
Occupational Therapist (OT)	
Ophthalmologist	
Optometrist	

Contact Information of the Health Care Team Members

PROFESSIONAL - NAME	CONTACT INFORMATION
Orthopedic Specialist	
Physiatrist (Physical Medicine and Rehabilitation Specialist)	
Physical Therapist (PT)	
Plastic Surgeon	
Primary Care Provider	
Recreational Therapist	
Registered Dietitian	
Rehabilitation Nurse	
Rehabilitation Psychologist	
Speech/Language Pathologist	
Social Worker	
Urologist	

Caregiver Support Worksheet

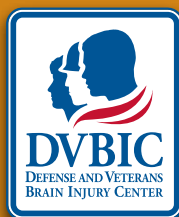
Caregiving Task	Who Can Help	Contact Information
Everyday Tasks:		
Meal Planning		
Lawn Care		
Grocery Shopping		
Meal Preparation		
Light Housekeeping		
Transportation for:		
Other Family Members		
Shopping & Errands		
Child Care		
Pet Care		
Care Tasks:		
Coordinating Home Care Team		
In-home Supervision/Companionship		
Transportation for:		
Medical Appointments		
Support Group/Counseling		
Care Team Meetings/Dinner		
Personal Hygiene:		
Bathing		
Other, e.g. hair, nails, skin		
Hands-on Medical Treatments/Exercise/Therapy		
Scheduling Medical Appointments		
Managing Medications		







This guide was produced in collaboration with
The Defense Health Board
The Defense and Veterans Brain Injury Center
and
The Department of Veterans Affairs



Traumatic Brain Injury: A Guide for Caregivers of Service Members and Veterans



**Introduction to Traumatic
Brain Injury (TBI)**

Module 1

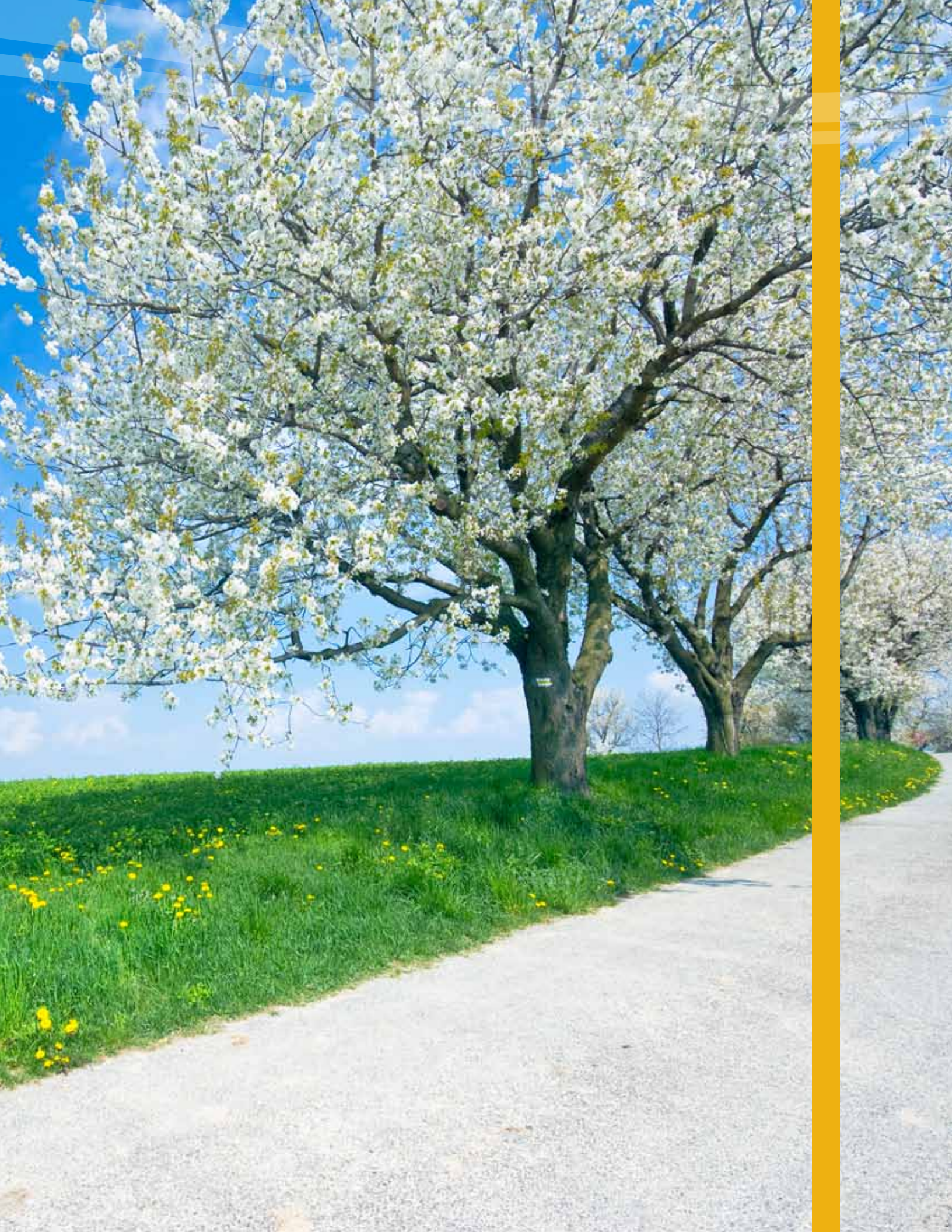
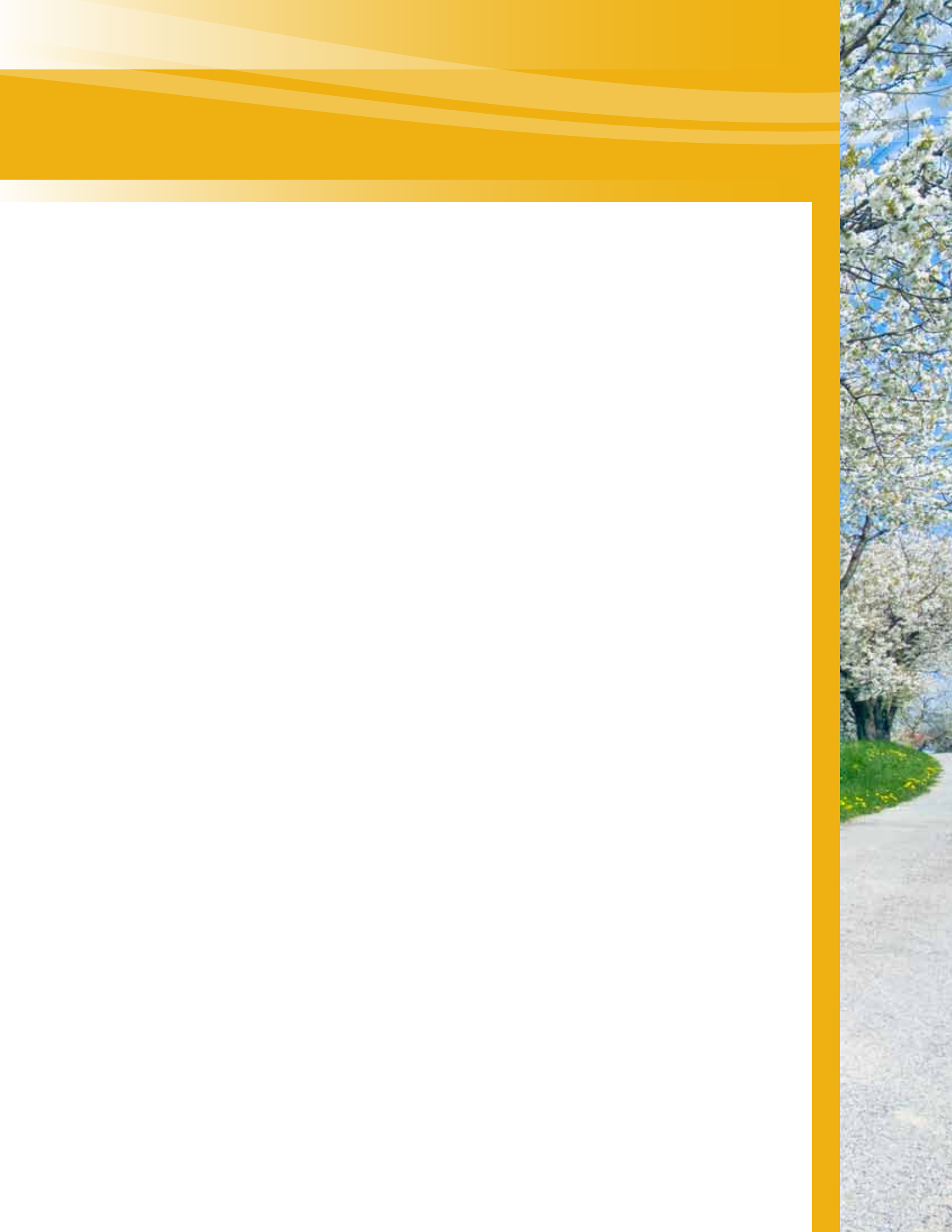


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*An electronic version of this Guide can be found at the following Web address:
www.traumaticbraininjuryatoz.org*



Module 1 Summary

In this section, you can find basic information about:

- the parts of the brain and what they do
- the causes of traumatic brain injury (TBI)
- how the brain changes after TBI
- how the brain begins to recover.

You can use this information to understand:

- how the brain works
- what you might see during recovery
- why you might see changes in how your service member/veteran thinks and acts due to a TBI.

TBIs are classified by how severe or serious they are at the time of injury. TBIs range from mild (concussion) to moderate to severe.

This module provides information on moderate to severe TBI. Doctors, nurses, and other health care providers who work with TBI guided the content.

As you read through this document, ask your health care providers to explain what you don't understand.

Some key points are:

- The brain is the body's control center.
- The parts of the brain work together to help us think, feel, move, and talk.
- A TBI is caused by a penetrating injury or by blunt force trauma to the head.
- TBI is very common in both civilian and military populations.
- Many different health care providers will help diagnose and treat your service member/veteran with TBI.
- It is the goal of health care providers to minimize complications, the things that can go wrong after the injury.
- Many service members/veterans with TBI go through common stages of recovery. Each person, however, progresses at his or her own pace.
- Recovery from a TBI may be measured in weeks, months, or years.
- Promising new research is showing the brain's capacity for healing.
- There are many ways you can support your service member/veteran with TBI throughout his or her recovery.

Be hopeful. The brain is very good at repairing itself.



What is a TBI?

A traumatic brain injury (TBI) is:

- A direct blow or jolt to the head
- A penetrating head injury, or
- Exposure to external forces such as blast waves that disrupt the function of the brain.

Not all blows to the head or exposure to external forces result in a TBI. 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.

Source: DVBIC (2007). Fact Sheet.

The Basics of TBI

What is a Traumatic Brain Injury?

A traumatic brain injury (TBI) happens when something outside the body hits the head with a lot of force. This could happen when a head hits a windshield during a car accident. It could happen when a piece of shrapnel enters the brain. Or it could happen during an explosion of an **IED** (improvised explosive device). There are many causes of traumatic brain injury (TBI).

How Long Does It Take to Recover from a TBI?

No two brain injuries are exactly alike. Some people who have a TBI recover quickly, others take much longer. Some will have very few long-term effects. Others will face lifelong challenges. The effects vary from person to person.

Recovery from a TBI may be measured in weeks, months, or years.

What Happens Right After the Injury?

In the days and weeks right after the injury, the tissue in the brain may swell or bleed. There may also be changes in the brain's neurochemistry system.

Sometimes there is so much blood that doctors have to remove it during surgery. This surgery reduces swelling and pressure within the brain. It helps the brain's blood flow and **neuro**chemistry system to recover. This usually helps the brain to work better.

An IED is an improvised explosive device. They are also called roadside bombs. They are placed on the side of the road and explode when someone drives by. IEDS are a leading cause of TBI in Iraq and Afghanistan.

"Neuro" means the body's nervous system.

"He actually ended up being in a coma for about three months after the brain injury."

- Pam E.

"He really won't tell me the whole story because I think he doesn't want to scare me. But, he brought me a piece of metal back home that was embedded in the wall right behind him. He said it missed his head by a few inches. He said that he thanks God every day that he's still alive, and that's why he brought the piece of metal home, to show me that that's how close he had come to dying."

- Lynn C-S.



How Does the Brain Recover Over Time?

No one completely knows what happens in the brain during long-term recovery from a TBI:

- Some researchers think that the healthy brain tissue learns over time how to do what the damaged brain cells used to do.
- Others think that connections between brain cells rearrange themselves or become more efficient.

The brain can repair itself more than people used to think was possible. Different things influence a person's ability to recover. They include:

- His or her age (younger brains often recover faster)
- How severe the TBI is
- Where the TBI is located.

Recovery, however, is a very individual process.

What Else Affects Recovery?

Often, a person with a severe brain injury also has serious injuries in other parts of the body. These injuries can cause bleeding, swelling, and damage to internal organs, blood vessels, bones, limbs, the sensory system, and nerves.

For example, think about a service member/veteran who was close to a blast from an IED. He or she may have a couple of **fractures**, lost an arm or leg, or lost some hearing. He or she may also have internal injuries. All of these injuries together can make recovery take longer. They may even cause more damage to the brain. Prompt treatment of these other injuries will help limit damage to the brain.

What Kind of Treatment Will My Service Member/Veteran Receive?

Depending on the nature of the brain injury and other injuries, some service members/veterans may need only regular follow-up appointments with their doctor.

Others may receive therapy, tests, and monitoring on an **outpatient** basis.


Others may begin treatment in an intensive care unit or general hospital. They may transfer later to a rehabilitation unit. They may also need outpatient therapy for a long time.

How much and what **rehabilitation** therapy your service member/veteran needs depends on many things.

A fracture is a broken bone.

Outpatient means living elsewhere and going to the doctor's office or hospital for care.

Rehabilitation means re-learning skills needed for everyday life.



No matter where your service member/veteran receives care, he or she is being treated with the most up-to-date methods based on what doctors know about the recovery process.

How Common is TBI?

TBI is the leading injury among U.S. forces serving in Afghanistan (Operation Enduring Freedom [OEF]) and Iraq (Operation Iraqi Freedom [OIF]).

The frequent use of IEDs in these wars increases the chance that service members will be exposed to blasts and other injuries that can cause a TBI.

Among service members evacuated from OEF/OIF to Walter Reed Army Medical Center in 2003-2007 because of injuries, 30 percent had a TBI.

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.

How Are TBIs Rated?

Traumatic brain injuries (TBIs) range from mild to severe. Injuries are rated on the basis of their severity at the time of the injury.

How severe the TBI is when the injury first happens does not always predict how bad the later symptoms are. In other words, those who were severely hurt sometimes make very good recoveries. Others who seem to have mild injuries can experience symptoms for months to years.

It's impossible to accurately predict at the time of the injury who will recover rapidly and who will go on to experience symptoms. That's why the military tries to screen and diagnose anyone even remotely suspected of TBI. That way, they can receive the care and help they need.

Mild TBI (Concussion)

Most injuries to the brain sustained in Iraq and Afghanistan are mild. Another term for mild TBI (**mTBI**) is concussion.

mTBI stands for mild TBI, also called a concussion.

Glasgow Coma Scale is used to rate someone's symptoms after a head injury. You can find the Glasgow Coma Scale in Appendix A.

A TBI is rated as mild when the service member/veteran:

- Has brief or no loss of consciousness
- Is momentarily dazed or has confusion lasting an hour or less, and
- Has an initial **Glasgow Coma Scale** (GCS) score of 13-15.

In most cases of mTBI:

- The service member/veteran will complain of having "his or her bell rung"
- Thinking may be slow
- Memory and concentration may be affected
- Headaches, dizziness, and fatigue (tiredness) are common.

Most service member/veterans will feel much better and be back to normal within a couple of weeks to months.

Others with more complex mTBI may experience symptoms for several months or even longer.

Moderate to Severe TBI

A TBI is rated as moderate to severe when the service member/veteran:

- Has loss of consciousness for more than 30 minutes
- Confusion lasting for hours, days, or weeks
- A Glasgow Coma Scale (GCS) score ranging from 3-12.

Computed Tomography (formerly known as Computerized Axial Tomography [CAT]) scans of the brain often reveal bruising or bleeding inside and/or outside of the brain.

The service member/veteran with this level of injury often spends weeks to months in hospital and rehabilitation settings.

In Computed Tomography (CT), a computer creates cross-sectional images of the inside of the body, based on x-ray pictures.

Learning about the Brain

The more you understand about the brain, the easier it is to understand how TBI affects your service member/veteran.

“Basically, they walked me through the process every day, because I had a lot of questions. I asked a lot of the same questions, and they were patient with me. I was very overwhelmed.

So I asked a lot of questions. They kept explaining to me that this is what happened, that they can fix it but that it’s a long process. The doctors themselves were the best source of information.”

- Emily S.



What Are the Parts of the Brain? How Do They Work?

The brain is the body’s control center. The brain has billions of nerve cells. The cells are arranged in sections that work together to control all of our movements, breathing, thoughts, behaviors, and emotions.

The brain is constantly sending and receiving signals from all parts of the body. The body uses these signals to think, move, talk, and see. The brain controls our personalities, the way we behave, and the way we understand the world around us.

Each part of the brain has a specific job. Each part links with other parts of the brain to perform tasks.

“In the very beginning, I didn’t want to know anything because I was so scared. But a little while later... the doctors would throw out tidbits to me, like he might never speak again and he might never walk again... but I couldn’t understand why. So then I wanted to understand the part of the brain that was injured and why he was having these symptoms or why he was having this diagnosis.”

- Patty H.



What is the Anatomy of the Brain?

The skull is the bony part of the head that protects the brain.

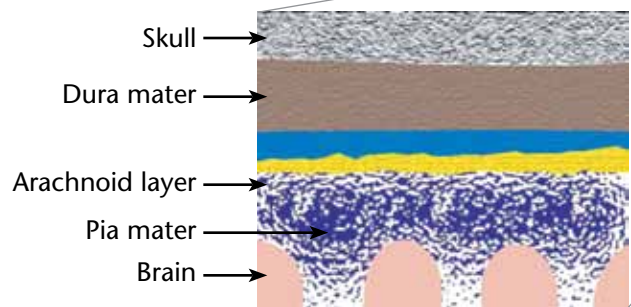
A healthy adult brain weighs about 2.5 to 3 pounds. It is located inside the **skull**.

The underside of the skull (referred to as the base of the skull) is rough, with many bony ridges. Forceful injuries to the head cause the brain to bounce rapidly around the inside of the skull. This bouncing results in brain damage in the area of these ridges.

A membrane is a thin sheet of tissue.

Just inside the skull, the brain is covered by three thin **membranes** called the **meninges**. They are the dura mater, arachnoid layer, and the pia mater.

Figure 1. The Meninges



*A **hematoma** is a collection of blood. It is also called a blood clot.*

You may hear doctors and nurses mention these membranes when they describe where a hematoma is located. For example, a **subdural hematoma** is blood that collects right below the dura mater. A **subarachnoid hemorrhage** is located just below the arachnoid layer.

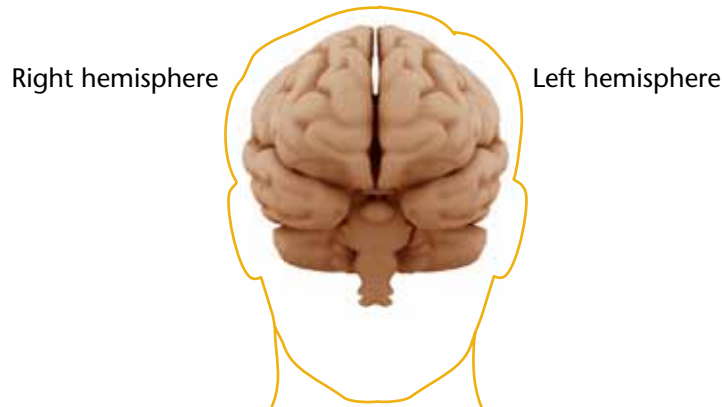
Cerebrospinal fluid (CSF) is a clear liquid that surrounds the brain and spinal cord. It is produced within the **ventricles** of the brain. CSF allows the brain to float within the skull and cushions the brain.

*The **ventricles** are butterfly-shaped spaces in the center of the brain.*

The outermost and largest part of the brain itself is called the cerebrum. The **cerebrum** controls thoughts and actions. It has a wrinkled surface and a deep crease that divides it into two halves, known as the left and right hemispheres.

Cerebral Hemispheres

Figure 2. The Cerebral Hemispheres



The cerebral hemisphere means half the brain.

These halves look nearly the same. But they differ in what they do. For most people, the **left half** of the brain controls:

- language (speaking, listening, reading, writing)
- thought and memory involving words.

The **right half** is involved in:

- nonverbal processes
- recognizing the differences in visual patterns and designs
- reading maps
- enjoying music and art
- expressing and understanding emotions.

The **left side** of the brain controls movement on the **right side** of the body. The **right side** of the brain controls movement on the **left side** of the body. This is just the opposite of what you might think.

Damage to the **right half** of the brain may cause movement problems or weakness on the **left side** of the body. Damage on the **left half** of the brain may cause movement problems or weakness on the **right side**.

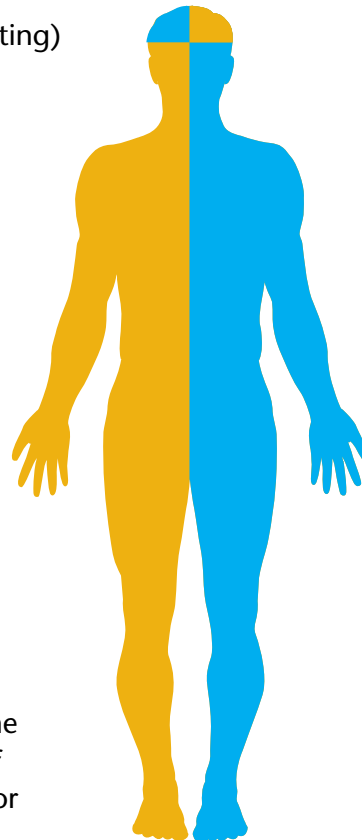


Figure 3. The brain controls movement on the opposite side of the body.

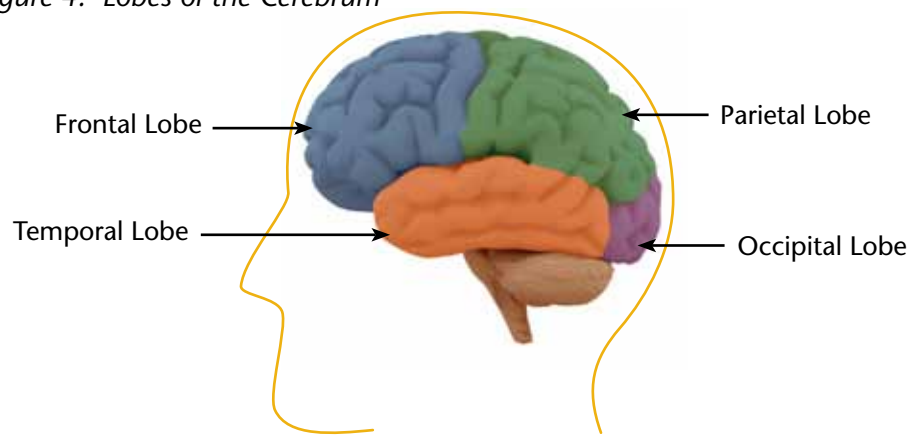
The Lobes of the Brain

The brain is divided into four sections called **lobes**. These lobes are known as the:

- frontal lobe
- temporal lobe
- parietal lobe
- occipital lobe.

Although it is easier to learn about each lobe separately, keep in mind that the lobes of the brain work together.

Figure 4. Lobes of the Cerebrum



The Frontal Lobe

- Problem solving
- Planning and anticipation
- Organizing and sequencing
- Understanding abstract concepts
- Attention and concentration
- Memory
- Judgment
- Impulse control
- Social and sexual behaviors
- Initiation
- Personality and behavior
- Awareness and self-monitoring



Figure 5. The Frontal Lobe

- Emotions
- Language/speaking
- Movement.

The **frontal lobe** is the largest of the four lobes. It is responsible for many important cognitive (thinking) processes.

You may hear doctors using the term **executive functions**. This refers to the higher-level, more complex thinking activities performed by the brain. The ability to form concepts, socialize, and think abstractly are executive functions.

Executive functions allow us to be creative, solve problems, and function independently. The frontal lobe is easily injured 1) because it is located towards the front of the head; and 2) because of where it sits inside the skull near several bony ridges.

The Temporal Lobe

- Memory
- Organization, categorization
- Learning
- Concept of time
- Understanding verbal language
- Emotion
- Hearing
- Some visual perception.



Figure 6. The Temporal Lobe

The temporal lobe is also easily injured because of its location. It is near several bony ridges on the underside of the skull.

The Parietal Lobe

- Sense of touch
- Identification of sizes, shapes, colors
- Spatial perception
- Visual attention
- Integration of senses
- Manipulation of objects.



Figure 7. The Parietal Lobe

The parietal lobe is more protected from traumatic injury. But it can also be injured.

The Occipital Lobe

- Vision
- Visual recognition.

The occipital lobe is more protected from traumatic injury because of its location at the back of the brain.

Deeper Parts of the Brain

The most basic functions of the brain are controlled at the deepest level, called the **brainstem** (see Figure 9). This primitive part of the brain controls automatic functions such as:

- breathing
- heart rate
- blood pressure
- consciousness and alertness
- sleep/wake cycles
- sweating
- temperature regulation
- swallowing
- sense of balance.

The deeper structures of the brain include the brainstem, thalamus, and hypothalamus.

The **thalamus** is near the top of the brainstem and nearly all information from our senses (taste, touch, etc.) passes through it to the outer levels of the brain.

The **hypothalamus** sits under the thalamus. It produces some hormones. It helps control many critical functions, including:

- body temperature
- hunger
- thirst
- emotional and behavior responses.

Directly beneath the cerebrum is the **limbic system**. This part of the brain is involved with human emotions and memories.

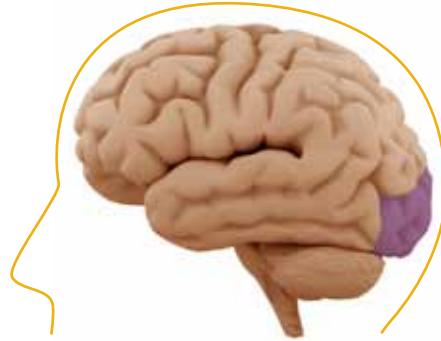


Figure 8. The Occipital Lobe

Located at the back of the brain, beneath the occipital lobes, is the cerebellum. The main job of the **cerebellum** is to control, regulate, and coordinate movement, posture, and balance.

These deeper structures also help to regulate alertness and attention and share information among the parts of the brain.

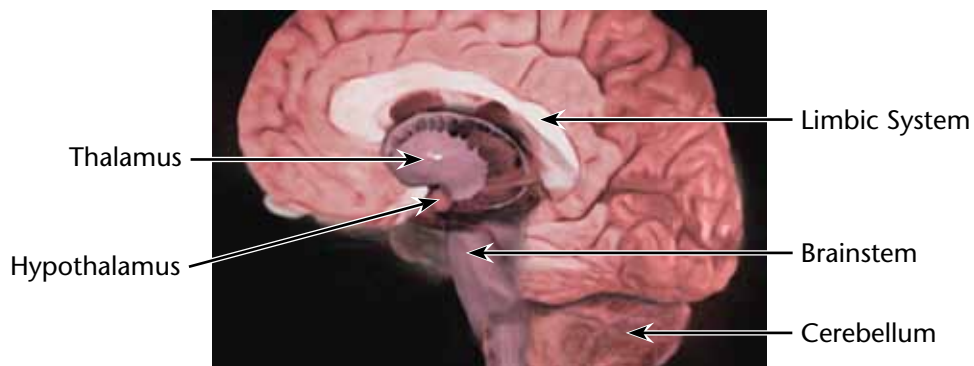


Figure 9. Deeper Brain Structures

Understanding the various parts of the brain and what each part controls allows you to understand why your service member/veteran is having certain kinds of effects. Where the injury happened influences the effects you are seeing.

"We agreed that the resident doctor could present Jason's case to a conference of doctors at the University of Maryland. Of course, she wouldn't use his name. She asked if we would come too, and we said yes.

So we're in front of this whole room of doctors and she finishes her presentation, and the doctors start asking questions. And this one doctor raised his hand, and he said, 'I was the surgeon who treated him when he was first injured in Balad. I remember him.' And he said that seeing how far Jason has come and how responsive Jason is from when he saw him, from when they brought him off the field... he said that the brain is a lot more repairable than they even anticipated was possible."

- Pam E.





Causes and Types of TBI

What Types of TBI are There?

There are two types of traumatic brain injury:

Penetrating Head Injury

Penetrating head injury happens when an object goes through the skull and enters the brain. These injuries are easy to identify. They are cared for right away. Items that may enter the brain are:

- bullets
- knives
- debris from an explosion
- bone or metal fragments.

Closed Head Injury

Closed head injury occurs from any force that causes violent shaking of the brain inside of the skull. A closed head injury can happen in many ways:

- exposure to blast waves during an explosion
- motor vehicle crash where the head hits the windshield
- a fall
- when a blunt object, such as a fist or weapon, strikes the head.



Sometimes, when the front of the head is struck by something, the whiplash motion set into place causes the brain to rock back and forth inside the skull. This leads to damage to both the front and back of the brain. This rocking motion with damage to opposite sides of the brain can also happen in a side-to-side manner or in a diagonal manner. This is called a **coup-contrecoup injury**.

For service members in Iraq and Afghanistan, attacks involving explosions or blast by rocket-propelled grenades, improvised explosive devices (IEDs), and land mines are common causes of TBIs. Gunshot wounds, falls, and motor vehicle crashes also cause TBI in combat. Over 90 percent of combat-related TBIs are closed head injuries.

Sometimes, in the case of mild TBI (concussion), there may be no visible sign of injury.

The brain is quite fragile. It has the consistency of firm gelatin. Imagine that the brain is like gelatin in a bowl. When you tilt the bowl, you can move the gelatin around. If you shake the bowl more forcefully or drop the bowl, you can cause tiny or even large cracks in the gelatin. This is similar to what happens to the brain when it is exposed to external forces. When the head is severely jarred, the brain moves rapidly around the rough bony interior of the skull. The brain can be ripped, twisted, torn, and bruised. The brain is somewhat protected by the skull, but can still be injured if enough force is applied.

When the head is injured, many things can happen:

- skull fractures
- bleeding on the outside or inside of the brain (hemorrhage, hematoma)
- bruising of the brain tissue itself (contusion)
- widespread stretching and straining of the brain cells (diffuse brain injury).



"I had no idea really what kind of injury he suffered. They said there was brain shearing. What's brain shearing? Because I think if I understood what the medical terms meant, it would have educated me to ask more questions."

- Pam E.

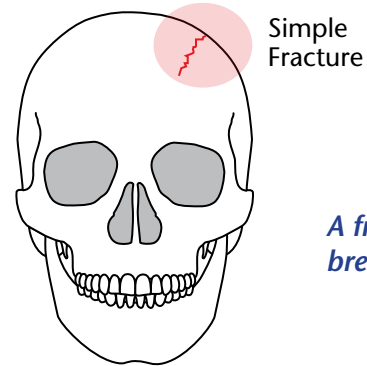


What Injuries Co-Occur With TBI?

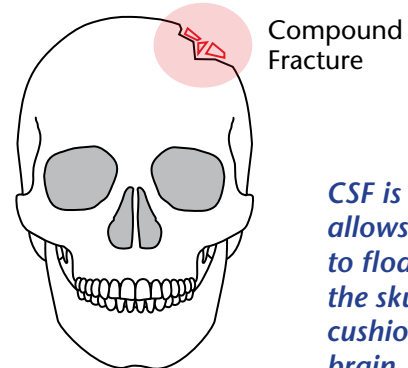
What is a Skull Fracture?

There are several types of **skull fracture**:

- **Simple fracture:** A break in a skull resembling a thin line or crack that does not splinter, cave in, or change the shape of the skull. No surgery is usually required for simple fractures. They tend to heal on their own.
- **Compound fracture:** A break in or crushing of a part of the skull. Bone fragments may remain on the outside of the **dura** or may splinter off and penetrate the **dura**. This is known as a **depressed skull fracture**. Depressed skull fractures may require surgery. During surgery, small screws are used to hold the bones in place. If there is a tear in the **dura**, doctors will work to prevent an infection in the brain.
- **Basal skull fracture:** Fractures at the base (underside) of the skull can injure nerves, blood vessels, or other parts of the brain. Some fractures may cause cerebrospinal fluid (**CSF**) to leak. A sign of a CSF leak is clear fluid dripping from the nose or ears. Doctors and nurses will closely monitor any leaks. Most leaks stop on their own, but sometimes surgery is necessary.



A fracture is a break in a bone.



CSF is fluid that allows the brain to float within the skull and cushions the brain.

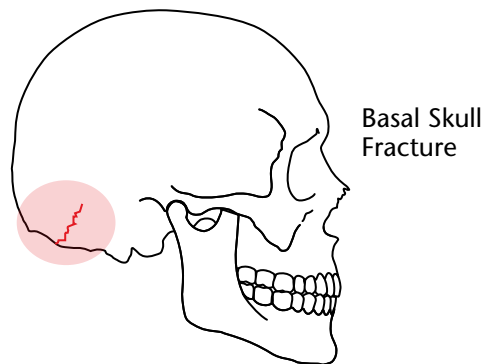


Figure 10. Skull Fractures

What about Bleeding?

Bleeding can occur on either the outside or inside of the brain. Another term for bleeding is hemorrhage. You may also hear the term hematoma.

Sometimes the bleeding is very small and simply requires close monitoring. Sometimes blood builds up and pushes against the surrounding brain tissue. If this happens, the blood needs to be removed by surgery. The **neurosurgeon** is the specialist on the team who will make this decision.

The dura is the tough covering of the brain.

A hematoma is an accumulation of blood. It's also called a blood clot.

Hemorrhage means bleeding.

There are several types of bleeding. Types of bleeding are described in terms of where the blood lies in relation to the skull, **dura**, and brain:

- **Epidural hematoma:** A blood clot outside the brain and the dura but under the skull. This blood clot can cause fast changes in the pressure inside the brain and may need to be removed surgically. When the brain tissue is compressed, it can quickly change the brain's normal functions.
- **Subdural hematoma:** A blood clot between the brain and the dura. The clot may cause increased pressure and may need to be removed surgically.
- **Subarachnoid hemorrhage:** Bleeding within the layers of the dura, specifically under the arachnoid layer.
- **Intracerebral hematoma:** Bleeding within the brain tissue itself caused by the rupture of a blood vessel within the brain.
- **Intraventricular hemorrhage:** Bleeding into the ventricles (butterfly-shaped spaces) of the brain.

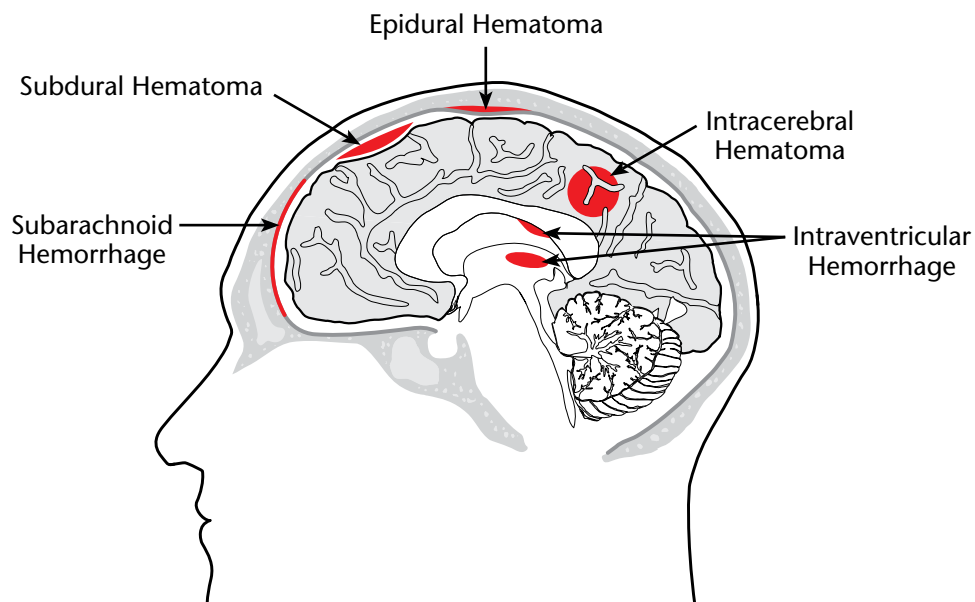


Figure 11. Types of Brain Bleeding

What about Bruising?

Along with bleeding on the inside or outside of the brain, the brain tissue itself may be bruised. This is a **contusion** and can occur throughout the brain. Sometimes severely bruised brain tissue needs to be surgically removed. You may be surprised to know that many people who have small portions of the brain removed in order to save their lives still have the potential to make a meaningful recovery.

A contusion is another word for a bruise.

What is a Diffuse Brain Injury?

A diffuse (widespread) brain injury is one of the most common and potentially severe types of TBI. In this injury, damage to the brain occurs over a large area. It is one of the major causes of unconsciousness and long-term **coma** after a TBI occurs.

A coma is when someone is unable to be awakened.

Brain cells are made up of neurons (the body of the cell) and axons (the long tail of the cell). Axons are important as they are the information highway on which signals travel in the brain. Axons allow cells to communicate with each other in order to carry out the many processes of the brain.

Diffuse axonal injury (DAI) is the result of stretching, twisting, and shearing (tearing) of axons. DAI is often caused when the head violently starts or stops, which commonly happens when it is exposed to external forces.

Diffuse axonal injury is widespread injury to the axons, the long tails of brain cells.

The diagrams below illustrate the differences between a healthy axon and injured ones.

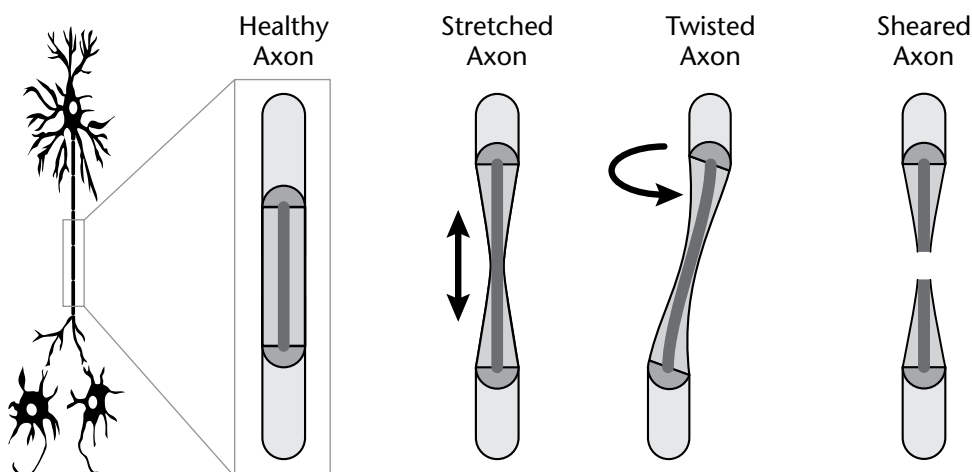


Figure 12. Healthy and Injured Axons

Changes in Neurochemistry

Along with straining and stretching of brain cells, the chemistry system in the brain is often affected with TBI. The brain has a delicate neurochemistry system. Chemicals called neurotransmitters help brain cells communicate with each other. This allows the brain to carry out its many jobs. TBI disrupts this communication system. It can take weeks to months for the neurochemistry system to return to a normal state.



Diagnosis and Treatment of TBI

There are many **health care providers** involved in the diagnosis and treatment of service members/veterans with TBI. These providers are experts in disorders of the brain and how these disorders affect a person's ability to function.

Some of these specialists work in the acute care hospital setting where diagnosis and early medical treatment are priorities. Others work in the rehabilitation setting where treatment focuses on restoring function and adapting to residual effects of the TBI.

Treatment for severe TBI can last weeks to months, and sometimes longer.

How is a Traumatic Brain Injury Diagnosed?

With a severe TBI--especially in cases of penetrating injury--doctors can usually make a diagnosis immediately. A closed head injury could be overlooked when the service member has other life-threatening or serious physical injuries. However, a closed head TBI will be detected later when more detailed evaluation is possible.

A detailed **neurological exam** is helpful in detecting TBI. This exam usually includes a series of questions and simple commands to see if the service member/veteran can open his or her eyes, move, speak, and understand what is going on around him or her.

What is the Glasgow Coma Scale and How is it Used?

You may have heard about the **Glasgow Coma Scale** (GCS). The GCS is used to evaluate brain function and the severity of the TBI.

The GCS rates three things:

- the ability to open eyes
- the ability to respond to a command to move
- the ability to speak.

A score of 3 is the lowest score possible and means the person is in a **coma**. A score of 15 is the highest score and means the person is fully awake and understands what is going on around him or her.

GCS scores can be affected by other things. For example, being sedated or having a breathing tube inserted affects GCS scores.

What is Post-Traumatic Amnesia (PTA)?

Another measure of how serious a TBI may be is severity and depth of confusion, also known as **post-traumatic amnesia** (PTA). The longer someone is confused, the more serious the damage to the brain.

Health care providers are all the people on the medical treatment team. They include doctors and nurses, along with many other medical specialists. You can find out more about the members of the health care team in Module 2.

You can find a copy of the Glasgow Coma Scale in Appendix A.

A coma is when someone is unable to be awakened.



“Something that was really helpful for me was the list of the Glasgow Coma Scale because they used that a lot and I didn’t understand what it meant. People would throw out these numbers—‘Oh, he’s at number 4 or 5’—well, what does that mean?

When I read the list, it’s up to 15. I could watch Pat’s recovery, too, because at the beginning he was 3, and then I could say, okay, now he’s a 4 or 5, he’s making progress.”

- Patty H.

*A **CT scan** is a computerized x-ray that doctors use to view areas of the brain and to look for areas of bleeding and bruising.*

*An **MRI scan** provides detailed images of the brain using magnetic energy rather than x-ray technology.*

***Intracranial** means within the skull.*

What is a CT Scan? Why is it Used?

If your service member/veteran was knocked unconscious or was very confused following his or her injury, doctors probably used a **Computed Tomography (CT)** (formerly known as Computerized Axial Tomography [CAT]) scan of the brain to look for signs of TBI.

Why Did the Doctor Order an MRI? What is it?

Sometimes, when a CT scan is negative for obvious injury but the service member/veteran is still showing signs and symptoms of TBI, a **Magnetic Resonance Image (MRI)** may be ordered.

What Other Tests are Used to Diagnose TBI?

An **electroencephalograph (EEG)** may also be ordered. An EEG measures electrical activity in the brain. Special patches are applied to the head to measure activity. EEG is one way to detect seizure activity and to look for an increased risk for seizures in the future.

Elevated intracranial pressure (ICP), the pressure inside of the brain, can indicate the presence of TBI. An **ICP monitor** may be placed through a small hole in the skull to measure the pressure inside the brain.

How are Traumatic Brain Injuries Medically Treated?

Early medical treatment for TBI seeks to:

- stop any bleeding
- prevent and control increased pressure in the brain



“My son had a closed head injury. Initially, he was in a coma. If you’re not in the medical field, it’s pretty horrendous to see your son on a vent and a ventriculostomy coming out of the brain to measure the intracranial pressure. They had to control the intracranial pressure. If it kept going up, they would have to do a cranioplasty. It is horrendous to walk in and see all the tubes and not be able to communicate with him.”

- Cindy P.



-
- maintain adequate blood flow to the brain
 - remove large blood clots as necessary.

Treatments vary with the type of injury. The doctors and nurses will decide which ones will be used. Some common treatments are:

Positioning

The head of the bed will be elevated and the neck kept straight. This position may decrease pressure inside the brain.

Fluid Restriction

Your service member/veteran’s intake of fluids may be limited. The brain may be swollen and limiting extra fluids can help control the swelling.

Medications

There are many possible medications that doctors may use to treat TBI. Medications can:

- decrease the amount of fluid in the body and brain
- prevent seizures
- prevent and treat infections
- maintain blood pressure
- control pain.

Sometimes medications are given to purposefully keep your service member/veteran asleep while his or her injuries are being identified and treated.

CSF is fluid that allows the brain to float within the skull and cushions the brain.

Ventricular Drain (Ventriculostomy)

A small tube may need to be placed in one of the ventricles of the brain. (See page 6 for a description of ventricles.) This tube drains **cerebrospinal fluid (CSF)** if there is more than there should be. Too much CSF causes unwanted pressure on the brain.

Ventilator

A ventilator is a machine used to support someone's breathing or to provide breaths. This is also sometimes called a respirator. Strong regular breathing provides good oxygen flow to the brain.

When is Surgery Needed?

There are different kinds of surgery that your service member/veteran may need:

- A **craniotomy** involves opening the skull to relieve the causes of increased pressure inside the skull. The causes may be fractured bones, blood clots, or bruised brain tissue.
- **Burr hole** surgery involves a small opening into the skull to remove a pool of blood.
- **Craniectomy** involves removing a piece of bone from the skull to relieve pressure caused by swollen brain tissue.

It can be quite a shock to see your service member/veteran for the first time after a craniectomy because his or her head will not be its normal shape. Craniectomy allows the brain to swell upward instead of downward. This is very important as downward swelling in a closed vault like the skull can be fatal. Without a complete skull to protect the brain, the service member/veteran may be required to wear a protective helmet until the bone can be replaced.

- A **cranioplasty** will follow a craniectomy. In this surgery, the bone piece (also called **bone flap**) that was removed during the craniectomy is replaced, after the risk of brain swelling is gone. Cranioplasty may involve placement of screws or small plates to keep the bone flap in place. If the original bone was too damaged to be replaced, artificial materials may be used during cranioplasty.

Cranioplasty is also performed in cases of penetrating injury or complex skull fractures.



What are All These Tubes?

Various tubes may be used in the early treatment phase following TBI. These tubes have different purposes:

- Some are in place to provide nutrition. A nasogastric tube (**NG tube**) passes through the nose into the stomach. It is a short-term source for nutrition. If the service member/veteran is unable to swallow for many days to weeks, a per cutaneous gastronomy tube (**PEG tube**) will be placed directly into his or her stomach.
- Other tubes help with breathing. If a ventilator is needed to assist with breathing, the short-term option is an **endotracheal tube**. It is inserted through the nose or mouth. If a longer option is needed, a **tracheostomy** tube may be placed directly into the **trachea**.
- **Intravenous tubes (IVs)** may also be used for several days or weeks to provide medications and nutrition.
- A tube may be placed in the bladder to drain urine (**urinary catheter**).

Seeing your service member/veteran with many tubes can be scary. The good news is that tubes are almost always temporary measures used in early treatment. Rarely are any of these tubes permanent.

The trachea is the main airway that runs from the base of the throat down to the lungs.

"Intravenous" refers to veins.



Potential Complications Following TBI

Doctors and nurses work very hard to prevent **complications** after a TBI. During the first several days to weeks after the injury, the risk of further damage from complications is high. So the health care team takes all the steps it can to control complications.

A complication is a secondary injury that can hamper the recovery process.

Are There Common Complications Following Severe TBI?

Some complications are a direct result of injury to the brain. Others come from being bedridden for many days or weeks. Some result from the overall shock the body is experiencing.

Here are some common complications that happen in the days or weeks after the injury:

- **Increased intracranial pressure (ICP):** The pressure inside the brain can increase to dangerous levels. Sometimes, the pressure is life-threatening. An ICP monitor alerts doctors to the pressure. Medications can prevent or treat high pressure.
- **Edema:** Swelling that occurs when the brain contains more fluid than normal. When swelling happens within the brain, there is no place for the tissue to expand. This is because the brain is encased in the skull. Swelling can cause pressure to build up. This results in damage to brain cells. It also interrupts blood flow. Medications and fluid restrictions often help. Sometimes, surgery is needed.
- **Hydrocephalus:** Also known as “water on the brain,” hydrocephalus happens when cerebrospinal fluid (CSF) collects in the ventricles. This condition may occur during the initial period after TBI or develop later (usually within the first year). If hydrocephalus is severe, doctors may place a shunt in the brain. The **shunt** drains the extra fluid from the brain to other places in the body.
- **Low blood pressure:** Blood carries oxygen to the brain. The brain needs oxygen. Doctors and nurses work hard to keep blood pressure from getting too low. This helps increase blood flow to the brain.
- **Fever:** Some parts of the brain regulate temperature. Injury to these parts may cause high fevers. This is especially true during the first hours or days after an injury. Fever is also a sign of infection. Medications and/or cooling blankets can bring the fever down.
- **Pneumonia:** Being in bed and not able to move around increases the risk of pneumonia. The health care team will carefully monitor your family member’s breathing and lung status. They may take frequent chest x-rays

Intracranial means within the skull.

Edema is another word for swelling.

A shunt is a tube.

Pneumonia is an infection in the lungs.

The dura is the tough outer membrane around the brain.

An abscess is an inflammation that contains pus.

The veins carry blood to the heart.

Pulmonary refers to the lungs.

An embolism is a mass that blocks the flow of blood in the vein.

Bedsore are ulcers on the skin.

to look for pneumonia. Fever is also a sign of pneumonia, a common complication. Fortunately, antibiotics usually work to treat pneumonia.

- **Brain infection:** Infections may occur on the outside of the **dura**, below the dura, in the membranes surrounding the brain (meningitis), or within the brain itself (**abscess**). Depressed skull fractures or penetrating brain injuries can cause brain infections. Antibiotics treat brain infection. Sometimes, surgery is needed.
- **Other infections:** To treat TBI, your service member/veteran may have one or more tubes (see page 23). These tubes are needed. But they may cause infection. Body temperature readings and blood tests are ways to monitor for infection. Antibiotics control infections.
- **Blood clots:** Not being able to move around leads to slower blood flow throughout the body. Slower blood flow can lead to blood clots in the legs or arms. These are known as **deep vein thromboses (DVT)**. Signs of a clot include a leg or arm that is warm, red, and swollen.

If a DVT travels to the lungs, it is known as a **pulmonary embolus (PE)**. A PE can be very dangerous. It requires immediate treatment. A tiny filter may be placed in a large vein called the vena cava. This keeps DVTs from reaching the lungs. This filter is usually removed later. Medication to thin the blood is often used to prevent and treat blood clots.
- **Skin breakdown:** Being in bed all the time and having other injuries may cause the skin to break down (**bedsores**). Nurses work hard to prevent bedsores by changing the person's position often and inspecting all areas of the skin. Various treatments or topical applications may be used.

You are an important part of the team. You know your service member/veteran better than anyone. If you notice any of these signs or symptoms, tell the health care team what you are seeing or thinking. Do this even if you simply feel as if "something is wrong," even though you can't quite put your finger on what it is. Family members may notice small changes before anyone else. The earlier a complication is detected, the sooner it can be treated.



Recovery Process

It is hard to predict a person's long-term recovery from a TBI. You want to know if your service member/veteran will fully recover. But doctors may not be able to give you a definite answer.

“When my son was hurt, I said, ‘What can I expect? What’s going to happen to my son?’ The doctor looked at me, and said, ‘Even we don’t know. The injuries that these guys are coming home with now are new to us. Five years ago, an injury like this would have killed him. He would never survive it. These are young people. They now get better and they survive it. We are re-writing the medical books.’”

- Nellie B.



After a TBI, the body begins to repair itself. In most cases, brain swelling begins to go down within a few weeks. The pressure inside the skull lessens. The brain's chemical balance returns to normal within several months.

For most people with moderate to severe TBI, the most rapid recovery will happen in the first six months following injury. But there is reason to stay hopeful. Most will also continue to improve for years after injury. Recovery is individual. Everyone progresses at his or her own pace.

It takes time for people to “wake up” after a severe TBI. It is a process. It does not happen overnight. Most people with severe TBI will “wake up” and “clear up” over the course of several days or weeks. Sometimes, this takes months. The extent to which someone fully wakes up and clears up is not fully known by anyone. However, it becomes clearer as time passes.

Here are some ways that the brain repairs itself over time:

- New connections may develop between damaged cells.
- Existing connections may also be used in new ways to make up for damaged ones.
- Other parts of the brain may slowly learn to assume functions of damaged brain tissue.
- The body may even be able to replace damaged brain tissue.

Sometimes, the term “brain plasticity” is used to describe the brain's ability to bounce back and recover after TBI.

A coma is when someone is unable to be awakened.

Rehabilitation means re-learning how to do things. A rehabilitation specialist might be a physical therapist, an occupational therapist, or a speech-language pathologist.

People with milder injuries tend to recover sooner. But this is not always true. People with more severe injuries usually take longer to recover. Some recover fairly well over time. Some will need help for the rest of their lives.

Moderate to severe TBI may involve a **coma** that lasts days, weeks, or months. Very rarely, a coma lasts even longer. In general, the longer a person remains in a coma, the more challenging recovery may be.

Recovery from a moderate to severe brain injury is also affected by:

- How severe the damage is
- The areas of the brain affected
- The areas of the brain not affected
- Age at the time of injury
- The early pattern of recovery
- The length of time the person is very confused
- Other injuries to the body
- The overall health of the person before this injury.

There is no way to speed the process of recovery. Good medical care gives your service member/veteran the best chance of recovery. **Rehabilitation** by specialists in TBI helps your family member re-learn how to do things. Most people return to their homes, families, and communities. This is true even for people with severe TBI.



"It had been 15 months and he had slowly improved. But he couldn't talk. He'd kind of start trying to mouth words, but he just couldn't talk. And so, on October 21st, 2005, I'll never forget that morning. I came in to the bedroom and I said, 'Fred, how are you doing?' And he said, 'Fine.' Okay. I think he just talked to me. So I just turned around and went back into the kitchen, got his breakfast, came back in and thought, okay, let me try this again. I said, 'Fred, how are you doing?' And he said, 'Fine.' It wasn't a lot at first, but he could talk."

- Denise G.

As a caregiver, keep hope alive as you support the recovery process of your family member with TBI. Waiting for your service member/veteran to become more awake and aware can make you feel sad and frustrated. (See Module 3 to read about caring for yourself during this time.)

On the positive side, you are likely to see progress. Remember, progress is progress, even if it's slower than you would like to see.

Keeping a journal and writing down what is happening during your service member/veteran's recovery may help you track recovery milestones. Months from now, you may look back on earlier journal pages and be amazed at how far he or she has come.

Using a journal to record your own feelings may also help you cope with stress and anxiety. Most people have these feelings when a family member has been injured.

What are the Stages of Recovery?

As your service member/veteran recovers from TBI, he or she often moves through stages known as the Rancho Los Amigos Levels. The **Rancho Los Amigos Levels of Cognitive Functioning** describe the stages of recovery from TBI. The levels are based on the person's behaviors.

You can find a copy of the Rancho Los Amigos Levels in Appendix B.

Key Points to Keep in Mind:

- There is no accurate way to predict exactly how recovery will progress or what the final outcome will be.
- Many service members/veterans with severe TBI go through similar stages and patterns of recovery but at their own pace.
- Most service members/veterans will make progress.
- Progress is still progress!

The Rancho Los Amigos Levels help you understand what point your service member/veteran has reached in his or her recovery. On the following pages are the four broad stages of recovery and how you can help during each stage.

Emergence from Coma (Rancho Levels II and III)

Unlike the dramatic reawakening you may have seen on television, waking up from a coma is usually very gradual after a severe TBI. Although the term “coma” suggests closed eyes, your service member/veteran’s eyes may open before other signs of consciousness appear.

Consciousness is judged by a person’s ability to pay attention to or interact with the world around him. It is usually tested by how well the person can follow commands and respond to stimulation.

It may be helpful to understand the medical terms commonly used to describe a service member/veteran with TBI who is very sleepy:


- **Coma** – unconscious, no sleep/wake cycles, does not respond at all to the world around him or her, does not show emotion
- **Vegetative State** – sleep/wake cycles are apparent, may startle, may occasionally “track” with his or her eyes
- **Minimally Conscious State** – partly awake and conscious, may reach for objects, more often “tracks” with the eyes, might be able to occasionally talk or make noises, can show emotion.

Some individuals with TBI may remain in a minimally conscious state. Most, however, will progress to greater awareness. As people come out of a coma, they typically move from inconsistent responses with only certain people to responses that are more consistent. Your service member/veteran’s sleep/wake cycle improves and he or she begins to follow objects with his or her eyes (tracking). Other signs of awakening



“My brother was in a minimally conscious state. You hear all these miracle stories and you start getting your hopes up. But then day after day goes by, week after week, month after month, and no sign of major improvements. Meanwhile, you watch as others on the same ward or whom you’ve met continue to improve. You want to be happy for them--and you are, but why is your loved one not improving at the same rate? During these times, take comfort and support from those around you. At my most cynical of times, I would continue to be inspired by the generosity and strength of others.”

- Liza B.



may appear before your service member/veteran begins consistently responding to commands. These signs could be assisting in therapy or showing facial expressions or emotions.

During this time, the health care team looks for purposeful responses and encourages these responses by **stimulating** the person. Stimulation techniques include:

- range-of-motion exercises
- stimulating taste and smell
- using sounds to reach the person
- providing visual stimulation
- using touch
- encouraging frequent position changes.

Families and friends are often uncomfortable about interacting with a person with a brain injury. This is particularly true when the individual is in a coma or minimally conscious, in an **ICU**, and full of tubes.

The odds are that your family member will recognize you when he or she begins to awaken. The incidence of true “**amnesia**” is almost unheard of after a TBI. As early confusion clears, most people with TBI keep their long-term memories and recognize their family and friends.

What Can I Do To Help?

- No one knows for certain if people in a coma can hear. But that doesn’t really matter. What matters is they “might” hear. Hearing your voice and knowing you are there can be very comforting.
- Watch doctors and nurses as they try to stimulate the person. Try doing what they do.
- Do simple activities for short periods of time. Describe what you are doing (“I am holding your hand now.”).
- Ask your service member/veteran to look at you and others in the room when his or her eyes are open.
- Present one simple direction at a time. Allow ample time for a response.
- Touch is very important and stimulating. If you are uncomfortable touching your service member/veteran, ask about ways to effectively touch, pat, or massage the person in reassuring ways.
- Bring in tape recordings of familiar music, the family dog barking, messages from friends, and other sounds that might be stimulating.

Stimulation means prodding the person to get him or her more active, aware, or involved with the world.

An ICU is an Intensive Care Unit where people with the most serious illness or injury are treated.

Post-traumatic amnesia (PTA) is the inability to acquire new memories. For example, a person with TBI may not be able to remember what he or she had for breakfast. Long-term memories, such as those from childhood, are not affected. PTA may range from a period of just a few minutes to a more permanent condition.

- Move back and forth between stimulating activities and periods of rest, quiet music, or soothing touch.
- Each time you are in the room, tell your service member/veteran the date and where he or she is. The more your family member hears accurate information about where he or she is and what has happened, the more that information will begin to stick.
- Calendars, pictures of the family, friends, home, and favorite things are helpful.
- Encourage visitors and the health care team to not talk about the person as if he or she is not there. Everyone should introduce themselves when they enter the room, explain why they are there, and say when they plan to leave.
- You don't need to always talk to your service member/veteran. It is also fine to just be with your family member and spend quiet time together.
- Setbacks, such as pneumonia, are not unusual in the early days. These can be scary. The health care team knows how to manage complications.
- As his or her responses to commands become more consistent, keep asking your service member/veteran to follow simple commands.
- Ask questions in a "yes" or "no" format. These are easier to respond to.
- If you are concerned about how much stimulation is appropriate for your family member, please ask for guidance from the doctor or other team members.

Inconsistency throughout recovery from TBI is expected. Don't be alarmed if your service member/veteran does something (follows a command, opens his or her eyes, speaks) one day, but not the next. The capacity is still there. He or she will again show the behavior. It is usually just a matter of "when."

People recovering from TBI have good days and bad days. Fatigue and impaired memory contribute to inconsistency. Many families learn to embrace the good days and tolerate the bad days.



Agitated State (Rancho Level IV)

A phase of restless, **agitated**, or aggressive behavior can occur in your service member/veteran as he or she progresses. He or she will also show confusion during this period.

In any case of severe TBI, the injured person will probably not remember much, if anything, about:

- what happened
- how he or she was transported
- the early days in the ICU
- his or her early interactions with doctors and nurses.

Agitated refers to a lot of movement, sometimes violent movement.

“In the beginning, he thought he was captured. On that kind of heavy medication, he was super-disoriented. Plus, he was injured and he didn’t know about losing his eye. He didn’t know where he was. He couldn’t see. He was strapped down to the bed, and it took eight doctors at different points in time to restrain him because he kept trying to leave.

I had to seriously get down next to him and just explain to him that he was at Walter Reed, because he kept fighting these doctors. He punched out a nurse. It was really bad because they had to restrain him and that’s really sad to see, when you’re all bandaged up like that, to have to be restrained on top of it.”

- Emily S.



Your service member/veteran may perform routine activities such as sitting up and reaching out without much sense of purpose. He or she may be very focused on basic needs: going to the bathroom, eating, and going back to bed.

Behavior may seem bizarre and out of character. The person’s responses may seem out of proportion to what he or she is seeing and hearing or being asked to do. Yelling is not uncommon, nor is pulling at tubes.

Try not to let this overwhelm you as a caregiver. Doctors and nurses who work with TBI are very familiar with this stage of recovery. They will help you and your family member through it.

Post-traumatic refers to after a trauma or injury. Amnesia means forgetting.

Safety and “riding out the storm” are the primary goals. The vast majority of people with TBI pass through this stage in a number of days to weeks. The odds of remaining in this state forever are very low.

The inability to store new information and memories is called **post-traumatic amnesia (PTA)**. PTA often goes hand-in-hand with extreme confusion. Signs that someone is in PTA are:

- inability to recall if he or she just spoke to you
- the use of repetitive statements and questions
- confusion about where he or she is.

These behaviors are part of the recovery process. Your service member/veteran will probably not exhibit them over the long term.

During this time of restlessness and confusion, the health care team will take steps like these:

- reduce distracting stimuli (i.e., television, radio, noise level)
- try to establish normal sleep/wake patterns
- create a safe environment.

Protection may include the use of mats or a specially-designed bed to allow your service member/veteran to move freely without harm. Behavior management strategies and medications are also helpful for some individuals.

What Can I Do To Help?

- Be aware of and reduce anything that promotes agitation.
- Being overstimulated and overtired contribute greatly to **fatigue**. Work with the health care team to set up a schedule that promotes rest.
- Most people with TBI respond best to a regular schedule. Try to maintain the schedule set up by the health care team.
- Continue to seek responses to commands and questions. But speak in gentle, low tones. Move about quietly and slowly.
- Explain in simple language what happened to cause the injury.
- Speak slowly. Use simple language when speaking.
- Talk about familiar things: family members, pets, places, and events the individual has experienced.
- Unusual behaviors, including swearing, are common. Be patient. These behaviors tend to go away over time.
- Complex tasks are difficult to complete. Break tasks down into simple steps. Offer step-by-step instructions.

Fatigue is weariness and exhaustion.



- Don't get into long explanations or arguments. Simple instructions or conversations are best.
- Distraction is a powerful tool. Change the topic often if you find the person is becoming upset over a certain topic.
- Reassure the person that everything is being done to provide the care and treatment needed to restore health and well-being.
- Move the person to another type of activity if he or she becomes "stuck" on a certain topic or behavior.
- Give accurate information. But don't argue. It is best for your service member/veteran to hear correct information and not believe things that are not true.
- You can set limits on very inappropriate behavior. But do not expect to control your service member/veteran into "normal" behavior.
- It is often wise to limit visitors during this stage of recovery. Get directions from the health care team about how to do this.
- If visitors are allowed, have only 1-2 in the room at a time. Have only one person speak at a time.

It is important to remember that the agitated stage is a step forward in the recovery process. Agitated behaviors may be difficult to watch and respond to. But they are often signs of improvement. This is a stage that requires a great deal of open-mindedness and understanding by everyone. The health care team is very familiar with this stage of recovery. They are not embarrassed or taken aback by any behaviors. Safety for everyone is the primary goal.

Confused State (Rancho Levels V and VI)

Most individuals with severe TBI pass through a period of confusion and lingering restlessness. They have a hard time keeping a coherent line of thought. They often mix up past and present events.

In this stage, your service member/veteran with TBI may not recall new information and may not know where he or she is, what has

happened, the time of day, or time of year. People in this stage often have a hard time remembering the names and roles of their health care providers. They often do not understand why they are in the hospital or rehabilitation unit.

The ability to pay attention is often very short at first. Sometimes, it is only a few minutes. There is usually a gradual improvement in the ability to pay attention. Learning begins to take place during this stage.

As your service member/veteran becomes less confused, the ability to focus on and complete simple tasks improves. So does the ability to recall the events of the day (for example, what he or she had to eat, who visited, what he or she worked on in therapy). The health care team often begins to use calendar or memory notebook systems at this time. These tools remind the person with TBI of important facts and the daily schedule.

Many individuals know when they need to use the bathroom and are beginning to eat by now. Awareness of physical problems usually comes before awareness of thinking or behavioral problems.

As recovery continues, you will find more meaningful ways to interact with your service member/veteran. Your service member/veteran is probably becoming less passive and able to do much more.

Once equipment such as feeding tubes is no longer needed, there is more opportunity to be out of bed. Then, your family member can go to therapy and other activities. This promotes recovery and brings pleasure to all.

What Can I Do To Help?

- Ask simple questions that encourage memory.
- Offer generous words of encouragement and praise for attempts to respond.
- Create steady routines to develop greater organization.
- Learn the calendar and memory notebook systems put into place by health care providers. Reinforce their use by your service member/veteran.
- Learn how to best cue the person (see Module 2). A consistent **cueing** approach between the health care team and family members is very useful.
- Do not treat your service member/veteran as a child because his or her thinking is muddy. Do continue to be as honest and direct as possible.
- As he or she progresses through this stage, help with organization to perform simple daily tasks.

Cueing means to give a signal to begin a specific action.



- Build greater independence by offering only occasional support to complete tasks.
- Ask health care providers how you can be involved:
 - Ask the physical therapist (PT) how to safely transfer your service member/veteran in and out of the wheelchair or bed.
 - Ask the nurse to show you how to assist with toileting.
 - Ask the occupational therapist (OT) how to correctly perform range-of-motion exercises and how to help with meals or dressing.
 - Ask the speech and language pathologist (SLP) how to communicate best with the person.
- Do not bring in food or offer snacks without checking with the health care team. Eating the wrong kinds of foods can cause problems for your service member/veteran.
- Tape record all family conferences with the health care team. This can benefit family members who cannot attend. It can also give you a valuable review of information and progress.
- Your service member/veteran is likely processing information very slowly. It takes time for messages to be processed and motor responses to be carried out. Allow extra time for responding. Repeat your request after allowing time.
- Memory is often weak during early recovery from TBI. Check with health care providers to learn what restrictions your service member/veteran has (for example, not getting out of bed alone, not leaving the premises, smoking restrictions, diet restrictions).
- **Confabulation** is not uncommon. Talk with health care providers about how to manage confabulation.
- Keep in mind that repetition is important in order for the person to learn and remember.
- Your service member/veteran's tolerance levels for activities will still be low. Try to be patient and maintain realistic expectations.
- Limit visitors during this stage of recovery so as not to overstimulate the person.
- Encourage your family member to participate in all therapy sessions.

Confabulation means that the person tries to fill in memory gaps by making things up.

High Functional Level (Rancho Levels VII and VIII)

Although most people with TBI are medically stable when they reach this stage, they may continue to have physical, thinking, and behavior problems.

They are probably able to follow a schedule with little assistance. Memory for day-to-day events has improved. But activities that need higher-level thinking (solving complex problems, making hard decisions, doing more than one thing at a time) are probably still challenging.

The ability to participate in therapy full-time has improved. So has awareness of the need for therapy. Your service member/veteran may know what he or she needs to do, but has some trouble carrying it out. He or she will likely still feel overwhelmed when under stress or in emergency situations.

Physical recovery has often continued to the point that others think the person looks “back to normal.”

Treatment seeks to help your service member/veteran recognize these difficulties and learn how to compensate for them. Ongoing goals are to develop independence and begin to make plans to move from the hospital or rehabilitation setting to home.


Your service member/veteran may be anxious about returning to family, community, school, and/or active duty. This may come across as ambivalence or disinterest in the future. Psychological counseling can help you and your service member/veteran to develop coping skills and better understand how his or her levels of functioning have changed.

In this stage, you may need to encourage full participation in daily activities. Your service member/veteran should begin taking responsibility for his or her personal care. He or she should begin to use ways that will help compensate for thinking and/or physical problems.

What Can I Do To Help?

- Do not promise your service member/veteran that life will return to normal. Time will settle those issues for you. Then you won't have to feel guilty about making false promises.
- No two brain injuries are the same, just as no two people are the same. Comparisons with others may be disappointing and misleading.
- All discussions should take place with the person with TBI present. These discussions may seem harsh when there is talk of long-term effects and the future impact they will have on the life of your service member/veteran. Still, it is best to have full disclosure. This helps





develop plans that everyone agrees with. Open honest discussion also develops trust and coping.

- While your service member/veteran is still in the hospital or rehabilitation setting, learn as much as you can about how to help your family member apply the skills he or she is learning back in the home setting.
- Hospitals and rehabilitation units are very structured, just like the military. Routines have been set up that you can continue at home. Practice as soon as you get home. Without structure and routine, skills may seem to be lost and confusion may increase. But with a good family support system and practice, these skills often quickly reappear.
- Discourage your service member/veteran from using alcohol or drugs (see Module 3).
- After your service member/veteran is settled into a comfortable and workable home routine, begin to practice activities outside the home (grocery shopping, going to a movie, seeing friends). See Module 3.
- Be sure you fully understand restrictions on your service member/veteran. These might limit driving, working, being left alone, using power equipment, and climbing.
- Be sure you fully understand the plan for outpatient therapy and follow up with all members of the health care team.
- Treat your service member/veteran as an adult. Provide guidance, cues, and assist with decision making. But always respect his or her opinions.



"The doctor said to both of us, do you believe in miracles? And I said yes. And he said, then you need to pray for a big one. You need to pray for a real big miracle because your son—we don't know if he's going to make it. And he said if I were you, I would let him go. I'll give him my assistance, but he's not going to make it.

And I said to him, you don't make those decisions, you don't tell me he's not going to make it. That's not up to you. You go back in there and you do what you said you can do, now, to keep my son alive.

And two weeks later, my son opened his eyes for the first time. Three weeks later, he was taken off the ventilator and has never been on another one.

We were looking at my son three years ago to now. You don't even think it's the same person."

- Nellie B.



Journal

The questions below can help you reflect on your experience as a caregiver. You can write your thoughts here, copy this page and add it to your journal if you keep one, or reflect on these questions in your journal.

What have the doctors told me about my service member/veteran's injury? Describe the injury as best you can, in your own words.

What are my strongest fears or concerns at this moment in time?

What do I feel joyful or optimistic about?



Glasgow Coma Scale

The Glasgow Coma Scale is used to assess the consciousness and neurological functioning of a person who has just received a TBI. The total score is the sum of the scores in three categories: eye-opening response, verbal response, and motor response. The Scale provides a score in the range 3-15. A score of 3-8 indicates a severe TBI; a score of 9-12, a moderate TBI; and a score of 13-15, a mild TBI. For adults, the scores are as follows:

Eye Opening Response	Spontaneous--open with blinking at baseline	4 points
	Opens to verbal command, speech, or shout	3 points
	Opens to pain, not applied to face	2 points
	None	1 point
Verbal Response	Oriented	5 points
	Confused conversation, but able to answer questions	4 points
	Inappropriate responses, words discernible	3 points
	Incomprehensible speech	2 points
	None	1 point
Motor Response	Obeys commands for movement	6 points
	Purposeful movement to painful stimulus	5 points
	Withdraws from pain	4 points
	Abnormal (spastic) flexion, decorticate posture	3 points
	Extensor (rigid) response, decerebrate posture	2 points
	None	1 point



Rancho Los Amigos Levels

Family Guide to the Rancho Los Amigos Levels of Cognitive Functioning

Cognition refers to a person's thinking and memory skills. Cognitive skills include paying attention, being aware of one's surroundings, organizing, planning, following through on decisions, solving problems, judgment, reasoning, and awareness of problems. Memory skills include the ability to remember things before and after the brain injury. Because of the damage caused by a brain injury, some or all of these skills will be changed.

The Levels of Cognitive Functioning is an evaluation tool used by the rehabilitation team. The eight levels describe the pattern or stages of recovery typically seen after a brain injury. This helps the team understand and focus on the person's abilities and design an appropriate treatment program. Each person will progress at his or her own rate, depending on a variety of factors, including the severity of the brain damage, the location of the injury in the brain, and length of time since the brain injury. Some individuals will pass through each of the eight levels, while others may progress only to a certain level and no farther.

It is important to remember that each person is an individual and there are many factors that need to be considered when assigning a level of cognition. There is a range of abilities within each of the levels and your family member may exhibit some or all of the behaviors listed below.

Cognitive Level I: No Response

A person at this level:

- does not respond to sounds, sights, touch, or movement.

Cognitive Level II: Generalized Response

A person at this level will:

- begin to respond to sounds, sights, touch, or movement;
- respond slowly, inconsistently, or after a delay;
- respond in the same way to what he or she hears, sees, or feels.
Responses may include chewing, sweating, breathing faster, moaning, moving, and/or increasing blood pressure.



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National Rehabilitation Center

Cognitive Level III: Localized Response

A person at this level will:

- be awake on and off during the day;
- make more movements than before;
- react more specifically to what he or she sees, hears, or feels. For example, he or she may turn towards a sound, withdraw from pain, and attempt to watch a person move around the room;
- react slowly and inconsistently;
- begin to recognize family and friends;
- follow some simple directions such as “Look at me” or “Squeeze my hand”;
- begin to respond inconsistently to simple questions with “yes” and “no” head nods.

What family/friends can do at Cognitive Levels I, II, and III

- Explain to the individual what you are about to do. For example, “I’m going to move your leg.”
- Talk in a normal tone of voice.
- Keep comments and questions short and simple. For example, instead of “Can you turn your head towards me?”, say, “Look at me.”
- Tell the person who you are, where he or she is, why he or she is in the hospital, and what day it is.
- Limit the number of visitors to 2-3 people at a time.
- Keep the room calm and quiet.
- Bring in favorite belongings and pictures of family members and close friends.
- Allow the person extra time to respond, but don’t expect responses to be correct. Sometimes the person may not respond at all.
- Give him or her rest periods. He or she will tire easily.
- Engage him or her in familiar activities, such as listening to his or her favorite music, talking about family and friends, reading out loud to him or her, watching TV, combing his or her hair, putting on lotion, etc.
- He or she may understand parts of what you are saying. Therefore, be careful what you say in front of the individual.





Cognitive Level IV: Confused And Agitated

A person at this level may:

- be very confused and frightened;
- not understand what he or she feels or what is happening around him or her;
- overreact to what he or she sees, hears, or feels by hitting, screaming, using abusive language, or thrashing about. This is because of the confusion;
- be highly focused on his or her basic needs, i.e., eating, relieving pain, going back to bed, going to the bathroom, or going home;
- not understand that people are trying to help him or her;
- not pay attention or be able to concentrate for a few seconds;
- have difficulty following directions;
- recognize family/friends some of the time;
- with help, be able to do simple routine activities such as feeding him/herself, dressing, or talking.

What family/friends can do at Cognitive Level IV:

- Tell the person where he or she is and reassure him or her that he or she is safe.
- Bring in family pictures and personal items from home, to make him or her feel more comfortable.
- Allow him or her as much movement as is safe.
- Take him or her for rides in a wheelchair, when this has been approved by the treating team.
- Experiment to find familiar activities that are calming to him or her such as listening to music, eating, etc.
- Do not force him or her to do things. Instead, listen to what he or she wants to do and follow his or her lead, within safety limits.
- Since he or she often becomes distracted, restless, or agitated, you may need to give him or her breaks and change activities frequently.
- Keep the room quiet and calm. For example, turn off the TV and radio, don't talk too much, and use a calm voice.
- Limit the number of visitors to 2-3 people at a time.

Cognitive Level V: Confused and Inappropriate

A person at this level may:

- be able to pay attention for only a few minutes;
- be confused and have difficulty making sense of things outside him/herself;
- not know the date, where he or she is, or why he or she is in the hospital;
- not be able to start or complete everyday activities, such as brushing his or her teeth, even when physically able. He or she may need step-by-step instructions;
- become overloaded and restless when tired or when there are too many people around;
- have a very poor memory. (He or she will remember past events from before the accident better than new information he or she has been told since the injury.);
- appear to “make things up” to try to fill in gaps in memory;
- may get stuck on an idea or activity (perseveration) and need help switching to the next part of the activity;
- focus on basic needs such as eating, relieving pain, going back to bed, going to the bathroom, or going home.

What family/friends can do at Cognitive Level V:

- Repeat things as needed. Don't assume that he or she will remember what you tell him or her.
- Tell him or her the day, date, name and location of the hospital, and why he or she is in the hospital when you first arrive and before you leave.
- Keep comments and questions short and simple.
- Help him or her organize and get started on an activity.
- Bring in family pictures and personal items from home.
- Limit the number of visitors to 2-3 at a time.
- Give him or her frequent rest periods when he or she has problems paying attention.





Cognitive Level VI: Confused And Appropriate

A person at this level may:

- be somewhat confused because of memory and thinking problems. He or she will remember the main points from a conversation, but forget and confuse the details. For example, he or she may remember he or she had visitors in the morning, but forget what they talked about;
- follow a schedule with some assistance, but becomes confused by changes in the routine;
- know the month and year, unless there is a severe memory problem;
- pay attention for about 30 minutes, but has trouble concentrating when it is noisy or when the activity involves many steps. For example, at an intersection, he or she may be unable to step off the curb, watch for cars, watch the traffic light, walk, and talk at the same time;
- brush his or her teeth, get dressed, feed him/herself etc., with help;
- know when he or she needs to use the bathroom;
- do or say things too fast, without thinking first;
- know that he or she is hospitalized because of an injury, but will not understand all of the problems he or she is having;
- be more aware of physical problems than thinking problems;
- associate his or her problems with being in the hospital and think that he or she will be fine as soon as he or she goes home.

What family/friends can do at Cognitive Level VI:

- You will need to repeat things. Discuss things that have happened during the day to help the individual remember recent events and activities.
- He or she may need help starting and continuing activities.
- Encourage the individual to participate in all therapies. He or she will not fully understand the extent of his or her problems and the benefits of therapy.

Cognitive Level VII: Automatic and Appropriate

A person at this level may:

- follow a set schedule;
- be able to do routine self care without help, if physically able. For example, he or she can dress or feed him/herself independently, have problems in new situations, and may become frustrated or act without thinking first;

- have problems planning, starting, and following through with activities;
- have trouble paying attention in distracting or stressful situations. For example, family gatherings, work, school, church, or sports events;
- not realize how his or her thinking and memory problems may affect future plans and goals. Therefore, he or she may expect to return to his or her previous lifestyle or work;
- continue to need supervision because of decreased safety awareness and judgment. He or she still does not fully understand the impact of his or her physical or thinking problems;
- think more slowly in stressful situations;
- be inflexible or rigid, and he or she may seem stubborn. However, his or her behaviors are related to the brain injury;
- be able to talk about doing something, but will have problems actually doing it.

Cognitive Level VIII: Purposeful and Appropriate


A person at this level may:

- realize that he or she has problems with his or her thinking and memory;
- begin to compensate for his or her problems;
- be more flexible and less rigid in his or her thinking. For example, he or she may be able to come up with several solutions to a problem;
- be ready for driving or job training evaluation;
- be able to learn new things at a slower rate;
- still become overloaded with difficult, stressful, or emergency situations;
- show poor judgment in new situations and may require assistance;
- need some guidance to make decisions;
- have thinking problems that may not be noticeable to people who did not know the person before the injury.

What family/friends can do at Cognitive Levels VII/VIII:

- Treat the person as an adult; show respect for his or her opinion when attempting to provide guidance and assistance in decision making.
- Talk with the individual as an adult. There is no need to try to use simple words or sentences.



- 
- Because the individual may misunderstand joking, teasing, or slang language, be careful to check for understanding when using humor or other abstract language.
 - Encourage the individual to be as independent as is safe. Help him or her with activities when he or she shows problems with thinking, problem solving, and memory. Talk to him or her about these problems without criticizing. Reassure him or her that the problems are because of the brain injury.
 - Strongly encourage the individual to continue with therapy to increase his or her thinking, memory, and physical abilities. He or she may feel he or she is completely normal. However, he or she is still making progress and may possibly benefit from continued treatment.
 - Be sure to check with the physician on the individual's restrictions concerning driving, working, and other activities. Do not rely on the brain injured individual for information, since he or she may feel ready to go back to his or her previous lifestyle.
 - Discourage him or her from drinking or using drugs, due to medical complications.
 - Encourage him or her to use note taking as a way to help with memory problems.
 - Encourage him or her to carry out his/her self care as independently as possible.
 - Discuss what kinds of situations make him or her angry and what he or she can do in these situations.
 - Talk with him or her about his or her feelings.
 - Learning to live with a brain injury is difficult and it may take a long time for the individual and family to adjust. The social worker and/or psychologist will provide family members and friends with information regarding counseling, resources, and support organizations.

– Los Amigos Research and Educational Institute (LAREI), 1990

Disclaimer: Information presented on this page is for specific health education purposes only. Persons should consult qualified health professionals regarding specific medical concerns or treatment. Each clinician caring for the patient is responsible for determining the most appropriate care.

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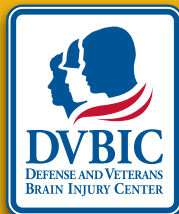
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This guide was produced in collaboration with
The Defense Health Board
The Defense and Veterans Brain Injury Center
and
The Department of Veterans Affairs



Traumatic Brain Injury: A Guide for Caregivers of Service Members and Veterans



Understanding the Effects of
Traumatic Brain Injury and What
You Can Do To Help

Module 2

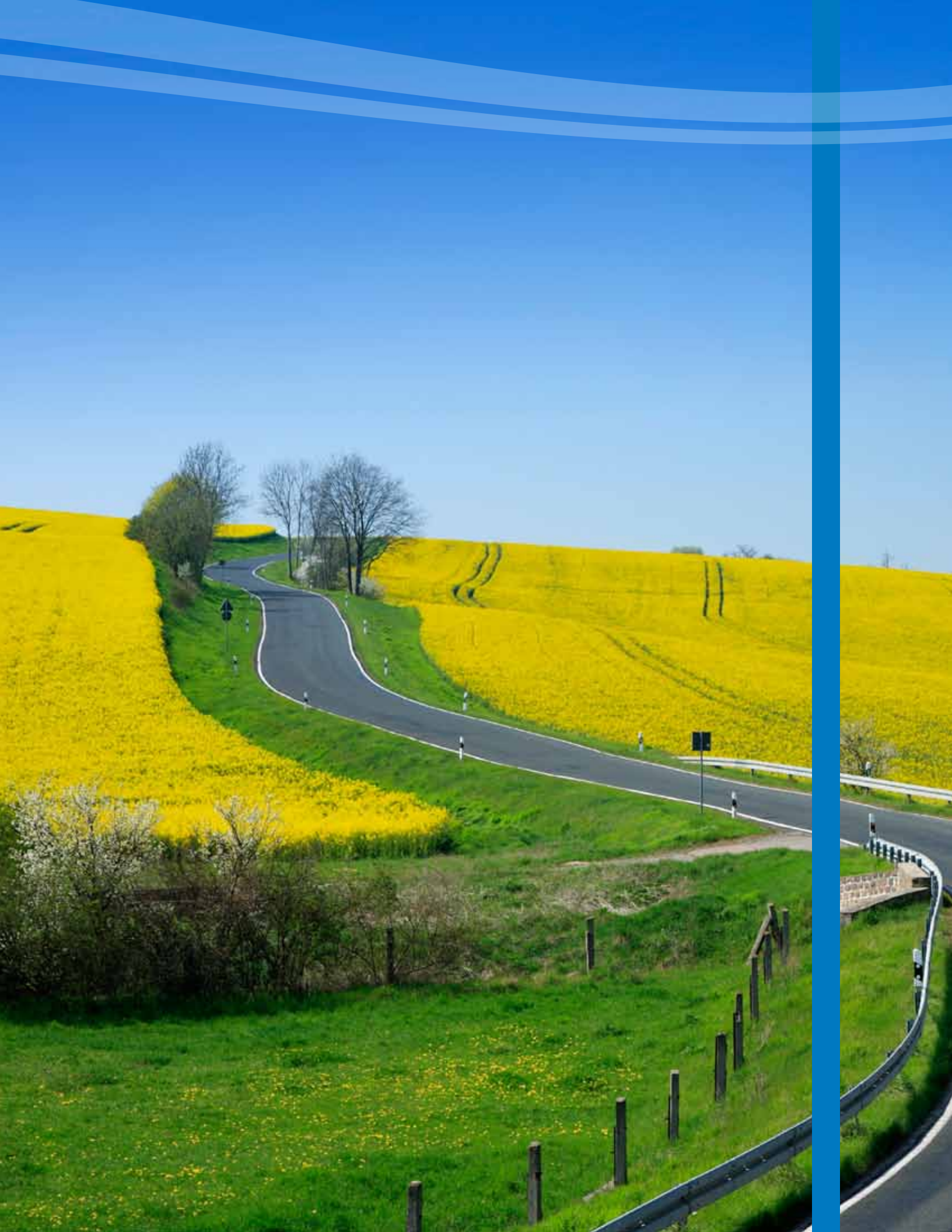


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*An electronic version of this Guide can be found at the following Web address:
www.traumaticbraininjuryatoz.org*



Module 2 Summary

This module is about the ways that a moderate to severe traumatic brain injury (TBI) may change a person's body, thinking, acting, and feelings.

Some of the information you will read may be true for your service member/veteran. But some of it will not. Each person is unique and each person's effects from TBI will also be unique.

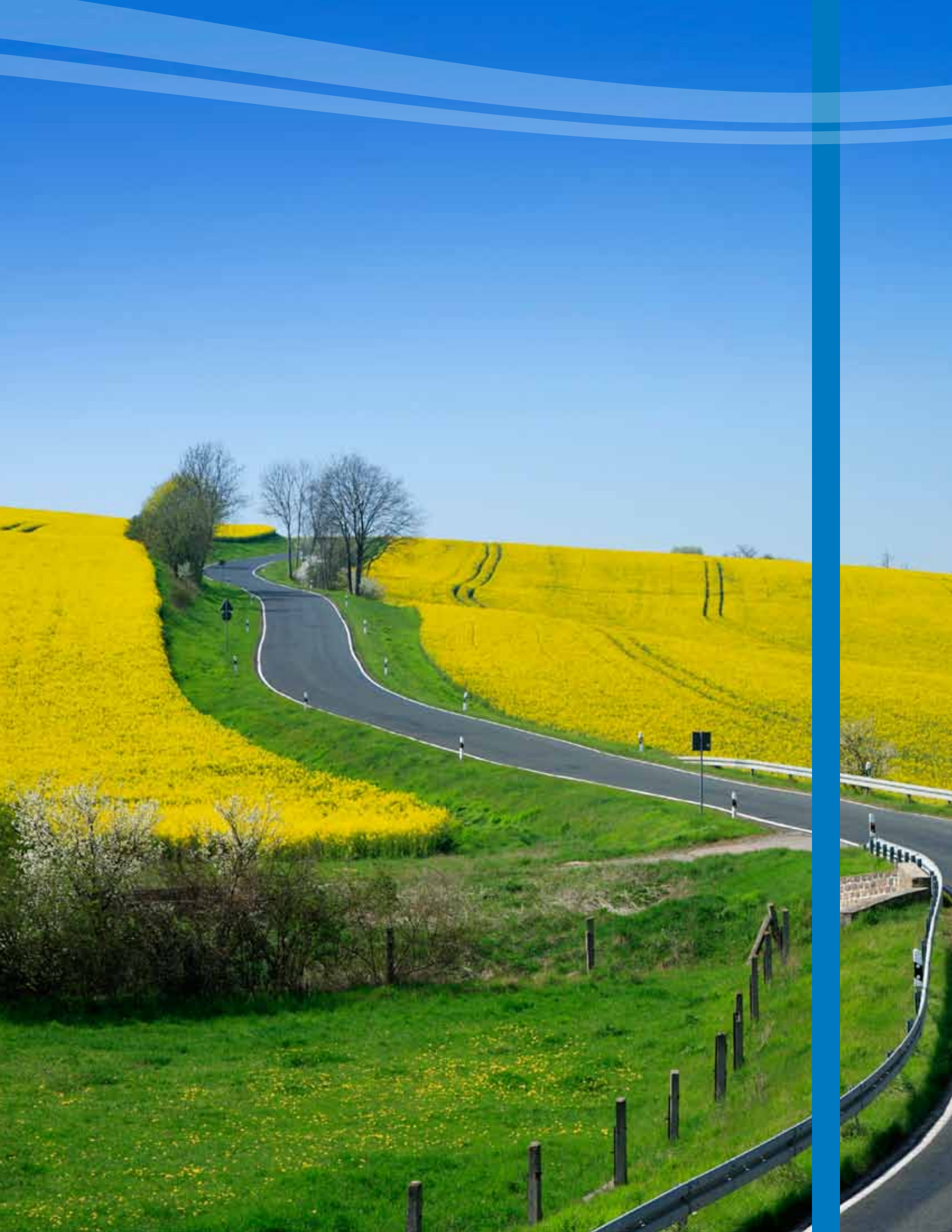
Many people with TBI have similar patterns of recovery. But everyone recovers at a different pace. There is no way to "hurry up" the recovery from TBI.

There are, however, many things you and the health care providers can do to create the best possible recovery.

Remember, you are not alone. There are thousands of other military families who are struggling to cope with many of the same changes from TBI that you and your service member/veteran are experiencing.

Doctors at the Departments of Defense (DoD) and Veterans Affairs (VA) are learning more every day about how to effectively treat the effects of TBI. Your service member/veteran will benefit from new medical knowledge based on other service members' experiences. His or her experience will add to doctors' knowledge about how to treat TBI.

Most effects of TBI fade over time. Keep hope in your heart as you move forward into the future.



TBI Effects and Treatment

This module is about all the effects that people with TBI may experience. You may notice some of these changes in your service member/veteran with TBI.

The module explains what you can do to help your service member/veteran manage these effects. This information will be especially helpful when he or she comes home from the hospital.

Please keep in mind—**your service member/veteran is likely to experience some--but not all--of these effects.** Many effects are common right after the injury. Many are likely to improve over time.

Though we know more now about TBI than ever before, no one can say with certainty just what effects each injured person will have.

We do know that most people with TBI can and will make improvements. Proper diagnosis, treatment, and follow-up care helps. So do a supportive family and community.

You Are Not Alone

TBI is the “signature” injury of the conflicts in Iraq and Afghanistan. As many as one in five service members with injuries returning from these war zones have been diagnosed with a TBI.

Blasts from grenades, improvised explosive devices (IEDs), and land mines caused most of these TBIs. Gunshot wounds, falls, and motor vehicle accidents also cause TBI.

Because TBIs from blast injuries are common, the DoD and VA are focused on how to help the injured and their families manage the effects of TBI. More is learned every day about how to do so.

The good news is that you are not alone. There are skilled health care providers and excellent resources to help you and your service member/veteran with TBI manage the effects of TBI.

There are things you can learn to do to manage these effects at home. There are other caregivers who are learning about the effects of TBI too, and who can share their experiences and ideas with you (see Module 3).

Learning about Effects

The very first effect of a TBI could be loss of consciousness or a dazed feeling. Some effects are most visible just after the injury. For most people, these effects will generally fade as time goes by.

A blast is an explosion. There is often a loud noise, waves of air pressure, shaking, and flying objects. People in a blast may get thrown out of their vehicles.

What is a TBI?

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. Not all blows to the head or exposure to external forces results in a TBI. 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.

Post-traumatic stress (PTS) is anxiety that can develop if you are exposed to or witness a traumatic event (like combat) that threatened or caused great physical harm to self or others.

The kind of effects that your service member/veteran with TBI will have depends on what part of his or her brain was injured. (You can learn more about the parts of the brain in Module 1.)

Understanding the brain injury can help you make sense of what doctors tell you. It can also help you cope with changes you observe.

Service members sometimes have several injuries, including TBI. It is often hard to sort out which effects are due to TBI alone, and which result from other injuries.

Emotional conditions like **post-traumatic stress** (PTS), post-traumatic stress disorder (PTSD), and depression also make it hard to tell if an effect is due to TBI.

The health care team is familiar with all of these conditions. They will develop the

proper treatment plan. They will also teach you about how you can help.

You will see sections in this module about physical effects, cognitive effects, communication effects, and so on. It’s important to remember that many effects of TBI are inter-connected. For example:

- Sleep problems can affect how quickly someone thinks.
- Sensory changes can affect how someone focuses and learns.
- Fatigue can make it hard to safely move about.
- Memory problems can make it hard to communicate with others.
- Visual problems can make it hard to learn.

The changes that result from TBI are the direct result of the injury, and not a result of your loved one intentionally trying to act or think in a way that may be different from how he or she used to act and think.

What are the Phases of Treatment?

If your injured family member was deployed, treatment began immediately. The military health care team stabilized your service member so he or she could be moved to the next level of care.

From Iraq and/or Afghanistan, most service members go to Landstuhl Army Regional Medical Center in Germany for **acute care**. Those stationed outside of the United States may return to their home base. Others may go directly to a military hospital in the United States.

You will be informed about where your service member is and when he or she will return to the United States. If your family member is going to be in Landstuhl for awhile, you may receive Invitational Travel Orders to pay for you to fly to Germany.

Once the service member's injuries are under control, he or she is transported back to the United States for continued **inpatient care** and **rehabilitation**.

Medical treatment and rehabilitation may continue for several months in a military treatment facility (MTF), such as Walter Reed Army Medical Center, National Naval Medical Center, or Brooke Army Medical Center. Rehabilitation may continue at a VA Polytrauma Rehabilitation Center or Polytrauma Network Site.

The final phase of treatment is often at home and in the community. In this phase, you may be the primary caregiver for your service member/veteran with TBI. Therapy often continues on an **outpatient** basis in a hospital or clinic closer to home.

Each injured service member will have his or her own pattern of care. Those stationed outside the United States may not return stateside for care. Some service members will have injuries that require care in a military hospital; others will not. Some will need months of inpatient care in the VA system; others will not.

The health care team will tell you the type of care your family member needs. They will explain when it is time to move to another level of care, and why.

Throughout treatment, you are an important member of your service member/veteran's team. The more you know about TBI, the more easily you can work with the health care team. The more you know, the better able you will be to help your service member/veteran recover from TBI.

Acute care is short-term treatment for a serious injury or illness.

Inpatient care is care provided to a person staying in a hospital.

Rehabilitation means re-learning old skills.

A military treatment facility (MTF) is a military hospital. You can find a list of MTFs in Appendix B.

Outpatient care means living at home and going to appointments at the hospital or doctor's office.

What is the DoD System of Care?

There is a network of military treatment facilities (MTFs) across the country. They are operated by the Department of Defense (DoD). The DoD and the Department of Veterans Affairs (VA) Polytrauma Centers work together to manage the care of injured service members.

Check www.tricare.mil/mtf to locate the military treatment facilities.

DoD also provides health care through TRICARE (see Module 4).



*Department of Defense Medical Centers
(source: www.tricare.mil/mtf)*

What is the VA Polytrauma System of Care?

If your service member/veteran needs long-term care and rehabilitation, he or she may go to a center that is part of the **Department of Veterans Affairs (VA) Polytrauma System of Care (PSC)**.

The PSC is a comprehensive, integrated system of rehabilitation care for veterans and service members with polytrauma and TBI.

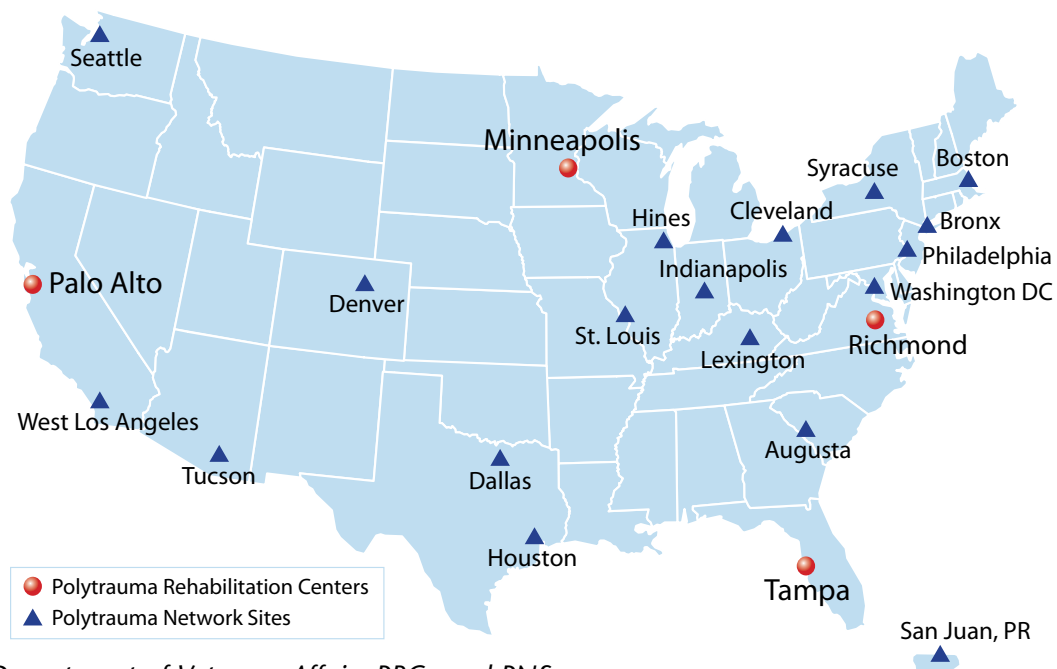
The PSC is a tiered system of care which includes:

- Four TBI/Polytrauma Rehabilitation Centers (PRC) located in Richmond, VA; Tampa, FL; Minneapolis, MN; Palo Alto, CA (a fifth PRC in San Antonio, TX is scheduled to open in 2011). The PRCs provide the most intensive specialized care and comprehensive acute, inpatient TBI rehabilitation care.
- 22 Polytrauma Network Sites (PNS) which provide a full range of inpatient and outpatient TBI rehabilitation care in regional areas closer to home.
- 81 Polytrauma Support Clinic Teams (PSCT) which provide local outpatient, specialty rehabilitation care, and long-term TBI management.
- 49 Polytrauma Points of Contact (PPOC) located at VA medical centers across the country. PPOCs coordinate case management and referral within the PSC and provide referrals for local community services.

VA is the Department of Veterans Affairs.

Polytrauma means more than one injury.

Learn more about the VA Polytrauma System of Care at www.polytrauma.va.gov.



Department of Veterans Affairs PRCs and PNSs

Polytrauma Rehabilitation Centers (PRCs)

Your service member/veteran may transfer from a military hospital to a VA PRC for additional inpatient care and TBI rehabilitation. The health care teams at the military hospital and PRC work together to plan the move.

At the PRC, your family member will receive specialized medical and rehabilitation treatment for all the effects of TBI (and other serious injuries) that you will read about here.

The PRC offers a program where injured service members/veterans learn how to live as independently as possible after TBI. Each PRC also has military liaisons on site. Through regular meetings, the liaison helps your family member stay connected with his or her military community and makes sure that all service-related needs (e.g., orders) are addressed.

Polytrauma Transitional Rehabilitation. For those who have completed inpatient care but are not yet able to live independently, Transitional Rehabilitation offers a progressive return through a structured program focused on restoring home, community, and vocational skills in a controlled, therapeutic setting. A transitional rehabilitation program for veterans and active duty service members with TBI is located at each of the four PRCs.

Case management is the coordination of services to meet the patient's needs.

VBA stands for Veterans Benefits Administration. It is the government agency that offers insurance and other benefits to veterans and eligible service members.

Case management is an integral part of PSC services. A clinical case manager works with your service member/veteran to help with:

- Transition from military hospital to VA medical center
- Communication between service member/veteran, family, and the VA rehabilitation team
- Identification of various VA, DoD, and community resources.

There are also **VBA** counselors to help you find and apply for VA benefits.

The DOD and VA systems of care have many levels of service. That's because your family member's need for care will change as he or she gets better over time. There are also services to give you the education and support you need as a caregiver.

“My goal—and I’ve made this clear to the team—is for Mike to go to the transition program, where they have to live basically on their own. They have to be able to take care of all their living skills, and be able to get in and out of their bed, and to and from therapy, and that kind of thing. I would really like for him to get to that point because I would like for him to prove to himself that he’s able to stay alone and take care of himself and prove to me that he’s able to stay alone and take care for himself for a short time.”

- Meredith H.



Family Support Services

Families are valued members of the treatment team at the PRC and throughout the VA Polytrauma System of Care. VA rehabilitation team members work with family members and caregivers to provide education, training, and information on:

- Caregiver role and caregiver tasks
- TBI rehabilitation process and recovery
- VA and community support services
- How to take care of yourself and stay well.

Each PRC has a Voluntary Services office. This office can help you find resources near the PRC, including places of worship, shopping centers, and other local services.

All four PRCs have a Fisher House on site that offers housing for family members while their service member/veteran is receiving care.

*Learn more about
Fisher House at
www.fisherhouse.org.*

Who is on the Health Care Team?

Your service member/veteran's health care team includes members with different skills and training. The team may include:

- **Your service member/veteran with TBI—the most important member of the team:** Participating in the rehabilitation process and setting goals helps your family member feel in control. It also drives recovery.
- **You, the caregiver—the one who knows your service member/veteran best!:** Your role is to pay attention to what your family member is experiencing. Report problems to the health care team. This helps the team develop the best treatment plan.
- **Audiologist:** A team member who evaluates and treats hearing loss and related disorders, including balance (vestibular) disorders and tinnitus (ringing in the ears).
An audiologist fits and dispenses hearing aids and other assistive devices for hearing.
- **Case Manager/Care Coordinator:** A case manager may be a social worker or Registered Nurse (RN) who works at the MTF or VA center. He or she is the family's Point of Contact (see Module 4). This is the person who will be the liaison between you and the health care team. The case manager learns about the needs (medical, financial, emotional) of your service member/veteran and your family. Then, he or she plans for your family member's move to the next level of care. The case manager is available throughout treatment. She or he can share information to help your family manage the challenges you experience.
- **Chaplain:** The chaplain is a member of the clergy. He or she can counsel you and your family member about how to accept and cope with the changes that a TBI may bring. The chaplain also offers spiritual comfort.
- **Department of Defense Military Liaison:** The team member who helps with questions about benefits and other military-related issues. (See Module 4 to learn about benefits.)
- **Dietitian:** This team member reviews your family member's diet and develops a nutritional plan based on his or her medical needs.
- **Neurologist:** A doctor who treats disorders of the brain, spinal cord, nerves, and muscles. Neurologists are often called upon to manage seizures and headaches.

“The whole team would come in almost every morning to discuss the day and how he was and what was going on. Then they’d have a big weekly meeting. So I felt very involved with his care and I felt like I understood what was going on, on a daily basis. That gave me a lot of comfort.”

- Patty H.



• **Neuro-ophthalmologist:** A doctor who treats visual problems related to the nervous system (that is, vision problems that do not come from the eyes themselves). He or she tracks changes in vision, perception, and the need for lenses.

• **Neuropsychologist:** A licensed clinical psychologist with special training in how the brain affects a person’s behavior.

This team member gives and evaluates certain types of cognitive and emotional tests.

Neuropsychologists may serve as the rehabilitation team leader. They can help both service members/veterans and family members cope with life after TBI.

• **Neurosurgeon:** A doctor who performs surgery on the nerves, brain, and/or spine.

• **Occupational Therapist (OT):** A therapist who helps with “activities of daily living,” like eating, grooming, dressing, and bathing.

OTs also help injured people to re-learn or adapt skills they need to return to work or school. This may include skills such as shopping, cooking, and money management.

OTs provide adaptive equipment and make suggestions for changes in the home.

OTs provide cognitive rehabilitation. They also may help treat swallowing problems.

• **Physiatrist (Physical Medicine and Rehabilitation Specialist):**

A doctor who is often the leader of the health care team. As the leader, he or she directs and coordinates rehabilitation care.

Physiatrists treat problems of all the major systems in the body.

- **Physical Therapist (PT):** A team member who provides services that help restore body function, improve mobility, relieve pain, and prevent or limit permanent physical disabilities from injury.
PTs also determine the patient's level of independence and ability to re-enter the community or workplace after injury.
They teach service members/veterans to use assistive and adaptive devices, such as crutches, prosthetics, wheelchairs, and specialized equipment.
- **Primary Care Provider:** The team member who coordinates the ongoing care of all your family member's general medical needs. Primary care providers may include Family Practice Physicians, Internal Medicine Physicians, Clinical Nurse Practitioners, and Physician Assistants.
- **Recreational Therapist (RT):** A team member who helps service members/veterans become independent in leisure activities and with social reintegration. RTs help with re-entering the community by applying practical skills to real-life situations.
- **Rehabilitation Nurse:** A nurse who specializes in rehabilitation. Rehabilitation nurses educate service members/veterans and their families about TBI and safety, skin care, toileting, medication, and other issues. They reinforce the skills being learned in therapy and help carry out the treatment plan.
- **Rehabilitation Psychologist:** A licensed clinical psychologist who has been specially trained to assess and treat the many issues facing service members/veterans and their families (i.e., coping and adjustment problems related to chronic or traumatic injury). They work to help achieve the highest level of functioning after injury.
- **Social Worker:** A team member who may help patients and families find resources they need during treatment. A Licensed Clinical Social Worker (LCSW) is trained in psychotherapy and helps individuals deal with mental health and daily living problems.
- **Speech Language Pathologist (SLP):** Also called a speech therapist, a team member who specializes in evaluating and treating both expressive and receptive speech and language problems. SLPs may be involved with evaluating and treating swallowing problems. Cognitive rehabilitation is another area of assessment and treatment for SLPs.
- **Vocational Rehabilitation Counselor:** This team member may help your service member/veteran prepare for or retrain for employment.



“A really super thing for us in terms of communicating with the hospital staff—and the hospital already had this installed in the room—is a big dry erase board. Some people use it and some people don’t. We use it to make a list of all the things we want to talk about with the doctors. That way, if I’m not in the room when the doctors come by on their rotation, they’ve got the big list right there and they can see it clearly. That helps keep the communication going.”

- Anna E.



The next chapters describe many possible effects of TBI. These include physical, cognitive, communication, and behavioral/emotional effects

If you notice any change in any effects of TBI in your service member/veteran, alert the health care team immediately.



“He was plateauing on a therapy level. We realized that what the therapists were doing—you know, they had a book and they were going through checklists—was like being in school to him. So we suggested that the therapists try working with him on something he wants to learn. They said fine, tell us what he wants to do. So I asked him one night. I said, ‘Jason, what would you want to learn first if you had to prioritize?’ Well, he wanted to learn to use the telephone and he wanted to learn to use the remote control on the TV. We told the therapists. They got him an adaptive remote control and we got him a phone. He learned to use them both within a week. So the therapists were good. They said, ‘We’ll work with you. What do you think is going to help him?’ They didn’t know him before the brain injury, so they relied on us to give them as much information as we could on the kind of person he was so they could determine what would work for him through the therapy. You have to educate the professionals on what he was like.”

- Pam E.

Physical Effects

This chapter is about possible physical effects from TBI.

Module 1 is about how the brain works. It explains that there are areas in the brain that control our ability to perform physical tasks.

After a TBI, the nerve cells in the brain may no longer send information to each other the way they normally do. This is why people with a TBI may have changes in their physical abilities.

A brain injury can affect physical abilities, such as:

- balance
- mobility
- coordination
- muscle strength, tone, and control.

It may also affect the body's senses, including:

- hearing
- vision
- smell
- touch
- taste.

A TBI can cause **fatigue** and conditions such as seizures, **spasticity**, and bladder, bowel, and swallowing difficulties.

Some of these effects will get better quickly, others will take time, and still others may become a lasting problem.

Every person with TBI has a unique set of physical effects. Each person has a unique pace of recovery.

This chapter describes many physical effects that people with a TBI may experience. **Some information in this chapter may apply to your service member/veteran, but other information may not. Some information may apply now, but not in the future.**

With the help of the health care team, many physical effects can be treated or managed with positive results.

You can help your service member/veteran with TBI by following through on treatment plans from the health care team. You can also use the suggestions in this chapter. But first, check these ideas out with the health care team.

The health care team will have many more suggestions and treatments than are listed here. Talk to the team members about “what to do” if

Fatigue is being very tired or weary.

Spasticity is increased tension or tightness in a muscle. When such a muscle is stretched, the increased tension causes it to pull back (resist).

your service member/veteran begins to have new symptoms or problems, or reacts differently to treatments than he or she has been.

What are Common Physical Effects of TBI?

Headaches

Headaches are common following TBI. Some people have a headache all the time, and some people's headaches come and go.

Fatigue, stress, and a history of migraines make these headaches worse.



"He deals with migraines right now on a daily basis, and I think that stress plays along with it. He can't deal with too much at one time. He's overwhelmed. But he deals with the fatigue factor. He's on limited hours right now, so he can only work four hours out of the day. It's very light duty. That's where we're at, right now."

- Meaghan L.

Fortunately, post-TBI headaches usually improve over time.

Treatment Options

Medication: It can take some trial and error to find the right medicine to treat post-TBI headaches. Your family member should take all medications exactly as the doctor directs. He or she should talk with the doctor before changing how much medicine he or she takes, or how often.

Other options: Stretching and strengthening exercises may help. Follow the directions of the health care team on these. Exercise, such as swimming in warm water, can help loosen the muscles that cause headaches. Acupuncture, occipital nerve blocks, biofeedback, Botox®, and physical therapy are possible treatments.

How you can help:

- Ask your service member/veteran to lie down in a dark and quiet place; sleep can relieve a headache.
- Use heat or ice as directed by the doctor.



- Encourage your family member to:

- Avoid bright sunlight, especially going from a dark building into bright sunlight (may need to wear very dark sunglasses).
- Avoid alcohol.
- Avoid foods that trigger headaches. These include cold foods, aged hard cheeses, or chocolate.
- Manage stress. Take breaks during activities, practice deep breathing exercises, exercise, and have some fun.
- Keep track of headaches in a journal. Note the time of day, the activity, and intensity of the pain. Share this information with the doctor.
- Take medications at the same time every day.

If headaches do not improve or worsen, call the doctor. Your service member/veteran does not need to suffer. New treatment options can be tried. Your family member may be referred to a headache specialist (such as a neurologist) if headaches do not improve with standard treatment.

Sleep Changes

Altered sleep patterns are very common after TBI. This problem is usually worst in the first several weeks to months after injury.

Many people with TBI sleep during the day and are awake at night. They may nap now, when before they did not.

Stay hopeful. Most people with TBI do usually resume a more normal sleep routine similar to the one they had before the injury.

Time, patience, and some creative problem-solving help. Developing a consistent routine, using medications on a temporary basis, and changing the bedroom can improve sleep.

What you might see:

- Difficulty falling or staying asleep (insomnia)
- Awake at night, sleeping during the day
- Frequent naps
- Sleeping too much or too little.

How you can help:

- Work with the health care team to establish healthy sleeping patterns.
- Encourage your service member/veteran to:
 - Limit daytime naps (talk to the health care team first).

- Avoid caffeine (coffee, tea, energy drinks, dark soda) after the morning.
- Exercise during the day; avoid exercise too close to bed time.
- Avoid fluids two hours prior to bedtime.
- Try to eat the last meal of the day four hours before bedtime.
- Go to bed at the same time every night and get up at the same time every morning.
- Avoid use of bed for activities other than sleep and sex (e.g., watching TV).
- If worrying or nightmares are contributing to poor sleep, consult a doctor or nurse.
- Monitor the bedroom: turn the clock away from the bed, use room darkening shades. Most people sleep better in a cooler environment.
- If your service member/veteran simply cannot fall or stay asleep, have him or her get out of bed and watch TV or read (if easy to do without assistance) until he or she feels tired and is ready to try again.
- Talk with your service member/veteran's doctor about temporarily using sleep medication or complementary/alternative therapies to help establish a sleep schedule.
- Make sure to tell your doctor if your service member/veteran is taking an over-the-counter medication.



"He had tremendous sleep problems, which is extremely common. He met other people who were in similar situations. They'd all be up on the computers or watching TV in the middle of the night, doing things that make their symptoms worse. We went for 25 years with no TV in our home so we're not TV watchers. He would sit and channel surf. And the reason he channel surfed, he said, was because he couldn't concentrate long enough to watch anything very long. He was just going from one thing to another."

- Caroline M.

Fatigue/Loss of Stamina

Fatigue is a common complaint among people with TBI. The body needs a vast amount of energy for healing after traumatic injuries. Sleep is often disrupted in the hospital.

Usual patterns of rest and activity are often very different for many weeks to months after TBI. Confusion can make fatigue worse.

Central fatigue is the major type of fatigue in TBI patients. Central fatigue affects thinking. Working harder to learn and stay focused can make your family member mentally tired. In some people, central fatigue causes them to be irritable or have headaches.

Stamina is having the physical strength to keep on going.

Central fatigue is fatigue of the central nervous system.

“Sleep and fatigue were probably the biggest, most constant problems, with the other things sort of waxing and waning. And the neuropsychologist explained to me about the fatigue, that when you have cognitive deficits, your brain has to work so hard just to process something that’s just routine for the normal person that it causes a great deal of fatigue.

So it took him a very long time to get over that fatigue, and he still has it at times. But when we first got home, he would be completely wiped out when he came home from work, and every single weekend was a wipe-out. And then that improved, and it was just Saturday that was the wipe-out. Now, most days are pretty normal. Most weekends are pretty normal. Every now and then we hit a time where he just kind of crashes.”

- Caroline M.

Peripheral fatigue is also reported by many. Peripheral fatigue is physical. It can make pain, thinking, and mood worse.

Fatigue reduces the speed and quality of rehabilitation. Fatigue can also slow down the return to normal life activities, such as school or work.

For most people, fatigue gradually lessens over time. Stamina and endurance improve. However, some people with TBI say that for the rest of their lives, their endurance is just not what it used to be. They have to pace themselves more than they used to.

Peripheral fatigue is muscle fatigue.

What you might see:

- Frequent comments about being tired
- Need for sleep after a short activity, lack of energy
- Poor stamina
- Extreme fatigue after a busy stretch of hours
- Slurred speech
- Irritability
- Slower thinking speed.

How you can help:

- Set up a daily schedule for your family member. Make sure it includes enough rest/sleep. Use a calendar to help your service member/veteran follow the schedule.
- Reduce family and social demands.
- Help your family member to pace him or herself.
- Ask your family member to conserve energy for important tasks in the day.
- Help your family member to have an active lifestyle. Regular exercise increases stamina. The physical therapist can develop a safe exercise program.
- Allow time for undisturbed rest during the day. A nap is usually 30-60 minutes.
- Schedule important appointments for times of the day when your family member is most awake.
- Learn the signs of fatigue in your service member/veteran. Ask him or her to do the same. Make a list of the signs and keep it in his or her calendar/memory notebook.
- Inform the health care team about changes in sleep patterns or stamina.
- Ask the health care team to rule out other causes of fatigue. Common causes of fatigue are endocrine abnormalities, sleep disorders, mood disorders, diabetes, substance abuse, electrolyte imbalances, and nutrition deficits.

Dizziness

Dizziness is a term used to describe everything from feeling faint or lightheaded to feeling weak or unsteady.

Under normal circumstances, your sense of balance is controlled by a number of signals that your brain receives from several locations. A TBI can disrupt this.



The greatest concern about dizziness is the increased tendency to fall when dizzy or lightheaded.

Dizziness is often an early effect. It frequently goes away during the first weeks following injury.

“He had severe dizzy spells and vertigo from the head injury. Driving in a car was really hard for him. The dizziness in the car went on for three or four months. It slowly started to go away.”

- Emily S.



If dizziness does not go away on its own, there are therapies and medications that may help. These must be used under the supervision of the health care team.

What you might see:

- Complaints that the surroundings are spinning or moving (vertigo)
- Loss of balance, unsteadiness
- Nausea
- Wooziness, lightheadedness
- Blurred vision during quick or sudden head movements.

How you can help:

- Be aware of the possible loss of balance. This can lead to falling and serious injury.
- Fall-proof your home: Remove area rugs and electrical cords that someone could slip on. Use non-slip mats on your bath and shower floors.
- Have your service member/veteran:
 - Sit for a few minutes before walking. This gives the brain time to adjust.
 - Sit or lie down as soon as he or she feels dizzy.
 - Avoid driving a car if frequent dizziness or lightheadedness is present.
 - Use good lighting when getting out of bed at night.
 - Walk with a cane, walker, or other assistive device for stability.
 - Avoid sudden movements or bending over.

- Work closely with the health care team to manage symptoms effectively.
- Talk with the doctor about therapies or medications that improve symptoms.

Balance Problems (Tendency to Fall)

The brain controls our physical movement and our balance. A TBI can affect balance.

Balance problems are often an early effect after TBI. They go away over time and with physical therapy.

What you might see:

- Unsteadiness when walking
- Inability to walk or sit without assistance
- Falls
- Holding onto furniture, walls, other objects when walking.

How you can help:

- Encourage proper use of aids such as walkers or canes, if prescribed, in all settings (community and home).
- Remove throw rugs from your home.
- Work with the physical therapist to learn how to assist your service member/veteran while he or she is sitting or walking.
- Falls are the leading cause of non-combat TBI. Provide or arrange for supervision once you are home to prevent falls and another TBI.



“He was dizzy. He had balance problems. In the first four months, maybe six months after the injury, we just never knew what was going to happen from one moment to the next, and it was like a light switch going on and off. One minute he would be pretty normal, and the next minute it was like somebody flipped a switch and he was dizzy and losing his balance and nauseated and couldn’t remember things, and he was confused. It was the darndest thing.”

- Caroline M.

Sensory Changes

The brain is the center for all five of our senses: sight, hearing, taste, smell, and touch.

When the brain is injured, each of the senses is at risk for change. There is often not much to be done about these changes in the first year after injury.

Doctors often use a “wait and see” approach with the hope that sensory changes will go away on their own.

“He had visual field deficits right after the injury. They’ve since gotten a little bit better, but he still has visual field deficits. He lost hearing in his right ear, so he can’t hear sometimes when I’m trying to talk to him.”

- Aimee W.



For some sensory changes that don’t go away over time, surgery may help. For others, therapy and learning to live with the effect will be in order.

What you might see:

- Vision changes, such as blurry vision, double vision, or sensitivity to light
- Hearing changes, including muffled hearing or ringing in the ears (tinnitus) in one or both ears
- Changes in taste and smell. This could be a complete lack of taste and smell or an altered taste, such as a metallic flavor in the mouth.

How you can help:

- A neuro-ophthalmologist can evaluate visual changes. A neurologist can evaluate other sensory changes.
- Reinforce wearing of an eye patch or special glasses if ordered for double vision.
- Ask your service member/veteran to avoid alcohol. It may increase sensitivity to light and noise.
- Seek professional advice about whether or not it is safe for your family member to drive if he or she is having a change in vision.
- Have his or her hearing checked. Use hearing aids, if needed.
- Ask a dietitian about tips for eating if taste and smell are lost or altered.

- Make sure you have a working smoke alarm in the house if his or her sense of smell has been lost.
- Try to be patient. Sensory changes can improve over the first several months or years after TBI. Work with the health care team to track how the senses are working. Seek further evaluation and treatment options as needed.



“He’s getting a laptop and he’ll be using a special program on it, which the vision therapy here has provided for him. It magnifies everything.”

- Meredith H.

Spasticity is increased tension or tightness in a muscle. When the spastic muscle is stretched, the increased tension causes it to resist, pull back.

What Physical Effects May Be Less Common?

Spasticity

An injury to the brain can cause an abnormal increase in muscle tone called **spasticity**. A spastic muscle does not easily relax the way a normal muscle does.

This effect is most common with a severe and/or penetrating head injury.

Regular stretching, splints to keep limbs in proper position, and medications are common treatments.

Severe spasticity can be painful so pain management may be in order.

What you might see:

- Involuntary muscle tightness and stiffness
- Muscle contractions
- Decreased range of movement and abnormal posture.

How you can help:

- The physical therapist will develop a stretching program for your family member. Ask the physical therapist to teach you this program.
- Post diagrams of the stretches. Help your family member do the recommended stretches.
- If splints are used, learn how to apply them. Find out how long they are to be worn each day.

“My son’s biggest problem was the spasms. My son was very tight. All his muscles were contracted. He slept with his foot on the floor, because his leg would not stretch out. His arm was contracted to him, against his body. You couldn’t pull it apart from his body. His fingers were tight and closed. He could not open his hands.

They gave him a muscle relaxer. My son’s legs now move. He’s completely relaxed, completely relaxed. It’s amazing what it does for my son.”

- Nellie B.



- Monitor your family member’s skin for pressure points from the splints. Alert nurses to areas of redness and breakdown.
- Tell the health care team if the spasticity gets worse. This could be a sign of an underlying problem.
- If spasticity is so severe that it interferes with comfort, positioning, and general functioning, ask the doctor about treatment options. These include implanting a muscle relaxant pump.

Hemiparesis, Hemiplegia

Muscle movement originates in the brain. A TBI can affect movement.

You may remember from Module 1 that movement of the right side of the body is controlled by the left side of the brain, and movement of the left side of the body is controlled by the right side of the brain.

What you might see:

- Muscle weakness on only one side of the body (hemiparesis).
- Total paralysis of the arm, leg, and trunk on one side of the body (hemiplegia).

How you can help:

- Your service member/veteran’s physical therapist and occupational therapist will develop leg and arm exercises. Ask to learn these exercises.
- Realize that your family member may take longer to move around. Allow extra time to get places.

The “hemi” in hemiparesis and hemiplegia refers to the hemispheres of the brain.

- Encourage use of prescribed assistive devices, such as a walker or cane. They help your family member stay safe and independent.
- You may notice decreased sensation in affected limbs. Monitor skin for pressure points from the splints. Alert the team to areas of redness and breakdown.
- Therapists may recommend certain sleeping positions that are best for the affected limb(s). Follow their suggestions.

Bladder/Bowel Changes

Even bowel and bladder functions are controlled by the brain. For many people with TBI, bowel and bladder functions are impaired in the early days to weeks following injury. Health care providers expect this and are prepared to help. Urinary catheters and use of diapers or pads may be needed. Bowel and bladder retraining is part of the rehabilitation process. Fortunately, with time and practice, most people with TBI regain control of these body functions.

What you might see:

- Loss of bladder or bowel control
- Increased urgency to urinate
- Incomplete bladder or bowel emptying
- Increased bladder infections
- Constipation
- Memory and cognitive problems such that the person does not recognize the need to urinate/defecate or recall when he or she last did so
- Skin problems due to incontinence.

How you can help:

- Indwelling urinary catheters followed by the use of pads or diapers are common early on. Reassure your service member/veteran that these are nearly always temporary.
- The rehabilitation nurse will teach bladder “training” which often includes a specific fluid schedule, limiting fluids in the evening, and timed attempts to empty the bladder. Help your service member/veteran adhere to the recommended schedule and interventions.
- Bowel “training” often includes scheduled attempts, a high fiber diet, adequate fluids, physical activity, eating meals at regular times, and possible use of medications, including suppositories. Help your service



member/veteran to adhere to the recommended schedule and interventions.

- Monitor for skin breakdown and report it to health care providers.

“He had to learn bladder continence all over again, and that was really tough. I bought a bunch of pants that snapped down the side, the kind the basketball players wear. So he’d be sitting in his wheelchair and right there was the urinal. It was very accessible—those snap pants were a lifesaver. It took a lot of time and patience. Every so often we’ll have an accident, and it’s just like, okay, things happen.”

- Anonymous

Changes in Swallowing and Appetite; Weight Loss or Gain

Many people with traumatic injuries do not drink or eat for a period of time. As a result, they lose weight.

Once the person is fully awake and able to follow directions, swallowing can be evaluated. It is important to fully evaluate swallowing before the injured person drinks or eats.

The purpose of evaluating the person’s ability to swallow is to make sure that what he or she eats goes into the stomach, not into the lungs. When food or fluid slips into the lungs, it often results in pneumonia.

A speech or occupational therapist evaluates swallowing. This may be done in the person’s hospital room.

If not, the therapist may escort your family member to the x-ray department for a video fluoroscopy. Your family member will consume a barium-laced liquid or food that will light up on an x-ray. The x-ray helps the therapist to see precisely where it is going.

Once your service member/veteran is cleared to drink or eat, he or she may only be able to consume certain types of liquids and foods. Most people do best with medium consistencies, rather than thin fluid or very chewy, tough foods.

With practice, most people will return to a normal diet.

Appetite can be affected. Some people with TBI complain of a reduced appetite. Others gain weight due to boredom, memory problems, and an increased appetite.

Work with the health care team to learn how to help your service member/veteran have a healthy diet and a healthy weight.

What you might see:

- Choking or coughing during meals
- Pocketing of food inside the mouth and/or drooling
- Decreased interest in eating
- Weight loss, without trying to lose weight (possibly due to loss of taste and smell)
- Overeating, resulting in weight gain
- Memory problems: failure to remember when to eat or when last ate.

How you can help:

- Do not offer fluids or food until your service member/veteran has been cleared to drink and eat.
- If on a special diet with restricted fluids and foods, work with the therapists and dietitians to learn what foods are allowed. Learn how to assist your family member to drink and eat if special strategies are needed (i.e., eat slowly, chin tuck during swallow, double swallow, follow every bite of food with fluid).
- Short term changes in appetite are common. Don't worry about early weight loss. Most often, the weight is regained once the person is home.
- Monitor your service member/veteran's body weight and learn what his or her ideal weight range is from the dietitian.
- Report appetite changes to the health care team. These may be a sign of depression, general emotional distress, medication problems, or other medical conditions.
- Ask for a dietitian to review dietary intake and to learn more about meal preparation and a balanced diet.
- It is common to have reduced taste and smell following TBI. Talk with the dietitian about how to use spices and flavorings to perk up the taste of food.
- Weight gain following TBI is common. It is usually due to lack of physical activity. But sometimes it is due to boredom. Work with your service member/veteran to remain physically active and engaged



in outside activities. Establish set meal times. Discourage overeating or too many snacks.

- Encourage your service member/veteran to be involved, as able, in grocery shopping and meal planning/preparation.
- Write meal times in the planner/memory book. Check off meals when finished.

Visual Spatial Problems

Visual **spatial** abilities begin in the brain. They include blind spots and/or changes in the brain's ability to understand what the eyes see.

The ability to perceive where you are in space and in relation to other items in the environment may also be affected by TBI. This is called **spatial** awareness.

Injury to the right side of the brain in particular can lead to difficulties in these areas.

What you might see:

- Tendency to ignore things on one side of the body
- Bumping into things on the affected side
- Difficulty finding his or her way around, especially in new places
- Difficulty recognizing shapes and telling the difference between shapes
- Turning head towards the unaffected side
- When reading, cutting words in half or beginning to read in the middle of the sentence or page
- Mistaking the location of a chair when sitting down
- Misjudging distance; for example, missing the cup when pouring
- Standing too close or too far from others in social situations
- Confusion between right and left
- Reports of impaired vision.

How you can help:

- Ask for a neuro-ophthalmologist to identify your service member/veteran's specific visual and/or visual spatial problems.
- Stand on and place objects on the affected side. Encourage your service member/veteran to look to that side (this is called visual cueing).
- Remind your service member/veteran to frequently look around the environment, especially toward the affected side (this is called visual scanning).

Spatial refers to understanding where you are in the space around you.

- Use visual cues (e.g., a dark line) on one side of a page to encourage visual scanning of the entire page.
- Arrange your house to make tasks easier. For example, have items to accomplish a task organized in one place.
- Show your service member/veteran around new places several times. Avoid sending him or her to new places alone.
- Limit clutter in the house. Try not to move items around.
- Remind your service member/veteran to use handrails when available.
- Provide gentle reminders that he or she is standing too close or far away during social encounters.
- Seek professional advice about whether or not it is safe for your service member/veteran to drive (see Module 3).



“As far as training him for his left side neglect, when we would eat, he would put everything on the right side, and I would move everything to the left side to help him learn that. In the bathroom, I moved everything to the left side of the counter. So that was definitely a suggestion from the staff, to get everything to the left side so that he’s using that training.”

- Sandy M.

Apraxia is the reduced ability to perform complex movements.

Apraxia

A person with **apraxia** can often understand what to do and has the physical ability to do the task. However, his or her body simply has trouble cooperating with his or her best intentions.

This is a direct result of injury to the brain, often to the parietal lobe (see Module 1).

People with apraxia may have trouble using items correctly.

What you may see:

- Trying to use a toothbrush to comb hair or a fork to eat soup
- Unable to follow spoken directions accurately. For example, he or she may not give “thumbs up” when asked.
- Putting clothes on backwards, upside down, inside out.

How you can help:

- Guide the person to complete the task the right way. For example: Place your hand over your family member's hand and move it through the correct motions to perform a specific task.
- Redirect your service member/veteran to perform other common tasks in the correct order, one step at a time.

"He has what they call apraxia, which is one of many cognitive deficits that have occurred. He has issues with sequencing; for example, if he were going to make a sandwich, he wouldn't know how to put these things in order like you and I would, he would get confused. He wouldn't know what to do first, what to do second, like when to cut a sandwich in half and how to pick it up... the sequencing."

- Cindy P.



-
- Write down instructions for your service member/veteran.
 - Post a daily routine or schedule for hygiene and other daily tasks (e.g., dressing) and write the routine down in your service member/veteran's calendar/memory notebook.

Seizures

Seizures happen when the electrical system in the brain misfires.

Seizures can be frightening to watch.

Two kinds of seizures may occur following a severe TBI:

- Early seizures—also called “generalized seizures” or “Grand Mal seizures”—typically happen during the first week after an injury.
- Later seizures usually occur after the first week of injury in individuals who have never had a seizure before. People who have late-onset seizures are more likely to have a penetrating injury or one that causes a large amount of bleeding in the brain.

Seizures can be temporary or chronic. Late-onset seizures carry a greater risk of future seizures than do early seizures.

Chronic means ongoing.

A neurologist is the member of the health care team who usually diagnoses seizures. He or she will treat seizures with medications.

What you may see:

- Generalized shaking or jerking of the arms and legs
- Loss of consciousness
- Altered attention, emotion, sensation, or movement
- Strange odors or sensations.

Late-onset seizures can also cause changes in smell, behavior, or personality. Sometimes, people mistake a seizure as a psychiatric disorder.

Ask your doctor early on about how to recognize a seizure and what to do if one occurs.

How you can help:

- For a first seizure, call your doctor as soon as possible.
- If not a first seizure, alert the doctor. Make an appointment to have anti-seizure medication and blood levels checked.
- Talk to the doctor before adding or stopping medications or herbal treatments. These can change the blood level of the anti-seizure medication and make it ineffective.
- During a seizure:
 - Keep calm.
 - Don't hold your family member down or try to stop his or her movements.
 - Loosen ties or anything around the neck that makes breathing hard to do.
 - Clear anything hard or sharp from the surrounding area.
 - Put something flat and soft under the head.
 - Turn the person gently onto one side. This helps keep the airway clear.
 - Do not try to force the mouth open.
 - Stay with the person until the seizure ends.
- CALL 911 if your service member/veteran experiences:
 - Difficulty breathing during or after a seizure
 - Seizure lasting more than five minutes



- Second seizure that happens immediately after the first seizure
- Difficulty waking up from the seizure or a second seizure without waking up in between.

Some things are triggers for seizures. These include:

- Stress
- Overuse of alcohol and/or other drugs
- Being overworked and/or tired.

Help your service member/veteran to avoid these triggers.

“I wish the doctors had educated me about seizures early on, because the likelihood of him having seizures was pretty high given the type of injury he had, and I had no education. And the first seizure he had, I thought he was dying. I had no idea what was going on.

There are some things--like if you lack sleep or if you have too much caffeine or if you drink alcohol--that may be triggers for some people. I think there should be education, too, about the different kinds of seizures, like what they are and what they look like... for me, it was very scary the night Pat had a seizure. Everyone has a seizure threshold, but, for some people, once you have a brain injury it can drop way down. They're more concerned about seizures in the first three weeks because those can be more dangerous. It's important for family members to know you're not out of the woods even after the first few weeks. Pat's was at four months and the husband of one of my friends developed seizures almost a year after his injury.”

- Patty H.



Driving laws for people with seizures vary from state to state. Check with your Department of Motor Vehicles to find out what the rules are for your family member if he or she has a seizure disorder.

Heterotrophic Ossification

Heterotrophic ossification (HO) happens when bone forms in an unnatural location, such as in soft tissue or muscle.

What you may see:

- Swelling, warmth, limited range of motion, pain in soft tissue areas or a muscle.

How you can help:

- Rest the arm or leg where the pain is. Ask for physical therapy to maintain range of motion.

With the health care team's help, many physical effects can be treated or managed with positive results.



Journal

The questions below can help you reflect on your experience as a caregiver. You can write your thoughts here, copy this page and add it to your journal if you keep one, or reflect on these questions in your journal.

*What physical effects have you observed in your service member/veteran?
How severe is the effect?*

Is there one particular instance that stands out for you? Describe what happened and how you reacted.

What impact have these physical effects had on you? On other members of the family?

What strategies have you tried to use to help your service member/veteran cope with physical effects? How well have they worked?

What strategies do you plan to try in the future?



Cognitive Effects

Cognition is another term for how we think and learn.

Cognitive changes—changes in thinking—are very common after a TBI.

Thinking takes place in the brain. When the brain is injured, thinking is affected. Thinking may be different and harder than it used to be.

In most cases, cognitive problems improve over time. Time, rehabilitation, and the natural healing of the brain all help thinking to improve.

Cognitive recovery often takes longer than physical recovery. Try to be patient. Remember that it is an injury to a specific part or parts of the brain that causes cognitive problems.

This chapter reviews cognitive changes your family member with TBI may experience. Strategies are listed that may help you and your service member/veteran with TBI to make up for the loss of some thinking skills.

Just as with physical problems, not everyone with a TBI has the same cognitive problems. The neuropsychologist, OT, and speech language pathologist are the health care team members who identify and treat cognitive problems.

What is a Neuropsychological Evaluation?

Module 1 described tests—like MRIs and CTs—that doctors use to examine the brain and its physical injuries.

There is a different test to figure out how well the brain is working, i.e., how well the person is thinking. This test is called a neuropsychological evaluation. A neuropsychologist conducts this test.

First, the neuropsychologist will learn as much as possible about the person and what he or she was like before the injury. He or she may ask you questions about your family member.

Next, the neuropsychologist will use a number of different tests to see how the person's brain is working and where there are cognitive problems.

Testing may measure:

- attention span
- orientation
- memory
- concentration
- language (receptive and expressive)
- new learning

- mathematical reasoning
- spatial perception
- abstract and organizational thinking
- problem solving
- social judgment
- motor abilities
- sensory awareness
- emotional characteristics
- general psychological adjustment.

These tests can take several hours to complete.

Based on what the tests show, the health care team will develop treatment plans to improve cognitive problems. Occupational therapists (OTs) and speech language therapists are the members of the health care team who do this work.

What are Common Cognitive Effects?

Confusion

Most people with severe TBI experience some confusion after their injury. It is expected.

Sometimes confusion only lasts minutes. Other times, it can last days or even weeks.

Keeping your family member safe, reminding him or her about what's going on, and offering reassurance are important during this stage of recovery.

What you might see:

- Disorientation (not sure of where he or she is, time of day, what has happened)
- Seems in a fog, staring blankly
- Confusing times/tasks in schedule of activities
- Confusing past and present events
- Making up convincing stories to fill memory gaps (This is called confabulation. See page 43 to learn more.)



How you can help:

- Keep your family member oriented. Put calendars, clocks, family pictures, and/or a sign about where he or she is and what has happened, in his or her room. A list of health care team members and what each one does may also be useful.
- Use a notebook to plan for and log events. Have your family member refer to it for details of daily events.
- Frequently remind your service member/veteran of correct details of past and present events.
- Limit changes and provide structure in a daily routine.

Slowed Speed of Processing

Many people with TBI complain that their thinking and processing of information is much slower than it used to be.

This problem improves over time. It can be frustrating in today's fast-paced world.

Slowed speed of processing can add to confusion.

What you might see:

- Taking longer to answer questions
- Taking longer to understand things that were easily understood before
- Taking a long time to react and respond.

How you can help:

- Slow down and simplify information.
- Break complex tasks and activities down into smaller steps.
- Allow extra time to respond to questions and to comprehend and learn new information.

“Processing is very slow, just taking things in—he would repeat things over and over.

You try to do everything for them. They're trying to do things and you're tired... then you start over again trying to do everything for them to speed things up, which doesn't help. They need to do things for themselves as much as possible. Rehab is the main thing.”

- Denise G.



- Avoid situations that are overstimulating (e.g., noise, crowds).
- Suggest a different activity or topic of conversation to help the person remain on task.
- Encourage your service member/veteran to ask others to slow down and repeat information.

Attention Problems

The ability to focus, to pay attention for a long time, and to do more than one thing at a time is controlled by the brain.

TBI can and often does affect all forms of attention.

Attention is important because paying attention is the first step to learning and remembering.

It is not uncommon for a person with a severe TBI to only be able to attend for a few minutes at a time in the beginning.

What you might see:

- Short attention span, sometimes only minutes in duration
- Easily distracted
- Difficulty in attending to one or more things at a time
- Inability to shift attention from one task or person to the next
- Difficulty completing tasks.

How you can help:

- Focus on one task at a time.
- Be sure you have your service member/veteran's attention before beginning a discussion or task.
- Reduce clutter at home and in the work environment.
- Perform tasks in a quiet environment.
- Remove distractions and noises that you don't need. As best as possible, use timers (watches, PDAs, or other devices) and checklists in the calendar/memory notebook to help with completion of tasks.
- Refocus attention to the task at hand.
- Expect a short attention span. Schedule rest breaks and/or stop an activity when you notice drifting attention.
- When signs of distraction arise, insert a rest break ("Let's do this for another 5 minutes and then take a 15 minute break.").
- Present verbal or visual information in limited amounts.



Difficulties with Memory

Memory problems happen often after a TBI. Past memories or long-term memory is nearly always intact. Recent memory, called short-term memory, is much more often affected.

Short-term memory often gets worse as fatigue increases.

Short-term memory usually improves over time.

Memory **compensation** means learning to use memory tools, such as a calendar, planner, organizer, or memory notebook.

Signs with instructions, lists, and notes are other effective memory compensation tools.

Ask the health care team about which memory tools would be helpful for your family member.

Compensation means finding another way to do something. For example, if you can't remember something in your head, write it down.

"He has severe memory issues. He has a PDA to keep him straight on what appointments he has, what medications he needs to take, things like that. That's helped him a lot."

- Meaghan L.



These tools may also help you remember everything you need to do!

What you might see:

- Can't remember information from day to day about people, conversations, places, events, appointments, dates, and telephone numbers
- Keys, wallet, etc. are frequently lost or misplaced
- Repeating questions or the same story over and over again
- Can't learn new information and use it in everyday life.

How you can help:

- Get the person's attention when you are trying to teach, do, or discuss something.
- Break new information down into categories or "chunks." List and review them in order.
- Set up a routine of daily tasks and follow it.



- Help your family member use memory aids on a regular basis. Write down tasks on a calendar or notebook. Check tasks off when done.
- Explore use of “high tech” memory aids. Personal digital assistants (PDA), wristwatch alarms, and cell phones can remind your family member when to do a task, such as taking medication. Before spending money on these devices, ask the OT or speech pathologist whether your family member can learn to use the technology.
- Buy a pill box and label each compartment with the time and day that medication should be taken. Write the names of medications and when to take them into the calendar/memory notebook.

- Keep personal and household items in the same place.
- Try to pair new information with things the person is able to recall.
- Provide verbal cues for recall and help fill in memory gaps.
- Talk to your service member/veteran about the activities and events of the day to help build memory.
- Have your service member/veteran review plans for the following day.
- Learn and use a **cueing** system (see section on cueing at the end of this chapter).
- Present information in more than one way, including hearing, seeing, and doing. Each person has a different learning style. Ask the neuropsychologist how your family member learns best.
- Role play in order to reinforce new learning.



To cue is to instruct or prompt someone to do something.

Planning and Organization Problems

Organization and planning skills are often affected by TBI.

These skills improve over time. The health care team will work with your family member to develop better organization and planning skills.

You may need to remind your family member again and again to use the skills he or she learns in therapy until they become a habit.

"His biggest problem is naming. He has a hard time naming anything. So we have picture cards. We go through the cards all the time, just to get him to name an object. We can even go through the house or if we take a walk, I ask him to name things... what is this? This is a sidewalk. What is this? This is a tree. What sort of tree?"

- Patty H.

"He has a PDA, and he does make lists, but that's a battle in itself. Early on I had sticky notes everywhere and lists of things that he needed to do when he got up in the morning, things that he would need to get before he left for his therapy, that kind of thing.

And over time I see that we're regressing in that department, so I'm actually in the process of getting those lists back out because he definitely has a memory issue, even with taking his medication every day. There will be times that he forgets."

- Sandy M.



What you might see:

- Problems organizing time to get things done
- Problems understanding which tools are needed to complete a task and getting them together
- Problems breaking down complex tasks into smaller steps
- Having a hard time getting ready for work, school, and appointments
- Being late for appointments and work or school
- Having a hard time starting a task
- Problems making plans and completing them
- Problems setting goals
- Trouble prioritizing
- Looking disorganized.

How you can help:

- Begin with small, realistic tasks.
- Work with your family member to get organized at home. Keep a family calendar posted on a wall. Use reminder notes and cue cards (example at the end of the chapter).
- Have a place for everything and keep everything in its place. In particular, keep your service member/veteran's belongings in certain places.
- Turn off the radio/TV or other distractions when tasks need to be done.
- Use memory aids such as calendars and notebooks to plan, write down, and check off tasks when done.
- Use a tote bag or backpack to organize needed items for the day.
- Work with your service member/veteran to decide which information or activity has the highest priority.




"He has his talking watch because he has some issues with his vision. So his watch tells the date and the time. And he also has a beeper that's preset by speech therapy, and it goes off five minutes before he has an event, like therapy or something scheduled. The beeping, the auditory cue, lets him know to look at his book, which is just a three-ring binder notebook. It has his schedule, like Monday through Friday and a time on one side. So he picks the day and then looks at the time according to what his watch says, and then he knows where he's supposed to be."

- Meredith H.

Difficulty with Decision Making and Problem Solving

Making decisions and solving problems take a lot of thinking. Both can be hard for people with TBI.



Simple decision making and problem solving are easier than more complicated decision making and problem solving.

What you may see:

- Taking a long time to make a decision
- Making inappropriate and/or potentially harmful decisions
- Problems reasoning
- Responding impulsively to situations
- Having a hard time recognizing problems
- Slow to think of alternate solutions to problems
- Tendency to be “concrete” in terms of problem solving, that is, difficulty making inferences
- Taking things literally.

How you can help:

- Avoid having your service member/veteran make decisions when tired, hungry, or under stress.
- Help your family member to weigh options and consequences of a decision.
- Give your service member/veteran time to make a decision. Be patient and talk him or her through the possible options.
- Limit the number of possible choices. Two or three choices is best. Too many are often overwhelming and can increase indecisiveness.
- Avoid making last minute decisions.
- Practice identifying a problem and following through with evaluating the options (see tips for problem solving at the end of the chapter).

Confabulation

Confabulation is a memory problem. It happens when a person with a brain injury makes up false memories.

These memories could be about past events that never happened. Or they could be memories of actual events that the person puts in the wrong time or place.

Sometimes these memories are very detailed and the person honestly believes the events happened.

Confabulation is the direct result of injury to the brain. It may go away on its own.

The health care team will work with your service member/veteran to reduce the effect by helping him or her to become more aware of it.

What you may see:

- Making up convincing stories to fill memory gaps.

How you can help:

- Don't accuse your family member of lying.
- Gently help your family member become aware that this memory is not accurate.

How Can You Help to Build Thinking Skills?

Occupational therapists (OTs) and speech language therapists are the members of the health care team who teach cognitive skills.

They teach memory compensation skills. They also develop systems for cueing and providing feedback to your service member/veteran.

You can learn a lot from these therapists about how to use these techniques. The more everyone uses these techniques, the more benefit to your family member.

Compensation Strategies

Compensation strategies are ways to help your family member manage cognitive changes. They build on the person's strengths. At the same time, they make up for deficits in thinking caused by the TBI.

Each person is unique. A compensation approach that works for one person might not work for another. What works during structured inpatient rehabilitation may not work in the same manner at home. Try approaches out with your service member/veteran with help from your health care team. If an approach does not work well, review it with a provider and try other strategies. Continue to use your health care team as experts in designing compensation approaches most likely to work for your service member/veteran with TBI.

The OT, PT, and speech language pathologist are the health care team members who assess how well your family member is thinking. They will develop a cognitive rehabilitation program for your family member. Their assessments will pave the way for return to the community and will help decide if your family member can return to duty, work, or school.

"We would play Trouble, where you have to count how many squares you move. We would play Connect 4. We played Phase 10, Skippo, Uno, and sequence games. We played board games where you have to count your spaces. In the beginning, one of the things we did was we got the little children's blocks where four blocks make a picture, and then another four blocks make another picture. In the beginning, he couldn't put the four blocks together to make a picture. He couldn't figure out what picture went with what. I mean, he'd have an airplane with a ladybug. He also had trouble putting the shapes into the right size hole. When you think about it, you're thinking this is very easy, but it definitely was a challenge for him."

- Sandy M.



Cueing

Cueing means to give a signal to begin a specific action. Cueing prompts your service member/veteran to stop and think before acting.

Cueing strategies are best learned from the therapists working with your service member/veteran. Attend therapy and observe how they cue the person. The goal of progressive cueing is to move your service member/veteran from having to be "told what to do" by you and rehabilitation team members to being able to independently cue, or remind, him or herself what he or she needs to do. Learning how to self-cue increases self-reliance. Consistency in approach increases the odds of success.

Try the following methods for cueing your service member/veteran with TBI:

- Guide your service member/veteran by asking questions.
 - Ask questions that will help the person find a solution, such as "What could you do to help yourself next time?"

- Avoid asking questions that do not help solve the problem, such as “Why did you do that?”
- Provide verbal or nonverbal cues.
 - An example of a verbal cue is to say “Stop and think, what else could you do?”
 - An example of a nonverbal cue is pausing or not acting immediately to help the person recognize the need to use a strategy such as “stop and think.”
 - Use a signal you have agreed upon ahead of time, such as a raised finger or a head nod.

CUE CARD - Preparing a Meal

- Decide on a menu
- Count number of people eating
- Look at the needed ingredients
- Look in the pantry for what you have
- Prepare shopping list and shop
- Follow recipe instructions and organize time
- Serve and eat meal
- Clean up

- Types of cues:
 - **Direct Cue** – a specific prompt. For example: “Did you look in your calendar?”
 - **Indirect Cue** – a general prompt: For example: “Where could you find that information?”
 - **Self Cue** – “Where could I find that information?”

CUE CARD - Thinking Strategies

- Slow down, pause, STOP and THINK
- Take my time
- Don’t assume
- Check things off as I go along
- Ask questions to make sure I understand
- Repeat back what I heard
- Take notes
- Underline important information
- Double check my work
- Write down information in my own words
- Ask myself, “Do I want to be quick or accurate?”
- When I get bored – stretch, take a short break, walk around
- When I get angry – doodle, take a break, and then come back





5W Strategy

Therapists may also teach the 5W strategy to help your service member/veteran learn more efficiently. Learning in the face of a short-term memory deficit can be challenging. This technique will help as it allows the person to save time. Instead of reading information over and over again, the person is taught to focus and pick out the main points of what he or she is reading.

Read and Remember

- Who
- What
- Where
- When
- Why

Why 5W Strategy Works:

Writing out or saying something out loud reinforces accurate memory. The 5W strategy also simplifies the information so main points can be recalled.

Your service member/veteran may have difficulty at first but practice helps.

Example of the 5W strategy:

Making/taking a message – write down all 5 points (W's) of the message

Who: Mom
What: Call about lunch
Where: Meet at our favorite restaurant
When: Friday at noon
Why: To talk about vacation plans

Feedback

Feedback means giving information to your family member about how he or she is doing. A brain injury can make it hard for a person to fully understand how he or she is behaving. Feedback from others can help the person see what is going on.

The best time to give feedback is right away, just after the situation happened. If your family member has memory problems, it can be hard for him or her to remember what happened for very long. So prompt feedback is best.

You need to give feedback in a firm but gentle manner. This may be hard at first, but keep practicing. It will get easier. A direct and supportive approach works best.

Consistency is another key. Attend therapy as much as you can to learn how to provide feedback to your service member/veteran. You can also learn how your service member/veteran tends to respond to different types of feedback. The more consistent the approach, the more likely the feedback will have a positive impact on the thinking and behavior of your service member/veteran.

Problem Solving

Learning how to be a good problem solver can help you and your service member/veteran cope with stress and reduce anxiety. Therapists will often work closely with your service member/veteran to improve problem-solving skills. The following simple problem-solving steps can be effective in helping to break down problem solving into a more manageable task. Writing down the answers can be helpful and allow the person to better “see” options. Reinforcing use of this technique is one way you can help with problem solving, both in the rehabilitation setting and when you get home.

- Identify the problem. If the problem has many parts, break it down into one problem at a time.
- Brainstorm solutions. Think of as many possibilities as you can.
- Evaluate the alternatives. Consider the pros and cons of each possibility.
- Choose a solution, the one that seems to fit best for you.
- Try the solution out.
- Evaluate the solution. If it didn't work, try another solution until you find the one that works.



Here are some examples of problem solving. Fill in the worksheet with examples from your own experience.

Problem Solving Worksheet

The Problem	Potential Solution	How It Worked
<i>Sallie has to be at school at 8:15 and Don's medical appointment is at 8:30 across town. I can't be in both places.</i>	<i>Ask Terry's mom if I could drop off Sallie at her house early and she could drive Sallie and Terry to school together.</i>	<i>Worked great!</i>
<i>I can't remember what the doctor told me to do about John's memory problems.</i>	<i>Ask again at the next appointment.</i>	<i>I still forgot—he's not the only one with memory problems!</i>
<i>Nothing's changed—I still can't remember what to do.</i>	<i>Next appointment, I will take a notebook with me and write down his answer.</i>	<i>Now I can refer to my notes and don't feel so worried about it.</i>



"The most important piece of equipment he has is his cell phone. I said, 'How are you going to have a phone if you can't read and you can't do the numbers?' And he said, 'Mom, you use call voice command.' I'm thinking, gee, who has the brain injury here?"

He had to tell me, and I thought, oh, my gosh, you're absolutely right, Shane. He's the one that came up with that. Not even the doctors brought that up.

We do have to key in the phone numbers. If he wants a friend's number or asks for that, he'll say, 'Okay, here's my phone number. Call me. When you call me, I'll know that's you and then I'll have my mom key in your name. Or here's my phone, put in your name and key in your number so I can call you.' And it works.

And that is our safety net because whenever he is away with someone that I'm not really sure about, I make sure that I call or he calls so that we keep that open line of communication."

- Cindy P.



Journal

The questions below can help you reflect on your experience as a caregiver. You can write your thoughts here, copy this page and add it to your journal if you keep one, or reflect on these questions in your journal.

*What cognitive effects have you observed in your service member/veteran?
How severe is the effect?*

Is there one particular instance that stands out for you? Describe what happened and how you reacted.

What impact have these cognitive effects had on you? On other members of the family?

What strategies have you tried to use to help your service member/veteran cope with cognitive effects? How well have they worked?

What strategies do you plan to try in the future?



Communication Effects

A TBI can cause changes in a person's communication skills. These changes vary from person to person.

How severe the injury is and its location affect these changes.

Factors that play a role in communication problems include:

- behavior
- memory, attention, and other thinking skills
- judgment
- social skills
- self-awareness.

Communication skills are very important in everyday life. Your family member may not be able to use words to express him or herself well. This can be very frustrating. Many people with TBI do well speaking in non-stressful situations. But your service member/veteran may not be able to use these speaking skills during a stressful situation at school, work, home, or in the community.

Language problems can lead to miscommunication and confusion. This may make it harder than it used to be to make new friends and maintain old relationships. A positive note: Most people with a TBI do, in fact, speak again. Most make notable progress in the other areas of communication over time.

A speech language pathologist (SLP) is the team member who treats communication problems. Your service member/veteran may be able to speak, but may need training to:

- understand and remember what is being said
- express needs, wants, and ideas clearly to others.

The SLP treats problems with speech, voice, and memory.

What are Common Communication Effects?

Language and thinking are linked. Language involves understanding, talking, reading, and writing.

In this chapter, you will read about some common communication effects from a TBI. You will also learn about ways that you can help your family member with these effects.

Each person with a TBI will have different communication problems. Some are more severe than others.

Communication problems occur when the frontal and temporal lobes of the brain are injured.

Hearing or vision loss make it harder to communicate well. If your family member is having communication problems, his or her hearing and vision should be checked.

Use this chapter as a guide. Talk to the speech language pathologist, neuropsychologist, and doctor about the specific areas that are hardest for your family member.

Feedback is important to help improve your family member's communication.

"When he started to speak again, his speech was impaired, wasn't good. The first time he said a word, one day, like a Friday, he was saying a word. On Saturday, he was doing phrases. And on Sunday, he was doing sentences.

To me, he does not sound like he did before the brain injury. He's clear. He can carry on a conversation with you. If you talked to him, you would probably think he was just fine. I know there's a difference in his speech, but it's not enough that an average person would know he's got a brain injury."

- Pam E.



Does Not Speak Clearly

What you might see:

- Slurred speech
- Speaking too loudly or softly
- Speaking too rapidly.

How you can help:

- Tell your family member that you did not understand what he or she said. Ask him or her to say it again more slowly.
- Use a consistent cue or gesture to let him or her know you did not understand. For example, cup your hand over your ear as a reminder to speak louder.
- Allow time for your service member/veteran to express him or herself.

Problems Starting a Conversation

What you might see:

- Unable to start or is slow to start conversations
- Long pauses
- Problems explaining what he or she means
- Does not respond to another's questions or comments.

How you can help:

- Help your service member/veteran start a conversation by asking a leading question such as, "What do you think about ...?"
- Encourage your service member/veteran to talk about topics of interest or familiar topics.
- Ask open-ended questions (e.g., questions that cannot be answered with a "yes" or "no"), such as, "Tell me more about your day."
- Give your service member/veteran with TBI your full attention.
- Give your service member/veteran time to organize his or her thoughts.
- Use redirection, if necessary (e.g., "So what do you think about....?")
- Reinforce all efforts to start a conversation. Show that you value what your service member/veteran has to contribute to conversations.

"One and a half years later—he can speak now. He can have a conversation. He is just starting to spell now, which is still improving. His comprehension is very good. In the beginning, he couldn't even understand language. He's still having a lot of trouble reading, so we're still working on that. He can't read at this point.

He's never been embarrassed about his speech. One thing I did early on was to buy him a cell phone and I got him to call a lot of his friends. I think that has helped, to be able to call people and talk to them. Some of them saved the first message he left them—they were just crazy. But I think that helps, just being able to stay in touch with people that are familiar and being able to communicate with them."

- Patty H.



Word Finding Problems

What you might see:

- Problems finding the right word to describe what he or she is trying to say.

How you can help:

- Give your family member time to locate the word he or she is looking for.
- If he or she still cannot locate the word after some time, guess at what he or she might mean. Or ask him or her to write it down.
- Try to be patient. It can be very frustrating for your service member/veteran when he or she knows what he or she wants to say but cannot locate the right word or phrase.
- Encourage him or her to use another word that is close in meaning.
- Suggest that he or she use many words (or a description) instead of using a single word. (This is called circumlocution, a strategy speech language pathologists will often teach.)



“The children wanted to be involved in his recovery. They wanted to help read stories, help him with the word finding. One of the things we did was write the words on little sticky notes, and we put them on all his different things. He was really having trouble naming his workshop tools, so we labeled all of his tools. It was something the kids could quiz him on.”

- Shannon M.

Problems Following a Conversation

What you might see:

- Difficulty paying attention to what is said
- Misinterpreting what is said
- Being “off topic” compared to the rest of the people in the conversation.

How you can help:

- Get your service member/veteran’s attention before speaking.
- Be clear and to the point. Keep it simple.

- Reduce distractions.
- Every so often, stop and ask your family member to restate what he or she heard to ensure understanding.
- Reduce your rate of speech and pause frequently to allow the person time to process and respond.
- Avoid abrupt topic changes.
- In group conversations, help set a slower pace of conversation.

“To improve our communication, I had to learn to make shorter sentences. I ramble a lot. So I had to learn not to ramble... to ask myself, what am I thinking? I had to really consolidate my thoughts before I approached him on a subject. That has helped our communication a lot because he’s not way out there in left field zoning out because I already lost him at sentence two.”

- Shannon M.

Reading Comprehension Problems

What you might see:

- Problems understanding what is read
- Trouble stating the main idea or main point.

How you can help:

- Read with your service member/veteran.
- Review the reading material, using the 5W strategy – Who, What, Where, When, Why:
 - Who are the characters?
 - What happened to the characters in the book? What did they do about it?
 - Where did it happen?
 - When did it happen?
 - Why did it happen?
- The 5W’s should be related, that is, they should refer to the same characters or portion of the story.

- Your service member/veteran can write out important information or say it out loud; this uses other senses to increase comprehension.
 - Emphasize important information in the text.
-



"I used to have him sit in his wheelchair once he started talking and read articles from the newspaper to me while I put on my makeup. Getting him to learn how to read and follow the line was important. If it didn't make sense to me, I'd say, 'Oh, wait, wait, wait, I think you missed something.' And he'd go, 'Oh, yeah, yeah,' and he'd go back up.

We probably did that for at least a year. Every time I'd put on makeup, he would come in and sit down and read an article to me."

- Denise G.

"He couldn't read or write. He can now, after two years of therapy--it's a very slow process, but he can recognize signs, and in time he was able to write his name and his Social Security number and his phone number. Now, mind you, if you show him a sign and it has numbers on it, it takes him a while to even understand what that is. He learns with repetition and sometimes those signs have no meaning to him, especially if there are words with the pictures.

Now, he can see that's the McDonald's sign, that's a Wendy's sign, and he surprises me sometimes. He'll say, 'Well, that's so and so.' 'Now, how did you know that?' And he says, 'Well, it just looks like it is.'"

- Cindy P.

What Communication Effects Are Less Common?

Dysarthria

Dysarthria means having a hard time using the muscles needed to form words and produce sounds.

What you might see:

- Speech is often slow, slurred, and garbled
- Problems with intonation or inflection.

How you can help:

- The speech language pathologist will prescribe exercises to improve the muscles used in speaking. Over time, these exercises will make your family member's speech more clear. Help him or her to do these exercises properly and regularly.
- Allow ample time for your service member/veteran to express him or herself.
- Encourage him or her to take time to speak.
- Inform those around your service member/veteran about the diagnosis so they too allow the person time to express him or herself.

"While in the hospital, he stuttered when he would get angry or frustrated. He would often forget his thoughts. He would be on a train of thought and he'd just forget where he was going, which caused him to be frustrated. So you really couldn't have a two-sided conversation with him early on because he'd want to be talking the whole time, and God forbid he loses his thought."

- Kristen S.



Interrupting or Having a Hard Time Taking Turns in Conversation

What you might see:

- Talking non-stop
- Not allowing the listener a turn to speak
- Frequent interruptions

- Inability to adjust communication style for the situation
- Bringing up the same topic over and over again (perseveration).

How you can help:

- Politely interrupt and ask for a chance to speak. Tell your service member/veteran you would like to say something.
- Ask your service member/veteran to please make it brief.
- Develop a hand signal which indicates to the service member/veteran that he or she may be monopolizing the conversation.
- Gently alert him or her to the fact that the topic change was too abrupt or that he or she has interrupted and will be given a chance to say his or her piece in a moment.
- Use positive reinforcement for all attempts at listening rather than talking.
- Your service member/veteran may be interrupting because he or she is “lost” in the conversation. Encourage him or her to let you know if he or she doesn’t understand what is being said.

Topic Selection Problems

What you might see:

- Problems finding good topics for conversation
- Problems keeping up when topics change
- Introducing a new topic abruptly
- Problems staying on topic.

How you can help:

- Pick topics that your service member/veteran enjoys. Ask about his or her interests and opinions.
- Clarify new topics as they come up.
- Ask how his or her comment relates to the topic: “How does the price of gas relate to what you ate for lunch?”
- Tell your service member/veteran you are confused or getting lost in the conversation.
- Gently but firmly alert your service member/veteran if he or she is bringing up a topic that may be offensive to others.



Writing Problems

What you might see:

- Problems expressing thoughts in writing
- Problems getting started writing
- Writing the same words or phrase over and over (perseveration).

How you can help:

- Practice writing with your service member/veteran. For example, write letters to friends or relatives.
- Make a list of openings (i.e., Dear, Hello, Hi, etc.) and closings (i.e., Thank You, Sincerely, Yours Truly) and the reasons for selecting them.
- Suggest saying words out loud before writing them.
- Suggest reading what is written to make sure it makes sense.

Nonverbal Communication Issues

What you might see:

- Having a hard time understanding common nonverbal cues (e.g., facial expressions, hand gestures)
- Standing too close or too far from those he or she is speaking to
- Uncomfortable number/type of physical contacts
- Body language that doesn't "match" what is said
- Facial expressions that don't "match" what is said
- Poor eye contact
- Staring at others during conversation.

How you can help:

- Politely ask your service member/veteran to stand closer or further away.
- Explain the behavior is making you feel uncomfortable.
- Tell your service member/veteran you are confused by the difference in body language and spoken message. Briefly explain what you saw and heard.
- Ask him or her to stop any distracting motions.
- Role play the right way to behave in a particular setting. Work with the health care team to practice appropriate behavior. This will help decrease behavior that causes problems.

- Talk to your family member about how to act in certain situations, before he or she is in those situations.
- Give feedback on the right amount of eye contact to keep with another person. Praise all improvements.
- Decide on a signal to indicate problematic behavior.





Journal

The questions below can help you reflect on your experience as a caregiver. You can write your thoughts here, copy this page and add it to your journal if you keep one, or reflect on these questions in your journal.

What communication effects have you observed in your service member/veteran? How severe is the effect?

Is there one particular instance that stands out for you? Describe what happened and how you reacted.

What impact have these communication effects had on you? On other members of the family?

What strategies have you tried to use to help your service member/veteran cope with communication effects? How well have they worked?

What strategies do you plan to try in the future?



Behavioral and Emotional Effects

You may notice changes in the way your family member acts. People with a TBI may have many emotional and behavioral effects.

That's because our brain controls the way we act and feel. An injury to the brain—usually an injury to the frontal lobe—causes changes in emotion and behavior. The life changes that happen after a TBI also affect how people act and feel.

Changes in behavior may include:

- frustration, increased anger/aggressiveness
- impulsivity or difficulties in self-control
- faulty or poor judgment
- decreased ability to initiate conversation or activity
- repetitive behaviors (perseveration)
- less effective social skills
- changes in sexual behaviors
- impaired self awareness about how TBI impacts him/herself and others.

Emotional effects may include:

- depression
- increased anxiety
- mood swings (emotional lability)
- changes in self-esteem.

Pay attention to changes in how your family member acts and feels. Ask the health care team for advice. They can help your family member manage these changes through counseling, medication, and healthy coping behaviors.

“He’s very blessed that he has retained his personality and his speech. He does have anxiety--with the anxiety comes a little depression. He also has a short fuse and frustration. Sometimes we still see some PTSD mixed in there, and that kind of intertwines with the TBI. Some of those symptoms kind of intertwine.”

- Cindy P.



What Are Common Behavioral Effects?

Frustration, Increased Anger/Aggressiveness

After a TBI, many people become frustrated more easily than before. Your family member may not be able to do things as easily as he or she once did. Sometimes, he or she may not know what others expect. This can be frustrating.

You may notice a quicker temper or a tendency to fly off the handle more easily.

Loss of independence, fatigue, overstimulation, or cognitive problems can also lead to feelings of frustration and anger.

What you might see:

- Strong reaction to minor annoyances or sources of frustration
- General lack of patience (e.g., when others don't understand the changes resulting from the injury)
- Low tolerance for change
- Unexpected outbursts of anger
- Increased irritability
- Verbal or physical demonstrations of anger
- Increased tendency towards anger when tired, in new situations, and during high levels of stress.

How you can help:

- Develop a plan to manage frustration or anger. This might mean taking a walk or going to another room and turning on the television.



"If I try to talk to him about issues with our family or the relationship or whatever, he can't handle it. Emotionally, he just can't deal with that kind of stuff. He does have mood swings occasionally, some of which have not been so pretty. I think sometimes the fight or flight kind of thing kicks in, and then sometimes he has actually left the house. Little things that might sit normally and not aggravate someone will aggravate him and he'll get upset about it."

- Aimee W.

This can be a good signal to others in the family that your family member needs to be alone for awhile.

- Remain calm. Encourage your family member to recognize when he or she is becoming angry or frustrated. Help him or her learn to ask for a break or some space to calm down.
- Reinforce all efforts to use effective anger management strategies.
- Prepare your service member/veteran for challenging situations when possible.
- Simplify tasks and provide a consistent, structured environment.
- Try to avoid surprises. People with TBI do better when they are prepared and can anticipate a change in plans.
- Try to consistently react to certain behaviors in a certain way. Often, a consistent approach helps to manage difficult behaviors.
- Rehearse and role play specific situations to boost confidence in managing life outside the home.
- Approach challenges calmly and allow yourself to take a break when necessary.
- If your family member is often angry, ask the health care team to develop a plan to manage this behavior. The rehabilitation psychologist or neuropsychologist is the team member who will work on this plan.

“As time went on—probably about two years after the injury—we started seeing the anger coming in. I think he started to understand the frustrations he was having... the troubles.

The anger got bad. Unfortunately, what I tried to do was keep it behind closed doors. The anger accelerated. Instead of trying to get help right off the bat to keep it tame, it probably took us at least a year to get it under control. He still flares up, but it’s nothing like it was before.

A strategy that was suggested for dealing with his anger was to keep him abreast of everything that was going on. He couldn’t tell me he felt out of control, and still to this day he has trouble telling me what his feelings are. So I’m trying to make sure that he’s aware of everything that’s going to go on,

(continued)



and we try to keep a routine. Routine is very important.....it keeps him soothed. Trying to talk to him in a calm voice helps, but it's not always easy, you know, because if you accelerate, of course they do too.

The anger has gotten better over time. And now what we have is... more like frustration outbursts."

- Denise G.

Tell the health care team if anger increases or your family member is violent. You do not have to tolerate verbal or physical attacks.

Your family member is no more comfortable with this behavior than you are. Get help. There are effective medications and behavior management approaches to help manage angry outbursts.

Impulsivity means responding quickly, without thinking the situation through.

Impulsivity or Difficulties in Self-Control

Many individuals with TBI react before thinking. "Stop and think" is a good way to help a person make up for various cognitive problems. It allows the person to stop, slow down, pause, and take the needed time to think about something before doing it. This allows time to develop a reasonable plan or response.

What you might see:

- Saying whatever comes to mind without thinking about how it might affect the person him/herself or someone else
- Acting without thinking about potential consequences (e.g., crossing the street without checking traffic)
- Inappropriate comments to or about others.

How you can help:

- Use redirection (e.g., suggest a different activity or topic of conversation).

- Develop a special “stop and think” signal that you can use to alert your family member when he/she is doing or saying something inappropriate (e.g., raising your finger, saying a special word).
- Suggest that your family member stop and think, slow down, and consider options.
- Praise and reward desired behaviors; discuss consequences in private, after the fact.
- Avoid comparing past and present behaviors.

“People just don’t know a lot about brain injury, and I try to educate them in the sense that there’s a lot of things emotionally that Jason doesn’t have control over, and you have to learn to not take it personally because it’s not a personal attack. It is what it is. Not that it’s excusable or that it is acceptable, but Jason is also learning good public behavior: what’s okay to say, what’s not okay to say, and when enough is enough. That’s definitely where I come in with the cueing.”

- Sandy M.



Poor Judgment

Sometimes it’s hard for a person with TBI to analyze a situation and understand what could happen.

What you might see:

- Inappropriate decisions; potentially harmful decisions
- Difficulty reasoning
- Ineffective problem solving.

How you can help:

- Help your service member to use effective problem-solving skills:
 - Identify the problem. If the problem has many parts, break it down into one problem at a time.
 - Brainstorm possible solutions together. Think of as many possibilities as you can.

- Evaluate the alternatives. Consider the pros and cons of each possibility.
- Choose a solution, the one that seems to fit best.
- Role play with your service member/veteran to prepare him or her for various situations.
- Have him or her try the solution out.
- Evaluate the solution. If it didn't work, try another solution until he or she finds the one that works.

"I think that early in his injury--especially with severe TBI--to me, watching him go through his recovery was like watching a child go through a really rapid growth phase. He went through that toddler phase when he was just learning his ADLs (Activities of Daily Living). Then he went through the adolescent phase where he was gaining some independence and learning his bounds. Then he went through that teenage phase where he was trying to take control of his life and impulsivity became a real issue. Finally, now we are in the adult phase where things have begun to balance out. There are still good days and bad days, but more good days as we move forward."

- Shannon M.



Initiation means "get up and go." A person who initiates is a self-starter.


Reduced or Lack of Initiation

Your family member may seem to have lost interest in activities he or she used to enjoy. You may find yourself offering frequent reminders to do simple tasks, like brushing teeth or taking a bath.

Your service member/veteran may not begin activities on his or her own. This is not laziness. Injury to the brain is the reason.

What you might see:

- Remaining in bed until encouraged to get up
- Spending much of the day sitting around, not actively engaged in activities
- Not speaking unless spoken to

- 
- Problems completing tasks without a lot of supervision
 - Agreeing to do something, but then not following through.

How you can help:

- Set up a regular schedule for your service member/veteran to follow. The goal is to learn a routine so well that it becomes automatic.
- Post the schedule. Make sure it is in the person's calendar or memory notebook.
- Work with your service member/veteran to develop a list of goals or tasks to be completed. Help your family member check off completed tasks so he or she can see progress.
- Encourage your service member/veteran to become involved. Having purpose along with structure can help.

Repetitive Behaviors (Perseveration)

Perseveration means getting stuck on one idea or one behavior and repeating it again and again. Injury to the frontal lobe of the brain is the cause.

What you might see:

- Writing the same letters or words or repeating the same word or phrase over and over
- Repeating physical movements or tasks
- Getting "stuck" on one topic or theme (e.g., "when can I drive?", "when can I go home?", "I need a cigarette.").

How you can help:

- Use redirection (i.e., try to change the topic or focus of interest to something else).
- Try engaging the person in a physical task if he or she is verbally "stuck" on a topic.
- Try engaging the person in a conversation or thinking task if he or she is physically "stuck" on a task.

Less Effective Social Skills

Social skills are all of the things we do and say in order to fit in, get along with others, and read and understand the people and situations around us.

Social skills form the foundation for relationships with others. They include:

- Thinking of topics for a conversation

- Listening to the other person without interruption
- Keeping the conversation going
- Reading the facial and verbal cues that the other person sends and responding to them
- Knowing when and how to end a conversation.

What you might see:

- Lack of awareness of personal space and boundaries (e.g., talking about private family matters, asking questions that are too personal, flirting with a married person)
- Reduced sensitivity for the feelings of others
- Possible disregard for acceptable standards of conduct at home or out in public
- Use of vulgar language or behavior.

How you can help:

- React calmly.
- Role play or rehearse responses to social situations.
- Use an agreed-upon signal to let your service member/veteran know that he/she may be saying something inappropriate.
- Use redirection (i.e., try to change the topic or focus of interest to something else).
- Praise and reinforce appropriate behavior.

Changes in Sexual Behaviors

Many people with TBI change how they act during intimate moments.

Those with moderate to severe TBI may sometimes act in sexually inappropriate ways. These behaviors can often be managed over time. It takes patience, feedback, and a consistent approach.

What you might see:

- Hypersexuality (thinking about or wanting frequent sexual activity, e.g., masturbation)
- Hyposexuality, or a lack of interest in sex
- Discomfort with intimacy
- Trying to kiss or touch strangers
- Making suggestive or flirtatious comments to or about others
- Disrobing or engaging in masturbation in front of others.





How you can help:

- Develop a “stop and think” signal to let your family member know that he/she is saying something inappropriate.
- Use redirection (i.e., try to change the topic or focus of interest to something else).
- Talk to your family member about what are and are not acceptable ways to act in public.
- Tell your family member that having sexual feelings is normal. Sexual behavior, however, is a private matter.
- Find a way for your family member to express his or her sexual needs (i.e., in the privacy of his or her room).
- Emotional changes and physical symptoms can affect desire for intimacy and sex. Ask your family member to discuss concerns with the doctor or counselor. (See Module 3.)

Lack of Self-Awareness

Your family member may not be aware of how the TBI has affected him or her. He or she may also not understand how it affects others.

Self-awareness means understanding our own strengths and weaknesses. Our sense of self-awareness is housed in the frontal lobe of the brain.

A reduced sense of self-awareness is a hallmark effect of TBI. Your family member may say very little has changed. He or she is not deliberately denying there is a problem. People with TBI simply do not understand that they are having problems.

Self-awareness usually improves with time and feedback from others. People with TBI learn from their successes and failures, just as we all do.

What you might see:

- Underestimating the problem areas related to TBI
- Not understanding why rehabilitation therapies are needed
- Not following the recommendations of the health care team (i.e., driving restrictions, no alcohol)
- Unrealistic expectations about future plans or abilities
- Inaccurate self-perception or self-image.

How you can help:

- Learn how to use safe, “supported risk taking” techniques from the health care team. This method allows the person to try to do something that he



“It’s hard to describe the things we take for granted day in and day out, just being able to take care of our own selves, like brushing our teeth, washing our hair, knowing how to do those things and when they need to be done. We take that for granted, but that’s something I’ve seen that Mike has really been able to master again. It has improved tremendously. At first, he knew what a toothbrush was for and what a hairbrush was for, but he would never have remembered, ‘Oh, I need to brush my teeth.’ He would never have thought about that. But recently, that’s something he knows. After he eats, he’ll say, ‘Oh, I need to brush my teeth.’ He’s more self-aware.”

- Meredith H.

thinks he can do but that may be beyond his capabilities. The goal is to raise the person’s awareness through real trial and error situations.

- Work with your service member/veteran to use effective problem-solving techniques.
- Give realistic and supportive feedback.
- Help to set realistic goals. Develop plans to take steps towards larger goals.
- Use a memory notebook to track progress and setbacks.

What Are Common Emotional Effects?


Emotions start in the brain. Emotional self-control may be more difficult following a TBI. TBI can affect the complex neurochemistry system in the brain. This can lead to changes in emotional functioning.

Depression

Many people with TBI become depressed. This depression comes from both the physical changes in the brain due to the injury and the emotional reactions to it.

It is sometimes hard to tell the difference between symptoms of depression and effects of the TBI. For example, depressed people and people with TBI may have:

- low activity level
- sleep problems

- 
- difficulty controlling emotions
 - lack of initiation.

Men and women often have different symptoms of depression. They also have different ways of coping with the symptoms.

Men often report symptoms of:

- fatigue
- irritability/anger
- loss of interest in pleasurable activities
- sleep disturbances.

Men are more likely than women to use alcohol or drugs when they are depressed. They may engage in reckless, risky behavior. Men also tend to avoid talking about their feelings of depression with family or friends.

Women are more likely to talk about depressive symptoms to others. They often report feelings of:

- persistent sadness
- anxiety
- excessive crying
- feelings of guilt/worthlessness
- decreased energy
- increased appetite
- sleep problems
- weight gain.

In severe cases, both men and women may experience thoughts of suicide.

If you suspect that your family member is depressed, ask your health care team to evaluate his or her mental health. This is very important.

Depression can be treated with counseling and medication. If the depression is affecting the family, marriage and/or family therapy can help.

What you might see:

- Persistent sad, anxious, or “empty” feelings
- Feelings of hopelessness and/or pessimism
- Feelings of guilt, worthlessness, and/or helplessness
- Irritability, anger, restlessness
- Loss of interest in activities or hobbies once pleasurable, including sex
- Fatigue and decreased energy

- Problems concentrating, remembering details, and making decisions
- Insomnia, early morning wakefulness, or excessive sleeping
- Overeating, or appetite loss
- Persistent aches or pains, headaches, cramps, or digestive problems that do not ease even with treatment
- Less attention paid to grooming and personal appearance
- Thoughts of suicide, suicide attempts.

How you can help:

- Offer emotional support, understanding, patience, and encouragement. Remind your family member that depression usually fades with time and treatment.
- Talk to your family member and listen carefully.
- Acknowledge feelings, point out realities, and offer hope.
- Get your family member involved in activities outside the house (e.g., walks, shopping, movies, church services, volunteering). If he or she declines, keep making gentle suggestions but don't insist.

Module 4, Chapter 5 provides information on suicide prevention resources.

Remember, depression is common as a person struggles to adjust to the temporary or lasting effects of TBI. Being depressed is not a sign of weakness. It is not anyone's fault. Help is available...do not wait to call someone if you think your family member needs help.

Know the signs of a person thinking of suicide:

- making a will
- taking steps to get affairs in order
- giving away personal possessions
- sudden requests to visit friends or other service members/veterans
- purchasing a gun or stockpiling medications
- a sudden and significant decline or improvement in mood
- writing a suicide note.





Call 911 immediately or bring your family member to the closest hospital if you have any suspicion about suicide. It is perfectly fine to directly ask the person if he or she has been having suicidal thoughts. If yes, ask if he or she has a specific plan in mind. Having a plan for killing oneself is a serious sign to get help quickly.

Always take a person's threats of suicide seriously. Get immediate help. Call the health care team or an emergency hotline (DoD/VA: 1-800-273-TALK) right away. Make sure to remove or secure any available firearms.

"I know that there were times in my husband's recovery that he and I both wrestled with a number of emotions. We definitely went through all the phases of grieving because you grieve for the loss of those characteristics and those dreams that you had before, and that's all normal.

At one point he said to me that it would have been easier had he passed away, and there were times when I went there too, but it's not something that you want. It's not something that you're wishing for. But, these are feelings that I think any couple, any person that's gone through a traumatic event like this, any caregiver that's watching a loved one suffer like that and feeling this state of entrapment or loss of control, would normally have in this situation.

You need to acknowledge that you have these feelings. Not that you want to fulfill them but just that you're not going crazy and you're not a bad person for having them.

Just stay open and know that these feelings, and that feeling of being trapped in this sort of hopeless, hopeless place, will go away. Know that there are a lot of blessings to be found through this recovery process."

- Anonymous

Increased Anxiety

People with TBI often become anxious. Anxiety sometimes goes hand in hand with depression.

What you might see:

- Constant physical tension
- Excessive worry, racing thoughts
- Feeling jumpy, irritable, restless
- Racing heart, dry mouth, excess sweating, shakiness, or feeling short of breath
- Feeling panic or having a sense that something bad is going to happen.

How you can help:

- Work with your family member to recognize problems that he or she may be worried about. Use problem-solving techniques (page 48) to address them. This can help put the issue into perspective.
- Suggest that your service member/veteran write things down or keep a journal. Sometimes this alone can be calming and can slow down racing and nervous thoughts.
- Use redirection (i.e., try to change the topic or focus of interest to something else).

“You know what? I think that a big key in rehabilitation is to keep him busy because what happens when he’s not, he gets very down. He sometimes feels hopelessness because he can’t drive and he can’t just get in the car and go.

These guys are used to being on the go 24/7, being in the Army and part of the war itself, and to come back and have to sit in a wheelchair and have to depend on your mom or your spouse to take you everywhere--you know, you can’t just go in the car and get a hamburger.

It’s very difficult. What keeps him sane and keeps him going is sports. He’s on a sled hockey team, the San Antonio Rampage, and he travels. Sports have been a huge, huge outlet.”

- Cindy P.



- Ask your family member to talk with the doctor about medications for anxiety. Counseling may also help.
- The health care team may suggest other ways to reduce anxiety. These could include relaxation training, controlled breathing, and other coping strategies. If they do, practice these strategies with your family member.

Mood Swings (Emotional Lability)

It can be frustrating and embarrassing when you can't control your emotions. It can make it hard to participate in social situations.

What you might see:

- Laughing one minute, and feeling sad or crying the next
- An emotional response that does not "fit" the situation (i.e., crying when others are laughing, laughing when receiving news about the death of a loved one)
- Frequent, unexpected shows of emotion.

How you can help:

- Reassure your family member that you understand that his or her display of emotion may not match the situation. Be nonjudgmental.
- Help family and friends understand sudden shifts in your family member's mood.

Emotional lability is a term for sudden mood swings.

"He was very emotional, and still is when he stops and thinks too much about stuff. But he was very, very emotional. He would hear a song and just cry for no apparent reason.

That was kind of hard to deal with because all you can do is comfort. "

- Sandy M.



-
- Distract your family member. Use redirection (i.e., try to change the topic or focus of interest to something else).
 - If the mood swings are interfering with your family member's everyday life, ask him/her to talk with the doctor. Medications may be helpful in managing mood swings.

Self-esteem is feeling confidence and pride in who you are.

Changes in Self-Esteem

A person's view of him or herself can be negatively affected by TBI. Feelings of low self-esteem go hand in hand with depression.

What you might see:

- Negative self statements: "I am worthless," "I'll never be normal again," "How can you love me like this?"
- Less interest in personal appearance
- Social withdrawal.

How you can help

- Encourage your family member to express his or her feelings. Try to redirect the person to more positive thoughts.
- Encourage your family member to spend time with others. Encourage him or her to take part in independent activities.
- Help your family member to set realistic, attainable goals. Help him or her to choose activities that he or she can successfully complete.

Should I Stay in Touch with the Health Care Team?

Your health care team is your best resource for support and education. It is important that you tell the health care team about the emotional and behavioral effects that you observe. This is particularly true as these effects change over time.

Remember, many TBI effects improve over time. Until they do, the health care team can help manage the challenges that your family member is facing. Rehabilitation, counseling, and medication are tools that the team can use.



“Ultimately, you will end up being the therapist. You will end up being the caregiver. But they do make improvements and you will see plateaus, and then all of a sudden you’ll see improvements again and then plateaus.

When they’re making a lot of improvements, work it. Work it hard. Just do whatever you have to do, if it’s physical or mental. I mean, work it. And then when they plateau off, don’t get discouraged and think, oh my God, everything’s gone again. You might take a couple of steps backward, but you will hopefully, eventually make some more steps forward. The brain is just amazing.”

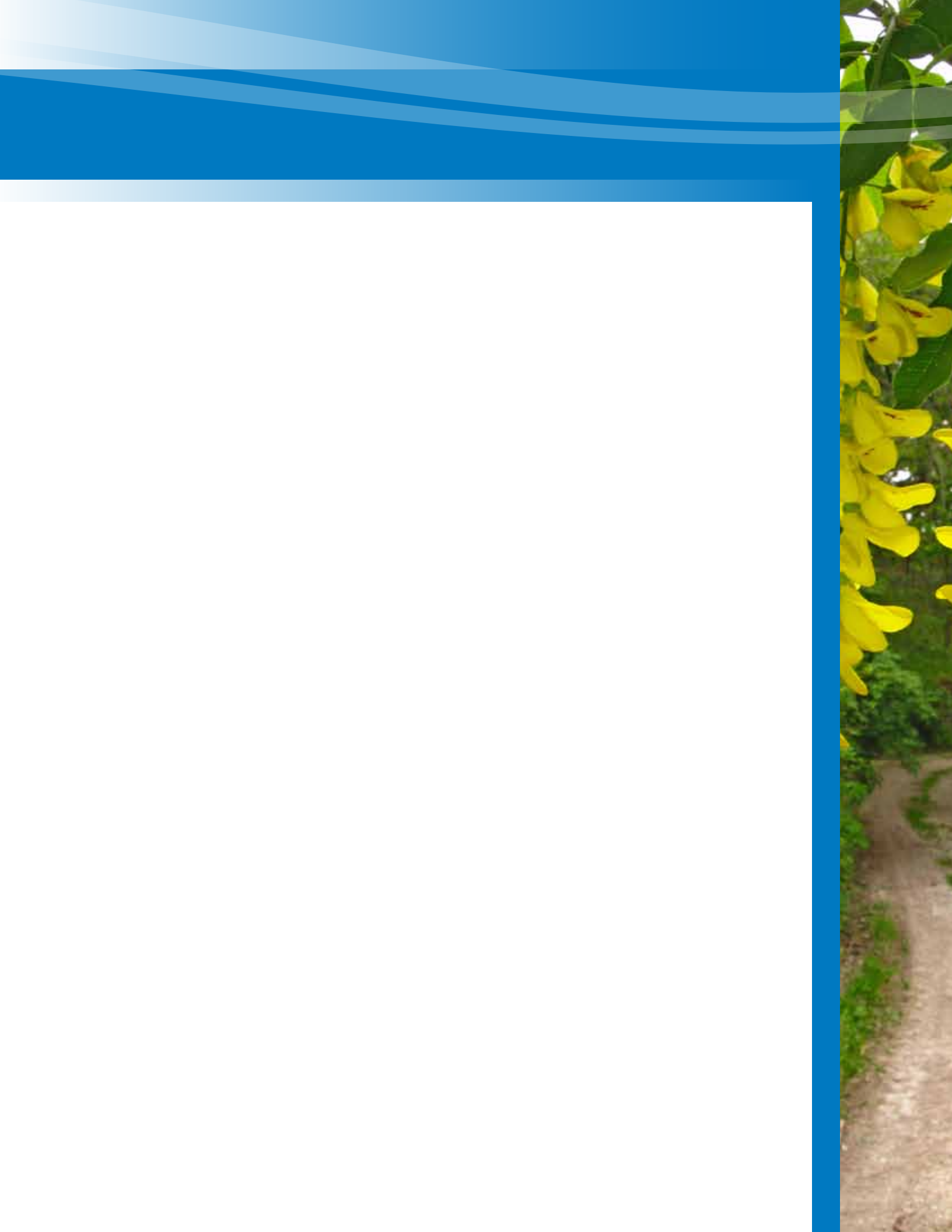


- Denise G.

After reading this module, you may be feeling relieved that your service member/veteran is experiencing only a few effects from his or her TBI. Or you may be feeling overwhelmed by the number and complexity of effects that you are learning to address.

Remember, you are not alone. There are thousands of other military families who are struggling to understand and cope with the same cognitive, physical, behavioral, and emotional changes that you and your service member/veteran are encountering. Healthcare providers are learning more every day about how to effectively treat these consequences of TBI. Your service member/veteran is the beneficiary of new medical knowledge gleaned from other service members’ experiences. In turn, his or her experience will add to the wealth of knowledge about how to treat TBI.

Most effects of TBI fade over time. Keep hope in your heart as you move forward into the future.





Journal

The questions below can help you reflect on your experience as a caregiver. You can write your thoughts here, copy this page and add it to your journal if you keep one, or reflect on these questions in your journal.

What emotional and/or behavioral effects have you observed in your service member/veteran?

Is there one particular instance that stands out for you? Describe what happened and how you reacted.

What impact have these emotional and/or behavioral effects had on you? On other members of the family?

What strategies have you tried to use to help your service member/veteran cope with emotional or behavioral effects? How well have they worked?

What strategies do you plan to try in the future?



Frequently-Asked Questions

1. Why is my service member/veteran with TBI so tired all the time?

People with TBI tire easily for good reasons. First, all thinking takes mental energy.

In a person with a brain injury, thinking activities take two to three times more energy than they do for someone without a brain injury. This is a major reason for fatigue.

After a TBI, a person's natural day/night cycle may be disturbed. Your service member/veteran with TBI may not be able to achieve the necessary deep sleep that allows someone to wake up feeling refreshed. He or she may also wake up many times during the night.

Help your family member to organize the day through the use of a calendar or notebook. This helps him or her avoid mental fatigue. (See Chapter 3 to learn more.) Keep daily activities on a regular schedule. Encourage your service member/veteran to make important decisions in the morning when mental energy is highest.

Finally, set up a sleep routine that includes going to bed and getting up at the same time every day. If fatigue persists, talk to the health care team. Medication can help regulate sleep patterns.

2. Why is my service member/veteran with TBI angry much the time?

During recovery, your family member will learn about how TBI has changed his or her life.

He or she may feel frustrated and angry about these changes. Remain calm. Help your family member to recognize when he or she is becoming angry or frustrated. Encourage him or her to ask for a break or some space to calm down. Praise your family member when he or she uses anger management strategies.

3. Why is my service member/veteran more emotional?

Neurons in the frontal lobe of the brain control the expression of emotion. These are often damaged during a TBI. Your service member/veteran may start laughing or crying, and be unable to stop easily. Likewise he or she may feel emotions, but be unable to express them. These symptoms usually lessen over time as the brain heals.

4. Why does my service member/veteran seem so insensitive and hurtful?

Your family member may seem insensitive and hurtful at times because he or she has less self-control over thoughts and behaviors.

This self-control is located in the frontal lobe of the brain. Damage to the frontal lobe may cause someone to just say things, without thinking about their effect on other people.

People with frontal lobe damage have a hard time understanding another person's point of view. They also have a hard time multi-tasking. For example, it's hard for people with TBI to respond to conversation and monitor what they are saying at the same time.

People with injury to the parietal lobe may have visual-spatial problems. This can make it hard to "read" the nonverbal feedback they are receiving from others.

You can help your family member learn to be more aware of the feelings of others. First, let your service member/veteran know what you are feeling; don't expect him or her to read your expressions. Second, if your service member/veteran blurts out an unkind statement, suggest to him or her: "That's an inside thought, not an outside one." Finally, work with your health care team to help your service member/veteran learn how to conduct simple negotiations.

Remember, it's the injury, not you, that is causing this behavior. If you find that it is having an effect on your self-esteem, please seek help through support groups, counseling, etc.

5. My service member/veteran used to have a lot of "get up and go." Why is he or she so passive now, just sitting around unless I tell him or her what to do?

Both fatigue and damage to the frontal lobe of the brain affect a person's "get up and go." (See Lack of Initiation on page 70.) You can help your family member by setting a regular daily routine. Organize larger tasks into a series of smaller ones. Provide choices for activities from which your family member can choose. This can increase motivation and initiation.



6. I no longer have a spouse; I have another child in the family. How can I restore my marriage?

A spouse's role after his or her partner has a TBI will often change. See Module 3 for suggestions about how to make the caregiving role an easier one.

Help your spouse with TBI become as independent and active as possible. See a marriage counselor if there are sexual problems. Talk to the doctor about medication to address physical problems that get in the way of intimacy.

7. Will our lives ever get back to normal?

The course of recovery after TBI depends on several factors. Your lives may return to "normal" or you may need to learn to adjust to a "new normal." It can take time to adapt to the life changes after TBI. Although many problems will improve in time, some symptoms may persist throughout the person's lifetime. Research has shown that many people who experience TBI do lead a life they find satisfying, even if it is not exactly the life they had prior to the injury.

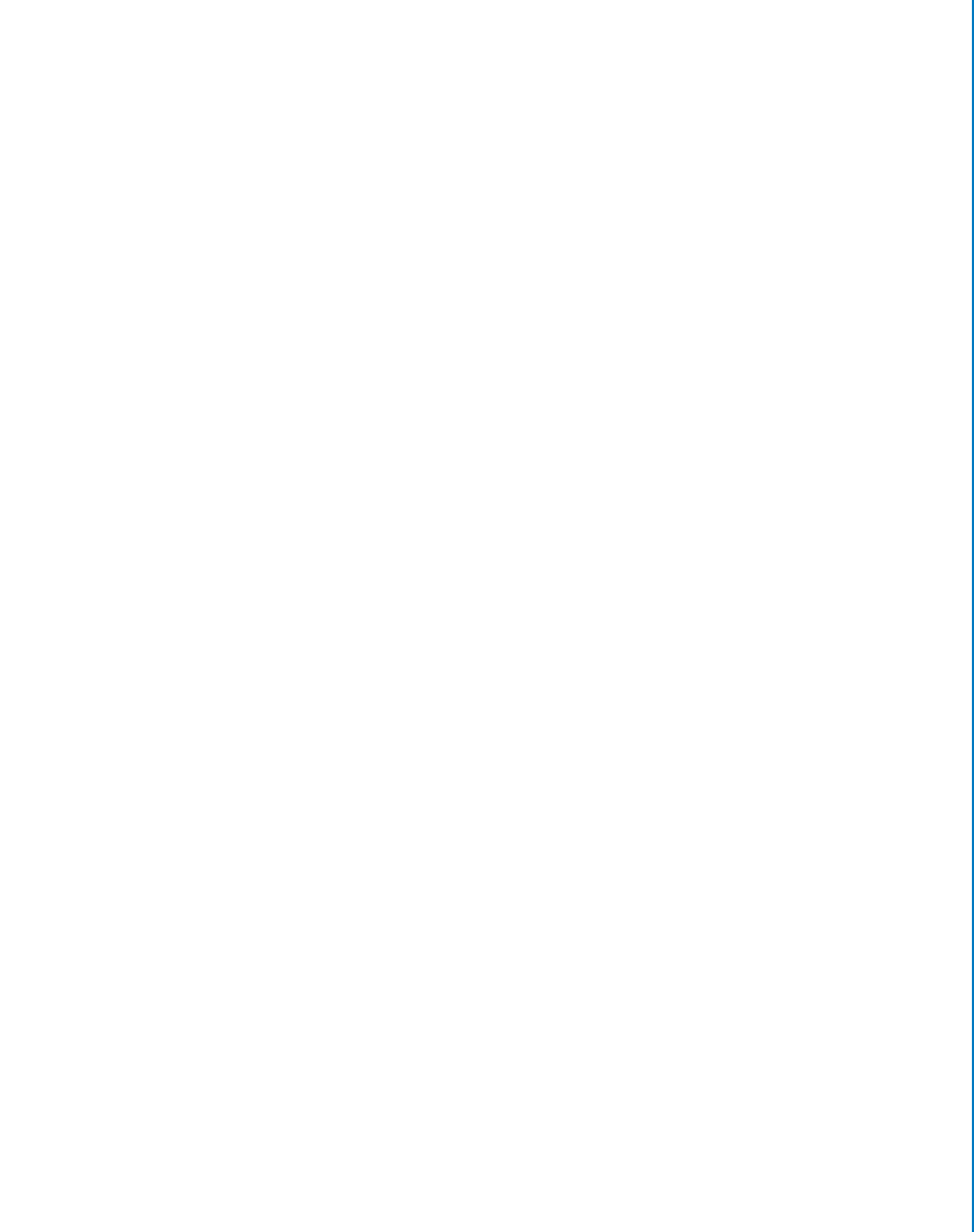
8. How long is the psychological recovery going to take?

There are two recoveries to consider: the physical and the psychological. Physical recovery (spontaneous healing of the brain) usually occurs in the first few years after the injury, depending on many factors.

The psychological recovery from TBI—learning to feel good about oneself and one's life--takes time as well. It may take longer than the physical recovery.

There are members of the health care team who will see you both through the recovery process and can guide you.

In addition, some people find that it is helpful to talk with others who are sharing some of the same experiences.



Resources

Injured service members/veterans may be treated at a VA Polytrauma Center, a VA Polytrauma Network Site, or a military hospital:

VA Polytrauma Rehabilitation Centers

- Richmond Polytrauma Rehabilitation Center (McGuire VA Medical Center) – Richmond, VA
- Tampa Polytrauma Rehabilitation Center (James A. Haley VA Medical Center) – Tampa, FL
- Minneapolis Polytrauma Rehabilitation Center (Minneapolis VA Medical Center) – Minneapolis, MN
- Palo Alto Polytrauma Rehabilitation Center (VA Palo Alto Health Care System) – Palo Alto, CA

A complete list of the **VA Polytrauma Network Sites** may be found at www.polytrauma.va.gov.

Military Medical Centers

- Walter Reed Army Medical Center, Washington, DC
- Blanchfield Army Community Hospital, Fort Campbell, KY
- Malcolm Grow Medical Center, Andrews Air Force Base, MD
- National Naval Medical Center, Bethesda, MD
- VAMC – Buffalo, NY
- Womack Army Medical Center, Fort Bragg, NC
- Wright-Patterson Air Force Base Medical Center, OH
- Naval Medical Center, Portsmouth, VA
- Dwight D. Eisenhower Army Medical Center, Fort Gordon, GA
- Keesler Medical Center, Keesler Air Force Base, MS
- Carl R. Darnall Army Medical Center, Fort Hood, TX
- Brooke Army Medical Center, Fort Sam Houston, TX
- Wilford Hall Medical Center, Lackland Air Force Base, TX
- Branch Medical Clinic, Marine Corps Logistics Base, Barstow, CA
- Naval Medical Center, San Diego-Balboa, CA
- David Grant USAF Medical Center, Travis Air Force Base, CA
- Tripler Army Medical Center, Oahu, HI
- William Beaumont Army Medical Center, Fort Bliss, El Paso, TX
- Madigan Army Medical Center, Fort Lewis, Tacoma, WA

Learn more about the effects of TBI:

TBI Model Systems Centers

Visit the Web sites of the TBI Model Systems Centers. The Centers are a network of academic centers across the country dedicated to improving the delivery of services for people with TBI. They are funded from 2007-2012 by the National Institute of Disability and Rehabilitation Research (NIDRR). Many offer useful information for consumers about the effects of TBI.

Alabama

UAB TBI Model System

<http://main.uab.edu/tbi>

Spain Rehabilitation Center - University of Alabama at Birmingham
1717 6th Ave S

Birmingham, Alabama 35233-7330

Project Director: Tom Novack

205-934-3454 or e-mail: tbi@uab.edu

California

Northern California Traumatic Brain Injury Model System of Care

<http://www.tbi-sci.org>

Santa Clara Valley Medical Center

751 South Bascom Avenue

San Jose, California 95128

Project Director: Tamara Bushnik, PhD

408-793-6433 or e-mail: jerry.wright@hhs.sccgov.org

Colorado

The Rocky Mountain Regional Brain Injury System (RMRBIS)

www.craighospital.org/research/Abstracts%5CTBIMS.asp

Craig Hospital

3425 S. Clarkson St.

Englewood, Colorado 80113

Project Director: Gale Whiteneck, PhD

303-789-8204 or e-mail: gale@craig-hospital.org

Illinois

Mid-West Regional Traumatic Brain Injury Center

<http://www.ric.org>

Rehabilitation Institute of Chicago

345 E. Superior St

Chicago, IL 60611

312-238-4087

Michigan

Southeastern Michigan Traumatic Brain Injury System

<http://www.semTBIs.org>

Rehabilitation Institute of Michigan

261 Mack Boulevard Room 520

Detroit, MI 48201

Project Coordinator: Carole Koviak

313-745-9737 or e-mail: ckoviak@dmc.org

Minnesota

Mayo TBI Model System

<http://mayoresearch.mayo.edu/mayo/research/tbims/index.cfm>

200 1st Street SW

Rochester, Minnesota 55905

Project Director: James Malec, PhD

507-255-3116 or e-mail: malec.james@mayo.edu

New Jersey

New Jersey TBI Model System

<http://www.njrehab.org/tbims>

JFK-Johnson Rehab Institute

65 James Street

Edison, New Jersey 08820-3947

Project Director: Keith Cicerone, PhD

732-906-2645 or e-mail: kcicerone@solarishs.org

Northern New Jersey Traumatic Brain Injury System (NNJTBIS)

<http://www.kesslerfoundation.org/research/lab/modelsys.php?lab=nnjtbis>

Kessler Medical Rehabilitation Research and Education Corporation (KMRREC)

1199 Pleasant Valley Way

West Orange, NJ 07052

Project Director: Elie P. Elovic, MD

973-243-2015 or e-mail: tbi@kmrrec.org

New York

New York TBI Model System

<http://www.mssm.edu/tbicentral/>

Mount Sinai School of Medicine

Department of Rehabilitation Medicine, Box 1240

1425 Madison Avenue

New York, New York 10029

Project Director: Wayne Gordon, PhD

212-659-9372 or e-mail: wayne.gordon@mssm.edu

North Carolina

Carolinas TBI Rehabilitation and Research System (CTBIRRS)

http://www.carolinas.org/services/rehab/CIR/brain_system.cfm

Charlotte Institute of Rehabilitation

1100 Blythe Boulevard

Charlotte, NC 28203

Project Director: Flora Hammond, MD

704-355-4330 or e-mail: flora.hammond@carolinashealthcare.org

Ohio

Ohio Valley TBI Model System

<http://www.ohiovalley.org/about/tbimodel.html>

Ohio State University

855 Grandview Ave

Columbus, Ohio 43215

Project Director: John Corrigan, PhD

614-293-3830 or e-mail: corrigan.1@osu.edu

Pennsylvania

MossRehab TBI Model System of Care

<http://www.mossrehab.com/content/view/8909/170>

1200 West Tabor Road

Philadelphia, PA 19141

Project Director: Tessa Hart, PhD

215-456-6544 or e-mail: thart@einstein.edu

Resources

Texas

North Texas TBI Model System (NT-TBIMS)

<http://www.utsouthwestern.edu/utsw/home/research/neurology/tbi/index.htm>

University of Texas, Southwestern Medical Center

5323 Harry Hines Blvd.

Dallas, Texas 75390

Project Director: Ramon Diaz-Arrastia, MD

214-648-7613 or e-mail: ramon.diaz-arrastia@UTSouthwestern.edu

Texas Traumatic Brain Injury Model System of TIRR

<http://www.memorialhermann.org/locations/tirr/forhealthprofessionals/content.aspx?id=1162>

The Institute for Rehabilitation and Research (TIRR)

1333 Moursund Avenue

Houston, TX 77030

Project Director: Mark Sherer, PhD

713-799-7007 or e-mail: Mark.Sherer@memorialhermann.org

Virginia

Virginia Commonwealth University TBIMS

<http://www.tbi.pmr.vcu.edu>

Medical College of Virginia

1200 East Broad St., Rm. 3-102

Box 980542

Richmond, VA 23298-0542

Project Director: Jeffrey Kreutzer, PhD

804-838-9055 or e-mail: jskreutz@hsc.vuc.edu

Washington

Univ of Washington TBIMS

<http://depts.washington.edu/uwtbi>

University of Washington

Rehabilitation Medicine, Box 356490

Seattle, WA 98195

Project Director: Kathleen Bell, MD

206-685-0935 or e-mail: krbell@u.washington.edu

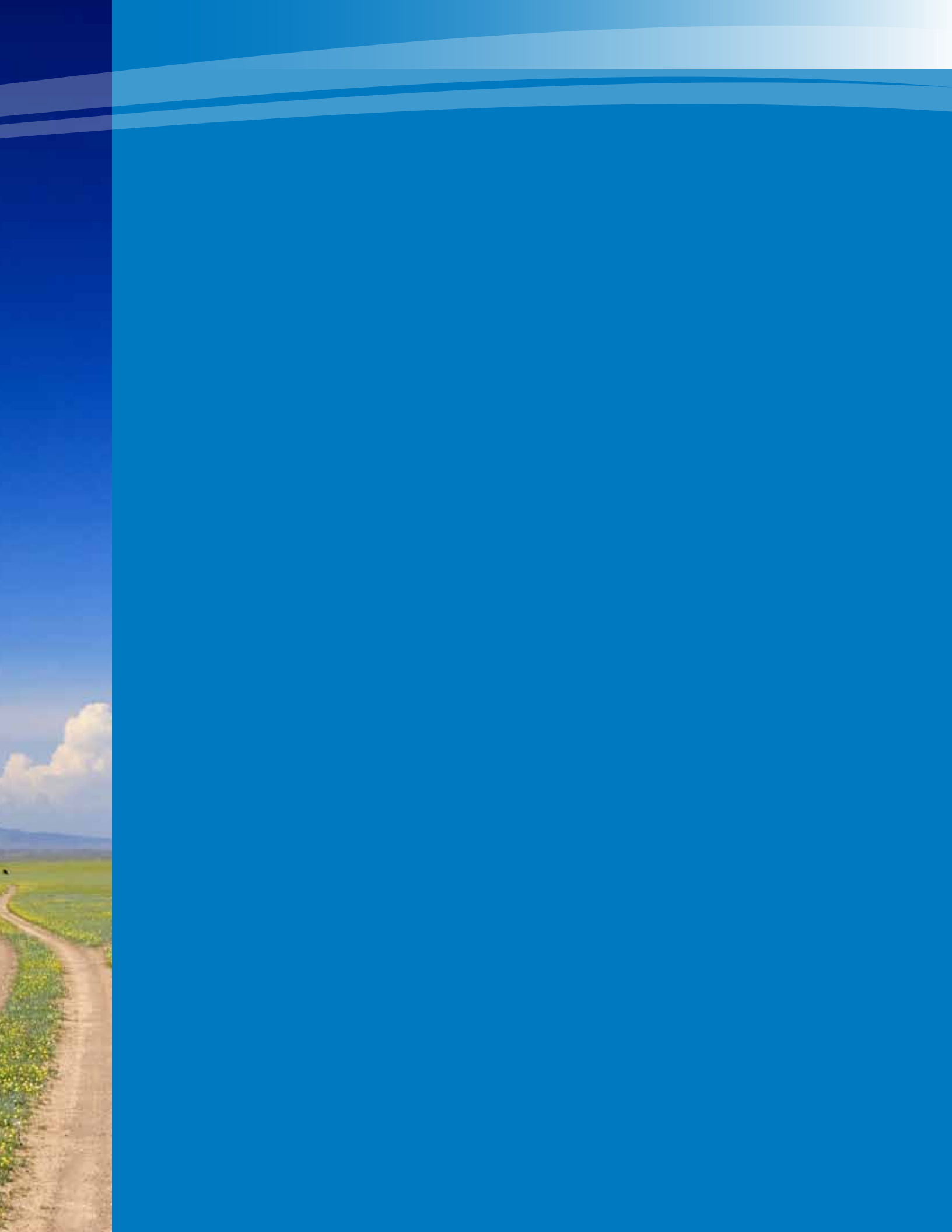
References/Credits

Chapter 1

Prevalence of TBI in OIF/OEF Combat Zones

Cited in a March 2007 letter to the House Appropriations Committee from Rep. Bill Pascrell (D-NJ) and Rep. Todd Platts (R-PA), both Co-Chairs of the Congressional Brain Injury Task Force.







This guide was produced in collaboration with
The Defense Health Board
The Defense and Veterans Brain Injury Center
and
The Department of Veterans Affairs



Traumatic Brain Injury: A Guide for Caregivers of Service Members and Veterans

**Becoming a Family Caregiver for a
Service Member/Veteran with TBI**

Module 3



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*An electronic version of this Guide can be found at the following Web address:
www.traumaticbraininjuryatoz.org*



Module 3 Summary

You play an important role in the recovery of your service member/veteran with TBI.

You may be a spouse, parent, sibling, or friend. Your job as a caregiver may include being a:

- case manager
- advocate
- benefits coordinator
- health care provider.

All of these roles may be new to you.

This module focuses on helping you, the caregiver. It offers tips on how to get organized and get help. It also suggests ways to take care of yourself while caring for your family member.

Some of the main ideas in this module are:

- Get to know the members of the health care team and the case managers. They can and will help you during the hospital stay, during recovery, and when your service member/veteran comes home.
- Keep health care and military information about your service member/veteran in a notebook. Being organized helps you feel less stressed.
- Talk about your needs and the needs of your service member/veteran to others (advocacy).
- Take care of yourself first, so you can take care of your service member/veteran.
- Take time and be honest when helping children and other family members cope with TBI.
- Allow your friends and family to build a support network to help you. Ask for help. No one can do it alone.
- Plan for some time off. Respite care and day care programs are valuable resources to you and your service member/veteran.
- There are ways to balance work and caregiving through Family and Medical Leave and other means.
- There are key legal issues to address to protect your family and your service member/veteran.

Much of the information in this module was guided by family caregivers of service members who suffered a TBI.



You are an important team player in the active recovery of your service member/veteran with a TBI.

Starting Your Caregiving Journey

You are starting out on an important journey in your life--becoming a family caregiver to someone who has a traumatic brain injury (TBI). A caregiver like you can help your service member/veteran recover as fully as possible.

Caregiver: Any family or support person(s) relied upon by the service member or veteran with traumatic brain injury (TBI) who assumes primary responsibility for ensuring the needed level of care and overall well-being of that service member or veteran.

For the purposes of this Guide, “family” or “family caregiver” will include spouse, parents, children, other extended family members, as well as significant others and friends.

You may be feeling overwhelmed, angry, or scared. You may also feel alone and worn out by your new role.

Please learn about TBI. Take good care of yourself while caring for your service member/veteran. Keep hope alive during your journey toward recovery.

What is the Course of Recovery?

Recovery from TBI is a gradual process. It may take weeks, months, or even years. Those with a TBI may need assistance for weeks to months. Some will need help for the rest of their lives. For those in a minimally conscious state, some may need long-term care outside of your home.

Each TBI is different. Each person needs different help and support from his or her caregiver.

How Important is My Caregiving?

Caregivers play an important role in recovery. In fact, many people who work with TBI patients believe that having a caregiver just like you is one of the most important aids to recovery. Your job is to actively follow the treatment plan and offer guidance and help to your injured family member.

Few families know what to expect after a service member/veteran receives a brain injury.

The information in this Guide will help you cope with your new role as a caregiver.

Learn all you can about TBI. The following suggestions may help you:

- Use this Guide. It provides tips on how to be a good caregiver.
- Ask questions of the doctors, nurses, and other health care providers.
- Classes or online discussion groups may be helpful.



"You're the person who knows your family member best. That's what my neurologist told me. He said you're going to have to help us here because you know him best. You have to let us know if he's hurting, if he's not hurting, if he's waking up, because you know him best. So you're going to really have to help us here to know what's going on with him because he can't tell us."

- Denise G.

Keeping Important Paperwork Together

“Try never to despair. I know that everybody has moments and walls or the black day that you feel is the end of the world. The truth is that each day is a new day and you can look for the little moments.”

- Lee Woodruff, wife to newscaster Bob Woodruff who sustained a TBI while covering Operation Iraqi Freedom. Co-author with her husband of *In an Instant: A Family's Journey of Love and Healing*

Rehabilitation isn't necessarily about getting back to “normal.” It may be about creating a new “normal.”

You are providing a very important service to someone you care about. This chapter is about organizing your service member/veteran's medical and military records to make your caregiving job easier. You are not alone. Health care providers and other professionals are there to help you every step of the way.

Rehabilitation means re-learning how to do everyday things.

How Should I Organize Medical and Military Records?

The more organized you are, the better. Being organized will help you:

- have more control
 - making decisions
 - having access to accurate information
- reduce your stress
- have all the care-related information you need in one place
- keep all the important documents needed for the Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB) (see Module 4, Chapter 12).

Organizing Information

A notebook helps a family member with TBI and his or her caregivers keep information they need together in one place. See the Caregiver's Companion provided with this Guide. The Companion will help you get started organizing your paperwork.

You may end up with several notebooks or folders like this. You should keep all medical information. You may even want to enter information into a computer file.

Keeping a notebook about your family member's health care helps you stay organized.



"I developed my own filing system. Every time Jason gets a new medication, they give you a medication list that tells you the side effects and all of that. That goes in the medication information slot. Every time he had surgery, that information went into the surgery history slot. I actually took it upon myself to create a file on the computer of every surgery that he's had, what they've done, and the date. I documented every seizure that he's had. I carry that with me so that when someone says, 'Well, what are his surgeries? We need a list of his surgeries. We need a list of his seizure history'--it's right there. I give it to them.

I have a filing system for his orders. I have a file for his profile. Definitely keeping everything organized early on is helpful, and keeping a daily journal of what's happening, who you're talking to, whether he had a good day or a bad day, he started eating today, he took 10 steps today. I have a list of every single appointment that he's gone to from day one, and I just keep everything. He has his own file cabinet."

- Sandy M.

The notebook could include sections for:

- **Personal information** – This includes important facts, such as your service member/veteran's Social Security number, military service record, emergency contacts, and allergic reaction to medications.
- **Military service papers** – Keep copies of military service records, etc.
- **Medication log** – Write down all the drugs taken, dosages, dates, side effects, and problems. There is a blank form at the end of this chapter that you can use.
- **Medical reports, tests, scans** – Ask for copies of all reports, scans, and tests, and file them in this section of the notebook. Put CT and MRI scans of the brain on a compact disk (CD). Keep these to share with future providers.
- **Notes and questions** – Include a three-hole punched notepad in your notebook. You can use it to take notes and then insert the sheets in the right sections.

- **Resources and information** – This is the place to keep all the forms and information you have received at appointments.
- **Calendar of appointments** – Use a calendar with enough room to write all of your appointments.

You may want to keep another notebook or file with the records needed to apply for medical and family benefits or the Medical Evaluation Board/Physical Evaluation Board (MEB/PEB). (See Module 4 for more information about the MEB/PEB.)

This file will help when you apply for financial aid, a job, or more medical care. When you are not using this file, keep it in a locked place to keep it safe.

This file could include:

- Social Security card, military records, and insurance cards
- Power of Attorney
- driver's license, birth certificate, marriage certificate
- school and work records
- tax returns and assets.

Paying Bills

If your family member with TBI can no longer handle paying the bills:

- Consider changing the contact name on financial accounts to your name or the name of a person who has Power of Attorney.
- When accounts are in joint names or in the name of the person with TBI, it may not be easy to change names on financial accounts. You may need to obtain legal guardianship. (See Chapter 9.)
- Consider online banking and bill paying.



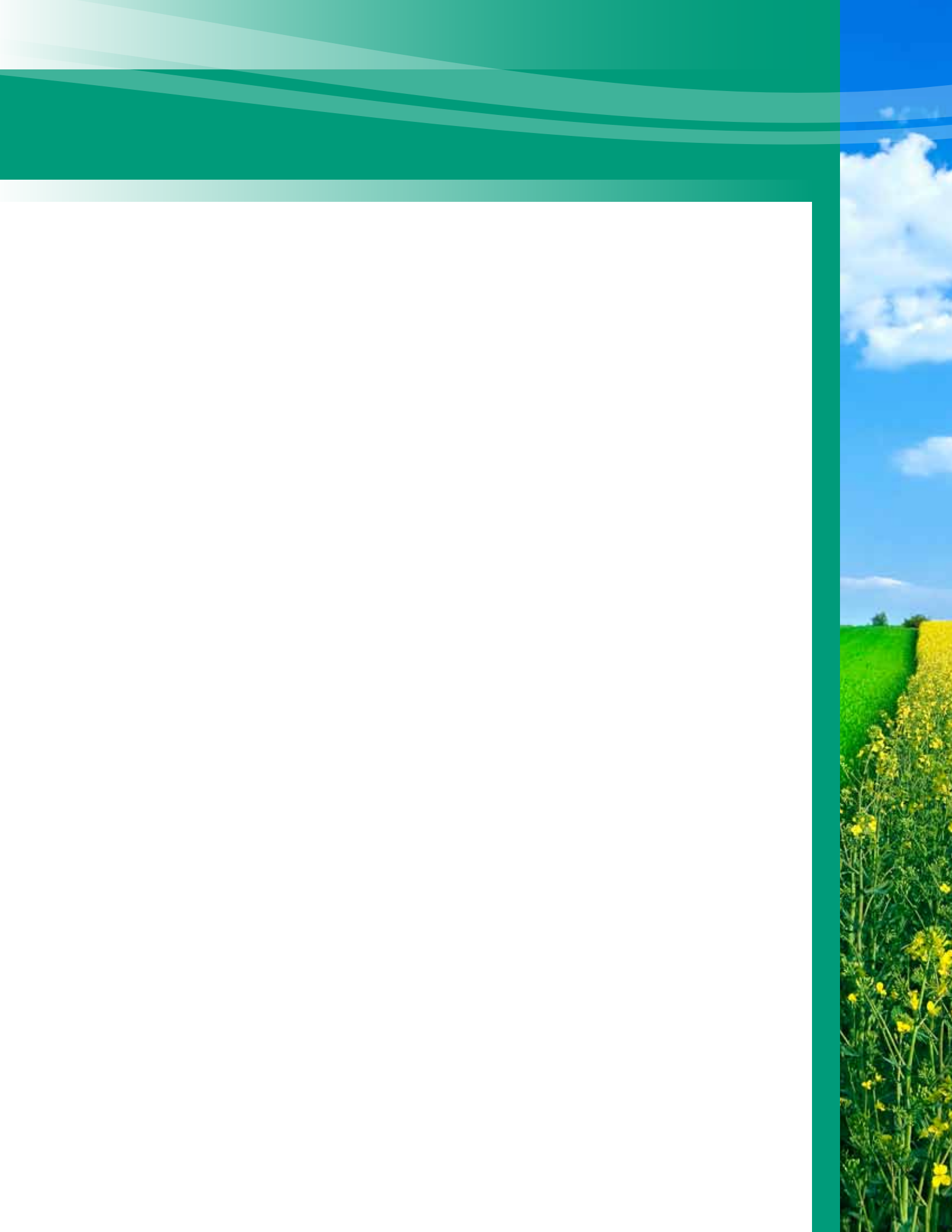
"I observed another wife... she had binders that were for the medical stuff or for things like the Power of Attorney or different documents that you would need. Then there were different binders for therapy, because you do get worksheets, especially for speech therapy. I'll usually carry one binder if I travel. I'll bring all the special information with me on the airplane.

Also, the list of medicines is really important. A lot of information is sent on e-mail. I keep a separate folder for Army e-mails in my e-mail account so I can always go back and look.

In the beginning, I bought a book to put business cards in. You meet so many people. People hand you a card, in case you need anything, and some of those people I've actually called because I do need things. You can buy the book at an office supply store that holds up to 100 business cards. I have three of them full now, after a year and a half.

I carry these little books with me so I always have phone numbers. I've also put phone numbers in my e-mail contact list—I try to put them in two different places, so I don't lose things."

- Patty H.



Becoming an Advocate

“As caregivers for my brother, my family and I were his voice when he could not speak. This could be anything from hanging signs in his room that reminded nurses and therapists where Ethan was missing his skull, to helping with rehab, to filling out paperwork, to going to JAG officers to discuss Power of Attorney issues. Every day, seven days a week, it became our lives. It’s easy to fall into a groove. Sometimes that groove is comforting, but sometimes it makes you complacent. It’s important to stay on top of the situation and not take things for granted.

As a caregiver, you know your loved one and his or her treatment plan the best. You can easily recognize when something is working well or when something is wrong. Never hesitate to acknowledge improvement or voice a concern, always ask questions about a procedure with which you are unfamiliar, and continually seek out benefits to which your loved one is entitled. Information is not always volunteered to you; if you don’t ask, you might not receive.

Being a caregiver means being an advocate. You’ve already committed yourself to caring for your loved one; it comes naturally that standing up for him or her should be part of that care.”

- Liza B.



As a caregiver, you may find yourself in situations where you need to **advocate** for your service member/veteran with TBI or for yourself.

But you may be saying to yourself,

- “What me? Advocate? I’ve always been the quiet type. I’m not comfortable demanding anything from anybody,” or
- “I don’t have the education or authority to talk back to those who hold positions of authority,” or
- “I’d rather be dead than have to speak in public.”

Advocacy involves basic communication skills:

- listening to what other people have to say, and
- talking about what is important to you.

You are an advocate when you speak out on behalf of someone or something that you believe in.

Advocacy is a form of problem solving, something that you probably already do every day in your own life.

You can learn to build on the **problem-solving** skills that you already have to become an advocate.

Generally, there are three types of advocacy:

- **Self-advocacy** – understanding and effectively communicating your own needs to others
- **Individual advocacy** – speaking out on behalf of your service member/veteran with TBI
- **Systems advocacy** – attempting to change government, organization or agency policy, rules, or regulations.

Advocacy is all about:

- knowing what you want in a situation
- getting the facts
- planning your strategy
- being firm and persistent
- maintaining your credibility.

Let's look at situations where your advocacy skills are needed.

How Do I Advocate to the Health Care Team?

Becoming an advocate about TBI begins when you first meet the health care team who care for your injured service member/veteran.

Try to learn as much as you can from them about TBI and the treatment plan for your service member/veteran. Try to learn as much as you can about the **DoD** and **VA** medical systems and how to use these services. (See Modules 2 and 4.)

This is all part of getting the facts. Understanding the facts will make you communicate better with everyone.

Tips for advocating with health care providers:

- If you have problems or concerns with the care your service member/veteran is receiving, identify what you think is needed.
- Be specific.
- Talk about your service member/veteran's needs directly to the members of the health care team. Early morning is when doctors make their rounds, visiting patients. This may be the best time to talk to them.
- Be clear and be firm about what you need.

Learning how to talk with health care providers is part of being a good advocate.

DoD is the Department of Defense.

VA stands for the Department of Veterans Affairs.



“Basically you have to take the well-being of your loved one into account or you’ll get lost in the shuffle. There’s a bunch of people here in the hospital and they’re injured. If you don’t keep up with your loved one’s therapy, you will get lost in the shuffle because there are so many needs to be taken care of.

You have to be your own advocate and the advocate for your loved one, and make sure he’s getting everything he needs.”

- Emily S.



-
- Be persistent and firm, but in a cooperative manner. If you don’t get a response right away, keep asking.
 - If this approach does not seem to work, contact the Ombudsman or Patient Advocate at the service member/veteran’s health care facility.
 - Try not to be confrontational.
 - Come prepared with a list of your questions when attending care conferences. Take notes during meetings or ask a friend or another family member to do this for you.
 - Do not tell someone how to do his or her job. It seldom works. Instead, talk to the person as a concerned family member and explain your worries calmly.
 - Remember, the health care providers are in charge of your loved one’s care. You will be talking with them on a regular basis.
 - Work with the health care providers. Remember, they are well intentioned. They might not know the exact needs of your loved one yet. You are telling them.
 - Give reasons for health care providers to give special care to your family member. Tell them about his or her stories and personality traits. If they get to know your loved one, they may be more alert to his or her care.
 - Often, if you let health care providers get to know you, they will listen to your concerns with better understanding.



“Try to keep a cool head when you are speaking on behalf of yourself or others. Know what you’re talking about. If you don’t, then ask questions and be willing to learn. The more you sound like you’re angry or ‘just complaining,’ the less others will listen. If you are receptive to someone, often he or she is receptive back. This is what maintains a level of respect and credibility.”

- Liza B.

“This is all part of getting the facts. Understanding the facts will make you communicate better with everyone.

If you’re really involved, I think the doctors have more respect, they’re more likely to listen to you. They feel like you’re concerned.


You need to set goals for your husband and his life; it’s really about what you want to accomplish through therapy. So there are times when I don’t think you should be afraid to speak up. Maybe they’re the expert—the physical therapist or the speech therapist—but you should speak up and tell them what your goals are. If they’re not meeting them, then you should not be afraid to tell them or—if it’s not working out— request another therapist. If it’s just not working out or you feel something’s not right, don’t be afraid to ask for another person to work with.”

- Patty H.

How Do I Advocate to Employers and Others?

You may need to advocate on behalf of your service member/veteran with TBI to assure access to employment, transportation, or commercial places.

The Americans with Disabilities Act (ADA) requires that employers, public transportation, and commercial businesses not discriminate against people with disabilities. It requires reasonable changes to be made so that the person can work, ride on public transportation, and/or use commercial places.



If you think your service member/veteran with TBI is being discriminated against, speak up. Get to know your family member's rights under the ADA and how to advocate on his or her behalf by going to <http://www.ada.gov>.

How Can I Advocate to the Broader Community?

After you have some practice as a caregiver to a person with TBI, you will begin to know what life is like with TBI and what families affected by TBI need.

Those who have not lived your experiences may have no idea what you have gone through. You can educate others and raise public awareness of the impact of TBI on individuals and families... through advocacy.

When you are ready, you can educate others by sharing your experiences with them. You may find it helpful to work with others in the local chapter of the Brain Injury Association of America (see Appendix) or the Wounded Warrior Project (see Appendix) on more organized efforts to raise awareness of TBI.

Working with others will bring you into contact with other people who have also walked in your shoes. It may help bring meaning and a greater purpose to your family's experience.

How Can I Advocate to Policy Makers?

The time may come when you want to broaden your advocacy skills to change the policies or laws of local, state, or federal government.

Systems advocacy uses many of the same skills that you have been learning. Join with others to help pass important laws. Veterans and military service groups as well as TBI-related groups may be interested in advocating for change.

Laws such as the Americans with Disabilities Act and the Family and Medical Leave Act were passed due to the advocacy of people just like you.

You may find the idea of being an advocate hard or scary. Most family caregivers grow more at ease over time as they practice these skills.

You will have moments of triumph and moments of setbacks. But if you keep at it, you will find that your own confidence and skills will grow and change you as a person. And, you will have made a difference in the world.

The Brain Injury Resource Center (<http://www.headinjury.com/advocacy.htm>) and the Brain Injury Association of America (<http://www.biausa.org/media.htm>) have tool kits, fact sheets, and other materials to help you develop your TBI advocacy skills.

There are groups who can help you speak up for your family member. Veterans service organizations and military service organizations can also advocate on your behalf. See www.disabilityinfo.gov for more information.

"I wish I didn't have to work a real J-O-B full time so that I could really jump up and down and do a lot more than I do. But I'm starting to learn the ins and outs politically, and I've started really pulling on my Congressman's ears and my Senators' ears. I promised my son, and I promised the two families of his best friends, that, until I can't do it anymore, I wouldn't stop advocating on their behalf, because it's going to be around forever, and I'm not going to be here forever to take care of my son. Somebody is going to have to, and it should be our nation and our system. These kids were not drafted, they volunteered to serve. They deployed, some of them volunteering to go back over and over again, and it's the least we can do. We are not doing enough, we are not doing enough.

This is my niche. This is where it works. This is where all the pieces fit together, and this is where I can do the most. People say, 'Well, Adam has been out for a year and a half now, and there's no reason for you to have to devote so much time to all this.' I just think to myself, 'You just don't get it. It's not a matter of having to. It's what needs to be done, and I can do it, and I can do it well. I'm going to do it.'"

- Cyd D.





What Are the Basics of Speaking Up for My Family Member?

1. Identify Yourself

State your name and identify yourself as a caregiver/constituent.

2. Be Specific

Clearly describe the issue and state your goals. If you are advocating on behalf of proposed legislation, include the name and number of the relevant bill.

3. Make it Personal

The best thing you can do as an advocate is to give the issue your individual voice. Use personal examples and speak in your own words.

4. Be Confident

You may also know more about the issue than the person to whom you are advocating. That is why it is a good idea to offer yourself as a source of information.

5. Be Polite

Always work on the basis that your opponents are open to reason and discussion. If you are rude, your message will not be received.

6. Be Brief

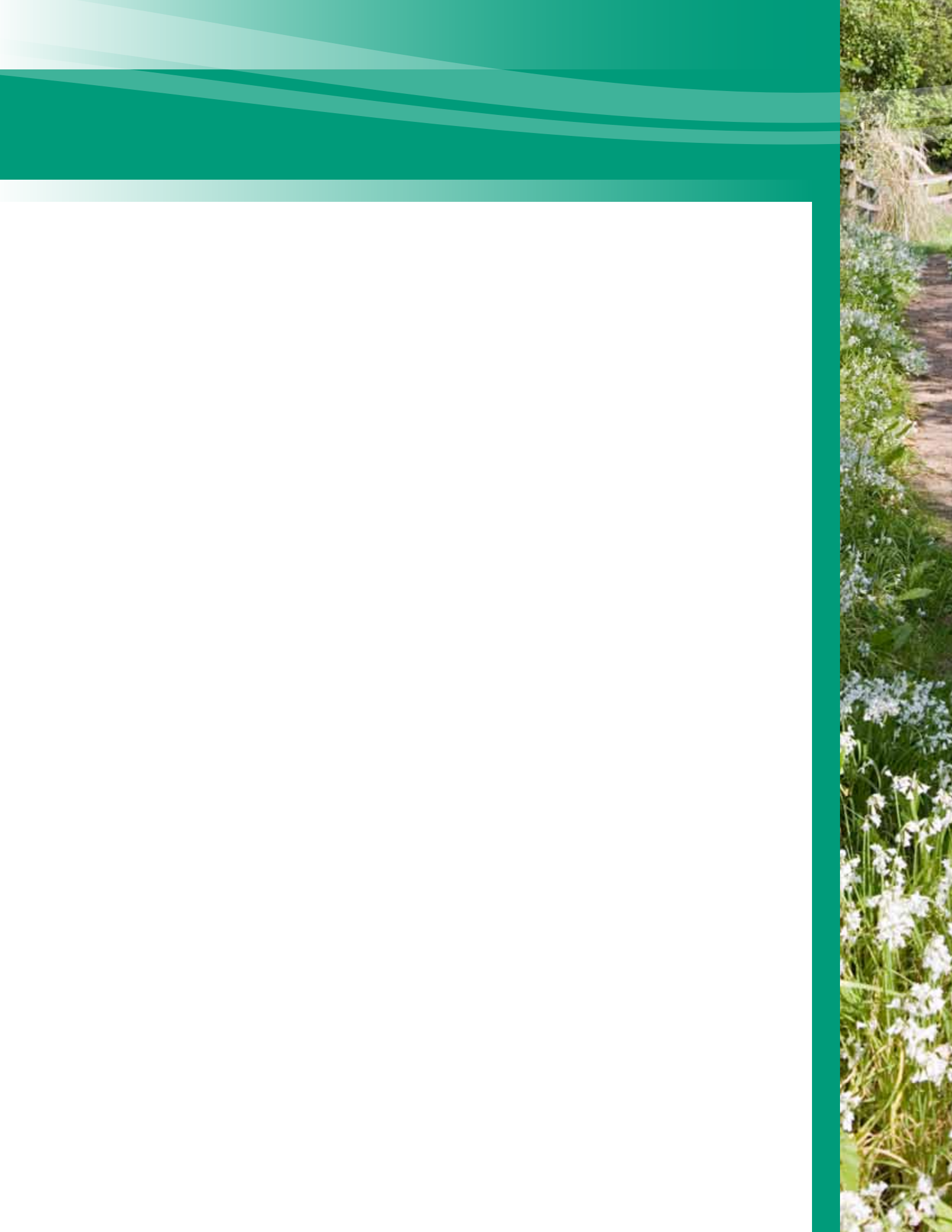
Communication that focuses strongly on one argument is the most effective. Keep it to one issue. Limit written documents to one page.

7. Be Timely

Your message is more likely to be considered if it is immediately relevant.

8. Be Factual

Use facts and statistics. Make sure the information you provide is accurate.



Taking Care of Yourself

Whose Care Comes First?

Caregiving requires you to take on new roles. You will need to learn new skills to help your family member with TBI.

Keep in mind, all these new demands happen at the same time that you and your family are coming to terms with the impact of TBI on your loved one.

You want to give the best possible care and support for your family member's recovery. You may find yourself spending all your time and energy dealing with your family member's needs. This may leave you feeling drained.

You may be tempted to put your own needs on hold. It's not wise to do this. You won't be able to give the best care or cope with your new tasks.

The very best thing you can do to take care of your family member with TBI and others in your family who depend on you is to take care of yourself.

"I went and saw a psychologist and that was probably one of the best things I did. It was for two days a week, an hour each session, and she was just... a neutral person. I could come in and say all this stuff was going on, and she would actually help me make decisions as to where to go next or what things to do for Pat. She could stand back, look at everything, and help me make sense of it. That was a huge help for me. It was an hour that was just about me and we could talk about what was going on. She could put things in perspective for me when I couldn't. I probably saw her for six months.

We got involved in the community. We found a church, and that was a great blessing because the people in the church really supported us while we were there. They invited us to do things in the community away from the hospital.

I also joined the women's soccer team. The hospital provided a place for Pat to be on Tuesday night, and I could get away and play.

Later on, I needed a reason to go to the gym, so we put together a team to run the Army 10-miler for Pat. I had a reason to go to the gym because I needed to train. It's something for me--I did it last year, I ran 10 miles! We are doing it again this year."

- Patty H.





"I know you can only tell others so many times about taking a break and getting away from the hospital. But I wish I would have taken more time at the front end of the whole injury because as Mike has improved, he needs me more and more, and I want to be with him more and more. I have less and less time to go about and do my own stuff, whereas when he was lying in the hospital all day with his eyes closed, I should have gone and relaxed and researched and taken care of things.

I know you can only tell people that so many times, but it really takes them learning that in order to take care of themselves. It is a big thing for caregivers to realize that they don't have to feel guilty about stepping away."

- Meredith H.

How Can I Stay Emotionally Healthy?

You may move through a series of stages as you come to terms with the changes in your family member. In the first couple of months, for example, you may be feeling happy that your service member/veteran is alive and hopeful that he or she will recover fully and quickly. As time goes by, progress may slow and you may feel anxious and scared. Sometimes you think that a full recovery might happen faster, if only he or she would work harder at it. As recovery progresses, you may find yourself feeling discouraged and depressed or even guilty. You just don't know how to help your family member get better.

Feelings of depression may progress into feelings of despair and a sense of being trapped, if recovery slows down over time. If your service member/veteran has sustained a severe TBI and recovery is difficult, you may find yourself experiencing a period of grief and deep mourning. Eventually—and this may take up to two years or longer—you may find yourself stepping back from the pain, accepting what is, and finding peace in your family's situation.

You may not go through these stages exactly like this. Knowing what many caregivers and family members go through as they adjust to life after TBI may help you know that your reactions are "normal."

Although your reactions are normal, there can be harmful effects if you focus all your attention on your service member/veteran:

- You may experience **caregiver burnout**.
- If you do not take care of yourself—emotionally and physically—you may end up being harmful to yourself.
- You may feel listless, isolated, or bottled up. Those who are burned out may try to use alcohol to cope. You may have poor hygiene or have emotional outbursts. These are signs of burnout and compassion fatigue. **Compassion fatigue** is an outcome of chronic, unrelieved stress.

You can take the Caregiver Assessment at the end of this chapter to see whether this is something happening to you.

If you do find yourself suffering from caregiver burnout or compassion fatigue, take heart in the knowledge that you are a deeply caring person.

Here is a list of what you can do:

- Find a friend or family member to talk to about your feelings or join a support group with other families affected by TBI. Talking with someone can relieve stress and reduce anxiety because you will learn you are not alone.
- State affiliates of the Brain Injury Association of America (see Resources in the Appendix) can help you find a support group.
- If stress, sadness, or anxiety begins to feel out of control, seek professional help from a counselor, therapist, religious/spiritual leader, or social worker.
- See Module 4 for information about counseling help for military/veteran family members.
- The table on page 22 describes many of the common issues that caregivers face. Also, the table offers ideas for steps you can take to cope.

Burnout is feeling hopelessness about your situation.

Compassion fatigue is the stress resulting from helping or wanting to help a suffering person.

Take steps to take care of yourself

How Can I Stay Physically Healthy?

Healthy behaviors can keep you well. They can help you cope with the stress of caregiving. This section contains some healthy lifestyle tips. The more you take care of yourself, the better you will feel.



"I suppose the most challenging thing is adjusting from what was to what is. That transition was really difficult for me because of lack of information. You start to feel like, oh my gosh, I'm going to have to take care of this person and I'm going to be cut off from the world for the rest of my life because I'll just have to be at home with this person 24/7.

That was really tough, and I wish I would have known before how many options are out there and that you're not going to be stuck. There are ways to be able to get away and to feel that freedom, and that was a really big challenge for me. It scared me a lot. Being a 25-year-old young woman, married for four years, I just really didn't think that's what I had in my future.

For me personally, I really had to come to terms with the fact that the Mike that I married had changed and that I had a new Mike. There were a lot of things that were very similar to the old Mike, and a lot of things that reminded me of the old Mike, but this is a new person and I have to have new expectations and new goals, and everything had to shift and change. I think once that all happened for me, I mean, I'm really happy. I love Mike and I love that he's still here with me and that we're able to do things, and part of that has to do with our relationship before. What helped was just coming to terms with the fact that things had definitely changed but not always for the worst. I need to be open to the fact that it is a change."

- Meredith H.

**Most adults need
7 to 8 hours of
sleep per night.**

Sleep

If you don't get enough sleep, you are likely to be tired and irritable during the day. You also may find it hard to concentrate. Studies show that people who do not get enough sleep are less productive, tend to overeat, and are even more likely to get in accidents.

Try these tips for getting a comfortable night's sleep:

- **Establish a routine for when you go to bed and when you get up every day.** This can reinforce your body's sleep-wake cycle.

“Just stay strong and pace yourself, and definitely seek help. Seek a support group and have that network for yourself, because you’re going to need it. You’re in it for the long haul. You’re not going to give them a new brain and everything is going to be better and they’re going to learn everything again. It’s not like an amputation. There’s no prosthetic, and that’s the hard thing to swallow.”

- Sandy M.



-
- **Establish a relaxing bedtime routine.** Take a bath, read a book, or find another activity that helps you shift from your busy daytime life to restful sleep.
 - **Go to bed when you’re tired and turn out the lights.** If you can’t fall asleep, get up and do something else until you’re tired.
 - **Do not rely on sleeping pills.** Check with your doctor before taking any sleep medications, as they can interact with other medications or a medical condition. You may have an underlying sleep disorder that requires treatment.
 - **Don’t exercise close to bedtime.** It may make it harder to fall asleep.
 - **If you are having trouble sleeping, use the tips above to ease your concerns.**
 - **Avoid too much alcohol and caffeine.** Too much of either usually reduces the quality of sleep.
 - **Have someone stay over to take over the care duties during the night.**

Eat a Healthy Diet

A healthy diet is one that is low in fat, high in fiber from whole grains, fruits, and vegetables, and includes lean cuts of meat, poultry, eggs and other protein sources. A healthy diet also helps you to maintain a healthy weight.

It can be tempting to overeat. Do not use food as a comfort when you are stressed and sad. You may gain unwanted weight.

Use low-calorie versions of comfort foods, e.g., sugar-free hot chocolate, or find other ways to comfort yourself, such as a hot bath or a good book.

It’s hard to sleep when you’re worried about your family member’s medical condition, unpaid bills, or legal issues.

For information on how to eat healthfully, consult the Dietary Guidelines for Americans and the Food Guide Pyramid at <http://www.mypyramid.gov/guidelines/index.html>.

Coping with Caregiver Challenges

Challenge	Symptoms	How to Cope
<p>Stress</p> <p>Stress is the mental and physical reaction to events that upset our balance in life.</p> <p>Chronic stress that doesn't go away can lead to serious health problems over time.</p>	<ul style="list-style-type: none"> • Headaches • Neck and shoulders tighten • Fatigue • Trouble sleeping • Weight change • Stomach upsets • Increased use of alcohol, drugs, tobacco • Fear and worry • Mood swings • Crying spells • Irritability • Depression • Forgetfulness • Poor concentration • Low productivity • Negative attitude • Confusion • Weariness • Boredom • Feelings of isolation • High blood pressure 	<ul style="list-style-type: none"> • Deep breathing and other relaxation methods • Exercise • Time management • Meditation • Respite care to get breaks • Take help from friends and family when it is offered. • Humor • Keep some things from your previous life that are important to you. • Reward yourself. • Stay in touch with friends. • Set limits. • Join a support group. • Contact a therapist. • Read a book. • Listen to music that lightens your mood.
<p>Sadness, Depression</p> <p>Sadness and grieving are normal responses to the loss of life as you once knew it. Sadness and grieving can lead to depression.</p> <p>Symptoms of depression are a combination of symptoms that interfere with a person's ability to work, sleep, study, eat, and enjoy once pleasurable activities.</p> <p>Major depression is disabling and prevents a person from living normally.</p>	<ul style="list-style-type: none"> • Feeling blue • Feeling sad • Withdrawing • Irritability • Constant sad, anxious, or "empty" feelings • Feelings of hopelessness and/or gloom • Feelings of guilt, being worthless, and/or helpless • Bad temper, restless • Loss of interest in activities or hobbies once enjoyable, including sex • Tired and decreased energy • Trouble concentrating • Trouble remembering details and making decisions • Can't sleep, early-morning wakefulness, or too much sleeping 	<ul style="list-style-type: none"> • Talk over your feelings with others, e.g., in a support group. • Keep a journal to explore your feelings. Give yourself a break, by asking for help in caregiving. • Try to rest both your body and your mind. • Find someone who can listen without giving advice or making comments. • Focus on positive relationships in your life – family, friends, and pets. • Know your limits in caregiving. It is okay to seek help from others if caregiving becomes too much for you. • See Chapter 6 for ideas for a back-up plan.

Coping with Caregiver Challenges

Challenge	Symptoms	How to Cope
<p>Sadness, Depression</p>	<ul style="list-style-type: none"> • Overeating or appetite loss • Having thoughts of wanting to be dead rather than living in all this pain--"I would rather be dead than deal with all this pain and suffering." • Suicide attempts • Constant aches or pains, headaches, cramps, or stomach problems that do not ease, even with treatment 	<ul style="list-style-type: none"> • See Chapter 7 for organizing help from family and friends (Home Care Team). • If symptoms persist, seek professional help. Counseling and/or medications have proven effective in treating depression. • Seek help immediately from medical care staff if you have thoughts of suicide. Seek counseling and/or medications from a provider.
<p>Anxiety</p> <p>Anxiety is excessive worry about life. It is a reaction to stress and can lead to depression.</p>	<ul style="list-style-type: none"> • Ongoing worry and tension • Viewing problems as overwhelming • Restlessness or a feeling of being "edgy" • Bad temper • Muscle tension • Headaches • Sweating • Difficulty concentrating • Nausea • Needing to go to the bathroom often • Being tired • Trouble falling or staying asleep • Trembling • Being easily startled 	<ul style="list-style-type: none"> • Use problem-solving methods (see below). • Talk to a friend or family member. • Exercise. • Eat a balanced diet. • Avoid caffeine. • Write in your journal. • If symptoms persist, seek professional help. • Counseling and/or medications can effectively treat anxiety.

Exercise

Exercise can relieve stress, reduce depression, make you feel better about yourself, help you maintain your weight, and give you some time alone.

It doesn't have to be strenuous. A 30-minute walk on most days is usually enough to protect your health. You can break the 30 minutes into shorter 10-minute segments, if that's all the time you have.

If you already have an exercise routine in place, try to stick with it. Doing things that were important to you before the TBI can help you cope. You will be a better caregiver.

Exercise is one of the single best ways to protect your health.



"I didn't do a very good job of taking care of myself, and it didn't take its toll until about four years later. Now I'm paying the consequences. My blood pressure is high. Physical things are cropping up. During the first year, I didn't take care of myself.

I didn't sleep. When I'd go to bed, things would just run through my head. When I finally did go to sleep, I woke up in the morning with reality hitting me in the face, like I can't believe this is my life. You get out of bed and you just put one foot in front of the other."

- Denise G.

If you are new to exercise, check with your personal health care provider and start out slowly. Remember to include stretching and strength building in your routine.

There are many exercise videos that you can use at home. You don't need to find the time or money to go to a gym.

Tobacco Use

If you don't use tobacco products, don't start. Find other ways to cope with the stress.

If you use tobacco products, stress may increase your tobacco use. If you use tobacco products, it may be difficult to quit during periods of stress, such as when you are learning to care for someone with TBI.

Your goal right now may be simply to not increase the number of tobacco products you use each day.

Later, you may want to start cutting down on the number of tobacco products and then quit altogether.

The nicotine in tobacco is addictive. Most smokers find it takes several attempts to quit before they are successful. Ask your doctor about medications or programs that can help you quit.

Alcohol and Other Drugs

When life is stressful, you may find it difficult to solve problems, make decisions, and take care of yourself.

Using any form of tobacco damages your health.

Be realistic.

Some people turn to alcohol or other drugs to help them relax. Alcohol tends to make problems worse.

Using alcohol or drugs to make you feel better in the short term can be dangerous. You can become dependent on these substances. This will interfere with your responsibilities to your family.

If you drink, do so in moderation (i.e., one drink per day for women, two drinks per day for men). Find other ways to relieve stress and to reward yourself for doing a hard job well.

Routine Medical Care

Remember, you can't take care of someone else well unless you are strong and healthy.

This includes getting routine medical and dental care, such as preventive screenings (e.g., mammograms, blood pressure checks) and regular attention to medical problems that you may have.

It's okay to have your family member with TBI sit in the waiting room while you see the doctor, dentist, or other provider if he or she is able, or make plans for care if he or she cannot be left alone.

If you become sick, worn down, or burned out, you will not be able to provide good care to your family member.

Take care of yourself first. It's not being selfish. It is being realistic and loving to you, your loved one, and other family members.

You can't take care of yourself or someone else if you're drunk or high.

Caregivers often overlook their own health as they struggle to cope with the medical needs of their loved ones.

"No, I didn't take care of myself, and I still haven't really, two years later. Now I'm getting to the point where I've realized that I've neglected myself, just the routine things, like doctor appointments, dental appointments, and physicals for myself. I've ended up with a lot of stomach problems as a result. Now I'm trying to play catch-up because I didn't really take care of myself the last couple of years. That's been kind of a downer, I guess you could say."

- Aimee W.



What Are Strategies for Self-Care?

Problem Solving

Learning how to be a good problem solver can help you cope with stress and reduce anxiety. Here are some simple problem-solving steps:

- Identify the problem. If the problem has many parts, break it down into one problem at a time.
- Brainstorm solutions. Think of as many possibilities as you can.
- Assess options. Consider the pros and cons of each possibility.
- Choose a solution that seems to fit best for you.
- Try the solution out.
- If it didn't work, try another solution until you find the one that works.

Stress Busters

- Practice deep breathing. Take a deep breath, hold it for a few seconds, and then let it out. Continue to breathe deeply until you feel yourself calm down.
- Relax your muscles. Lying down, begin by tensing your toes, then relaxing them. Then tense your ankles and relax. Continue up your body to your forehead, tensing and relaxing each set of muscles. Then lie quietly for a few minutes, letting your body melt into the floor.
- Try meditation. Select a quiet spot in the house and a time when you can be quiet for 15 minutes. Sit down and rest your hands in your lap. Close your eyes. Clear your mind. Breathe in deeply, then let your breath out while you say a word such as "one." Repeat continuously. Try to clear all thoughts from your mind as you do this—it takes practice, but you'll find yourself able to do so for longer and longer periods of time.
- Manage your time effectively. Plan ahead so that you have enough time to arrive at appointments on time. Plan your day or week sensibly, so that you are not trying to get too much done in too little time.
- Find time to exercise. Exercise helps your brain release **endorphins**. It also gives you some alone time.
- Try Tai Chi or yoga. Many people find these activities helpful to relieve stress.
- Find ways to relax and take your mind off your daily routine: Read a book, watch your favorite movie/TV show, or spend time with a friend.

Paying attention to your emotional and physical health is the most important thing you can do to help your family member with TBI.

Endorphins are natural substances in your body that reduce stress and make you feel better.



The worksheet below helps you to evaluate your stress level.

You can ask health care providers to teach you stress reduction strategies and to provide you with relaxation tapes.

The 13-Item Stress Test

- | | | |
|----------|-------|--------------------------------------------------------|
| 1. True | False | I have a lot to do. |
| 2. True | False | I have more to do than I can handle. |
| 3. True | False | I'm not being productive. |
| 4. True | False | I'm trying really hard, but getting nothing done. |
| 5. True | False | I'm feeling unhealthy. |
| 6. True | False | I can't afford to take breaks or time off. |
| 7. True | False | I'm pushing myself too hard. |
| 8. True | False | I don't sleep very well. |
| 9. True | False | Too many people are telling me what to do. |
| 10. True | False | I am not treating people the way I want to be treated. |
| 11. True | False | I feel totally exhausted. |
| 12. True | False | Nobody is happy with what I do. |
| 13. True | False | I can't stand living like this. |

Scoring: The more True responses you circle, the greater the pressure you're feeling. Refer to the Stress Buster ideas on page 26 for suggestions to decrease stress.

Caregiver Self-Assessment Questionnaire

How are you?

American Medical Association
Physicians dedicated to the health of America



Caregivers are often so concerned with caring for their relative's needs that they lose sight of their own wellbeing. Please take just a moment to answer the following questions. Once you have answered the questions, turn the page to do a self-evaluation.

During the past week or so, I have...

- 1. Had trouble keeping my mind on what I was doingYes No
- 2. Felt that I couldn't leave my relative alone.....Yes No
- 3. Had difficulty making decisionsYes No
- 4. Felt completely overwhelmed.....Yes No
- 5. Felt useful and neededYes No
- 6. Felt lonelyYes No
- 7. Been upset that my relative has changed so much from his/her former self.....Yes No
- 8. Felt a loss of privacy and/or personal timeYes No
- 9. Been edgy or irritableYes No
- 10. Had sleep disturbed because of caring for my relativeYes No
- 11. Had a crying spell(s)Yes No
- 12. Felt strained between work and family responsibilities.....Yes No
- 13. Had back painYes No
- 14. Felt ill (*headaches, stomach problems or common cold*)Yes No
- 15. Been satisfied with the support my family has given meYes No
- 16. Found my relative's living situation to be inconvenient or a barrier to careYes No
- 17. On a scale of 1 to 10, with 1 being "not stressful" to 10 being "extremely stressful," please rate your current level of stress. _____
- 18. On a scale of 1 to 10, with 1 being "very healthy" to 10 being "very ill," please rate your current health compared to what it was this time last year. _____

Comments:
(Please feel free to comment or provide feedback)

Journal

The questions below can help you reflect on your experience as a caregiver. You can write your thoughts here, copy this page and add it to your journal if you keep one, or reflect on these questions in your journal.

What are the main sources of stress in my life? How do I handle it? How could I handle it better?

Other ideas for emotional self-care that I will try:

Ideas for taking care of myself physically that I plan to do:



Helping Your Children Cope with TBI

Having a parent with TBI can be frightening for a child who looks to his or her parent to provide strength and safety.

The parent with TBI may no longer act the same as he or she did before the injury. Your family member/parent with TBI may be angry, depressed, or uncertain.

As a result, the special parent-child bond that existed previously has changed.

Children may be confused and upset about what is going on. This could be due to worry about a parent's condition or concerns about changes in their parents' relationship. It could also be due to financial strains, or simply adjusting to the new "normal."

It is important to recognize that your children are grieving, just as you are. They may withdraw from social activities with peers, have mood swings, become withdrawn or disruptive, do poorly in school, and show other behavioral problems.

Children also need time and space to be kids. Communicate with your child that he or she is not to blame for the TBI.

Some children may need to take on some caregiving tasks for the parent or for younger children in the family. Children who care for parents or other relatives experience considerable conflict over the reversal of roles between parent and child.

Make sure any tasks that your child takes on—household chores, for example—are suitable for his or her age. Strive as much as possible to

Many children feel as if they have lost both parents: one to TBI and the other to caregiving.

Remind your children that you are the caregiver and that they can rely on you to be their parent.

"Thankfully, they're pretty adaptable, but still they're kids, and that's why we've had to seek counseling. My son is dealing with secondary post-traumatic stress disorder. He's very terrified that every time my husband goes in the hospital, he's not going to come home. So we deal with that. With my daughter, we're kind of dealing with the teenage issues. Plus she's pretty angry at my husband.

He's not who he used to be. You know, I think the key is talking, keeping the lines of communication open, letting your kids express to you if they're mad, angry, whatever it is. It's okay. Emotions are okay. Do not hold it in because that's going to make it worse in the long term."

- Anonymous

Children need time to grieve.

find other adults to help you, rather than relying on your children to play a major caregiving role.

You can help your children by explaining TBI in a way that they can understand (see below). Ask a health care provider to talk with your children.

Build new family routines, and keep an eye out for signs that your child is not coping well.

The table on page 34 offers some ways to explain TBI to children of different ages. If your child appears to be depressed for a long time or he or she begins taking on risky behaviors, seek professional help.



“When Tim was starting to read and do word finding, those games were fun activities for the kids to do with him. They took part in his recovery, and I think that involvement was probably the key factor that kept the children from getting resentful, from being isolated. The kids have told me since then that they had wanted to know about things sooner. They thought that we kept a lot of things from them.


I still think that there are some things kids at that age don’t really need to know and they learned things along the way that they were ready for. But they did want to know. They’re very intuitive. Sharing age-appropriate information meant that they still had a little control in their lives, too. They could then process why Mommy and Daddy had to be away and not go to the dark side of their imagination thinking their worlds were falling apart and not have a clue as to why. I think not discussing the issues is probably the worst thing you can do for your children. They don’t like being left in the dark.”

- Shannon M.

How Can I Tell My Child about TBI?

It is difficult to explain TBI to a child. Yet it is vital to tell your child what is going on. Some adults try to protect children from the truth because they think they are too young to understand.

Children of almost any age are aware that something is wrong and they want to know what is happening.



“You know, it’s still a daily thing. TBI is definitely a hard thing to grasp. I think the hardest thing, especially for our teenage son, because maybe he is older, is that his Dad is 37 on the outside, but on the inside he’s younger. Our son is going to continue to get older and get more mature and grow up, and his Dad is kind of where he’s going to be.

I just think a lot of communication is the key. Ask them: Do you have questions? What are you struggling with today? What don’t you understand? We also go to therapy. I stressed to our son that this isn’t going to go away. This is a lifelong disability. We have to learn to deal with it and cope with it, and you can’t do it on your own. You cannot do it on your own.

Getting plugged in to support groups that are geared for TBI, seeking out counselors that know TBI and can give you strategies on how to deal with situations, those things are important. That’s what it’s about for us right now. It’s about getting the mental help and the feedback that we need and realizing that, really, we’re not alone.”

- Anonymous

Communicate in an age-appropriate way what has happened to your family member with TBI. Protecting your children by withholding information may backfire. Children have active imaginations that may create a scenario worse than reality.

How you tell your child about TBI depends on the age of the child. The table on the next page offers strategies that you can use, depending on the age of your child.

What Are Specific Ways to Explain TBI to a Child?

Here are some suggestions for how to explain TBI to a child:

- The brain is similar to the command station of a space ship. If a meteorite hit the command station, the crew would not be able to control what the space ship does. If the brain is hurt, it may send out the wrong signals to the body or no signals at all. A person with TBI may have a hard time walking, talking, hearing, or seeing.

How Can I Communicate with My Child about TBI?

Age and Stage of Development	Communication Techniques for Parents
<p>Age 2-3 Can differentiate expressions of anger, sorrow, and joy</p>	<ul style="list-style-type: none"> • Communicate using simple words. • Use picture books. • Create simple books with pictures of family members and simple objects that the child understands (hospital, doctor, bed, rest). • Offer dolls to play with so they can recreate what is happening at home or at the doctor's office.
<p>Age 4-5 More self-secure, can play well with others, tests the rules, 'magical thinking'</p>	<ul style="list-style-type: none"> • Select books with stories that mirror families like yours to help your child relate. • Familiarize your child with pictures of objects and concepts related to medical care and health (hospital, gown, doctors, flowers, bed, coming home from the hospital). • Incorporate play with a child's 'doctor kit' to familiarize your child and symbolize what is happening.
<p>Age 6-7 Capable of following rules, enjoys having responsibility Uncertain of the relationship between cause and effect; parent is the primary source of self-esteem</p>	<ul style="list-style-type: none"> • Use interactive communication—reading books and creating stories with your child. • Help your child create his/her own "this is our family" album and talk about the photographs and memorabilia. • Watch movies with story lines similar to what your family is experiencing.
<p>Age 8-11 Has a better understanding of logic and cause/effect, less centered on self, able to understand others' feelings, can empathize</p>	<ul style="list-style-type: none"> • Listen to your child's thoughts and opinions. • Ask questions that go beyond yes and no. • Depending on your child's level of development and understanding, speak with direct, reality-based explanations that include facts. • Include the sequence of events involved, and what to expect.



Age and Stage of Development	Communication Techniques for Parents
<p>Age 12-17</p> <p>Experience puberty and physiological changes, seek freedom and independence, acceptance by peers is extremely important, develop more intimate relationships, more thoughtful and caring</p>	<ul style="list-style-type: none">• Speak honestly and realistically.• Give facts, what is expected to happen including the diagnosis, prognosis, treatments, and expected outcomes.• Talk with your children, not to them.• Check in and offer time to discuss concerns frequently.• Listen attentively.• Ask questions that can be answered with more than 'yes' or 'no.'• Stay alert for risky behaviors, acting out, or noticeably withdrawn (if this is a new behavior).• If risky behaviors are present, seek professional help.

- The brain is the computer for the body. When injured, it doesn't boot up properly, runs slower, has less memory, etc.
- A broken bone will usually heal and be as good as new. A brain injury may not heal as completely. Even though the person with the injury may look the same, he or she may still be injured. These injuries might include having a hard time paying attention or remembering what you told him or her. He or she may get tired easily and need to sleep. He or she may say or do things that seem strange or embarrassing. He or she may get angry and shout a lot.
- Many people develop anger as a direct effect of the damage to the brain. In other words, the parts of the brain that normally stop angry flare-ups and feelings have been damaged and do not do their jobs as well. The parent with TBI may be mad because he or she can't do the things he or she used to do. His or her feelings may be hurt because others treat him or her differently than before the injury.
- A cut may take a few days to heal, a broken bone a few weeks. Getting better after a brain injury can take months or even years. Sometimes, the person will not get 100 percent better.
- Brain injury changes people. These changes can be confusing. Try to remember that the changes you see are caused by the brain injury. You can still love and care about the person.

It can be challenging to put TBI into simple terms that a child can understand.

More information can be found on www.neuro.pmr.vcu.edu.

Listen to your children's concerns.

What Are Some Tips for Helping Children Cope?

- Provide information to your children about what to expect before they are reunited with their parent with TBI. For example, explain in advance what they may see in the hospital. Describe how their parent will look, behave, and react before he or she comes home.
- Be flexible. Take your cue from your child about when he or she wants to resume his or her normal routine. Encourage children to stay involved with friends and school activities.
- If your children choose to attend their activities, ask friends or relatives to take them. Ask friends to take over caregiving when you need to go to watch your son or daughter play basketball or appear in the school play.
- Encourage your children to talk about their fears, hopes, and worries. Allow safe and appropriate ways for your children to express their emotions.
- Meet with your children's teachers to explain what has happened and the effects on the family.
- Encourage other family members, friends, or other important adults in your child's life to share time with your child and to act as a sounding board, if needed.
- Your children may say upsetting things to you. Just listening can be the best support for them.
- Re-establish routine for your children. Consistent dinner and bed times may help.
- Encourage your children to talk about what familiar characteristics and behaviors of their parent they are starting to see.
- Be easy on yourself and your children. A certain amount of stress is normal.
- Be careful not to set a timeframe with your children for when recovery will occur. Children want it all to happen quickly, and it is hard to predict recovery after TBI.
- Stay alert for changes in their behavior. Get counseling for your child to help him or her cope with grief, especially if the child appears depressed or is adopting risky behaviors.
- Recognize that some children may pull away for a while. Others may regress to younger behavior, becoming very dependent, demanding constant attention, or exploding in temper tantrums. These behaviors should return to normal over time as the child adjusts.

- Teenagers may be embarrassed about their parent with TBI. Rehearse with them how to respond to comments or questions about how their parent looks, behaves, and speaks.
- Sesame Street Workshop has produced videos to help children in military families understand issues related to military service and to help parents communicate effectively with their children about these issues. One video addresses “Changes” that occur when a parent has been injured. You can find these videos at <http://archive.sesameworkshop.org/tlc>.

At the same time that you are providing factual information about TBI, don't forget to include reassurance that you are still a family and love one another.

“Once we felt that he was doing well enough and could express his needs and I didn't have to be there for 12 hours a day, we had a discussion. We came to the agreement that I would be with him when the kids are in school, but it would be fine for us not to be there every afternoon afterwards because we wanted the kids to have normalcy. We wanted them to go play at the park and have activities and things in the afternoon. So that really took a load off.”

- Anna E.



How Can I Build Stronger Family Ties?

Set time aside each week for your family to spend some fun time together, and move the family focus away from TBI. Try these ideas with your family:

- Have a family meeting. Explain that you plan to hold a family time every week, and ask for ideas for when and what to do (if family members are old enough to participate). Family members could take turns choosing activities.
- Turn off the video, cell phone, e-mail, etc. during family time. Your goal is to interact with and enjoy each other.

You may not be able to preserve all of your previous family routines, but you can create new ones.

- Try activities that everyone in the family can enjoy. This might include doing things like playing board games, taking a walk or run, or baking cookies. Find activities where everyone in the family can play a role.
- In addition to family time, schedule some individual time with each family member. Children need to have time alone with their parent(s). This helps them feel heard and appreciated. Plan an activity with each child—a shopping trip, movies, story time—and schedule it in on a regular basis.
- To build closer family ties, encourage the children to play simple games with their injured parent. Such games may also help the injured parent practice skills to help in recovery.
- Think about your family rituals and keep them on the schedule. If you plan elaborate holiday decorations, you may need to cut back this year but you can still celebrate more simply.



“When my husband was first diagnosed with TBI, he realized he couldn’t do math anymore. So we had to work on math skills. He and the children worked on doing simple math again and learning algebra. Working out math problems helped us come together again as a family. Doing things together brings you close. Even going to all the appointments together helped us bond. It is a trying time, but it does help bring you back together. We are such a close family now.”

- Lynn C-S.

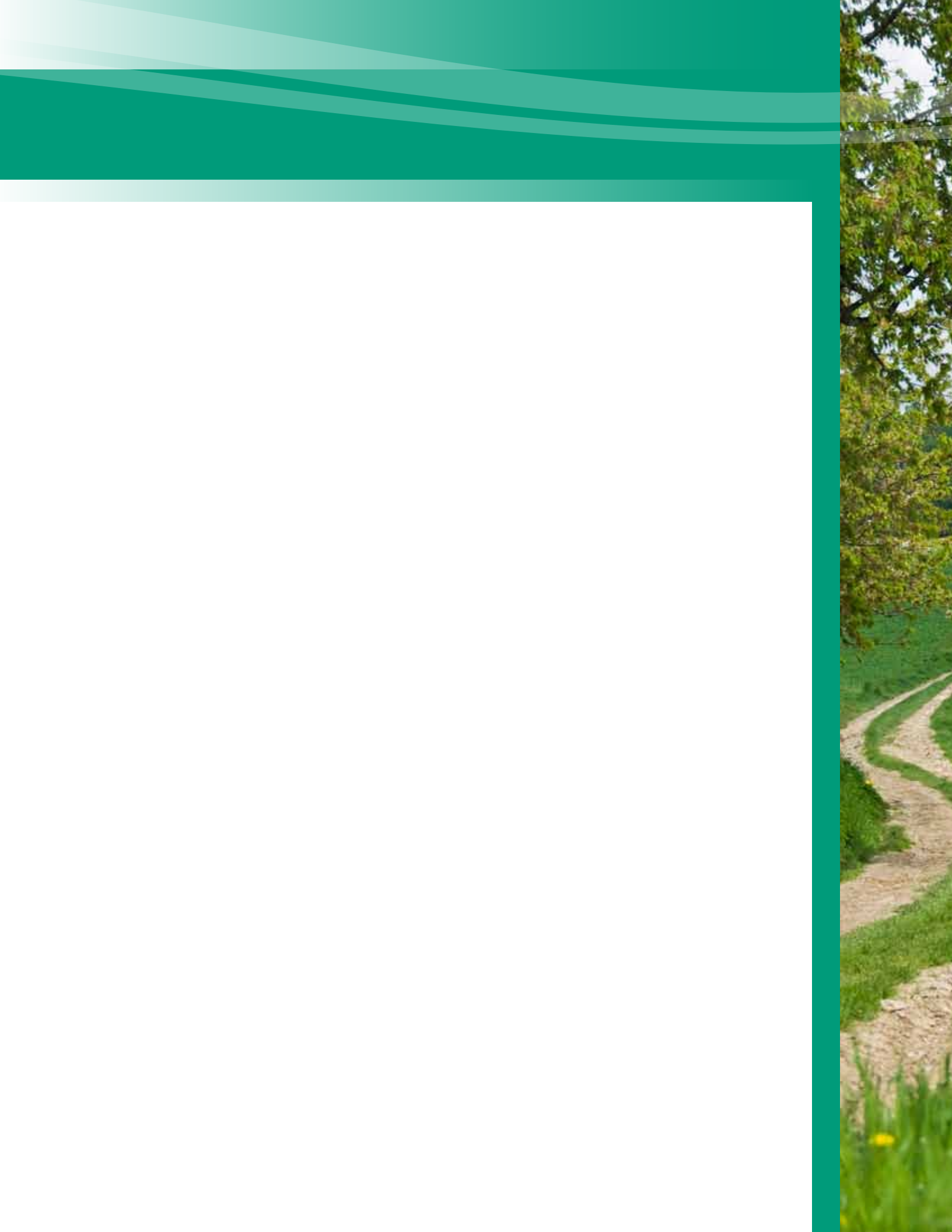


Journal

The questions below can help you reflect on your experience as a caregiver. You can write your thoughts here, copy this page and add it to your journal if you keep one, or reflect on these questions in your journal.

What questions have your children asked? How are they adjusting to the changes in the family?

What new routines do you think your family would enjoy that would help your family adjust to the new normal?



Addressing Family Needs

Everyone in the family is affected by TBI. As the primary caregiver, your role within the family has changed. The role of your family member with TBI may also have changed.

Role changes can be emotionally demanding.

Other challenges include learning how to balance work, family, and your own needs, in addition to caring for someone else. Changes in finances, social life, and relationships also add stress to the family.

Conflict among family members regarding the care and treatment of the injured family member may also occur.

Addressing family needs means paying attention to family members' emotional needs and addressing them.

"It hasn't been done without a lot of crying. The dynamic on the family is awful. It will either make you or break you."

- Nellie B.



How Can I Build on My Family's Strengths?

You can learn to cope with the stress of TBI by finding and building on your family's strengths. No family is perfect.

As you read this section, think about your family's strengths. Then think about areas that you would like to be stronger. Discuss these with family members and choose one area that you can work on together.

Family strengths include:

- **Caring and Appreciation**
- **Commitment:** One way to build commitment is to create and maintain family traditions.
- **Communication:** It's important to keep lines of communication open. Active listening is important. When the other person is telling you how he/she feels, try re-stating what he/she just said to see if you understand his/her position correctly.

All families have strengths and weaknesses.

- **Community and Family Ties:** Keeping close ties with relatives, neighbors, and the larger community can provide useful sources of strength and help in trying times.
- **Working Together:** Sharing tasks and decision making will help your home run smoothly. When important decisions need to be made, all family members should share their points of view.
- **Flexibility and Openness to Change:** A TBI in the family means that everyone's roles and responsibilities will shift. Learning to manage change can be a challenge, but it can be done.

Use "I" statements to share your feelings, rather than "You" statements. For example, if you're upset because your brother didn't show up to drive you to the hospital on time, you might say: "I feel upset when you are late to pick me up. I am anxious to get to this important medical appointment on time so that I have the doctor's full attention" instead of, "You are always late."

The former states your feelings; no one can argue about your own feelings. The latter attacks the other person, making him or her feel defensive and more inclined to argue with you.

"It's just frustrating to not have the same kind of relationship, to have to be more of a caretaker than a partner, or a mother/son or a mother/daughter. You know, people who are injured have all kinds of things going on in their own head, so it's hard for them to relate to you because they're going through their own agony. So the frustration of being that person sometimes is just hard."

- Anonymous



How Can I Preserve My Marriage or Relationship?

TBI can affect the dating or marital relationship, just as it affects other areas of family life.

In addition to the stress that caregiving may bring, the spouses of people with TBI may lose the intimacy with their partner that they once enjoyed.

Intimacy is the emotional and physical closeness between partners. It consists of both emotional and physical/sexual intimacy.

“Intimacy is something that I think a lot of couples with TBI have trouble with. Some too much, some too little – but certainly changes from pre-injury. In our case, there were periods of more emotional withdrawal, whether from the medications or the injury itself. For me personally, helping other families has filled that emotional void. Focusing on the children and focusing on my husband has filled that emotional void in a different way.

Physical touch, I’ve found that massage really helps. When I’m feeling like I’m just out there on my own, sometimes if I go get a massage, then that sort of relieves that physical tension.”

- Anonymous

Following a TBI, your service member/veteran may experience effects of the injury that may affect your relationship. Module 2 describes the possible physical, cognitive, emotional, and behavioral effects of TBI. Most of these changes improve over time.

There may be changes in sexual interest and activities due to TBI.

“You feel very nervous or not so comfortable talking to the doctors about sexuality or what’s happening, especially in the early stages. But it’s a big concern for a wife. It’s a big concern for me, especially because we don’t have any kids yet. So it could mean... who knows... no kids, or it could mean...? It was just a big concern for me.”

- Anonymous

People with TBI may lose interest in sex, become impotent, or may not be able to have an orgasm. This is often due to biological changes or the medications that they may be taking. This is a common effect of TBI, so do not hesitate to talk with your provider about this.

Some people with TBI may show their sexual interest in ways that are not socially acceptable. They may misinterpret social or vocal cues and therefore behave inappropriately.

Seek professional counseling, if you need it. All marriages go through ups and downs; there is no stigma in seeking help. Military family advocacy programs and other on-base support programs provide a resource for counseling and help.

See Module 4 for counseling resources available to military families.

“I think that one of the hardest things is that with a brain injury, you step into the role of being a caregiver..... I’ve ended up feeling like mom pretty much and not so much a wife, if that makes sense.

That’s been hard for me, because another issue that we have is his judgment sometimes, the things he does. I feel like I end up being mom. ‘No, you can’t go spend all your money at once.’ I hate that feeling because he views me in that way now. I don’t want to be mom to him. So that’s really hard.

Sometimes I just wish he would go get more counseling for himself. You know how some of these guys are. It’s like a sign of weakness to go talk to somebody about things, especially being in the Army. They don’t want to admit something is wrong. I’ve tried to tell him, I can’t handle everything myself. So that’s been an issue.”

- Anonymous



What are Other Ways TBI May Affect My Family?

Spouses and in-laws may disagree about who is the best caregiver or where care should be provided.

If you are experiencing this kind of family conflict, you may need to advocate on behalf of your loved one with TBI to other members of the family. (See Chapter 2 to learn more about advocacy skills.)

Keep in mind that every family member involved in this type of conflict loves the family member with TBI and wants the best for him or her.

Remember that everyone is under a great deal of stress. Try to talk openly about each person's point of view.

Seek professional guidance if you are unable to resolve the issues yourselves.

Caring for your loved one may make existing family issues worse. If you find you are having difficulty with treatment decision making, you can get advice from a member of the health care team.

What Can I Do If Caregiving is Just Too Much?

It is helpful to know yourself and your limits. Your back-up plan may include finding temporary or more permanent residential care for your family member with TBI. Discuss quality of life issues with your family and health care professionals. Your choices may include:

- Give others permission to care for your loved one.
- Seek assisted living facilities and board and care homes—for those who have difficulty living alone but do not need daily nursing care.
- Consider nursing homes, also called skilled nursing facilities—for individuals who need 24-hour nursing care and help with daily activities. Skilled nursing care can also be provided at home by nurses you hire.

Check with your case manager(s), VA liaison, and/or military liaison for residential care benefits that may be available to your family member with TBI. Also, see Module 4 for benefits available to military/veteran families.

Many organizations will assist service members/veterans and families in paying for additional costs. Talk with your case manager to help learn more about this.

Learn more about residential facilities from this fact sheet from the Family Caregiver Alliance:

http://caregiver.org/caregiver/jsp/content_node.jsp?nodeid=1742.

Some families experience conflict over the care and treatment of their family member with TBI.

If caregiving gets too demanding or other circumstances prevent you from being a caregiver, have a back-up plan in place.

Sources of Information About Residential Care

Disabled American Veterans	National Service Officer: http://www.dav.org
Veterans of Foreign Wars	National Service Officer: http://www.vfw.org
Paralyzed Veterans of America	http://www.pva.org
National Resource Directory	https://www.nationalresourcedirectory.org
Long term Care: Veterans Affairs	http://www.virec.research.va.gov/DataSourcesCategory/LongTermCare/LTC.htm
Residential Care	www.dvbic.org : Laurel Highlands NeuroCare, Pennsylvania and Lakeview NeuroCare, Richmond, VA
Vocational Rehabilitation and Employment Program: Veterans Affairs	http://www.vba.va.gov/bln/vre/index.htm
Independent Living Program: Veterans Affairs	http://www.vba.va.gov/bln/vre/ilp.htm
Life Insurance: Veterans Affairs	www.insurance.va.gov
Specialty Adapted Housing Program: Veterans Affairs	http://www.homeloans.va.gov/sah.htm
Traumatic Injury Protection Under Servicemembers' Group Life Insurance (TSGLI)	www.insurance.va.gov
Army Wounded Warrior Program (AW2)	www.aw2.army.mil
U.S. Marine Corps Wounded Warrior Regiment	http://www.woundedwarriorregiment.org
NAVY SAFE HARBOR-- Severely Injured Support	www.npc.navy.mil/safeharbor
Air Force Wounded Warrior AFW2	http://www.woundedwarrior.af.mil



Journal

The questions below can help you reflect on your experience as a caregiver. You can write your thoughts here, copy this page and add it to your journal if you keep one, or reflect on these questions in your journal.

How has your relationship with your service member/veteran with TBI changed?

Are you experiencing conflicts with other family members? Describe each person's point of view in the conflict. List strategies that you could use to resolve the conflict.



Transitioning to Home

The transition to home can be an exciting step, but it also can be stressful. Remember, you do not have to do it all yourself. Plan and prepare before your family member comes home.

If possible, try a practice weekend at home. A practice weekend will alert you to how much help you may need. Talk with your health care team about the transition to home and make a plan.

“We had gotten a pass to come home for a visit. The kids were so excited to see their dad. Then when we came home for good, they were really excited to have dad back at home.”

- Aimee W.



Your Point of Contact(s), case manager(s), VA liaison, and/or military liaison are the point persons for helping you transition to home or another facility. They help identify available resources of regional and national services for which you or your family member with TBI may be eligible. (See Module 4 to learn more about Points of Contact.)

You are providing a very important service to someone you care about. This chapter will provide information about:

Managing TBI care at home, by:

- tracking treatments, and
- managing medications.

Organizing:

- your caregiving tasks
- supportive family members and friends who can help
- your home life to take care of your service member/veteran with TBI.

Asking others for help is not a sign of weakness and it makes good sense. Asking for help is a good way to find resources that will support you and your service member/veteran throughout the recovery period.



“The biggest challenge? Just the stress of being the only person. It’s hard most days. Being everybody’s memory and being everybody’s person that does everything, that cooks and cleans, and makes sure everybody gets where they need to go, and everybody remembers where they need to go. It’s overwhelming for the most part.

You kind of wish that you had more of a partner than somebody you’re taking care of, but it’s not their fault. They can’t help it. They were just doing their job.”

- Emily S.

Before your service member/veteran with TBI goes home from the hospital:

- Ask the Point of Contact (POC), case manager(s), VA liaison, and/or military liaison about resources your family member will qualify for from the federal, state, and local government. (Learn more about POCs in Module 4.)
- With the help of your health care team, write a master schedule for your family member. An example is included on the next page.
- Ask for a written list of all therapy and exercises (diagrams or pictures of the exercises) to be done at home.
- Ask for help. Seek out people who offered to help and ask them to be available (See page 54 for more tips.)
- Identify services available in your community you can contact for help. The National Resource Directory (www.nationalresourcedirectory.org) may be helpful. Local brain injury, veterans support groups, and chapters of the Brain Injury Association can also be good resources. (See Appendix.)
- Prepare yourself and your home before your family member with TBI arrives. If your family member has physical disabilities, your health care team may be able to do a home safety evaluation.
- The Department of Veterans Affairs (VA) and some charities have programs that will modify your home to accommodate your service member/veteran’s needs.

- Decide what projects and chores can be put off for a while; give yourself permission not to do it all.
- Make a list of the assistive devices your family member is using in the hospital. Ask the case manager to make sure you will have the same assistive devices at home. Be sure you have prescriptions written for devices needed at home.
- Know who on the health care team to call for what and post it at home. You may wish to use the form at the end of the chapter (page 64) to organize contact information for the health care team.
- Make plans to give yourself a break each day. Have someone come to the house, so you can get out for a breather. (See Respite Care, page 60.)

What to Expect

- Know that your family member with TBI will do best with structure, consistency, and a schedule.
- Stick to your master schedule (see sample below), so you don't have to rely on your memory during this time of transition.
- People with TBI often get more confused. Their behaviors and cognition problems may appear worse for a while after a change—even if it's a good change. Your family member will settle in over time, just as you will.

MASTER SCHEDULE

Sample Weekday Activity Schedule – tailor this for your family member's specific needs

8:00 a.m. – 9:00 a.m.	Breakfast, Take Medications
9:00 a.m. – 10:00 a.m.	Dressing, Toileting, Grooming
10:00 a.m. – Noon	Physical Therapy Activities & Rest
Noon – 1:00 p.m.	Lunch, Bathroom, Rest
1:00 p.m. – 4:00 p.m.	Communication Therapy/Occupational Therapy/Therapeutic Recreation* & Rest
5:00 p.m. – 6:30 p.m.	Dinner, Take Medications
Evening	Leisure Activities
9:00 p.m.	Bed Time Activities

*Rotate activities as recommended by therapists

Living with a TBI usually means taking multiple medications to treat the symptoms.

How Do I Manage Care at Home?

How Do I Manage Medications?

It is important to keep track of what medications are being taken and when.

Here are tips to manage medications and prevent mistakes:

- Always inform all members of your health care team of any drug or latex allergies.
- When you leave the hospital or treatment facility, be sure you get a copy of the discharge instructions. They will include a list of all the medications your service member/veteran will be taking.
- When picking up prescriptions from the pharmacy, have the pharmacy provide written information about the current prescriptions.
- When picking up the prescription, make sure the order has your family member's name on it. Make sure it includes the correct pills at the right dose.
- Ask the doctor and/or pharmacist
 - what the medication is for, what it does
 - what to do if you miss a dose
 - when/how to take it (empty or full stomach, day time or bed time)
 - what to do if there are side effects.
- Make sure the doctor is aware of all other medications. This includes supplements and herbal products that your family member takes. There might be possible side effects or harmful interactions.
- Keep an up-to-date medication log with all prescription and non-prescription items. Include over-the-counter medications like antacids, pain relievers, supplements, high energy drinks, and herbal products.
- Carry the medication log (page 7) with you every time you have a medical appointment.
- Use a pill box to help you organize the medications and to help your family member take them on time.
- It is never a good idea to stop medication on your own; always consult a provider first to discuss.
- It can also be dangerous to adjust the dosage of medications on your own, without consulting the physician.
- If you are having financial difficulties that make it hard to pay for medications, contact your case manager.

- Your family member with TBI should NEVER take any medication without talking to the health care provider first.

Tips for Tracking Treatments and Side Effects

- List side effects of medications (date and time) on the medication log at the end of this chapter. Ask the doctor which side effects are serious and call immediately if they occur. More information on side effects can be found in Module 2.
- Write down results of tests (such as blood pressure, blood sugar, and/or medication blood levels). If you are checking your family member's blood pressure or blood sugars at home, write down the values.
- Be sure to take these results to appointments with health care providers.

Does My Family Member Need an Assistive Device?

For people with TBI, it can be a challenge to accomplish daily tasks such as talking with friends, going to school and work, or participating in recreational activities. **Assistive devices** can make it easier for a person with a disability to manage these activities.

Assistive devices can be anything from simple to complex devices such as:

- a magnifying glass
- a timer to remind the person when to take medications
- a touch-fastener grip attached to a pen or fork for eating or writing
- a PDA (Personal Data Assistant)
- a special telephone that helps people with speech and hearing problems to communicate
- braces, splints
- canes, walkers, crutches
- calendar or memory notebook for tracking appointments, planning, organizing
- medical alert bracelet or emergency call system
- eye patches, prism glasses
- special beds.

Keep the phone number for equipment companies available for emergencies or machine malfunctions.

Assistive devices are tools to help your service member/veteran be more independent.

Your family member with TBI will be evaluated during rehabilitation to see if assistive devices would enhance his or her independence and capabilities.

Find out if the devices being used during inpatient stays should be included in the discharge plan. Devices prescribed by a provider are more likely to be funded by the military, VA, or insurers.

Does My Home Need to be Modified?

Home modifications may be relatively minor and inexpensive, such as installing grab bars, handrails, and lever handles. They may also be major and very expensive, such as:

- installing elevators or lifts
- enlarging doorways to allow wheelchair passage
- modifying kitchens for easier meal preparation
- installing emergency communication systems.

Don't rush into major modifications because your service member/veteran's needs may change over time.

Ask the health care team what, if anything, needs to be done to modify your home before your family member is discharged. You can plan other modifications as his or her rehabilitation continues.

See Module 4 for resources to assist you with home modification.

How Can I Organize to Get Help with Caregiving?

Here are some steps to consider in organizing your home life:

- Identify family, friends, or those in the community who can assist you in the home.
- Ask a friend or adult family member to read this section and assume the role of coordinating the **Home Care Team**. This will take a load off your mind, even if it is short-term help. You can work together to get the outside help you need.

Your Home Care Team

- Family members
- Friends
- Members in the community
 - Faith organizations
 - Local charities
- Home health care providers

Your home may need to be altered to make it more livable.

A Home Care Team are the friends, family, and others who will help you do all that needs to be done at home to care for your family member with TBI.

- Outline your tasks. Not just tasks to take care of your service member/veteran with TBI, but tasks that lighten the load for you and other members of the family.

Don't feel like you need to do everything.

What Needs to be Done?

Your new "normal" day will now consist of your usual everyday tasks, plus the care and treatment tasks for your family member with TBI. These care and treatment tasks may take up much of your time.

Your Home Care Team may be able to help you with many everyday tasks and possibly some of your family member's care tasks. A possible listing of tasks appears below. If you ask your children for help, be sure the tasks you give them are age-appropriate.

Creating your Home Care Team

- Bring family members and friends together, and request their help in caregiving.
- It is important to accept help because it's not likely that you can do it all yourself.

Though it may be difficult to ask, find people who are willing to help.

Type of Task	Specific Task	Who Can Do This Task /Resources	Community Resources
Everyday Tasks	Food Preparation Housework Finance/Insurance Transportation	Family members Neighbors Friends	http://www.fianationalnetwork.org www.VFW.org
Care Tasks	Medical Appointments Supervision Personal Hygiene Medical/Nursing Care	Caregiver Family members Hired home care aides	www.legion.org/veterans/h2h/about
Other	Support for Recreation/ Employment/ Education/Legal	Veterans service organizations, religious organizations, workplace, social group/clubs	www.ourmilitary.mil www.purpleheart.org www.DAV.org



“Pat’s family did a lot of research for me as far as different things that were available. I really didn’t do a lot of it myself because I was at the hospital. They were trying to find ways to help.

I just think one of the best things I did for Pat is opening up about his injury to everyone and letting everyone support us. I know the head injury has a lot of things that can go on and maybe things that are embarrassing that you don’t want people to know. We started a family Web site—I write everything that’s going on as a way for me to keep track of his progress and to let people know what we need and how he’s doing. It’s been like a record for me.

We still have people involved. I think that’s really important, to let your friends in. Let them help you. Let your family help. Let them be a part of the recovery, because when you see them, you can see it in their eyes. They’ve been as much a part of it as you have. I just think that’s really important.”

- Patty H.

- If you do not have time, have a family member or friend help you organize your Home Care Team.
- If possible, ask your family member with TBI which people he or she would like involved.

How to Ask for Help

Tips for asking for help from others:

- Write down the names of those who offer. See the Possible Home Care Volunteer form at the end of the chapter to keep track of possible volunteers. (A copy of this form can also be found in the Caregiver’s Companion.)
- Make a list of everyone close to you and your service member/veteran who can be part of your caregiving team.
- Make sure word of the injury gets out to any groups, social organizations, and faith organizations to which you and your service member/veteran belong.

Some people find it really tough to ask for help. If that's you, put yourself in the shoes of a family who needs help. You would most likely be willing to help them if the tables were turned. So, tough as it may be, let them help you. If you're too stressed to even think about organizing others to help, ask a friend to take on this role.

- Gather lists of names, phone numbers, and e-mail addresses, and add these names to your list.
- Check into organizations that specialize in helping:
 - America Supports You/U.S. DoD Community Relations (www.OurMilitary.mil)
 - Faith in Action National Network (www.fianationalnetwork.org)
 - Heroes to Hometowns (www.legion.org/veterans/h2h/about). (See Appendix.)
- Once you have a list of names, call or create an e-mail group based on your list of names to invite others to help.
- If you do not have a computer or don't know how to use one, ask a friend who is tech savvy to help you send out a group e-mail.
- Keep a large calendar near the phone. As you schedule others to help, jot down their names and the tasks they will do. Do not rely on your memory.
- Ask for specific help. For example, ask someone to go grocery shopping or come over and spend time with your service member/veteran while you go out to do something for yourself.

"We were fortunate in two regards. One, we have a very close family. They were all there for us whenever we needed them. Our neighbors would keep our 13-year-old daughter when Mike and I had to fly out. So we had a really good support group as far as people wanting to help. If it meant bringing a meal over, that's what they did."

- Pam E.



Suggestions for coordinating your Home Care Team.

Coordinate Your Home Care Team

- Consider holding a meeting for all Home Care Team members to discuss the specifics:
 - issues regarding the injury and your family member's needs
 - current needs of your family member with TBI and the rest of your family
 - the roles or tasks each team member can take
 - exchange of contact information
 - members' availability and tasks they are willing to do (write these down)
 - identification of a team leader to make phone calls to team members during emergencies or to re-organize schedules.
- Invite potential Home Care Team members to the hospital or rehabilitation center to learn more about TBI and your family member's specific needs.
- Manage Home Care Team schedules on a master calendar (keep this in your home).
- Have an easily visible list of important information:
 - location of pharmacies
 - grocery stores
 - medical information
 - list of phone numbers of people to contact in an emergency.
- Have some cash available for helpers in case of emergencies, an extra set of house keys, and a spare set of vehicle keys.

Create Routine in Tasks

- Set up chore lists, schedules, meal menus, grocery lists as things run out, etc.
- Create and document routines. You relieve yourself of having to constantly make decisions that take up time and emotional energy.



You can keep your family, friends, and Home Care Team updated on progress by creating a personalized Web page at sites such as www.carepages.com or www.caringbridge.org. These are free. Web pages are easy to set up and give you the ability to provide updates on your service member/veteran's progress, get support, coordinate care, and share information—all in a short e-mail note. Your family and friends can send you and your service member/veteran notes of inspiration and friendship.

Many families ask someone outside of the immediate family to establish the Web page and then this person shows the family how to do updates, which is simple. Most hospitals/rehab centers have computers for families to use to make the updates. These Web sites greatly reduce the burden on families in telling the same story and updates over and over on the phone, which can be emotionally and physically exhausting.

"This is another tool, caringbridge.org. Originally when the injury occurred, all the family was calling. It was just too overwhelming. I couldn't call everybody every day. So the people at the Fisher House in Landstuhl, Germany told me about this Web site. It was great. You could download pictures, and set up a Web site for your injured soldier and fill it out. Every day I went on there to write my daily journal. That was the journal that I kept."

- Cindy P.



Time Management

There may be more to do than you have time and energy for. To help manage your time, the following will help you prioritize:

- Decide which tasks need to be done right away and which tasks can wait until later.
- Prioritizing allows you to focus on those tasks that absolutely need to be done. Delegate others to your Home Care Team members.
- You can do the urgent and important tasks. Schedule your Home Care Team members to do the “not so urgent” important tasks.

Time Off: Respite Care/Day Programs

The demands of being a caregiver may cause many challenges. Respite – time off – care helps both the caregiver and service member/veteran in living with brain injury.

Respite care is a valuable resource to you and your family member.

Respite care offers a break and allows you time for yourself.

A companion or sitter may provide respite at home.

Respite may be provided outside of the home in an adult day care or assisted living or nursing facility.

It can range from a few hours per day, a week, or short-term placements.

Day Rehabilitation Programs may help your family member remain in the home.

These programs may also provide meaningful, engaging, structured activities during the day while you go to work outside the home.

Respite services for persons with TBI are generally supported by government grants and contracts, nonprofit agencies, Medicare, Medicaid, and through self-pay (most often sliding scale fees).

Many VA Medical Centers offer respite care and day programs. See Module 4 for additional resources.

TRICARE provides respite care for homebound service members on active duty who meet the following criteria:

- their conditions or injuries make them unable to leave home without taxing effort
- they need more than two interventions during the eight-hour period per day when the primary caregiver would normally be sleeping.

Respite care is “planned or emergency care provided to a child or adult with a special need in order to provide temporary relief to the family caregiver.”

Where can you find respite programs?

For these individuals, TRICARE provides a maximum of eight hours of respite per day, five days per week. This benefit is retroactive to January 1, 2008, and has no cost shares or co-pays. For more information, consult www.tricare.mil.

The National Resource Directory (www.nationalresourcedirectory.org) can direct you to respite programs. Your religious community, local social service agency, local chapters of Easter Seals, the local mental health agency, military service organizations, veterans service organizations, and Military OneSource's Wounded Warrior Project (see Appendix) are all organizations that can help you find the right respite care for you.

Ask your Point of Contact/case manager about the Exceptional Family Member (EFM) Respite Care Program, and how to qualify. More information can be found at <http://www.MyArmyLifeToo.com> and <http://www.militaryhomefront.dod.mil>.

There are many organizations that have respite care. This list may be useful:

Exceptional Family Member (EFM) Respite Care Program

Army

40 hours of respite care per month per EFM

- Family selects respite care worker
- Monthly Respite Care Newsletter: <http://www.MyArmyLifeToo.com>

Navy

- **Goal** to assist sailors by addressing the special needs of their family members during the assignment process
- **Navy EFMP Coordinators** are located at Navy medical treatment facilities. Their role is to refer to the Fleet and Family Support Center for community assistance
 - Special medical, dental, mental health, developmental or educational requirements, wheelchair accessibility, adaptive equipment, or assistive technology devices and services<http://www.militaryhomefront.dod.mil>

Marines

- 40 hours/month
- Care can be provided by
 - Installation CDC
 - FCC Home
 - Visiting Nurse Service
 - Family member
 - Neighbor.

- **National Association of Child Care Resource & Referral Agencies (NACCRRA)**
 - Partnership Program with Marine Corps EMFP Respite Care
 - 40 hours/month of free respite child care
 - 10 participating bases
- **Air Force Aid Society Respite Care Program**
 - Respite Certificate issued with number of hours of respite over three month period
 - Services are re-evaluated quarterly
 - 4-6 hours/week – average
 - Family identifies care provider
 - Will not reimburse for a relative to provide care.

Home Health Care

Home health care is care for your family member with TBI from a qualified aide, nurse, and/or therapist in your home. You may be eligible for assistance with home health care from TRICARE, the Department of Veterans Affairs, or Medicare (see Module 4). If not, you may choose to pay out of pocket or use other health insurance your family member may have.

- There are many professional agencies that offer home health aide services; if you are eligible for government assistance, you may need to use an approved agency.

If you use an agency:

- You may pay more per hour, but the agency assumes the employment responsibilities. It bonds and certifies the home health workers.
- It also provides substitutes for sick days.

If you choose to hire privately:

- The advantage is that you can usually pay less per hour for help.
- However, this means you are an employer and must adhere to all employment laws, including payroll taxes and Workers' Compensation insurance. Your state Employment Development Department will help you set up the necessary paperwork.

On the next pages are forms that you can duplicate and use to record information to make caregiving easier. (These forms can also be found in the Caregiver's Companion.)

Contact Information of the Health Care Team Members

PROFESSIONAL - NAME	CONTACT INFORMATION
Audiologist	
Cardiologist	
Case Manager(s)	
Chaplain Services	
Department of Defense Military Liaison	
MEB/PEB Case Manager	
Neurologist	
Neuropsychologist	
Neurosurgery Specialist	
Nurse	
Occupational Therapist (OT)	
Ophthalmologist	
Optometrist	



PROFESSIONAL - NAME	CONTACT INFORMATION
Orthopedic Specialist	
Physiatrist (Physical Medicine and Rehabilitation Specialist)	
Physical Therapist (PT)	
Plastic Surgeon	
Primary Care Provider	
Recreational Therapist	
Registered Dietitian	
Rehabilitation Nurse	
Rehabilitation Psychologist	
Social Worker	
Speech/Language Pathologist	
Urologist	

Caregiver Support Worksheet

Caregiving Task	Who Can Help	Contact Information
Everyday Tasks:		
Meal Planning		
Lawn Care		
Grocery Shopping		
Meal Preparation		
Light Housekeeping		
Transportation for:		
Other Family Members		
Shopping & Errands		
Child Care		
Pet Care		
Care Tasks:		
Coordinating Home Care Team		
In-home Supervision/Companionship		
Transportation for:		
Medical Appointments		
Support Group/Counseling		
Care Team Meetings/Dinner		
Personal Hygiene:		
Bathing		
Other, e.g. hair, nails, skin		
Hands-on Medical Treatments/Exercise/Therapy		
Scheduling Medical Appointments		
Managing Medications		





Moving Forward

Each person's experience with the effects of TBI is unique. Most effects improve with time, although some may linger for a lifetime. Only time will tell.

As you are now aware, brain injury presents many challenges for survivors and their families. For many, recovery will extend over a lifetime. There is no "normal" time frame for recovery. Many family members with severe injury surprise doctors with an unexpected degree of improvement.

Many factors determine the extent of recovery. The more severe the damage to the brain, the greater the likelihood of long-term problems. Pre-injury history plays a role in how the individual will adapt and accept these changes.

However, with the passage of time, a dose of patience, and a strong support system, most individuals will go on to productive and fulfilling lives.

Returning to the community, to family, and to school or work following a TBI can be challenging. It is possible. For most family members with TBI, the possibility is what drives family members with TBI to work hard in therapy.

"It does get better. I don't know if it gets better because you get used to it or because they are making improvements. Jason has definitely made improvements. We've kind of fallen into a routine, and I guess when you fall into a routine, then you know what to expect. I guess that makes it easier. It does get easier, just because they're getting better, and they do get better."

- Pam E.

"He's been really good. He's been going to his appointments all by himself. He tells me what happened at the appointment, and what kind of drugs they give him. I really couldn't tell you exactly what his medications are unless I look in the cupboard. He is to the point where he is doing it himself."

- Kristen S.



Everyone who experiences a TBI wants to get back to “normal” life as soon possible.

What Can I Expect When My Family Member Comes Home?

- For most of us, a “normal” and fulfilling life usually includes things like living independently, spending time alone, working, attending school, volunteering, driving, doing household chores, parenting, dating, and participating in social and leisure activities of our choosing.
- For a person who has recently experienced a TBI, some or all of this may not be possible right away. The hope is always there that most will be possible, over time.
- Moving back home is an exciting step in the recovery process! Although the transition to home is certainly positive, it is important to be aware that it may also be stressful at times.
- There is no way to prepare yourself for what lies ahead. With time, most people with TBI and their families successfully adjust to life at home.
- Some families report that during the first few days or weeks at home, their family member actually seemed to have taken a step or two backwards. Your family member with TBI needs more time than he or she used to in order to adapt to a new environment, even if it’s a familiar one.
- Returning to the community, to family, to a familiar setting requires thoughtful planning to insure that the transition goes smoothly. It is important that you work closely with the rehabilitation team to prepare a discharge plan.
- Skills that your service member/veteran acquired or relearned in rehabilitation do not easily transfer into a home setting without a great deal of support and reinforcement. The therapy team will spend weeks to months preparing you and your family member for this step.
- You will both have many opportunities to practice and to identify what the challenges might be BEFORE you go home.

Those with TBI prefer structure. They adjust better and thrive when there is some routine and predictability to their days. It is helpful to add structure right away at home by scheduling activities and rest breaks much like the schedule observed in rehabilitation.

- Over time, as everyone adjusts to being home and your service member/veteran continues to recover and gain skills, the need for so much structure may lessen and more flexibility will be possible.



- Your family member may be concerned that he or she cannot easily make comfortable relationships with other people because of the cognitive and communication effects of TBI. You may be worried that he or she will behave inappropriately or unsafely because of reduced judgment or impulsivity.
- Role play potential social situations with your family member with TBI before he or she ventures into community settings. This helps in understanding appropriate behavior.
- You may also find it useful to help your family member with TBI prepare for and organize trips into the community. Recreational and occupational therapists are your best allies in this effort and they will work closely with you to practice community re-entry.
- You can find more information about programs from the Department of Veterans Affairs to assist your service member/veteran with TBI re-integrate into the community in Module 4.

“My son volunteers at an elementary school. He loves children. He volunteers on Monday and Wednesday with his TBI team. He assists the physical education teachers twice a week for three hours.

He also volunteered at an animal shelter, and he would help walk the dogs, bathe them, and sometimes they’d let him give an injection. He has come a long way. I think they’re giving him different options for the future. You know, volunteer work, what he can do with his life every day, how he can keep himself busy and keep using his skills. We all know, if you don’t keep using it, you’re going to lose it. So it’s important to keep him busy.”

- Cindy P.




How Can I Protect the Safety of My Service Member/Veteran with TBI?

- Use the Home Safety Checklist at the end of this chapter to assess the safety of your home. Your physical therapist and occupational therapist (PT/OT) will work with you to decide if you need to make safety modifications to your home. Talk to your PT/OT to learn about what other resources might be available through VA.
- Be sure to remove or secure items from your home that could result in harm to your family member with TBI. For example, keep car keys put away if your family member is not cleared to drive.
- Avoid keeping guns, knives, or other weapons in the house.
- When your service member/veteran with TBI begins expanding his or her activities beyond the house, it is important that he or she carry identification at all times.
- Some may choose to continue wearing dog tags but other forms of identification should be carried on his or her person, such as a MedicAlert bracelet or necklace. This will help insure that all medical information is readily accessible to emergency medical personnel if it is needed.
- A cell phone, programmed for voice activation, can be a lifeline for those who have trouble reading numbers or text.
- Depending on level of cognitive and functional ability, 24-hour care may be needed to ensure safety. Your family member will be evaluated for his or her ability to live alone with or without help.
- Ask the OT/PT to help with fall prevention if your family member has trouble with dizziness and balance.
- Removing clutter and simplifying your home environment can help a person with TBI. Clutter—too many things in the visual environment—can contribute to a sense of overstimulation.
- Clutter raises the likelihood that there are things that your family member may trip over or bump into, especially if he or she is experiencing balance or vision/perception problems.

Can My Family Member with TBI Drive?

Driving is a key mark of independence in our society. Your family member may be eager to get behind the wheel again.





A professional should evaluate your family member's ability to drive. This evaluation is usually done by an occupational or physical therapist, a neuropsychologist, or a certified driving evaluator.

Good vision and good perceptual skills, such as the ability to judge distances between cars, are required to drive safely.

The evaluation will address the following skills as they relate to driving:

- Physical skills –
 - ability to physically steer and brake the car, and control speed
 - assessment of need for assistive devices for driving
 - ability to get in and out of the car
- Visual/spatial skills –
 - assess need for corrective lenses
 - be able to concentrate attention in his or her central vision
 - good peripheral vision
- Perceptual skills –
 - the ability to judge distances between cars on the road and space in parking lots
 - ability to interpret complex visual information, such as following verbal directions to a store
 - recognize shapes and colors of traffic signs
 - left/right neglect, no drifting to one side of the road
- Speed of motor responses –
 - reaction time
 - ability to brake or change lanes safely within a reasonable amount of time
 - ability to process a lot of information and react quickly
- Judgment –
 - adequate decision-making skills in an emergency
 - possess a healthy self-awareness and an understanding of his or her strengths and weaknesses.
- As cognitive skills improve, driving skills may be re-evaluated. Many people with TBI do eventually return to driving and drive safely. Driving skills affected by TBI can be improved through training that focuses on visual scanning, attention skills, and spatial perception.

Driving involves a large number of skills and the ability to integrate complex information very quickly.

An evaluation of your family member's ability to drive is crucial.

- Professionals certified through the Association for Driver Rehabilitation Specialists can provide evaluation and training. A list of experts is found at www.driver-ed.org.
- In some situations, the loss of skills needed to drive safely may prevent the person from driving again. When this occurs, it is important for the doctor or another appropriate professional to insure that the family member with TBI and other family members understand the reasons.
- The family must be diligent about enforcing the “no driving” rule. For example, you may need to keep close control of the family’s car keys.
- If your family member cannot drive a motor vehicle safely, there are other transportation options. Public transportation (bus, train, subway) may be available.
- Resources for transportation to medical facilities for appointments, to obtain medications, or other needs may be obtained from a variety of sources, such as the Department of Veterans Affairs, Medicaid, Community Transportation Association of America, or Disabled American Veterans.
- Consider driving assistance from family members, friends, church, or community groups.

Should I Be Concerned about Alcohol and/or Drug Use?

There is no safe amount of alcohol to consume after a brain injury.

- Some people with TBI turn to alcohol and/or drugs to help them cope with the effects of their injury. This coping strategy for a person with TBI can be very harmful and is never a good idea.
- After a TBI, the brain is more vulnerable to the effects of alcohol and drugs so the person will feel these effects much more quickly. Alcohol and other non-prescription drugs can slow down the recovery of your service member/veteran with TBI in the following ways:
 - make it harder for the brain to heal
 - interfere with thinking processes that are already slowed down
 - interact negatively with prescription medications
 - increase aggressive and socially inappropriate behaviors
 - increase balance problems
 - promote other risky behaviors
 - create greater risk for seizures



- increase problems with the law for public drinking
- cause addiction
- cause problems with friends and family
- worsen feelings of depression and anxiety
- put your family member and others at risk for falls, car crashes, and other accidents that can lead to another TBI or worse.

Cognitive difficulties and decreased awareness make it more difficult for your family member with TBI to recognize that alcohol and drugs have a negative effect on him or her.

Take an active role in helping your service member/veteran with TBI avoid alcohol and drugs. You might:

- Talk with him or her about readiness to change drinking or drug use. Help your family member make a list of pros and cons of using substances.
- Spend time with those family and friends who are supportive of your service member/veteran not using substances. Minimize time with those who are not supportive.
- Avoid high risk situations, such as people or places that your service member/veteran associates with drinking or using drugs.
- Develop a plan to help your service member/veteran cope with tempting situations, such as leaving the situation or calling a supportive friend.

“There are situations where he wants to go out with the guys. What are 23-year-olds going to do? They’re going to go out and have a drink. With a brain injury, that’s not good because it can affect his recovery, and he knows that. But he’s one of the guys and he doesn’t want to be singled out. He wants to fit in. So it’s very difficult.

What I do is tell his friends that they’re responsible for his well-being. I just keep reminding him, and I try to make sure that he’s in situations that are safe and that are going to be successful.”

- Cindy P.



- Explore new social circles or environments that do not involve drinking.
- Encourage learning of new ways to deal with stress (see Chapter 4).
- Remove alcohol and other dangerous substances from the home.
- If depression or boredom or loneliness are reasons for use, seek counseling and other services.
- If your service member/veteran has recently quit using substances, talk openly with him or her about the possibility of using again in the future and stress that one “slip” does not need to mean a return to regular use. Encourage use of support systems to help avoid a full relapse.
- Locate a local AA group or treatment program if advised by your health care team.

Use of alcohol should be discussed with the health care team before leaving the rehabilitation facility.



“The one thing that’s been so good for my son is running marathons. When he was at the Wounded Warriors battalion, he was volunteering for Hope For The Warriors. They got him a trainer, and they set him up to run the Marine Corps marathon. They trained him and got him into running, which my son had always hated.

He’s constantly running and training. He’s training again for the Marine Corps marathon. He knows that when he’s training, he cannot drink and train. It just doesn’t go together. So that’s a wonderful way to keep the drinking away.”

- Cyd D.



How Can My Family Member Avoid Another TBI?

- Repeated blows to the head result in further damage to the brain. The effects of repeated injuries to a brain that has sustained a previous injury tend to add up, causing greater damage than the initial injury. (Think of boxers, football players, and other professional athletes who have become disabled due to multiple TBIs.)
- For this reason, it is best for people with TBI to exercise caution and avoid another TBI, if possible.
- You can help your service member/veteran with TBI avoid another injury by:
 - safeguarding your home
(see the Home Safety Checklist at the end of this chapter)
 - insisting on the use of safe practices
(e.g., wearing seatbelts in the car)
 - following the recommendations of the health care team on activity restrictions (e.g., no contact sports).

A good rule of thumb is: If they make a helmet for an activity (biking, downhill skiing, rollerblading, motorcycle riding, etc.), everyone in the family should wear one!

Once a person has experienced a TBI, he or she is at risk for subsequent injury to the brain.

Home Safety Checklist

This checklist focuses on safety issues that commonly apply to individuals with perceptual and cognitive problems.

How To Use This Checklist:

Take this checklist with you and as you WALK through your home with your service member/veteran, carefully check “yes” or “no” for each item on this list.

Any item scored “no” is a safety concern and should be corrected.

General Home Safety Checklist for Individuals with Perceptual and Cognitive Problems		
Area of Focus	Yes	No
1. While cooking, is a timer available to help you keep track of items cooking on the flame? (attention and memory problems)		
2. Do you use a “whistling” teakettle? (attention and memory problems)		
3. Are commonly used items kept in the same location? (attention and memory problems)		
4. Have commonly used telephone numbers been pre-programmed into the telephone and/or posted near the telephone? (memory problems, sequencing problems)		
5. Do you use a calendar or scheduling book to help remind you of important events? (attention and memory problems)		
6. If necessary, have you posted signs by the door to help remind you to: Lock the front door when you leave Turn off appliances when you finish using them Take out the garbage (attention, memory problems)		
7. Is your front door house key color coded for easy identification? (memory problems, distractibility)		
8. When the doorbell rings, do you use the peep hole to identify who it is before opening the door to let the person in? (impulsivity, decreased judgment)		
9. When necessary, do you utilize checklists with correct steps and sequences for household tasks, such as the laundry or making a bed? (poor attention, memory problems, sequencing problems)		



General Home Safety Checklist for Individuals with Perceptual and Cognitive Problems

Area of Focus	Yes	No
10. Are directions and steps for multi-step tasks posted at appropriate locations (e.g., near washing machine)? (sequencing problems, difficulty initiating tasks, attention and memory problems)		
11. Are sharp utensils separated from other items and arranged in a kitchen drawer with handles pointing towards you? (perceptual impairments, impulsivity)		
12. Are toxic household cleaning fluids kept separate from other items to avoid potential confusion? (perceptual impairments, attention problems)		
13. Have unnecessary items been removed from the living environment to decrease confusion and distraction? (perceptual impairments, attention problems)		
14. Are commonly used items kept in a consistent, prominent place? (memory and attentional problem)		
15. Are cabinets labeled to assist in locating objects? (memory and attentional problems, safety)		
16. If you are “neglectful” of one side of your body, are objects placed and positioned where you can see and reach them? (perceptual impairments)		
17. Do you use a watch with an alarm and calendar display? (memory problems)		
18. Are the most “taxing” household activities planned for the time of day when you feel most alert and attentive? (attentional problems, fatigue)		
19. Do you have a “Medi-Alert” system in place? (safety, language difficulties)		
20. Does a family member or friend have a key to your home in case of emergencies? (safety)		

If you have answered “YES” to all these items on this checklist, your home appears to be relatively safe. Any items scored “NO” should be corrected to promote a safe home environment. Remember to check with your health care professional to identify any potential safety issues that might be particular to your individual needs.



Addressing Everyday Issues

This chapter provides information on your rights as an employee, job options for you and your family member if he or she is unable to return to duty, and how to balance work and caregiving.

What is the Family and Medical Leave Act?

The Family and Medical Leave Act (FMLA) provides service members/veterans and their spouses who are employed by companies with 50 or more employees with up to 26 weeks of unpaid leave per year to care for a seriously-injured service member without losing their jobs or health care insurance.

This act may have small adjustments periodically. Please see the Web site for most current information: <http://www.dol.gov/esa/whd/fmla>.

Check with your company's human resources department about your eligibility for unpaid leave under the FMLA. Know your company's caregiver leave policies. Explore alternative working arrangements, such as flexible hours, working from home, reduced hours, etc.

You may be eligible to take time off to care for your family member with TBI without losing your job.

"Our employers did let us work remotely when my husband and I took turns being with our son in Texas. It did get a little dicey there for a little while, but they were very supportive. We were very fortunate. I've talked to many people who just quit their jobs, you know? Some people will just automatically quit their jobs and assume that their employer is not going to be there for them. We have to be here with our son or daughter.

Many employers are willing to work with you, too; maybe not indefinitely. But it's certainly an avenue to pursue because it does keep you connected to something a little bit normal, or just to a network of people who just want to be there for you. Both of those things were very helpful to us."

- Pam E.



Some states and employers have more extensive policies regarding leave for caregiving. To see what your state policies are, check out:

- Family and Medical Leave Act site: <http://www.dol.gov/esa/whd/fmla>
- National Partnership for Women & Families:
<http://www.nationalpartnership.org>
- State specific Web sites or offices.

Can I Receive Public Benefits if I Lose My Job?

- If you lose your job because caregiving is demanding too much of your time, check out unemployment benefits. They can provide some income while you look for other work.
- You may also be eligible for other public benefits such as Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps), and Women Infants and Children (WIC) supplemental food benefits (if you have children up to age 5).
- Look in the government pages of your local telephone directory for the appropriate agency that administers these programs in your community.


Can I Get Help in Finding a Job?

You and your injured family member can get help finding a job. There is support available if you are seeking employment. This support recognizes the important contribution that both you and your family member have made in service to the United States.

Start by checking with your installation's support services. Depending on your service member/veteran's service branch, your Fleet and Family Support Center, Marine Corps Community Services, Airman and Family Readiness Center, or Army Community Service Center can provide you with information and support.

A good starting place is the National Resource Directory (www.nationalresourcedirectory.org). It is a collaborative effort between the Departments of Defense, Labor, and Veterans Affairs.

The directory is a Web-based network of care coordinators, providers, and support partners with resources for wounded, ill, and injured service members, veterans, their families, families of the fallen, and those who support them.



The Directory offers more than 10,000 medical and non-medical services and resources to help service members and veterans achieve personal and professional goals along their journey from recovery through rehabilitation to community reintegration.

The National Resource Directory is organized into six major categories:

- Benefits and Compensation
- Education, Training, and Employment
- Family and Caregiver Support
- Health
- Housing and Transportation
- Services and Resources.

It also provides helpful checklists, Frequently Asked Questions, and connections to peer support groups. All information on the Web site can be found through a general or state and local search tool.

Other supportive services include:

Military Spouse

The Military Spouse Resource Center (www.MilSpouse.org) is a Web-based service provided by the Department of Defense and the Department of Labor. It provides information about education, training, and employment, as well as child care and transportation.

Also take a look at the Military Spouse JobSearch Web site (<http://www.militaryspousejobsearch.org/msjs/app>). It can help you find companies that are committed to hiring military spouses. It also allows you to search for jobs by the name of a military base.

Military Spouse JobSearch also provides job search resources for people with disabilities, in the event that your service member is not able to return to duty due to disability. Other resources for veterans include federal government positions. The government's Office of Personnel Management provides information on job opportunities for veterans at <http://www.opm.gov/veterans>.

Operation IMPACT

Operation IMPACT was launched by Northrop Grumman. The program provides transition support to service members severely injured in OEF/OIF and helps them identify career opportunities within the corporation. If an injured service member is no longer able to work, the program offers career

If your spouse is rated with a 100 percent service-connected disability, the Federal government considers you to be an "other eligible," providing the same resources, rights, and services that are available to veterans and disabled veterans.

support to a member of the individual's immediate family who will act as the primary wage earner.

Program Eligibility

To be eligible for the program, candidates must meet the following criteria:

- severely injured during combat operations in the OEF/OIF on or after September 11, 2001
- disability rating of 30 percent or greater from the Department of Veterans Affairs.

For more information, contact Operation IMPACT at 1-800-395-2361 or e-mail operationimpact@ngc.com for more details.

Federal Civil Service

- If your family member with TBI is your spouse or child who is a totally disabled, retired, or separated member of the Armed Forces (has been retired with a disability rating at the time of retirement of 100 percent; or retired/separated from the Armed Forces with a disability rating of 100 percent from the Department of Veterans Affairs), you are eligible for expedited recruitment and selection for Federal civil service positions.
- You will be given priority in Labor Department-funded employment and training programs, as well as preference in federal hiring.
- You can search for a Federal civil service position by contacting a One Stop Career Center (find the nearest one at www.servicelocator.org). Introduce yourself as the spouse of a recently disabled veteran. Ask to speak with a work force specialist. This individual can tell you about job opportunities in your area.

How Can I Balance Work and Caregiving?

- Talk to your supervisor about your caregiving responsibilities so that he or she understands your need for flexibility. Find out what your company's policies on caregiving are.
- If your firm has an Employee Assistance Program (EAP), you may be able to obtain counseling, legal assistance, and/or referrals to community resources.
- At home, prioritize what needs to be done. Delegate tasks to others. And remember to make time for yourself. You can't help anyone if you get run-down or sick from too much stress.
- If you are can't work full-time because of caregiving tasks, look into part-time jobs, flex-time options, and/or job-sharing.

It can be difficult to balance the dual responsibilities of a job and caregiving.

Planning for the Future

Legal issues to protect your family and your service member/veteran with TBI include:

- Guardianship
- Power of Attorney (POA)
- Medical POA, medical directives
- Trusts
- Life trusts, life insurance, and listing beneficiaries on life insurance policies
- Living wills.

You may need to consider these issues to make good decisions about your family's future. It may also seem hard at first.

Take your time to read this section carefully. It provides the basics of each legal concept. Discuss your personal situation with an attorney or social worker/case manager who has experience with legal matters.

Each state has its own set of rules regarding these legal documents. You will need to find out what the rules in your state are from someone with legal expertise.

What is Guardianship?

If your service member/veteran is severely injured and unable to manage his or her own affairs and property, you may need to be appointed **guardianship**.

There are three categories of guardians:

- A **Guardian of the Person** ensures the physical care and rehabilitation of the disabled individual.
- A **Guardian of the Estate** (also called a **conservator**) manages the financial affairs and property of the disabled person.
- A **Plenary Guardian** does both.

Guardianships are covered under state law. To obtain guardianship over your family member with TBI, you will most likely need an attorney to represent you in court.

You will be required to submit periodic reports and a doctor will need to periodically re-certify that the guardianship is still needed.

Guardianship is a legal arrangement under which one person, the guardian, has the legal right and duty to care for another, the ward.



"I'm the one by his bedside, but I can't make any decisions for my son. We finally went to court and fought, because his wife was the one making the decisions and she wasn't by his bedside. The doctors don't even know who she is. I said, 'How can she make decisions when she's not by his side and she doesn't know what is going on?' So I went to court and I had to fight.

Finally the court put in a guardian, a court-appointed guardian for José, and he's the one who makes the medical decisions and the financial decisions for José."

- Nellie B.

A Power of Attorney (POA) is a written document in which a competent person, the principal, appoints another person, the agent, to act for him or her in legal and financial matters.

What is Power of Attorney (POA)?

Because of decreased cognitive and functional abilities, your family member with TBI may need you or another person to be named **Power of Attorney** to act for him or her in legal and financial issues.

In legal terms, a person is competent when he or she is able to reason and make decisions.

Check to see if your family member has already created a **Power of Attorney (POA)**.

There are different types of POAs:

- A **general power** allows the agent to do any act or exercise any power on the principal's behalf. Only use a general power when a special power is insufficient.
- A **specific or special power** limits the agent's authority to only the act or acts listed in the POA document.
- A **durable power** of attorney permits the agent to continue to act on the principal's behalf if he or she is incapacitated.

A Power of Attorney is created when the principal (your family member) signs a notarized document that legally authorizes another person to act on his or her behalf.

Most POAs last from a definite start time to a specific end time, but they may be created to last for an indefinite period. A POA can be revoked at any time for any reason. There are two ways to revoke a POA:

- By destroying the original document; and/or
- By executing a “Revocation of Power of Attorney” form and sending a certified copy to any financial institution or company where your agent has conducted business on your behalf.

A Guardian can override or revoke a POA.

What is a Medical Power of Attorney?

A durable Power of Attorney for Health Care is also known as a medical Power of Attorney or health care proxy. It appoints a primary and secondary agent to make decisions about medical care, including end-of-life issues, in the event that the principal is unable to make those decisions.

What is an Advanced Medical Directive/ Living Will?

A **Living Will** is often called an Advance Directive. A Living Will provides a person’s written instructions on providing or withholding life-sustaining care or procedures when he or she is in a terminal or permanently unconscious condition. It is not required to have a living will to receive medical care.

A Living Will is often called an Advance Directive.

Many people use a living will, along with a medical Power of Attorney (also called a health care proxy), to make their wishes known about medical treatment and health care.

What Do I Need to Know about Wills?

If your family member with TBI is your spouse and is unable to make decisions regarding your estate or the care of your children, you may wish to consult your lawyer and make changes to your will.

This may involve naming a guardian for your children and/or assets in the event of your death.

You may also wish to discuss creating a trust as an alternative estate planning tool. The next section describes different types of trusts.

A trust is a document used in estate planning.

What Do I Need to Know about Trusts?

A **trust** is a document used in estate planning. A trust is a written legal agreement between the individual who creates the trust (called the grantor, settlor, or creator) and a trustee, the person or institution who is named to manage the trust assets.

The trustee holds legal title to the assets for the benefit of one or more trust beneficiaries. The ideal trustee has personal knowledge of the grantor and investment expertise. A trustee team—composed of an individual trustee who knows the grantor well and an institutional trustee with investment knowledge—is a workable solution for some people.

There are different types of trusts. The basic categories include:

- A **revocable living trust** is one that can be changed or cancelled at any time.
- An **irrevocable living trust** cannot be changed.
- A **testamentary trust** is one that is irrevocable upon the person's death.

Within these basic categories are a number of types of trusts. Two that may be of interest to families who have a service member/veteran with TBI are:

- A **“special needs” trust** is one that is created by a parent or other family member of a person with a disability who is the beneficiary of the trust. This can be either a living trust or a testamentary trust. The trust may hold cash, personal property, or real property, or can be the beneficiary of life insurance proceeds. The disabled person cannot have any control over these assets.
- A **Qualified Income Trust** (“Miller Trust”) is used in states where there is a limit on the amount of income allowed for Medicaid nursing home eligibility. Some nursing home residents may have retirement incomes at or above the level that disqualifies them for Medicaid, yet do not have enough money to privately pay for a nursing home. Section 1396p of Title 42 of the United States Code permits the creation of an income diversion trust that allows pension, Social Security, and other income to be placed in an irrevocable trust. Upon the death of the beneficiary, the state receives all amounts remaining in the trust equal to the total medical assistance paid by Medicaid on behalf of the beneficiary.

What Military Resources Can Help Me?

You can find more information about trusts, powers of attorney, and advance medical directives in the *Estate Planning Tool Kit for Military Family & Members* (<https://www.jagcnet.army.mil/852573F600760E8C/0/09DC434FFE528275852573ED004F3B8E?opendocument&noly=1>).

The Armed Forces Judge Advocate General's Corps is comprised of the Army, Navy, Marines, Air Force, and Coast Guard Judge Advocate General's Corps. The Corps provides legal assistance to all active duty service members, reservists on active duty for 30 days or more, and retirees from all branches of the service, and their lawful dependents, based upon available resources and personnel.

To locate a legal assistance attorney, consult the Armed Forces Legal Assistance Web site at <http://legalassistance.law.af.mil/content/locator.php>.

The U. S. Army Judge Advocate General's Corps maintains a Web site to inform military members on personal legal affairs and preventive law. The site (<https://www.jagcnet.army.mil/legal>) contains links to many legal resources.

The American Bar Association has a standing committee on Legal Assistance for Military Personnel (LAMP). Its Web site--<http://www.abanet.org/legalservices/lamp/home.html>--contains useful legal information. It also includes a link to Operation Enduring LAMP which recruits volunteer lawyers across the country to assist military families with legal issues.

My Legal Documents

Check off whether or not you have each of the following legal documents for yourself and your service member/veteran with TBI. Do you need this document? If so, who will you contact for help? When?

Document	Need?	Who Can Help? (Contact Info)	When?
Guardianship			
Power of Attorney			
Medical Power of Attorney			
Living Will			
Trust			
New Beneficiary List on Insurance Policies			



Journal

The question below can help you reflect on your experience as a caregiver. You can write your thoughts here, copy this page and add it to your journal if you keep one, or reflect on these questions in your journal.

What legal issues most concern you? Why? What do you plan to do to find answers to your questions and concerns?



Finding Meaning in Caregiving

May you find peace, compassion, and comfort along the way on your caregiving journey.

"It's never going to be the same as it was... that's one thing you have a hard time understanding. With a head injury, you grieve over and over and over again, because you realize through these times the things you've lost.

On the other hand, you appreciate the things you still have. You know, you really appreciate the little things—I appreciate how you throw a ball now, because it took us forever to teach him to throw a ball. So you really appreciate these things."

- Denise G.



Your journey as a caregiver may be challenging on many levels. Along the way, you may learn that you care about your service member/veteran with TBI beyond what you realized, and your reserves of strength may surprise you... even when you're tired and lonely.

Take pride in your ability to be caring of another human being. Think about the ways you have changed and grown through your caregiving experience. Finding meaning in your caregiving journey will enlarge your sense of yourself and allow you to use your personal experience to give meaning to others.

Some caregivers find strength in religion or spirituality in the face of the challenges of taking care of a family member with TBI. You may find comfort in your religion or in the peace and beauty of nature. Nourish this part of your life if it is important to you because it may renew your spirit.

Your caregiving experience may change your life and your sense of self. Consider keeping a journal during your caregiving journey. Creating a journal will help you explore your own thoughts and feelings about what's going on in your life.

You may find that you will want to look back on this period in your life at some point in the future. Your journal will be an important guidepost

to what you were thinking and feeling. It may also help you see the changes that happened so slowly that you didn't notice them at the time they happened.



"I've done certain things for myself, but it's still hard having my own life at this point. I think my life has changed in some ways for the better. I don't take things for granted, and I feel like my eyes are opened. I can find joy in little things, like possible recovery.

Sense of self is hard right now. I told myself I would give it two years because it seemed most of his recovery would be in two years, so I'm doing all this. But I feel like I know my time will come—this is a commitment. It's almost like an investment in my husband. With the progress he's made, I feel like he can be independent and it will be worth it. But I just have to wait a little bit longer. So it gets frustrating, but I keep telling myself that my time will come where it will be more about me."

- Patty H.

"Nobody chooses this. If I could have chosen for him not to be injured, definitely. But you just take what you're given and make the best of it.

Other people don't even get to come home. Their families don't even get them back. So we still feel lucky.

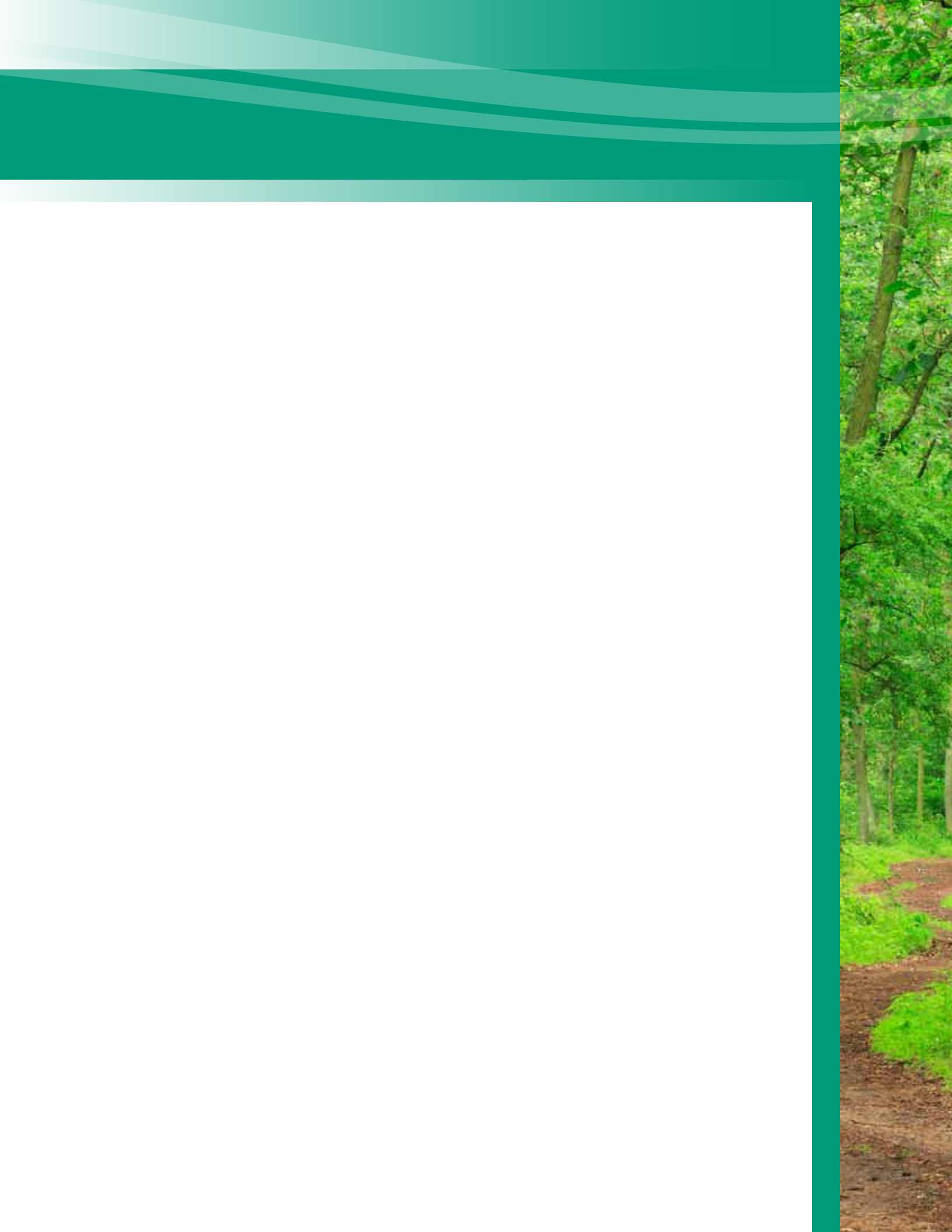
Initially, the injury is devastating. You don't feel safe anymore. You kind of feel injured yourself. You just don't really have any faith in a lot of things, and you just kind of navigate forward.

It is what it is. I would just say to make sure that you're your own advocate and that you don't wait for someone to come and fix you. Make sure that you're getting what you need and that they're doing everything possible for you. It's a long process and nobody wants to be here forever. It takes a long time, especially since he's been on all kinds of deployments.

Just navigating the system is hard. You have to keep up with it and take it a day at a time because we don't know what's happening tomorrow, we don't know what's happening next week, but we get to live day to day. We don't know where we're going to be in five years. We don't know where he's going to be in his recovery."

- Emily S.





Resources

These Web sites and phone numbers may be subject to change. Use any of the Internet search engines if you have trouble finding a site.

This appendix contains information about:

The Brain Injury Association of America (BIAA) Chapters

Information and Resources for Caregivers

Military Information Sources

Resources for Helping Children Cope

BIAA Chapters

BIA of Arizona

777 E. Missouri Avenue, Suite 101
Phoenix, AZ 85014
Phone: 602-508-8024
Infoline: 602-323-9165
Fax: 602-508-8285
Toll Free: 888-500-9165
E-mail: info@biaaz.org
Web site: www.biaaz.org

BIA of Arkansas

PO Box 26236
Little Rock, AR 72221-6236
Phone: (501) 374-3585
In State: (800) 235-2443
E-mail: info@brainassociation.org
Web site: <http://www.brainassociation.org>

BIA of California

2658 Mt. Vernon Ave.
Bakersfield, CA 93306
Phone: 661-872-4903
Fax: 661-873-2508
E-mail: calbiainfo@yahoo.com
Web site: www.calbia.org

BIA of Colorado

4200 West Conejos Place # 524
Denver, CO 80204
Phone: 303-355-9969
In State: 800-955-2443
Fax: 303-355-9968
E-mail: informationreferral@biacolorado.org
Web site: www.biacolorado.org

BIA of Connecticut

333 East River Drive, Suite 106
East Hartford, CT 06108
Phone: 860-721-8111
In State: 800-278-8242
Fax: 860-721-9008
E-mail: general@biact.org
Web site: www.biact.org

BIA of Delaware

Brain Injury Association of Delaware, Inc.
32 West Lookerman Street, Suite 103
Dover, DE 19904
Toll Free: (800) 411-0505
Fax: (302) 302-346-2083 (call first)
E-mail: biadresourcecenter@cavtel.net
Web site: www.biausa.org/Delaware/bia.htm

BIA of Florida

1621 Metropolitan Boulevard, Suite B
Tallahassee, FL 32308
Phone: 850-410-0103
In State: 800-992-3442
Fax: 850-410-0105
E-mail: biaftalla@biaf.org
Web site: www.biaf.org

BIA of Georgia

Center for Rehab Medicine
1441 Clifton Rd. NE #114-A
Atlanta, GA 30322
Phone: 404-712-5504
Fax: 404-712-0463
Web site: <http://www.braininjurygeorgia.org>

BIA of Hawaii

2201 Waimano Home Road, Hale E
Pearl City, HI 96782-1474
Phone: 808-454-0699
Fax: 808-454-1975
E-mail: biahi@verizon.net
Web site: www.biausa.org/Hawaii

BIA of Idaho

P.O. Box 414
Boise, ID 83701-0414
Phone: 208-342-0999
In State: 888-374-3447
Fax: 208-333-0026
E-mail: info@biaid.org
Web site: www.biaid.org

BIA of Illinois

P.O. Box 64420
Chicago, IL 60664-0420
Phone: 312-726-5699
Toll Free: 800-699-6443
Fax: 312-630-4011
E-mail: info@biail.org
Web site: www.biail.org

BIA of Indiana

9531 Valparaiso Court, Suite A
Indianapolis, IN 46268
Phone: 317-356-7722
Fax: 317-808-7770
E-mail: info@biai.org
Web site: www.biausa.org/Indiana

BIA of Iowa

317 East Sixth Street
Des Moines, IA 50309-1903
Phone: 515-244-5606
Toll free: 800-444-6443
Fax: 800-381-0812
E-mail: info@biaia.org
Web site: www.biaia.org

BIA of Kansas and Greater Kansas City

P.O. Box 413072
Kansas City, MO 64105
Phone: 816-842-8607
In State: 800-783-1356
Fax: 816-842-1531
E-mail: Lliggett@biaks.org
Web site: www.biaks.org

BIA of Kentucky

7410 New LaGrange Rd. Suite 100
Louisville, KY 40222
Phone: 502-493-0609
In State: 800-592-1117 x223
Fax: 502-426-2993
Web site: www.biak.us

BIA of Maine

13 Washington Street
Waterville, ME 04901
Phone: 207-861-9900
In State: 800-275-1233
Fax: 207-861-4617
E-mail: info@biame.org
Web site: www.biame.org

BIA of Maryland

2200 Kernan Drive
Baltimore, MD 21207
Phone: 410-448-2924
In State: 800-221-6443
Fax: 410-448-3541
E-mail: info@biamd.org
Web site: www.biamd.org

BIA of Massachusetts

30 Lyman St.
Westborough, MA 01581
Phone: 508-475-0032
In State: 800-242-0030
Fax: 508-475-0400
E-mail: biama@biama.org
Web site: www.biama.org

BIA of Michigan

Director of Programs
and Services: Cheryl A. Burda
7305 Grand River, Suite 100
Brighton, MI 48114-7379
Phone: 810-229-5880
In State: 800-772-4323
Fax: 810-229-8947
E-mail: info@biami.org
Web site: www.biami.org

BIA of Minnesota

34 13th Avenue NE, Suite B001
Minneapolis, MN 55413
Phone: 612-378-2742
In State: 800-669-6442
Fax: 612-378-2789
E-mail: info@braininjurymn.org
Web site: www.braininjurymn.org

BIA of Mississippi

P.O. Box 55912
Jackson, MS 39296-5912
Phone: 601-981-1021
In State: 800-641-6442
Fax: 601-981-1039
E-mail: biaofms@aol.com
Web site: www.msbia.org

BIA of Missouri

10270 Page Ave, Suite 100
St. Louis, MO 63132
Phone: 314-426-4024
Fax: 314-426-3290
In State: 800-377-6442 (MO, IL, KS only)
E-mail: info@biamo.org
Web site: www.biamo.org

BIA of Montana

1280 S. 3rd St. West, Suite 4
Missoula, MT 59802
Phone: 406-541-6442
In State: 800-241-6442
E-mail: biam@biamt.org
Web site: www.biamt.org

BIA of New Hampshire

109 North State Street, Ste 2
Concord, NH 03301
Phone: 603-225-8400
In State: 800-773-8400
Fax: 603-228-6749
E-mail: mail@bianh.org
Web site: www.bianh.org

BIA of New Jersey

825 Georges Road, 2nd Floor
North Brunswick, NJ 08902
Phone: 732-745-0200
In State: 800-669-4323
Fax: 732-745-0211
E-mail: info@bianj.org
Web site: www.bianj.org

BIA of New Mexico

121 Cardenas NE
Albuquerque, NM 87108
Phone: 505-292-7414
In State: 888-292-7415
Fax: 505-271-8983
E-mail: braininjurynm@msn.com
Web site: www.braininjurynm.org

BIA of New York

10 Colvin Avenue
Albany, NY 12206-1242
Phone: 518-459-7911
In State: 800-228-8201
Fax: 518-482-5285
E-mail: info@bianys.org
Web site: www.bianys.org

BIA of North Carolina

PO Box 10912
Raleigh, NC 27605
Phone: 919-833-9634
In State: 800-377-1464
Fax: 919-833-5415
E-mail: Sandra.farmer@bianc.net
Web site: www.bianc.net

BIA of Ohio

855 Grand View Avenue, suite 225
Columbus, OH 43215-1123
Phone: 614-481-7100
Fax: 614-481-7103
In State: 866-644-6242 ("Ohio BIA")
E-mail: Help@Biaoh.org
Web site: www.biaoh.org

BIA of Oklahoma

PO Box 88
Hillsdale, OK 73743-0088
Phone: 405-513-2575
E-mail: brainhelp@braininjuryoklahoma.org
Web site: www.braininjuryoklahoma.org

BIA of Oregon

2145 NW Overton Street
Portland, OR 97210
Phone: 503-413-7707
In State: 800-544-5243
Fax: 503-413-6849
E-mail: biaor@biaoregon.org
Web site: www.biaoregon.org

BIA of Pennsylvania

2400 Park Drive
Harrisburg, PA 17110
Phone: 717-657-3601
In State: 866-635-7097
E-mail: info@biapa.org
Web site: www.biapa.org

BIA of Rhode Island

935 Park Avenue, Suite 8
Cranston, RI 02910-2743
Phone: 401-461-6599
Fax: 401-461-6561
E-mail: braininjuryctr@biaofri.org
Web site: www.biapa.org

BIA of South Carolina

800 Dutch Square Blvd. Suite B-225
Columbia, SC 29210
Mailing Address: P. O. Box 21523
Columbia, SC 29221-1523
Phone: 803-731-9823
Toll Free: 800-290-6461 (in-state)
Fax: 803-731-4804
E-mail: scbraininjury@bellsouth.net
Web site: www.biausa.org/SC

BIA of Tennessee

151 Athens Way, Suite 100
Nashville, TN 37228
Phone: 615-248-2541
Toll Free: 877-757-2428
E-mail: sjohnson@BrainInjuryTN.org
Web site: www.BrainInjuryTN.org

BIA of Texas

316 W 12th Street, Suite 405
Austin, TX 78701
Phone: 512-326-1212
In State: 800-392-0040
Fax: 512-478-3370
E-mail: info@biatx.org
Web site: www.biatx.org

BIA of Utah

1800 S West Temple, Suite 203
Salt Lake City, UT 84115
Phone: 801-484-2240
In State: 800-281-8442
Fax: 801-484-5932
E-mail: biau@sisna.com
Web site: www.biau.org

BIA of Vermont

P O Box 226
Shelburne, VT 05482
Phone: 802-985-8440
Toll Free: 877-856-1772
E-mail: biavtinfo@adelphia.net
Web site: www.biavt.org

BIA of Virginia

1506 Willow Lawn Drive, Suite 112
Richmond, VA 23230
Phone: 804-355-5748
In State: 800-334-8443
Fax: 804-355-6381
E-mail: info@biav.net
Web site: www.biav.net

BIA of Washington State

3516 S. 47th Street, Suite 100
Tacoma, WA 98409
Phone: 253-238-6085
In State: 800-523-5438
Fax: 253-238-1042
E-mail: info@biawa.org
Web site: www.biawa.org

BIA of West Virginia

PO Box 574
Institute, WV 25112-0574
Phone: 304-766-4892
In State: 800-356-6443
Fax: 304-766-4940
E-mail: biawv@aol.com
Web site: www.biausa.org/WViregina

BIA of Wisconsin

21100 Capitol Drive, Suite 5

Pewaukee, WI 53072

Phone: 262-790-9660

In State: 800-882-9282

Fax: 262-790-9670

E-mail: admin@biaw.org

Web site: www.biaw.org

BIA of Wyoming

111 West 2nd Street, Suite 106

Casper, WY 82601

Phone: 307-473-1767

Nationwide: 800-643-6457

Fax: 307-237-5222

E-mail: biaw@tribcsp.com

Web site: www.biausa.org/Wyoming



State Contacts

The following are Brain Injury Community contacts in their respective states. The Brain Injury Association of America lists these contacts for informational purposes only and does not review, support, endorse, or guarantee the information, services or activities of these organizations.

Alabama

Alabama Head Injury Foundation, Inc.

3100 Lorna Road, Suite 226

Hoover, AL 35216

Phone: (205) 823-3818

Fax: (205) 823-4544

E-Mail: charlespriest@bellsouth.net

Web site: www.ahif.org

You may also contact the Brain Injury Association of America's National Family HelpLine at (800) 444-6443 or FamilyHelpline@biausa.org

Alaska

Alaska Brain Injury Network, Inc.

3745 Community Park Loop, Suite 240

Anchorage, AK 99508

888-574-2824 or 907-274-2824

E-mail: contact@alaskabraininjury.net

Web site: www.alaskabraininjury.net

For any questions regarding service or assistance in Alaska, you may also contact The Brain Injury Association of America's National Family HelpLine at (800) 444-6443 or FamilyHelpline@biausa.org

The Traumatic Brain Injury Resource Directory (TBIRD)

You may also contact the Brain Injury Association of America's National Family HelpLine at (800) 444-6443 or FamilyHelpline@biausa.org

Louisiana

Brain Injury Association of Louisiana (BIALA)

P.O. Box 57527

New Orleans, LA 70157

Phone: 504-619-9989

Toll Free: 1-800-500-2026

Web site: www.biala.org

For any questions regarding service or assistance in Louisiana, please contact The Brain Injury Association of America's National Family HelpLine at (800) 444-6443 or FamilyHelpline@biausa.org

Nebraska

For any questions regarding service or assistance in Nebraska, please contact The Brain Injury Association of America's National Family HelpLine at (800) 444-6443 or FamilyHelpline@biausa.org

Nevada

For any questions regarding service or assistance in Nevada, please contact The Brain Injury Association of America's National Family HelpLine at (800) 444-6443 or FamilyHelpline@biausa.org

North Dakota

Open Door Center

209 2nd Avenue, S.E.

Valley City, ND 58072

Phone: (701) 845-1124

Fax: (701) 845-1175

You may also contact the Brain Injury Association of America's National Family HelpLine at (800) 444-6443 or FamilyHelpline@biausa.org

South Dakota

South Dakota Brain Injury Alliance can be found online at:

www.braininjurysd.org

Please contact: Ron Hoops, President - (605) 395-6655

E-mail: rmmfarm@nrctv.com

For information about brain injury resources in South Dakota, you may also contact the Brain Injury Association of America's National Family HelpLine at (800) 444-6443 or FamilyHelpline@biausa.org

Information and Resources for Caregivers

Organization	Services	Eligibility
Assist Guide Information Services www.agis.com	Provides information about long-term care and caregiving. Offers a caregiver kit	Anyone
American Red Cross- Family Caregiver Training Program www.redcross.org	In-person educational sessions offered at local Red Cross chapters	Anyone
ARCH National Respite Network www.respitelocator.org	Respite locator helps families locate respite services near them	Anyone
Brain Talk Communities http://brain.hastypastry.net/forums	Online forum for support and to learn about community resources	Caregivers for those with neurological disorders
Caregiver.com www.caregiver.com 800-829-2734	Online information and support for caregivers, including those in rural areas	Anyone
Caregivers Marketplace http://caregiversmarketplace.com 800-888-0889	Program that offers cash back on goods and products not typically covered by insurance, such as aids for daily living	Anyone who purchases caregiver supplies
CAREgivinghelp.org www.caregivinghelp.org 773-576-1602	Provides information about caregiving	Anyone
Caring Connection www.caringinfo.org 800-658-8898 (English) 800-658-8896 (Spanish)	Information about advance care planning, hospice care, and financial assistance from the National Hospice and Palliative Care Organization	Anyone
Daily Strength www.dailystrength.org	Online support communities covering a variety of topics, including caregiving	Anyone

Information and Resources for Caregivers

Organization	Services	Eligibility
Easter Seals www.easterseals.com 800-221-6827	Provides adult day services, including medical and social services, to people with disabilities	People with disabilities
Faith in Action www.fianationalnetwork.org 866-839-8865	Network of interfaith volunteer caregiving programs that may provide help with shopping, cooking, and/or driving	Varies by program
Family Caregiver Alliance (FCA) www.caregiver.org 800-445-8106	A caregiver support organization that provides online information, an online caregiver group, and a state-by-state Help for Caregivers section.	Friends and family caring for adults with cognitive disorders
Share the Care www.sharethecare.org 646-467-8097	Offers a handbook with guidelines for developing a support network and coordinating care	Anyone
Strength for Caring www.strengthforcaring.com	Online resource and community for family caregivers sponsored by the Caregiver Initiative, Johnson & Johnson	Anyone
Well Spouse Association www.wellspouse.org 800-838-0879	Provides support to wives, husbands, and partners of the chronically ill and disabled through established support groups across the country	Anyone caring for a chronically ill or disabled spouse

Military Information Sources

For more information on military resources and service-specific benefits, go to:

- Military OneSource: <http://www.militaryonesource.com> (800-342-9647)
- America Supports You: www.OurMilitary.mil
- Army Wounded Warrior Program (AW2): www.aw2.army.mil (800-237-1336)

- Air Force Wounded Warrior AFW2:
<http://www.woundedwarrior.af.mil>
- US Marine Corps Wounded Warrior Regiment:
<http://www.woundedwarriorregiment.org>
 - Sergeant Merlin German Wounded Warrior Call Center (1-877-USMCWW) (1-877-487-6299)
 - Wounded Warrior Battalion East (910-449-9855)
 - Wounded Warrior Battalion West (1-888-738-7044)
 - Wounded Warrior Injured Support in Landstuhl (1-866-645-8762)
- Safe Harbor (Navy): <http://www.npc.navy.mil/CommandSupport/SafeHarbor> (866-746-8563)
- Disability Benefits for Wounded Warriors through the Social Security Administration: www.ssa.gov/woundedwarriors/index.htm
- Defense Centers of Excellence: www.dcoe.health.mil
- VA Polytrauma System of Care: www.polytrauma.va.gov
- American Legion - Heroes to Hometowns:
www.legion.org/veterans/h2h/about
- Defense and Veterans Brain Injury Center:
www.dvbic.org
- Military JobSearch:
<http://www.militaryspousejobsearch.org/msjs/app>

Resources for Helping Children Cope

MilitaryOneSource, www.militaryonesource.com, has information for families on a wide array of issues.

Sesame Street Workshop has produced videos to help children in military families understand issues related to military service and to help parents communicate effectively with their children about these issues. One video addresses “Changes” that occur when a parent has been injured. You can find these videos at <http://archive.sesameworkshop.org/tlc>.

The National Resource Center at the Virginia Model TBI System has published a book entitled *A Kid’s Guide to Brain Injury* for children 6 to 14. You can find this and other resources at their Web site: www.neuro.pmr.vcu.edu.

References/Credits

Chapter 1

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Chapter 4

Definition of Compassion Fatigue, Figley, CR. (1995). *Compassion Fatigue*. Brunner-Routledge.

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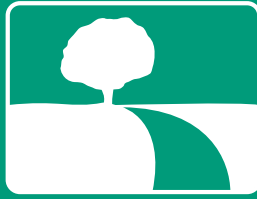
Chapter 5

Communicating with Your Child about TBI: Reprinted with permission. Adapted from *Orientation to Caregiving: A Handbook for Family Caregivers of Patients with Brain Tumors* by Steffanie Goodman, Michael Rabow and Susan Folkman, Caregivers Project, University of California San Francisco.

Chapter 8

Home Safety Checklist: This checklist was developed by Patricia A. Gentile, MS, OTR/L and Yvette Kearns, OTR/L, Jamaica Hospital Medical Center & Brady Institute for Traumatic Brain Injury. Reprinted with permission.





This guide was produced in collaboration with
The Defense Health Board
The Defense and Veterans Brain Injury Center
and
The Department of Veterans Affairs



Traumatic Brain Injury: A Guide for Caregivers of Service Members and Veterans



Navigating Services and Benefits

Module 4



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*An electronic version of this Guide can be found at the following Web address:
www.traumaticbraininjuryatoz.org*



Module 4 Summary

This module is about benefits and services from the Department of Defense (DoD) and the Department of Veterans Affairs (VA). Being a member of the military brings both honor and support. You want to be sure your family member gets the support—services and benefits—that he or she deserves.

It can be hard to find your way through the maze of programs at DoD and the VA. The good news is that you are not alone. There are many caring professionals at both agencies who can guide you. Your family member will also have a Point of Contact (POC). He or she is the first person to turn to for information. (What this person is called depends on your family member's military branch.)

You also have an important role to play on your family member's behalf. **Part of being a caregiver is to be an advocate**, for both your family member and for you. You need to speak up, clearly and firmly, to communicate your and your family member's need for services and benefits.

Understanding what services and benefits are available to you and your family member will help you feel more confident in advocating for them. That's what this module is all about.

The information in this module is current as of its publication. Information on services and benefits changes from time to time. Please check with your Point of Contact (POC) (see Chapter 1) for updated information. He or she can also advise you about where to look for information you need.

You can start your search with these main Web sites:

- www.tricare.mil
- www.health.mil
- www.va.gov

If your service member/veteran has passed away due to his or her military injuries incurred during active military duty, you will surely have many questions to consider in the midst of your grief. As a survivor, you are eligible for special benefits. You can learn more about survivors' benefits at <http://www.vba.va.gov>.



Introduction

This module is about benefits and services from the Department of Defense (DoD) and the Department of Veterans Affairs (VA). Being a member of the military brings both honor and support. You want to be sure your family member gets the support—services and benefits—that he or she deserves.

It can be hard to find your way through the maze of programs at DoD and the VA. The good news is that you are not alone. There are many caring professionals at both agencies who can guide you.

This module explains many services and benefits and who is eligible for them. It also describes how DoD and the VA rate a service member/veteran's disability. These disability ratings are used to decide some of the benefits and services your family member can receive.

You will want to refer to this module time and again, as your family member's situation and status changes.

Your family member will also have a Point of Contact (POC). He or she is the first person to turn to for information. (What this person is called depends on your family member's military branch. See page 3.)

"I would say be very close with your case worker going through this. I thought the case workers were invaluable in making sure that you have everything you should have and that you're aware of everything you should be aware of as a caregiver.... From a medical standpoint, the doctors are going to keep you informed. But the case worker goes outside the whole medical thing. You know, 'Let me make sure you have a place to stay. Let me make sure you have food, that you're getting the per diem that you're supposed to be getting, or that the paperwork for Jason is where it's supposed to be at.'"

- Pam E.



What is Point of Contact (POC) Case Management?

You will meet your Point of Contact (POC) early during your service member/veteran's treatment. Over time, you may see more than one POC, depending on your family member's situation and needs.

Case management means coordinating all needed services.



“The nurse case manager’s job is to take care of the nursing aspect of care. The TBI case manager takes care of the TBI and all those appointments. My husband has a sergeant that he reports to. So, he’s got a couple of different people he sees that make his appointments for him regarding different aspects of the Army and the hospital.

And there’s Linda with the Family Readiness Group. She just kind of knows everything. She can help with anything.”

- Emily S.

Throughout this module, the case and care managers will be referred to as the POC.

Some POCs will focus mostly on clinical (medical) issues. Others will focus on non-clinical services. You may find yourself talking more often to one of the POCs assigned to your service member/veteran, because you feel more comfortable with that person.

Table 1 shows the DoD and VA case management team members. The Primary Care Manager and the Medical Care Case Manager coordinate all clinical medical care.

Wounded Warrior Case Managers, VA Liaisons, and the Recovery Care Coordinators are non-medical care managers. They coordinate non-medical services.

These POCs can help you find and take advantage of the services and benefits available.



“The most important thing I think, in the beginning, is having a case manager that you’re definitely seeing eye-to-eye with, because if you and your case manager aren’t on the same page and aren’t working together and there’s conflict, it’s just going to get worse. So you definitely need to make sure that the team that you have is the team that’s going to work for you. We’ve learned that the hard way.”

- Sandy M.

Table 1. Point of Contact (POC) Case Management Team Members

Role	Recovering Service Member: <i>Active Duty Status</i>	Recovering Service Member: <i>Veteran Status</i>
Primary Care Manager – <i>the medical professional who provides your family member’s clinical care and refers to other medical specialists</i>	Physician/Nurse Practitioner/Physician Assistant	
Medical Care Case Manager – Military Treatment Facility (MTF)/ VA Polytrauma Centers – <i>the nurse manager who coordinates clinical care</i>	Nurse/Nurse Practitioner	
Non-Medical Case Manager – <i>system of case managers for wounded service members and families, helps with Disability Evaluation System, and helps with transition from DoD to VA</i>	<p>*Army - Army Wounded Warrior Case Manager</p> <p>*Navy - Navy Safe Harbor Program Case Manager</p> <p>*Air Force - Wounded Warrior Program Case Manager</p> <p>*Marine Corps - Wounded Warrior Regiment Case Manager</p>	<p>*OEF/OIF Program Manager Liaison</p> <p>*Transition Patient Advocate</p> <p>*VA Liaison</p>
DoD Recovery Care Coordinator Program - Category (CAT) 1 & 2 (mild-moderate/serious TBI) – <i>works with medical personnel and Wounded Warrior program staff to create a recovery program</i>	DoD Recovery Care Coordinator (RCC)	
DoD/VA Federal Recovery Coordinator Program - CAT 3 (severe/catastrophic TBI) – <i>coordinates federal health care teams and private community resources for recovery of severely wounded service members</i>	Federal Recovery Coordinator (FRC)	
DVBIC Regional Care Coordination Program – <i>this network allows for coverage of the complete spectrum of care from acute injury to rehabilitation and transitional re-entry</i>	Regional Care Coordinator	
TRICARE Regional Office Managed Care Program – <i>provides coordination of managed care within the TRICARE system</i>	<p>Managed Care Support Case Managers (Provided through Managed Care Support Contractors)</p> <p>TRO North: Health Net</p> <p>TRO West: TriWest</p> <p>TRO South: Humana</p>	



"When my husband was injured, I was notified by the battalion commander and a chaplain. Then a Marine was assigned the job of totally assisting us. He handled everything from terminating our lease on the house in Okinawa, to selling our vehicles, returning our library books, and making arrangements to meet my husband in the hospital. Once I was in Bethesda, he handled everything. The four VA hospitals with polytrauma units have Marine liaisons. They are there to provide information and support and assistance and handle all the pay issues and benefits, all those things.

We also have a VA and Department of Defense polytrauma rehab nurse liaison. It is her function to help us transition into the VA system, but she was far more than that and helpful before we were at that point."

- Anna E.



"If I had to name the one person that I would pick up the phone and call about any question--it was our care coordinator in Buford. She works out of the Naval Hospital. She's the one I called about everything,--when they were sending me bills and they shouldn't have been sending me bills, when Mike needed equipment --I called her. When I was given the run around, I called her, and I was like, 'Am I nuts? Am I going nuts? Is this how things ought to be?' And she would say, 'No, you're not going nuts.' She would intercede for me, and I felt really confident that she would take care of the stuff with TRICARE and that she would find a way to make things happen. She was the person I called to say, 'I need help, and I'm lost.'"

- Meredith H.

Who Coordinates Recovery Care and Services?

The Recovery Coordinator will develop and oversee a Recovery Care Plan for your family member. The plan lists services and benefits that your family member and you need.

"I finally got a Recovery Coordinator. She is an angel. That lady got all the different case managers and put them all together. That works. That works."

- Nellie B.



Different Points of Contact are available, depending on where your family member is.

POC in the VA Polytrauma System

A Nurse Practitioner will manage your family member's care at the VA Polytrauma Rehabilitation Centers and the Polytrauma Network Sites (see Module 2 to learn more). She or he:

- monitors treatment plans
- applies for needed benefits
- makes sure the transition from DoD into the VA health care system goes smoothly
- makes the best use of VA, DoD, and community resources.

POC for WII, Category 3

A Federal Recovery Coordinator (FRC) is assigned to your family member if he or she is "severely WII" (wounded, ill, and injured). "Severely WII" is the same as Category 3 (CAT 3).

The FRC will work with the health care team to make sure your family member has the clinical and non-clinical care he or she needs. This help begins when your family member is first admitted to a military treatment facility (MTF). The FRC also helps other family members of the service member/veteran.

The Recovery Coordinator can help you connect with federal, state, local, and /or non-government services.

The Federal Recovery Coordinator will help with the Recovery Care Plan.

POC for WII, Category 2

A Recovery Care Coordinator (RCC) is assigned to your family member if he or she is a Category 2 (CAT 2) WII.

A WII Category 2 service member has a serious injury or illness. He or she is unlikely to return to duty in less than 180 days and may be medically separated from the military. RCCs are assigned while the WII is located in a military treatment facility (MTF) and still on active duty. The RCC will oversee a personal Comprehensive Recovery Plan, and work with the health care team to make sure there is access to clinical and non-clinical care. These Recovery Plans also take into consideration the needs of the service member/veteran's family members and caregiver.

POC for WII

These service-specific case managers provide guidance and help to navigate government benefits available to military personnel and their families. They also help the service member and family during the recovery period and with the Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB) process (see Chapter 12).

The Wounded Warrior/Safe Harbor Case Managers, for example, provide wounded service members and their families with a system of advocacy and follow-up with personal support to assist them as they return to duty or to civilian life.



"The Wounded Warrior regiment has certainly been great. I've been able to go to the Wounded Warrior regiment office and ask them questions and take my MEB/PEB checklist and my applications and make sure that I have everything that I need and I'm not missing anything. They've been a great sounding board for me, walking me through that process, because I did a lot of the retirement stuff. I attended the D-TAP classes for Tim. We did the TAP class on DVD, and they helped me get those tapes. That was good."

- Shannon M.

How Can I Speak Up When Needed?

While your POC can help you understand and obtain benefits and services, you also have an important role to play on your family member's behalf. You may feel a need to speak up and advocate for yourself and your family member.

"I think one thing that I have learned is that you definitely have to speak up. If your needs aren't being met, if your spouse's needs aren't being met, or your children's needs aren't being met, you ask somebody. If they don't have an answer, more than likely they'll find the answer for you. They'll direct you in the right direction. And I've been pretty successful in that department. But you definitely have to speak up. You can't sit back and let things happen to you."

- Sandy M.



There is more information in Module 3 about becoming an advocate. Here are some important points for you to remember:

- **It is important to speak up.** No one knows your own needs and those of your service member/veteran better than you do. Don't feel shy about telling your case manager, POC, or Recovery Coordinator about the unique circumstances that you are experiencing. Ask questions to make sure you understand what they are telling you. Let people know what you and your family member need to succeed.
- **Remember that this process is complex, not intuitive.** Don't feel as if there's something wrong with you if you just don't "get it" the first time. Take time to learn about each new benefit, the eligibility qualifications, and application procedures. Persevere. Over time, the DoD and VA systems will become increasingly clear to you.
- **Always keep in mind that you are not alone.** Help is available. The military family that has nurtured your family member in the past will continue to provide care and support in the future. Keep hope in your heart that your family member will recover from his or her injury, and know that excellent care and support will continue to be available.

Part of being a caregiver is to be an advocate, on behalf of both yourself and your service member/veteran.



“At his team meeting between the VA and the therapy agency-- there were about 20 people there. He has a case worker with the VA, from the VHA side, the hospital administration. He has a case worker with the Benefits Administration. He’s got a nurse case worker. Again, that’s with the VA. He’s got a case worker with the therapy agency, and he has the AW-2 person, and then the Wounded Warriors are assigning somebody to him too. Then he’s got an advocate; the VA has assigned an advocate to him as well, and he comes to the meetings.

These are people we can go to. We ran out of medication and I was trying to get ahold of somebody and I couldn’t. I can call any one of these people and they’ll track down whoever needs to be involved.”

- Pam E.

What Services Do I Need?

Right now, you may be feeling overwhelmed and not sure which way you should channel your energy. It is always good to prioritize your concerns/ issues. Doing so will help you focus your self-advocacy efforts. Here is a self-assessment tool that can help you determine the services you most need. Use this tool to identify benefits and services that you want to explore in more detail with your POC.

On a scale of 0 (meaning none) to 5 (meaning a high level), rate your level of stress/concern with each issue listed in the table on page 9. Then, make a list of the areas where your concerns are highest. Each chapter in Module 4 provides information relating to each issue and available resources. Your areas of concern may change over time, so please use this chart to help you re-identify and prioritize your action plan.

Issues	Level of Stress/Concern					
	None	1	2	3	4	5
Health						
Mental Health						
Employment						
Education						
Housing						
Financial						
Legal						
Travel						

Once you have identified your top concerns, turn to the following chapters in this module to find the information you need. You can also use this information as background to prepare questions for your Point of Contact (POC) so that he or she can help you identify and obtain the services you and your service member/veteran need.

Health	Chapter 4
Mental Health	Chapter 5
Employment	Chapter 6
Education	Chapter 7
Housing	Chapter 8
Financial	Chapter 9
Legal	Chapter 10
Travel	Chapter 11

Whether you and other family members are eligible depends on your injured family member's status.

Is My Family Member Eligible for Services? Am I?

Is your family member eligible for certain benefits and services? It depends on his or her status within DoD and the VA. Here are some key definitions to keep in mind:

Table 2. Definitions of Eligibility Status

Category	Definition
Active Duty Service Member	Full-time duty in the active military service of the United States - Army, Navy, Marine Corps, Air Force, Coast Guard, NOAA, and U.S. Public Health Service. This includes members of the Reserves and National Guard.
Reserve Member	Members of the Air Force Reserve, Army Reserve, Coast Guard Reserve, Navy Reserve, and Marine Corps Reserve, who may be called to active duty.
National Guard	Members of the Air National Guard or the Army National Guard, who may be called to active duty.
Veteran	A person who served on Active Duty, but is now honorably discharged from the military. See www.va.gov for eligibility for federal benefits.
Retired Military	A person who voluntarily separates from the military after 20 years or more of honorable service.
Medically Retired	Separated from the military due to disability or inability to perform duty with a service-connected disability and with a service DES rating of 30 percent or more.
Family Member	Parents, spouses, children, siblings, or survivor and dependents http://www.nmfa.org/site/DocServer/Definiton_of_a_Dependent_11-05.pdf?docID=3621
Spouse	Husband or wife of a service member or veteran, sometimes includes former spouse http://www.nmfa.org/site/DocServer/Definiton_of_a_Dependent_11-05.pdf?docID=3621 http://www.nmfa.org/site/DocServer/Former_Spouse_Benefits_11-05.pdf?docID=3581

For Invitational Travel Orders only, girl/boyfriends, siblings, parents, stepparents, or other individuals designated by the service member may be eligible.

Where Can I Learn More about Benefits and Services?

The table below lists some good sources of information about benefits.

Table 3. Category-specific Resources about Services and Benefits

Service	Resources
Active Duty	Compensation and Benefits Handbook for Seriously Ill and Injured Members of the Armed Forces http://www.transitionassistanceprogram.com/portal/transition/resources/PDF/Compensation_and_Benefits_Handbook.pdf 2010 United States Military Handbook http://www.militaryhandbooks.com
Army	http://myarmybenefits.us.army.mil/EN
Navy	http://www.npc.navy.mil/CareerInfo/PayAndBenefits
Reserve Component	2010 Reserve and Guard Benefit Guide http://www.defenselink.mil/ra/documents/Benefits%20Guide%202008%20FINAL.pdf
Retired Military	2010 U.S. Military Retired Handbook 2010 After the Military Handbook http://www.militaryhandbooks.com
Veterans	Wounded, Ill and Injured Compensation & Benefits Handbook http://www.transitionassistanceprogram.com/portal/transition/resources/PDF/Compensation_and_Benefits_Handbook.pdf Federal Benefits for Veterans and Dependents, 2010 edition, Department of Veterans Affairs http://www1.va.gov/opa/vadocs/fedben.pdf 2010 Veterans and Dependents Handbook 2010 Veterans Healthcare Handbook 2010 After the Military Handbook http://www.militaryhandbooks.com
Family Members	2010 Getting Uncle Sam to Pay for Your College Degree 2010 Children's Scholarship Handbook http://www.militaryhandbooks.com (See references for veterans above.)



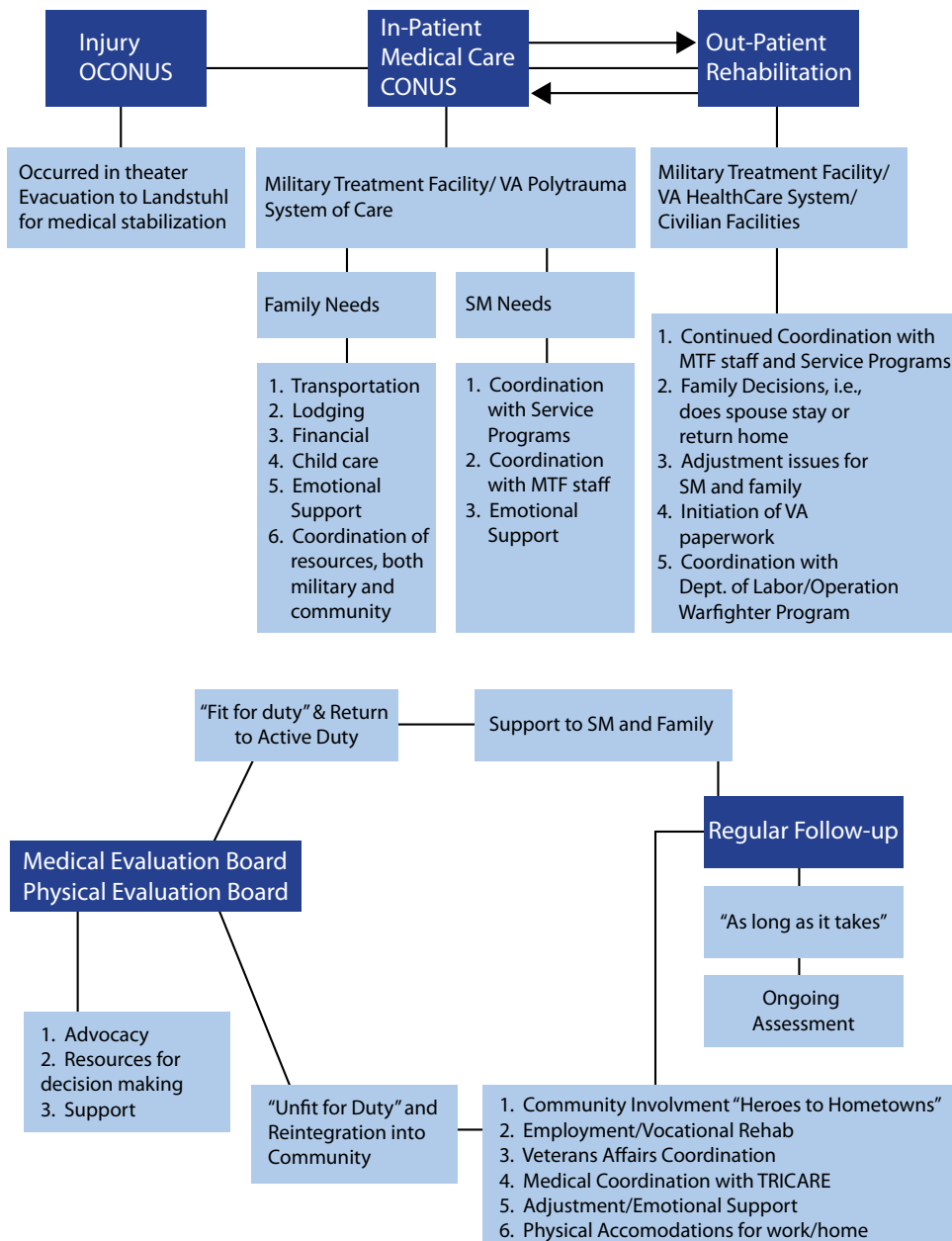
The TBI Continuum of Care

What is the TBI Continuum of Care?

Your service member (SM)/veteran will receive excellent medical care as he or she moves from treatment to recovery. The DoD and the VA worked together to create a **Continuum of Care** for service members/veterans with TBI. The Continuum is shown in Figure 1 below.

A continuum means a series of steps that keep moving forward. In this case, the steps show movement from initial injury to recovery.

Figure 1. The TBI Continuum of Care



Inpatient care is care in the hospital.

Outpatient care is when the patient lives in the community and comes to the hospital/clinic for care.

Injured service members first receive **inpatient treatment** at a military treatment facility (MTF) or the VA Polytrauma System of Care (see Module 2).

When they are ready for **outpatient treatment**, they may receive that treatment at the MTF, VA, or a civilian hospital in the community.

Many service members with TBI are treated and return to active duty. Others may be medically retired, continue through the Continuum, and receive lifetime community care.

Your family member may need to be an inpatient for a long time in order to fully recover. He or she may be transferred to a treatment center that is closer to home.

Doctors consider many issues when deciding where to transfer your family member for inpatient care. These include:

- Medical condition and type of specialty care required
- The type of facility that can provide the best care for your family member
- How close the best treatment center is to his or her home or parents' home
- His or her desires, spouse's desires, and/or parents' desires
- How easy it is for the spouse or parents who will be helping to get to the treatment center.

Before your family member is transferred from one center to another, the Point of Contact and health care team members at the two locations talk to one another. The goal is to make sure that critical medical information is shared and non-medical support is in place.

What is Community-Based Managed Care?

TRICARE

WII service members who are recovering at home and/or don't have access to the VA or a MTF can use the TRICARE Network for health care services.

Each TRICARE Managed Care Contractor has created a program to assist WIIs. Contractors may change. Check www.tricare.mil/T3contracts.

Health Net Federal Services (North Region):

Health Net created the Warrior Care Support Program (WCS). Each warrior is provided his or her own Health Care Coordinator who works together with the MTF and VA serving as the Point of Contact for all

civilian health care services. Phone numbers vary by region, go to: <https://www.hnfs.net/common/caremanagement/WCS+Contact.htm>.

For more information about this program, go to: <https://www.hnfs.net/common/caremanagement/About+the+WCS+Program.htm>.

Humana Military Healthcare Services (South Region):

Humana established the Warrior Navigation & Assistance Program (WNAP) to help guide warriors and their families through the military and VA's health care systems, connect them with community resources, non-medical services, and civilian health care in order to return them to productive lives. These services are for WII active duty, Reserve Component, and those in the process of being medically retired. Call: 1-888-4GO-WNAP (888-446-9627) or go to: <http://www.humana-military.com/south/bene/TRICAREPrograms/wnap.asp>.

TriWest Healthcare Alliance (West Region):

TriWest has a Wounded Warrior Project. Those WII's who have been flagged by DoD in DEERS as a warrior in transition or self-identify as a wounded warrior and state during the call that they are experiencing difficulty accessing health care are escalated to the Priority Programs Unit. This elevation occurs internally so that all of their needs are addressed. The number to TriWest is: 1-888-TriWest.

Community-Based Warrior Transition Unit (CBWTU) – Army National Guard or Army Reserve

If your family member is a member of the Army National Guard or Army Reserve and requires only outpatient care, he or she may request transfer to a Community-Based Warrior Transition Unit (CBWTU). This program allows your service member/veteran to live at home, receive outpatient care, and perform military duties at a local military organization, such as an armory or recruiting station.

Your service member/veteran cannot work at a civilian job while he or she is attached to a CBWTU.

Case managers at the CBWTU schedule outpatient appointments for your service member/veteran, and the commander and first sergeant provide command and control. CBWTU headquarters are located in Alabama, Arkansas, California, Florida, Massachusetts, Puerto Rico, Utah, Virginia, and Wisconsin. Each CBWTU is responsible for a specific area of the U.S. and for ensuring your service member/veteran receives the medical care

he or she needs. Your Warrior Transition Unit squad leader can provide your family with information on the eligibility requirements and explain how to request a transfer.

What Happens Next?

When your family member has been released from medical care, he or she may be returning to active duty, the National Guard or Reserve, or may be separated or retired from the military.

Return to Active Duty

If your service member is returning to active duty, the POC will tell him or her when to return for follow-up care. The POC will assist your service member with scheduling these appointments.

A Recovery Care Plan will be re-written with input from your service member and the POC. Normally, your service member will receive medical care at a MTF on the post or base where he or she is assigned. If there isn't a MTF, other arrangements will be made by the POC for the service member to continue receiving appropriate care.

Your service member may be scheduled to receive the follow-up medical care at a local military treatment facility, at the VA, or through the TRICARE Provider Network.


Return to National Guard or Reserve Status

If your service member is a member of the National Guard or Reserve, the POC will tell him or her when to be seen for follow-up care.

A Recovery Care Plan will be re-written with input from you, your family member, and the POC. Medical care for a service-connected wound, illness, or injury will be paid for by the Department of Defense; however, your service member/veteran will need to talk to the unit administrator or the Military Medical Support Office (MMSO) to be sure the paperwork is complete and he or she is authorized to receive the care. For more information, access the following Web site:

<http://www.tricare.mil/tma/MMSO>.

Your unit commander may also ask some questions about the reasons and need for follow-up care. He or she will use this information to ensure the injury or illness was "in the line of duty" and that medical care is authorized. See the following Web site link for the MMSO Process Guide: <http://www.tricare.mil/tma/MMSO/downloads/ProcessGuideMMSO1.pdf>.



Your service member may be scheduled to receive the follow-up medical care at a local MTF, at the VA, or through the TRICARE Provider Network. Your service member/veteran should also enroll at the VA. To do so, your service member/veteran needs to complete VA Form 10-10EZ to enroll, available from any VA health care facility, regional benefits office, online at www.va.gov/1010ez.htm, or call 1-877-222-VETS (8387).

Medically Retired from the Military

If your service member has been medically retired from the military (Disability Evaluation System rating of 30 percent or more), the POC will tell your retiree/veteran when he or she needs to be seen for follow-up care. Your family member must enroll in TRICARE and may be scheduled for follow-up care at the local military treatment facility or through the TRICARE Provider Network. As a veteran, he or she may also be eligible for care through the VA. Your veteran should enroll at the VA.

To do so, your service member/veteran needs to complete VA Form 10-10EZ to enroll, available from any VA health care facility, regional benefits office, online at www.va.gov/1010ez.htm, or call 1-877-222-VETS (8387).

Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF) veterans who were discharged or released from active service on or after January 28, 2003, are now eligible to enroll in the VA health care system for five years from the date of discharge or release. This means that combat veterans who were originally enrolled based on their combat service but later moved to a lower priority category (due to the law's former two-year limitation) are to be placed back in the priority for combat veterans for five years beginning on the date of their discharge or release from active service.

Retire from the Military

If your service member/veteran has been retired from the military (served 20+ years), the medical care providers at the hospital where your veteran received inpatient care will tell your veteran when he or she needs to be seen for follow-up care again. Your veteran must enroll in TRICARE and schedule follow-up care at the local military treatment facility or through the TRICARE Provider Network (See Chapter 4.) As a veteran, he or she should enroll in the VA in order to be eligible for care through the VA. Those who served in OIF/OEF will be eligible for all care through the VA for five years post-discharge from military service.

Permanent/Temporary Disability Retired List (PTDL/TDRL)

If your service member has been told that he or she was placed on the “Permanent Disability Retired List” or the “Temporary Disability Retired List,” he or she is entitled to the same medical benefits as other retired service members. Learn more about PDRL and TDRL in Chapter 9.

Separate from the Military

If your service member/veteran has been separated or honorably discharged from the military, the POC will tell him or her when he or she needs to be seen for follow-up care. Your veteran will need to enroll with the VA Health Care System to schedule care. If your service member/veteran:

- has a service-connected disability rated at 50 percent or higher by the VA
- is unemployable due to the service-connected disability
- is seeking care for the service-connected disability,

your service member/veteran should also enroll in the VA Health Care System.

Support for Wounded Service Members and Their Families

During treatment and recovery, your family member will have one or more Points of Contact (POC). The POCs will support you and your family during this difficult time.

This chapter is about other sources of support for your family member and you.

Many military treatment facilities have Family Assistance Centers. Families can seek help from the post or base chaplains, social workers, and the family center:

- Airman and Family Readiness Centers
- Army Community Services
- Army's MEDCOM Ombudsman Program and the Soldier Family Assistance Centers
- Marine Corps Community Services
- Navy Fleet and Family Support Center
- Coast Guard Work Life Offices.

Where Can I Find Support if My Family Member is in the Air Force?

Patient Squadron Program

The Patient Squadron Program is for any airman receiving medical care or hospitalization for moderate to severe injuries or illness lasting around 90 days or more.

The injured airman is assigned to the nearest MTF that can treat his or her injuries. The assignment can be temporary (TDY) or permanent (PCS).

TDY involves:

- medical care not to exceed 90 days
- a Medical Evaluation Board (MEB) review is not expected.

PCS involves:

- medical care lasting more than 90 days
- a MEB is more likely. (See Chapter 12 to learn about the MEB.)

The assigned MTF provides case management.

Reserve Component Airmen

Reserve Component (RC) members do not participate in the Patient Squadron program. RC airmen with approved Line of Duty injury or illness are hospitalized at the nearest MTF.

They are placed on limited duty status while they receive outpatient care.

They may also be placed on convalescent leave status and recuperate at home.

The MTF is responsible for starting the MEB process for RC Airmen.

Family Liaison Officers (FLO) help connect family members with the Air Force. They provide assistance, support, and non-medical services. FLOs stay involved as long as the family wishes.

Air Force Wounded Warrior (AFW2) Program

The Air Force Wounded Warrior (AFW2) program provides non-medical case management for airmen with:

- a combat or hostile-related injury or illness that requires long-term care
- a Medical Evaluation Board or Physical Evaluation Board to determine fitness for duty.

Assistance for Air Force Families

Airman and Family Readiness Centers offer resources for the airman and his/her family.

For immediate, 24-hour response, call 877-872-3435 or you can e-mail usafhelp@pentagon.af.mil.

Where Can I Find Support if My Family Member is in the Army?

Army Wounded Warrior Program (AW2)

AW2 serves the most severely injured service members. It serves active duty, Reserve, or National Guard who were injured after September 10, 2001 in support of Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF).

AW2 members have received or expect to receive a 30 percent rating for one or more injuries from the Disability Evaluation System (see Chapter 12).

This program offers support and advice to its members and their families. Service begins during treatment and continues until the service member/veteran returns to active duty or a civilian community.

AW2 helps you and your family member learn about federal, state, and private benefit systems. It links you and your family member to financial, educational, employment, legal, and medical resources.

“The Army person from the AW2... oh my gosh, she’s great. She’s just wonderful. Now that she’s on board, I get e-mails from her. She does e-mails almost daily about job fairs. But she called me and said, ‘Hey, Congress just passed this thing and Jason should be able to get some kind of compensation from the Army, because they passed something about retirement or whatever.’ If it wasn’t for her, I wouldn’t even have realized what was on his DD-214. They put him down as honorable discharge instead of medical retirement. We are fixing that now.”



- Pam E.

The AW2 toll free number is: 1-800-237-1336. To read more, go to the Army Web site: <https://www.aw2.army.mil>.

Warrior Transition Unit (WTU)

A Warrior Transition Unit (WTU) is an Army Brigade, Battalion, or Company that provides care to service members who are considered to not be severely injured (approximately 29 percent or less disability rating).

WTU offers command and administrative support, primary care, and case management to its members. Soldiers are assigned a Primary Care Manager (Physician), Nurse Case Manager, and a Squad Leader to help the soldier and his or her family to heal and return to the Army or transition to civilian life.

Warriors in Transition (WT) have enhanced access to care:

- 24 hours for urgent care
- three working days for routine primary care

- seven working days for all initial specialty care
- seven days for diagnostic tests
- 14 days for medically indicated non-emergency surgeries required to reach optimum medical benefit or fitness for duty status.

Community-Based Warrior Transition Unit (CBWTU)

CBWTU provides support and care while the soldier is recovering at home. CBWTU's goals are to evaluate, treat, and return the soldier to duty or to transition the soldier and his/her family out of the Army. If the latter, CBWTU refers the soldier to the Department of Veterans Affairs health care and/or TRICARE for follow-on care and benefits.

Assistance for Army Families

MEDCOM Ombudsman Program

The Ombudsmen function as soldier-family advocates for the U.S. Army Medical Command (MEDCOM) in support of the Army's Warrior in Transition (WT) Program. They are located at Army MTFs and serve as a liaison between MEDCOM and the soldier, family members, and the MTF Commander. As liaisons, they communicate, facilitate, and problem solve.

The Ombudsmen work closely with the MEDCOM Medical Assistance Group to help resolve issues that come through the Army Wounded Soldier and Family Hotline.

Soldier Family Assistance Center (SFAC)


SFACs provide a full spectrum of personnel, finance, and administrative support and non-medical assistance to wounded, ill, and injured soldiers and their family members.

They coordinate with other government and non-government organizations for support services and receive and distribute donated items to deserving soldiers and family members.

For immediate, 24-hour response for WII soldiers, call 1-800-984-8523, e-mail: wfsupport@conus.army.mil, or go to: <http://www.aw2.army.mil>.

Where Can I Find Support if My Family Member is in the Navy?

The Navy Safe Harbor Program is the Navy's focal point for non-medical case management for all severely wounded, ill, and injured (SWII) sailors



and their families. This service is also provided on an as-needed basis for any high-risk non-severely wounded, ill, or injured sailor.

Safe Harbor provides support and assistance to sailors through recovery, rehabilitation, and reintegration. It also provides a lifetime of care.

Safe Harbor tracks and provides oversight for all severely wounded sailors and coordinates with Federal Recovery Coordinators (FRC), various service WII programs, and other organizations.

Case managers are assigned to all major Navy MTFs, Brooke Army Medical Center, and VA Polytrauma Centers. Medical issues are managed by the MTF and the Navy Bureau of Medicine and Surgery (BUMED).

Safe Harbor is creating the “Anchor Program,” which will pair near-peer Reservists with volunteer retirees to mentor/sponsor WII sailors after they have been released from active duty to help connect them back into their communities. This program is open to anyone who was previously enrolled in Safe Harbor. Also, Safe Harbor will assist anyone who calls in (see the telephone number below) with help identifying support services in their community.

Assistance for Navy Families

Safe Harbor will provide tailored support to the service member and his or her family through coordination with Fleet and Family Support Centers.

Safe Harbor offers 24/7 help via toll free number 1-877-746-8563, e-mailing safeharbor@navy.mil, or via Web site:

<http://www.npc.navy.mil/CommandSupport/SafeHarbor>.

Where Can I Find Support if My Family Member is in the Marine Corps?

Marine Corps Wounded Warrior Regiment (WWR), formerly the Marine For Life Injured Support program, provides assistance to wounded, ill, and injured Marines, sailors attached to or in support of Marine units, and their family members, throughout the phases of recovery.

The WWR is a “single command with strategic reach.” WWR headquarters are located in Quantico, VA. The Battalions are located at:

- Camp Pendleton, CA (West)
- Camp Lejeune, NC (East).

WII Marines and sailors are assigned to the closest Battalion to their original duty station.

Marine Corps' programs also include the VA Polytrauma Rehabilitation Centers, Patient Affairs Teams, VA Liaisons, and District Injured Support Cells.

The WWR has implemented a Marine Corps Wounded Injured Ill Tracking System (MCWIITS) Case Management Module, established a Future Operations Cell, coordinated with Family Service Centers, and developed an Individual Comprehensive Recovery Transition Plan for WII Marines.

Assistance for Marine Families

Marines, sailors, and/or family members needing assistance can call toll-free: 877-487-6299.

For WWR Injured Support at Landstuhl Germany, e-mail: injuredsupport@M4L.usmc.mil. For more information, go to: <http://www.woundedwarriorregiment.org>.

What Family Support is Available at the VA Polytrauma Centers?

You will find a description of the family support program at the VA Polytrauma Centers in Module 2.



Health Benefits

You are proud of your family member for serving our country. Our country works hard to take care of its service members in return.

In Module 2, you learned about the DoD and VA medical treatment systems.

This chapter is about other medical treatment resources. These other resources can provide recovery and rehabilitation services for your family member. They also provide health benefits for eligible family members.

In Chapter 1 of this module, you learned about TBI case management and the Points of Contact (POCs) who can help you and your family member.

The Recovery Care Plan will be adjusted as your family member recovers and moves through the TBI Continuum of Care. (See Chapter 2.) The POC will help your family member transfer from one facility to the next.

Use the information in this chapter to help you work with the POC to get the best care for your family member.

The Points of Contact (POCs) will help you and your family member get the health benefits you need.

The POCs also oversee your family member's Recovery Care Plan.

What is TRICARE and What Does it Cover?

For Active Duty, Activated National Guard, Reserve Components, Retirees, Families, and Survivors

TRICARE is a managed care program. TRICARE includes both direct care at military hospitals (MTFs) and purchased care (network care through Managed Care Contractors).

Each service member/veteran has different needs and is eligible for different services and benefits. This chapter provides basic information about TRICARE. It also lists Web sites and other references where you can find more information. Talk to your POC about your family's health care needs. He or she can help you understand TRICARE and help you enroll, if needed.

TRICARE is the military's health insurance plan.

TRICARE Services and Benefits

TRICARE serves active duty service members, National Guard and Reserve members, retirees, their families, survivors, and some former spouses.

TRICARE is a major component of the Military Health System. It brings together the health care resources of the Uniformed Services. It supplements military services with networks of civilian health care professionals, institutions, pharmacies, and suppliers. These may include community health and mental health centers.

TRICARE operates around the world.

To be eligible for TRICARE benefits, you must be registered in the Defense Enrollment Eligibility Reporting System (DEERS).

Registration in DEERS does not happen automatically.

VERY IMPORTANT: After any change in service status, you must update registration in DEERS.

It is your responsibility to make sure the information in DEERS is correct. Check it every so often.

Family members whose applications are received through the 20th of the month are enrolled the first day of the next month.

TRICARE offers several health plan options to meet the needs of its members. TRICARE also offers two dental plans and several special programs. These programs include TRICARE for Life and TRICARE Pharmacy Options.

To find out what TRICARE services your service member/veteran and family members are eligible for, follow the steps below. Your POC can help you register in DEERS. Everyone must enroll in DEERS.

Important steps to receive and use TRICARE benefits:

STEP 1

- ◆ **Register in DEERS and/or update DEERS information as necessary.** DEERS is the Defense Enrollment Eligibility Reporting System (DEERS). It is a worldwide, computerized database of Uniformed Services members (sponsors), their family members, and others who are eligible for military benefits.
 - ◆ You must be registered correctly in DEERS to receive TRICARE benefits.
 - ◆ DEERS contact information:
 - <http://www.military.com/benefits/tricare/defense-enrollment-eligibility-reporting-system#1>
 - Toll-free: 1-800-538-9552.
 - ◆ If your service member/veteran has any change in status--such as separation, retirement, or change of address--make sure his or her information gets updated in DEERS as soon as possible. If these updates are not done, your service member/veteran and family might have a break in eligibility. This means a break in health care coverage.
 - ◆ Mistakes in the DEERS database can cause problems with TRICARE claims. It is critical to keep your DEERS information correct and up-to-date.
 - ◆ To update your DEERS information:
 - Visit your local Uniformed Services personnel office or contact the Defense Manpower Data Center Support Office (DSO) at 1-800-538-9552. You can find the nearest Uniformed Services personnel office at: <http://www.dmdc.osd.mil/rsl>.
 - Fax address changes to DEERS at 1-831-655-8317.
 - Mail the address change to the Defense Manpower Data Center Support Office, ATTN: COA, 400 Gigling Road, Seaside, CA 93955-6771.

- Go online to TRICARE to update your information:
<http://www.tricare.mil/deers>.
- Keep copies of the update forms until you see the change is made.

STEP 2

- **Learn about TRICARE services and benefits.**

- ◆ Take a look at the following Web sites to learn more about TRICARE:
<http://www.military.com/benefits/tricare/understanding-your-tricare-benefits> and www.tricare.mil/tricareu.
- ◆ With so many health care plans and programs, TRICARE can seem complicated. The more you know about your coverage, the better equipped you'll be to get the care you need.
- ◆ TRICARE has three main choices for health care coverage:
 - TRICARE Prime - where military treatment facilities (MTFs) are the principal source of health care
 - TRICARE Extra - a Preferred Provider option with cost sharing
 - TRICARE Standard - a fee-for-service option (the original CHAMPUS program).
- ◆ TRICARE is available worldwide. It is managed in four separate regions. Three are in the United States. One is overseas.
 - The three regions in the United States include:
 - TRICARE North
 - TRICARE South
 - TRICARE West.

TRICARE is a large and complex health care system. Learn about it.

STEP 3

- **Find out what services and benefits your service member/veteran and family members are eligible for:**

- Visit the TRICARE Web site "Plan Wizard" at
<http://www.tricare.mil/mybenefit>.
- The "Plan Wizard" lets you and your service member/veteran enter specific information about military status, etc. Then it explains the services that he or she is eligible for.
- The Plan Wizard helps you understand which TRICARE options you and your family members may be eligible for. The military decides who is eligible for what. This information is reported to the Defense Enrollment Eligibility Reporting System (DEERS).

TRICARE "Plan Wizard" (<http://www.tricare.mil/mybenefit>) is a helpful tool.



"I have a phenomenal case manager with TRICARE. I go to her whenever there have been issues with one of the hospitals, or when there have been issues with some of the specialty doctors and paying, or the equipment. Tim has a biomedical device that goes around his leg that helps with the foot drop, and she was great at making sure that we were set up with funding so that he could get that equipment. So I go to her for a lot of issues."

- Shannon M.

TRICARE has an insurance plan for National Guard and Reserve members not on active duty. It is called TRS.

TRICARE Services and Benefits for National Guard and Reserve Members

TRICARE Reserve Select (TRS) is a health insurance plan that qualified National Guard and Reserve members may purchase when not on active duty. TRS requires a monthly premium. It offers coverage similar to TRICARE Standard and Extra.

Key features of TRS include:

- Available worldwide to most Selected Reserve members (and families) when not on active duty orders or covered under the Transitional Assistance Management Program
- Must qualify for and purchase TRS to participate
- Must pay monthly premiums. Failure to pay monthly premiums on time may result in disenrollment and an enrollment lockout
- Freedom to manage your own health care; no assigned primary care manager:
 - Visit any TRICARE-authorized provider or qualified host nation provider (if located overseas)
 - Pay fewer out-of-pocket costs when choosing a provider in the TRICARE network
 - Network providers not available overseas.
- No referrals are required, but some care may require prior authorization
- May have to pay for services when they are received and then seek reimbursement

- May have to submit health care claims
- May receive care in a military treatment facility (MTF) on a space-available basis only
- Offers comprehensive health care coverage, including TRICARE's prescription drug coverage.

Transitional Assistance Management Program (TAMP)

The Transitional Assistance Management Program (TAMP) offers transitional TRICARE coverage to certain separating active duty members and their eligible family members. Care is available for 180 days.

The four categories for TAMP are:

- Members involuntarily separated from active duty and their eligible family members
- National Guard and Reserve members separated from active duty after being called up or ordered in support of a contingency operation for an active duty period of more than 30 days and their family members
- Members separated from active duty after being involuntarily retained in support of a contingency operation and their family members
- Members separated from active duty following a voluntary agreement to stay on active duty for less than one year in support of a contingency mission and their family members.

Active duty sponsors and family members enrolled in TRICARE Prime who desire to continue their enrollment upon the sponsor's separation from active duty status are required to re-enroll. To re-enroll in TRICARE Prime, the sponsor or family member must complete and submit a TRICARE Prime enrollment application.

Under TAMP, former active duty sponsors, former activated Reservists, and family members of both are not eligible to enroll or re-enroll in TRICARE Prime Remote or in TRICARE Prime Remote for Active Duty Family Members because both programs require the sponsor to be on active duty. Under TAMP, the sponsor is no longer on active duty but is treated as an active duty family member for benefits and cost sharing purposes.

TRICARE Prime Enrollment and Re-enrollment

Initial enrollment in TRICARE Prime occurs during the TAMP period. Family members whose applications are received through the 20th of the month are enrolled the first day of the next month. For example, if the application is received June 20, TRICARE Prime coverage for the family

TRICARE has coverage for some separating active duty members and their families. It is called TAMP.

CHCBP acts as a bridge between military health benefits and your new civilian health plan.

member begins July 1. If the application is received June 21, coverage for the family member begins August 1.

Continued Health Care Benefit Program (CHCBP)

The Continued Health Care Benefit Program (CHCBP) is a premium-based health care program administered by Humana Military Health Care Services, Inc. (Humana Military). CHCBP offers temporary transitional health coverage (18-36 months) after TRICARE eligibility ends. If you qualify, you can purchase CHCBP within 60 days of loss of eligibility for either regular TRICARE or Transitional Assistance Management Program (TAMP) coverage.

CHCBP benefits are comparable to **TRICARE Standard** with the same benefits, providers, and program rules. The main difference is that you pay premiums to participate.

Who is Eligible?

Under certain situations, the following recipients may be eligible:

- Former active duty service members released from active duty (under other than adverse conditions) and their eligible family members. *Coverage is limited to 18 months.*
- Former spouses (not married again) who were eligible for TRICARE on the day before the date of the final decree of divorce, dissolution, or annulment. *Coverage is usually limited to 36 months; however, some unremarried former spouses may continue coverage beyond 36 months if they meet certain criteria. Contact Humana Military for details.*
- Children who cease to meet the requirements to be an eligible family member and were eligible for TRICARE on the day before ceasing to meet those requirements. *Coverage is limited to 36 months.*
- Certain unmarried children by adoption or legal custody. *Coverage is limited to 36 months.*

For more information about CHCBP, visit <http://www.humana-military.com/south/bene/TRICAREPrograms/chcbp.asp> or call 1-800-444-5445. Contact your POC or a Beneficiary Counseling and Assistance Coordinator (BCAC) to discuss your eligibility for this program.

TRICARE Dental Program (TDP)

The TDP is a voluntary dental insurance program that is available to eligible active duty family members, Select Reserve and Individual Ready Reserve (IRR) members, and eligible family members. The TDP covers a wide range of diagnostic, preventive, and restorative services. You may

seek care from a network of participating dentists, or you may use non-participating dentists at an additional cost to you.

TDP is separate from other TRICARE programs. Your service member/veteran is not required to be enrolled in any of them in order to enroll in the TDP.

For more information about the TDP, visit www.TRICAREdentalprogram.com or call toll-free 1-800-866-8499 for general information.

To enroll, call 1-888-622-2256. More information on the TRICARE Dental Program is available on your dental provider's Web site or at www.tricare.mil/contactus.

Dental Care for Retirees and for Medical Retirees

Medically retired service members can obtain dental care coverage through the TRICARE Delta Dental Program. You are eligible to enroll in the TRDP (TRICARE Retiree Dental Program) if you are:

- A member of the Uniformed Services who is entitled to Uniformed Services retired pay, even if you are 65 or older
- A member of the retired National Guard/Reserve, including those in the "gray-area" who are entitled to retired pay but will not begin receiving it until age 60
- A current spouse of an enrolled member
- A child of an enrolled member, up to age 21 or to age 23 if a full-time student (proof of full-time student status required), or older if disabled before losing eligibility
- An unremarried surviving spouse or eligible child of a deceased member who died while in retired status or while on active duty
- A Medal of Honor recipient and eligible family members, or an unremarried surviving spouse/eligible family members of a deceased recipient
- A current spouse and/or eligible child of a non-enrolled member with documented proof the non-enrolled member is: (a) eligible to receive ongoing comprehensive dental care from the Department of Veterans Affairs; (b) enrolled in a dental plan through employment and the plan

is not available to family members; or (c) unable to obtain benefits through the TRDP due to a current and enduring medical or dental condition. Written documentation supporting any of these three situations must be submitted with your enrollment application.

Former spouses and remarried surviving spouses are not eligible at this time.

For more information, go to www.tricare.mil/mybenefit/home/Dental/Retiree.

TRICARE Military Medical Support Office (MMSO)

MMSO is the central customer service office for TRICARE.

MMSO serves all three U.S. regions of TRICARE. It provides medical support and dental case management. It also coordinates civilian health care services outside the jurisdiction of a military treatment facility for TRICARE Prime Remote (TPR)-eligible active duty military and reserve component service members within the 50 United States and District of Columbia. For more information, access the following Web site: <http://www.tricare.mil/tma/MMSO>.

MMSO provides:

- Pre-authorization for civilian medical and dental care
- Authorizations for payment of civilian medical and dental bills
- Coordination of civilian health care services for remotely located service members
- Collaboration with unit representatives regarding Line-Of-Duty (LOD) cases.

MMSO serves the following populations:

- Active Duty Service Members (ADSMs) enrolled in TRICARE Prime Remote (TPR)
- Non-enrolled ADSMs not managed by a military treatment facility (MTF)
- Reservists with Line of Duty (LOD) injuries or diseases (Reservists, National Guard)
- ADSMs receiving dental care outside the military dental treatment facilities (DTF), DTF-referred, or Remote Dental Program.

TRICARE Fact Sheets

The TRICARE Fact Sheets are designed for anyone who needs detailed information on many TRICARE topics, such as:

- Transitional Assistance Management Program
- TRICARE Appeals
- TRICARE Mail Order Pharmacy.

Access TRICARE fact sheets at <http://www.tricare.mil/Factsheets/browseatoz.cfm>.

“One thing that’s pretty important: A National Guard or Reservist needs what’s called an LOD, a line of duty document, for each service-connected malady. In the case of my husband’s teeth, they did one on each tooth.

We needed that, and they really didn’t want to do it. It’s just that we made them do it—we’ve been around the block a few times. We have needed the LODs. He has had some dental problems and the VA has taken care of him, but he had to document that a particular tooth problem that he was having was service-connected.

He probably has 27 LODs, which is absurd, and most people wouldn’t have anywhere near that. I have probably five or six LODs on teeth. I have one for his broken nose. I have one for the cognitive deficit, one for TBI, one for his back, his neck, his this, his that. Anything that he was being treated for at Walter Reed that was a result of the blast injury, we have a line of duty investigation document on, and that’s what the VA goes on for treatment.”

- Caroline M.



What Does the VA Health Care System Cover? For Veterans

The VA operates the nation’s largest integrated health care system with more than 1,400 sites of care, including hospitals, community clinics, nursing homes, readjustment counseling centers, and various other facilities.

STEP 1 – Determine VA Eligibility

The number of veterans who can be enrolled in the health care program is determined by the amount of money Congress gives the VA each year. Since funds are limited, the VA set up priority groups to make sure that certain groups of veterans are able to be enrolled before others.

Once you apply for enrollment, your eligibility will be verified. Based on your specific eligibility status, you will be assigned a priority group.

For information on VA health care, visit <http://www.va.gov/health>.

The VA priority groups are described on the following

Web site: <http://www.va.gov/HEALTHELIGIBILITY/eligibility/DetermineEligibility.asp>.

The priority groups range from 1-8 with 1 being the highest priority for enrollment. Some veterans may have to agree to pay a co-pay to be placed in certain priority groups.

- **Basic Eligibility** - If your service member served in the active military, naval, or air service and is separated under any condition other than dishonorable, he or she may qualify for VA health care benefits. If your service member is a member of the Reserves or National Guard who was called to active duty (other than for training only) by a federal order and completed the full period for which he or she was called or ordered to active duty, your service member may be eligible for VA health care.
- **Minimum Duty Requirements** - If your service member/veteran enlisted after September 7, 1980, or entered active duty after October 16, 1981, he or she must have served 24 continuous months or the full period for which he or she was called to active duty in order to be eligible. This minimum duty requirement may not apply to your service member/veteran if he or she was discharged for a disability incurred or aggravated in the line of duty.
- **Service Disabled Veterans** - If your service member/veteran is 50 percent or more disabled from service-connected conditions, unemployable due to service-connected conditions, or receiving care for a service-connected disability, he or she will receive priority in scheduling of hospital or outpatient medical appointments.

STEP 2 – Enroll for VA health care

- To apply for VA health care, your service member/veteran must complete VA Form 10-10EZ, Application for Health Benefits. The form can be obtained from any VA health care facility or regional benefits office, online at <http://www.va.gov/1010ez.htm>, or by calling 1-877-222-VETS (8387).
- Many military treatment facilities have VA representatives on staff that can also help your service member/veteran with this request.


STEP 3 – Learn about VA Services and Benefits

VA provides health care and other benefits to OEF/OIF veterans returning from the armed services.

Here are some of the benefits VA provides:

- **Five Years of Enhanced Health Care.** Your service member/veteran is eligible to receive enhanced VA health care benefits for five years following his or her military separation date. Whether or not your

Access this Web site for more information on specific VA benefits available: <http://www.oefoif.va.gov>.



family member chooses to use VA health care after separation, he or she must enroll with VA within five years to get health care benefits later on.

- **Dental Benefits.** He or she may be eligible for one-time dental care but must apply for a dental exam within 180 days of his or her separation date.
- **OEF/OIF Program.** Every VA Medical Center has a team standing ready to welcome OIF/OEF service members and help coordinate their care. Check the home page of your local VA Medical Center.
- **Primary Health Care for Veterans.** VA provides general and specialized health care services to meet the unique needs of veterans returning from combat deployments.
- **Non-Health Benefits.** Other benefits available from the Veterans Benefits Administration may include: financial benefits, home loans, vocational rehabilitation, education, and more. Access <http://www.vba.va.gov/VBA> for information on these benefits.
- **Benefits for Family Members.** VA offers limited medical benefits for family members of eligible veterans. These include the following programs: Civilian Health and Medical Program of VA (CHAMPVA), caregiver support groups, counseling, and bereavement counseling.

Potential Co-Payments

Some veterans must make small co-payments for medical supplies and VA health care. Combat veterans are exempt from co-payments for the care of any condition potentially related to their service in a theater of combat operations. However, they may be charged co-payments for treatment clearly unrelated to their military experience, as identified by their VA provider.

Conditions not to be considered potentially related to the veteran's combat service include, but are not limited to:

- care for common colds
- injuries from accidents that happened after discharge from active duty
- disorders that existed before joining the military.

For more information regarding services available to returning active duty, National Guard, and Reserve service members of Operations Enduring Freedom and Iraqi Freedom, visit the Returning Service Members Web site at <http://www.oefoif.va.gov>.

My HealthVet is VA's online Personal Health Record.

VA Personal Health Record – My HealtheVet

My HealtheVet offers veterans 24/7 Internet access to their personal VA health care information.

My HealtheVet provides access to the following:

- health information
- links to Federal and VA benefits, and other resources
- the veteran's Personal Health Journal.

Future plans are to include scheduled appointments, co-pay balances, and key parts of the VA medical records.

You can record and track your veteran's health information online in one location. You can print your veteran's information on a doctor's sheet. The online VA prescription refills allow you to order medications online and have them sent to your home.

Register for My HealtheVet at www.myhealth.va.gov.

What Benefits and Services are Available for Veterans' Families?

CHAMPVA - VA Civilian Care for Eligible Family Members


The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) is a comprehensive health care program in which the VA shares the cost of covered health care services and supplies with eligible beneficiaries.

Due to the similarity between CHAMPVA and the Department of Defense (DoD) TRICARE program (sometimes referred to by its old name, CHAMPUS), the two are often mistaken for each other. CHAMPVA is a Department of Veterans Affairs program. TRICARE is a regionally-managed health care program for active duty and retired members of the Uniformed Services, their families, and survivors. If you are a military retiree, or the spouse of a veteran who was killed in action, you are and will always be a TRICARE beneficiary. Check with your POC.

To be eligible for CHAMPVA, you cannot be eligible for TRICARE and you must be in one of these categories:

1. The spouse or child of a veteran who has been rated permanently and totally disabled for a service-connected disability by a VA regional office, or

CHAMPVA is civilian care through the VA.

- 
2. The surviving spouse or child of a veteran who died from a VA-rated service-connected disability, or
 3. The surviving spouse or child of a veteran who was at the time of death rated permanently and totally disabled from a service-connected disability, or
 4. The surviving spouse or child of a military member who died in the line of duty, not due to misconduct (in most of these cases, these family members are eligible for TRICARE, not CHAMPVA).

For information on CHAMPVA and to apply, access the following Web site: <http://www.va.gov/hac/forbeneficiaries/champva/champva.asp>.

Upon confirmation of eligibility, you will receive program material that specifically addresses covered and non-covered services and supplies in the form of a CHAMPVA handbook.



Counseling/Behavioral Health

Everyone needs a helping hand at one time or another. Coping with TBI can be challenging. Fortunately, there are resources to help you and your service member/veteran cope.

Coping with TBI can be a challenge. Counseling is available.

What Counseling is Available for Active Duty, Activated National Guard, Reserve Components, and Families?

The military offers non-medical counseling to the active force, National Guard and Reserve Components, and their families. Counseling is available for both children and adults. Couples or family counseling may also be available.

Active duty, National Guard and Reserve service members, and their families may receive counseling from:

- Military OneSource at <http://www.militaryonesource.com>
- Military and Family Life Consultants (MFLCs)
- chaplains
- post/base and National Guard/Reserve Family Support Centers.

Some personnel may also be eligible for services at local Vet Centers.

Military OneSource

Military OneSource offers three different ways to receive counseling services:

- face-to-face with a counselor in your local area
- by telephone with a Military OneSource consultant
- online consultations in a secure, real-time “chat” format.

All Military OneSource counseling services are free to service members and their eligible family members.

Military OneSource professionals will help you develop personal solutions, goals, and plans. They will encourage you to build on your strengths, teach you to maximize your support systems, and help you find community resources to meet your needs.

The Military OneSource counseling services are not designed to deal with long-term issues, such as child or spouse abuse, and mental illness.

Those in need of long-term treatment are referred to a military treatment facility (MTF), TRICARE, or another health care provider in the community.

For counseling, call Military OneSource at 1-800-342-9647 or through the Web site at <http://www.militaryonesource.com>.

TRICARE also provides counseling benefits.

TRICARE

TRICARE coverage includes mental health and behavioral counseling benefits, including:

- psychotherapy
- inpatient and outpatient care
- addictions counseling.

For more information, see <http://tricare.mil/mybenefit/home/MentalHealthAndBehavior/TypesOfTreatments/Psychotherapy>.

Family Service Centers

Counseling may also be available from a Family Service Center. Every military installation has a Family Service Center. Services vary across installations.

If you do not live near an installation, many of the services can be provided via telephone and e-mail.

For Active Duty Service Members

Active military bases have family support centers:

- Navy Fleet and Family Support Center
- Marine Corps Community Service Center
- Air Force Family Service Center
- Army Community Service Center.

Although the names vary, most of the services are the same.

Centers are staffed by highly trained human services professionals and volunteers. All programs are free of charge.

For National Guard Members

The State Area Command (STARC) within the State National Guard Military Headquarters usually creates a Family Assistance Center (FAC) when a reserve unit is mobilized. The FAC will provide current information about family support available within the state. This includes military, federal, state, and local civilian support.

The FAC will also provide government forms and assistance in filling them out. Check with your STARC to locate the FAC nearest you.

Check your military installation for a Family Service Center.

Chaplains

Chaplains help service members and their families deal with personal concerns such as:

- faith issues
- stress
- anxiety
- redeployment or reunion issues
- moral and ethical values
- social concerns.

Chaplains help to resolve problems by making appropriate referrals to command channels or social service agencies.

They also assist military personnel in requesting emergency leave, compassionate reassignments, and hardship discharges.

For many service members, chaplains are the first person they can turn to for help outside their chain of command.

“Chaplain Thames was sent with me to travel to Germany to meet my husband, and then to Bethesda, and then he returned to Okinawa. He traveled with me so that I wouldn’t be traveling alone.”

- Anna E.



What is Post-Traumatic Stress (PTS)?

Some people experience effects from the stress of combat that don’t go away without help. They may even get worse over time. This is called Post-Traumatic Stress, or PTS for short.

Your family member with PTS may have:

- nightmares
- flashbacks
- difficulty sleeping
- emotionally numb feelings.

These symptoms can make daily life difficult.

Post-traumatic stress (PTS) is anxiety that can develop if you are exposed to or witness a traumatic event (like combat) that threatened or caused great physical harm to self or others.

Your family member may also:

- feel depressed
- begin to abuse alcohol or drugs
- have problems with memory and understanding
- have difficulty dealing with social or family situations
- develop personality changes.

If you think your family member may be suffering from PTS, there are many resources for help in dealing with it.

Talk to your doctor. Also, check out Military OneSource. This Web site has links to information on dealing with PTS and how to seek help: www.militaryonesource.com/skins/MOS/home.aspx.

Your family member may also call 1-800-342-9647 twenty-four hours a day. Military OneSource may authorize your service member to have six confidential counseling sessions at no cost.

Mental and behavioral health care is also a TRICARE benefit. TRICARE will cover care that is medically or psychologically necessary in both outpatient and inpatient settings. The first eight behavioral health outpatient visits per fiscal year do not require prior authorization from TRICARE.

You can visit the Web site: <http://tricare.mil/mybenefit/ProfileFilter.do?purI=%2Fhome%2FMentalHealthAndBehavior> to find a list of behavioral health providers within your immediate area.

What Resources are Available to Prevent Suicide?

In the case of an emergency, call the National Suicide Prevention Lifeline right away at 1-800-273-TALK (8255).

DoD Suicide Prevention and Risk Reduction Committee's (SPARRC) Preventing Suicide Network

The DoD SPARRC Preventing Suicide Network is a resource center that provides information about suicide prevention.

The SPARRC Web site (<http://www.preventingsuicide.com/dodtest>) provides information on what to look for and what to do to help someone who you think may be dealing with thoughts of suicide.

SPARRC helps military personnel, family, and friends who are concerned about someone who may be at risk for suicide by offering tailored resources about suicide prevention.

Up-to-date information is available so that your family member can learn more about suicide. The site provides service-specific resources:

- **Air Force** – Air Force Suicide Prevention Program: <http://afspp.afms.mil>
- **Army** – U.S. Army Center for Health Promotion and Preventive Medicine Suicide Prevention Program: <http://chppm-www.apgea.army.mil/dhpw/Readiness/suicide.aspx>
- **Coast Guard** – Coast Guard Suicide Awareness Program: http://www.uscg.mil/worklife/suicide_prevention.asp
- **Marine Corps** – Marine Corps Community Services Suicide Prevention Program: <http://www.usmc-mccs.org/suicideprevent>
- **Navy** – Navy Suicide Prevention Program: <http://www.npc.navy.mil/CommandSupport/SuicidePrevention>.

For a more complete listing of Government Suicide Prevention Programs, see Appendix F.

What Counseling is Available for Veterans?

The Department of Veterans Affairs Vet Center program is staffed by small multi-disciplinary teams of dedicated providers, many of whom are combat veterans themselves.

Vet Centers provide individual, group, and family counseling to all veterans who served in any combat zone. This service may be provided free of charge to your veteran and/or family members.

Vet Centers offer readjustment counseling — a wide range of services provided to combat veterans in the effort to help make the transition from military to civilian life go more smoothly. Services include:

- individual and group counseling
- marital and family counseling
- bereavement counseling
- medical referrals
- assistance in applying for VA benefits (see Chapter 2 for more information)
- employment counseling
- guidance and referral
- alcohol and drug abuse assessments
- information about and referral to community resources

The Department of Veterans Affairs Vet Center program operates 232 community-based counseling centers across the country.

- counseling and referral for sexual trauma that happened while serving in the military
- outreach and community education.

A service member or veteran who served in any combat zone (Vietnam, Southwest Asia, OEF, OIF, etc.) and received a military campaign ribbon, or their family members, is eligible for Vet Center services.

Call toll free during normal business hours at 1-800-905-4675 (Eastern) and 1-866-496-8838 (Pacific).

You can also locate a Vet Center near you by going to the Vet Center Web site at www.vetcenter.va.gov.

What Other Services Are Available?

There are behavioral health services being provided for free for service members/veterans and their caregivers. A list is at America Supports You (<http://www.ourmilitary.mil/index.aspx>). Ask your POC for a list.

Also check out the National Resource Directory at: <http://www.nationalresourcedirectory.org>.

Employment

If your service member/veteran is separating from the military or has already done so, he or she may be facing many challenges.

Transitions can be stressful under the best of circumstances. A TBI can make transition all the more stressful.

Your service member/veteran may feel discouraged about the prospect of finding employment. You may be concerned about how your family will survive economically.

Finding a job or preparing for non-military employment can be a challenge.

“That’s probably been one of the hardest aspects of it, because things have changed, especially with the 100 percent rating he got from the Army. How is that going to affect his job prospects? He’s probably going to have a really hard time with a full-time job, period.

That will probably change for me, too. I might have to get back out there in the workforce and help provide for the family. I’ve just got to figure out what I want to do.”

- Aimee W.



Take heart: There are many avenues for injured service members/veterans to seek employment. Many public and private employers are committed to supporting those who have served their country.

There may also be state benefits and/or preferences that your service member/veteran can receive. Chapter 14 provides more information about state-specific services.

The military provides your service member with a formal transition assistance program to learn about available employment resources. It’s important for you to understand these benefits as well, so you can discuss employment options with your family member.

Knowing what services are available is a key to success.

But First ... Help Your Service Member/Veteran Get Organized

Before your service member/veteran applies for VA benefits or starts to look for a job, he or she needs to pull together some important documents and to make plans.

DD Form 214 is one of the most important documents that your service member/veteran will receive.

Important Military Records

Certificate of Release or Discharge from Active Duty – DD Form 214

DD Form 214 is the key to participation in all VA programs, as well as several state and federal programs.

Keep the original in a safe, fireproof place, and have certified photocopies available for reference.

In many states, the DD 214 can be registered/recorded like a land deed or other significant document. However, some jurisdictions will allow others to access the form. This can be problematic because the form contains the service member's Social Security number. Check the privacy safeguards in place at your county recorder or town hall before registering the DD 214 there.

If your service member/veteran needs a replacement DD 214 or is in a medical emergency or other situation where the DD 214 is needed immediately, call the National Personnel Records Center at 314-801-0800.

Verification of Military Experience and Training (VMET) – DD Form 2586

DD Form 2586 (Verification of Military Experience and Training) lists your service member/veteran's military job experience and training history, recommended college credit information, and civilian equivalent job titles. It is not a resume, but it can help service members/veterans apply for job.

The VMET can be downloaded from <http://www.dmdc.osd.mil/vmet>. If there are errors or omissions on the form, check the Frequently Asked Questions section on the Web site which explains most problems.

Errors on the VMET can be corrected, but the process can take months because the form is created from official automated records that must be searched and corrected.

For more information or to request corrections, contact your service member/veteran's service administration:

Army

Active, Reserve members, and National Guard personnel should contact their local personnel records manager. Additional questions may be submitted to the Army VMET On-Line Help Desk at vmet@resourceconsultants.com.

Navy

Sailors can get assistance via e-mail at p662c12a@persnet.navy.mil or by calling DSN: 882-4384; 901-874-4384.

Air Force

Air Force personnel should review their VMET prior to separation to ensure corrective action can be taken. Active members should send their requests for corrections to AFPC/DPSIA, Attn: VMET Correction, 550 C Street West, Ste 37, Randolph AFB TX 78150-4739 or by fax to DSN 665-3385 or commercial: 210-565-3385. Include address, phone number, and an e-mail address. Air Force Reserve and National Guard personnel should contact their servicing military personnel flight.

Marine Corps

All active duty and Reserve Marines should contact Marine For Life (M4L): <https://www.m4l.usmc.mil>; (866-645-8762).

Is Unemployment Compensation Available for Ex-Service Members?

Under United States Code, Title 5, Section 8521, a former service member is eligible to receive unemployment compensation if the discharge or release is Under Honorable Conditions (at a minimum).

Receiving separation pay may also influence receipt of unemployment compensation.

Retirees will almost certainly receive a lesser amount [or no amount] since the weekly amount of retirement pay is usually “offset” against the amount of unemployment compensation.

Your state employment office handles unemployment compensation. Benefits vary from state to state. Because of this, only the office where your service member applies will be able to explain the amount and duration of his or her entitlement. The nearest state employment office is listed in your local telephone directory.

To receive unemployment compensation, the service member/veteran must apply. The best time to do that is when he or she visits the Local Veterans Employment Representative (LVER) at the state employment services office for assistance in finding a new job (see pages 51 and 117 for more information on the LVER).

Service members separating from active duty may qualify for unemployment compensation if they are unable to find a new job.

Your family member may have the right to get his or her old job back.

To apply for unemployment compensation, he or she must bring the DD 214, his or her Social Security card, and civilian and military job history or resume.

Is My Family Member's Old Job Still Available?

Under the Uniformed Services Employment and Reemployment Rights Act (USERRA), returning service members who meet basic eligibility criteria and left a civilian job to perform military service (voluntarily or involuntarily) may have the right to return to the job they held before they were deployed.

USERRA also requires that returning service members be reemployed in the job that they would have attained had they not been absent for military service with the same seniority, status, pay, etc., assuming eligibility requirements are met.

To be eligible for reemployment rights, the service member/veteran cannot have been absent from work for military duty for greater than a total of five years. There are important exceptions to the five-year limit, including initial enlistments lasting more than five years, periodic National Guard and Reserve training duty, and involuntary active duty extensions and recalls, especially during a time of national emergency.

Application for reemployment must be made within specific time frames:

- For military service of less than 31 days, return to work must occur at the beginning of the next regularly scheduled work period on the first full day after release from service, taking into account safe travel home plus an eight-hour rest period.
- For military service of more than 30 days but less than 181 days, application for reemployment must be made within 14 days of release from service.
- For service of more than 180 days, application for reemployment must be submitted within 90 days of release from service.

Service members/veterans who are recovering from injuries received during service or training have up to two years to return to the job.

USERRA also provides enhanced protection for disabled veterans. It requires employers to make reasonable efforts to accommodate the disability.

It also requires employers to make reasonable efforts (such as training or retraining) to help returning service members refresh or upgrade their skills to qualify for reemployment.

More information is available at the eLaws USERRA Advisor (www.dol.gov/elaws/userra.htm). Complaints related to denial of reemployment may also be filed online through this site.

Information about USERRA and the Americans with Disabilities Act (ADA) is available at <http://eeoc.gov/facts/Veterans-disabilities.html>.

Some states have state-specific reemployment rights laws that provide further protection for service members. See Chapter 14, State Benefits, for links and contacts to local VA offices.

What Employment-Related Services are Available for Veterans and Family Members?

Vocational and Education Counseling

This program offers professional and qualified vocational and educational counseling to veterans and family members who are eligible for educational benefits under a program that the VA administers.

Eligible applicants include:

- those who are discharged or released from active duty under honorable conditions not more than one year before date of application
- those who are still on active duty and who have six or fewer months remaining before their scheduled release or discharge from service.

Use VA Form 22-5490 to apply.

Family and Medical Leave

The Family and Medical Leave Act (FMLA) of 1993 provides service members/veterans and their spouses employed by companies with 50 or more employees up to 26 weeks of unpaid leave per year to care for a seriously-injured service member without losing their jobs or health care insurance.

To qualify, an employee must have worked at least 1,250 hours during the preceding 12-month period. More details are available in this fact sheet from the U.S. Department of Labor: <http://www.dol.gov/esa/whd/regs/compliance/whdfs28.pdf>.

Some states and employers have more extensive policies regarding leave for caregiving. To see what your state's policies are, go to the state-by-state comparison from the National Partnership for Women & Families at <http://www.nationalpartnership.org/site/DocServer/StateunpaidFMLLaws.pdf?docID=969>.

You may be eligible to take time off to care for your family member with TBI without losing your job.

Job search help is available to both you and your family member.

Check with your company's human resources department about your eligibility for unpaid leave under the FMLA. Get to know your company's caregiver leave policies. Explore alternative working arrangements, such as flexible hours, working from home, reduced hours, etc.

Job-Seeking Help

There is support available to you and to your injured spouse if you are seeking employment. This support recognizes the important contribution that both you and your spouse have made in service to the United States.

Start by checking with your post or base's support services. Depending on your spouse's service branch, your Fleet and Family Support Center, Marine Corps Community Services, Airman and Family Readiness Center, or Army Community Service Center can provide you with information and support.

What Employment-Related Resources are Available for Injured Veterans?

REALifelines

The REALifelines program from the Department of Labor (DOL) helps injured veterans return to fulfilling, productive civilian lives.

"If you have been wounded or injured serving this nation, real people are going to meet you face-to-face with the personalized help that you may need to recover and to succeed in a career that you love."

- Elaine L. Chao, Secretary of Labor
October 4, 2004

The program unites federal, state, and local level efforts to create a network of resources that focus on veteran well-being and job placement assistance. It addresses the professional and educational goals of veterans while they deal with the realities of rehabilitation and recovery.

REALifelines connects injured military members with employment and rehabilitation advisors and facilitates development of a tailor-made plan to overcome obstacles related to employment, education, and workforce re-integration.

For more information, go to <http://www.dol.gov/vets/REALifelines/index.html>.

Job Accommodations for Disabled Veterans

Resources that may be helpful to disabled veterans and their managers include:

Job Accommodation Network (JAN)

JAN is a free service from DOL's Office of Disability Employment Policy. It provides personalized worksite accommodations, information about the Americans with Disabilities Act (ADA) (see Module 3, page 12) and other disability-related information, and information about self-employment. Visit <http://www.jan.wvu.edu> or call 800-526-7234 (V/TTY).

America's Heroes At Work

This DOL Web site (www.americasheroesatwork.gov) focuses on employment challenges of returning service members with TBI and PTSD. This site has extensive links to other Web sites.

America's Job Bank (AJB) and DoD Job Search

America's Job Bank is a service provided by DOL and the individual state employment services. Employers submit their hiring requirements directly into AJB and job seekers can search the online database and apply for jobs. Job seekers can also register and make their resumes available for employers.

The DoD Job Search Web site is part of the AJB that is designed exclusively for service members. It shows how to translate military occupational codes into a civilian occupation. Visit the Web site at <http://dod.jobsearch.org>.

State Employment Services and Local Veterans Employment Representatives

Every state employment service has specialists called Local Veterans Employment Representatives (LVER) and Disabled Veterans Outreach Program Specialists (DVOP).

These specialists can help veterans find local job opportunities and prepare for a new job.

Veterans should contact the state employment services office, identify themselves as veterans, and request an appointment with the LVER.

Disabled veterans may need and are entitled to workplace adjustments or accommodations for their disability.

LVERs and DVOPs are trained to help veterans make the important adjustment to the civilian job market.

DOL Disability Resources

Information on the ADA, along with links to agencies that enforce its provisions, may be found at www.dol.gov/dol/topic/disability/ada.htm.

ADA & IT Technical Assistance Centers

These ten regional centers provide ADA information, training, and technical assistance, including guidance on accommodation issues. Visit www.adata.org or call 800-949-4232 (V/TTY) for more information.

Computer/Electronic Accommodations Program (CAP)

CAP is the federal government's centrally-funded accommodation program. It provides assistive technology and services free of charge to federal agencies and injured service members through partnership agreements.

In addition to customizing the most appropriate solution for each individual, CAP obtains and delivers the accommodation and covers the cost of installation, integration, and user training. Check out www.tricare.mil/cap or call 703-681-8813.

Office of Personnel Management, Federal Employment of People with Disabilities

www.opm.gov/disability is the federal government's centralized Web site with information on federal disability hiring programs, resources for federal employees with disabilities, and discussion of laws and regulations on hiring and discrimination of disabled persons.

Some federal agencies have their own programs to provide expertise and support in providing reasonable accommodations. For agency-specific programs, visit www.dol.gov/odep/pubs/misc/advance.htm.

Veterans' Preference Information

Disabled veterans who served on active duty during specified time periods or specific campaigns are entitled to preference over others in hiring for virtually all federal government jobs.

To learn more about how the veterans' preference works, visit the Office of Personnel Management site at www.opm.gov/Veterans/html/vetsinfo.asp.

To learn more about the laws regarding the veterans' preference and to see what your service member/veteran's eligibility allows, visit the Veterans' Preference Advisor at www.dol.gov/elaws/vetspref.htm.

What Job Opportunities Exist for Spouses of Veterans with a 100% Disability Rating?

Federal Civil Service

If your service member/veteran with a TBI is your spouse who is a totally disabled, retired, or separated member of the Armed Forces (has been retired with a disability rating at the time of retirement of 100 percent or retired/separated from the Armed Forces with a disability rating of 100 percent from the Department of Veterans Affairs), you are eligible for expedited recruitment and selection for Federal civil service positions.

If your spouse is rated with a 100 percent service-connected disability, the Federal government considers you to be an “other eligible,” providing the same resources, rights, and services that are available to veterans and disabled veterans. You will be given priority in Labor Department-funded employment and training programs, as well as preference in federal hiring.

You can search for a Federal civil service position by contacting a One Stop Career Center (find the nearest one at www.servicelocator.org). Introduce yourself as the spouse of a recently disabled veteran. Ask to speak with a work force specialist. This individual can tell you about job opportunities in your area.

Be sure to tell the work force specialist if your spouse received a 100 percent disability rating so that he or she knows you are eligible for veterans’ and priority services.

Spouses of 100 percent disabled veterans have preference in federal hiring.

What Other Opportunities are Available for Active Duty Service Members and Veterans?

Troops to Teachers (TTT)

The Troops to Teachers (TTT) program is funded and overseen by the Department of Education and operated by the DoD. The TTT program helps recruit quality teachers for schools that serve students from low-income families throughout America.

A network of state TTT offices has been established to provide participants with counseling and assistance regarding certification requirements, route to state certification, and employment leads.

Pending annual appropriation of funds, financial assistance is available to eligible individuals as stipends of up to \$5,000 to help pay for teacher

Troops to Teachers helps military members and spouses find second careers as teachers.

certification costs or as bonuses of \$10,000 to teach in schools serving a high percentage of students from low-income families.

Veterans separated due to a service-connected disability are eligible for immediate financial assistance.

The TTT Web site (<http://proudtoserveagain.com>) provides information and resource links, including links to state Departments of Education, state certification offices, model resumes, programs leading to teacher certification, and job listing sites in public education. An Internet Referral System has been established to enable participants to search for job vacancies online and post resumes for view by school districts searching for teachers. A “Mentor Connection” site provides access to TTT participants who have made the transition to teaching and are also available to respond to questions from prospective teachers.

Eligibility

Military personnel within several years of retirement are encouraged to register with TTT. Counseling and guidance is available to help individuals assess academic background, identify programs that will lead to state teacher certification, and identify potential employment opportunities.

Educational Requirements. Those interested in elementary or secondary teaching positions must have a bachelor’s degree from an accredited college. Individuals who do not have a baccalaureate degree, but have experience in a vocational/technical field may also submit an application. There is also a growing need for teachers with backgrounds in areas such as: electronics, construction trades, computer technology, health services, food services, and other vocational/technical fields.

Hire in Advance Program

This program guarantees teaching jobs for eligible service members up to three years before they retire or separate from active duty. Troops who qualify for the Hire in Advance program can send in applications and interview with school officials who can officially hire them up to three years before they leave active duty. The TTT and the Hire in Advance Program are both open to military spouses, as well. For more information, visit <http://proudtoserveagain.com>.

What Employment Resources are Available for Caregivers?

The Military Spouse Resource Center (www.MilSpouse.org) is a Web-based service provided by the Department of Defense and the Department of Labor. It provides information about education, training, and employment, as well as child care and transportation.

If you need a job, investigate the Military Spouse JobSearch Web site (<http://www.militaryspousejobsearch.org/msjs/app>). It can help you find companies that are committed to hiring military spouses. It also allows you to search for jobs by the name of a military post or base.

Military Spouse JobSearch also provides job search resources for people with disabilities, in the event that your service member is not able to return to duty due to disability.

Other resources for veterans and their spouses include federal government positions. The government's Office of Personnel Management provides information on job opportunities for veterans at <http://www.opm.gov/veterans>.

Operation IMPACT

Operation IMPACT was launched within Northrop Grumman's Mission Systems sector in May 2005. The program provides transition support to service members severely injured in the OEF/OIF. It helps them identify career opportunities within the corporation. If an injured service member is no longer able to work, the program offers career support to a member of the individual's immediate family who will act as the primary wage earner.

Program Eligibility

To be eligible for the program, candidates must meet the following criteria:

- Severely injured during combat operations in OEF/OIF on or after September 11, 2001
- Disability rating of 30 percent or greater from the Department of Veterans Affairs
- One or more special category designation (SPECAT) casualty codes for the injury sustained — contact Operation IMPACT, Debbie Ortega, Program Administrator, at 1-800-395-2361 or e-mail operationimpact@ngc.com for more details.

- *Special Note:* The program will accept one primary family wage earner (spouse, parent, other) in cases where the service member has died or is too severely injured to serve as the primary wage earner for his or her immediate family.

Is My Family Member Eligible for a Small Business Loan?

Is your service member/veteran interested in starting a business? Business loans are available to veterans through the Small Business Administration (SBA). In addition, SBA offers loans specifically to disabled veterans. Go to <http://www.sba.gov> for more information about the SBA's Patriot Loan Express program.

See Appendix G for additional employment resources.



Education

This chapter will help you identify the education benefits for which you and/or your service member/veteran are eligible.

What Education Benefits are Available for Service Members and Veterans?

The Department of Veterans Affairs (VA) provides financial help to service members and veterans under the Post-9/11 GI Bill.

You can find out more about VA's education benefits at <http://www.gibill.va.gov>. The VA regional office in your area or the post/base Education Center can also give you more information.

Post-9/11 GI Bill

The Post-9/11 GI Bill is a new benefit that became effective on August 1, 2009. It provides educational help to those who have served on active duty on or after September 11, 2001.

This benefit provides up to 36 months of support for:

- graduate and undergraduate degrees
- vocational/technical training
- foreign training.

All training must be offered by a VA-approved institution of higher learning. The benefit also covers tutorial help and licensing and certification test reimbursement.

In addition, service members who are eligible for the Montgomery GI Bill (MGIB), Montgomery GI Bill – Selected Reserve (MGIB-SR), or the Reserve Educational Assistance Program (REAP) may also be eligible to pursue on-the-job training, apprenticeship, correspondence, flight, or preparatory courses under the Post-9/11 GI Bill.

Eligible service members/veterans will receive a percentage—as determined by length of creditable active duty service—of the following under the Post-9/11 GI Bill:

- Amount of tuition and fees not to exceed the most expensive in-state public institution of higher education
- Monthly housing allowance equal to the basic allowance for housing (BAH) amount payable to E-5 with dependents, in the same zip code as the school (except for those on active duty and those training at less than half time)

If re-training or higher education is a goal for you or your family member, help is at hand.

Active duty service members are eligible for the Post-9/11 GI Bill or the Montgomery GI Bill.

- Yearly books and supplies stipend of up to \$1000 (except for those on active duty)
- A one-time payment of \$500 may be payable to the service member/veteran if he or she relocates from a highly rural area.



"We're not going to go to vocational rehab until we absolutely have to, because he just sees that as a real negative. So we're going with his GI Bill to take some college classes. In the State of Florida, Purple Heart pays your schooling 100 percent on top of your GI bill. We're going with that for right now, just kind of testing the waters to see what's going to happen."

- Cyd D.

Eligibility

Eligibility for the Post-9/11 GI Bill includes those that have a minimum of 90 days active duty after September 10, 2001, and:

- Were honorably discharged from the Armed Forces; OR
- Were released from the Armed Forces with service characterized as honorable and placed on the retired list, temporary disability retired list, or transferred to the Fleet Reserve or the Fleet Marine Corps Reserve; OR
- Were released from the Armed Forces with service characterized as honorable for further service in a reserve component; OR
- Were discharged or released from the Armed Forces for Existed Prior to Service; Hardship; Condition Interfered with Duty; OR
- Continue to be on active duty.

Service members/veterans who are eligible for MGIB, MGIB-SR, REAP, or who were serving in the Armed Forces on August 1, 2009 are also eligible to receive benefits under the Post-9/11 GI Bill.

Vocation and Education Counseling

This program offers professional and qualified vocational and educational counseling to:

- service members within six months of discharge
- veterans

- family members who are eligible for educational benefits under a program that the VA administers.

Eligible applicants include those who are discharged or released from active duty under honorable conditions not more than one year before date of application, as well as those who are still on active duty and have six or fewer months remaining before their scheduled release or discharge from service. Use VA Form 22-5490 to apply.

What Education Benefits are Available for Selected Reserve Members?

Montgomery GI Bill – Selected Reserve (MGIB-SR)

If your service member is a member of the Selected Reserve, he or she may be eligible for the MGIB-SR. The Selected Reserve includes:

- Army Reserve
- Navy Reserve
- Air Force Reserve
- Marine Corps Reserve
- Coast Guard Reserve
- Army National Guard
- Air National Guard.

This education assistance program may be used for:

- degree programs
- certificate or correspondence courses
- cooperative training
- independent study programs
- apprenticeship/on-the-job training
- vocational flight training programs.

Eligibility

Eligible candidates include those who meet the following requirements:

- Have a six-year obligation to serve in the Selected Reserve signed after June 30, 1985. Officers must have agreed to serve six years in addition to their original obligation. For some types of training, it is necessary to have a six-year commitment that begins after September 30, 1990.
- Complete initial active duty for training (IADT).

The Select Reserve member may be eligible for financial assistance for education.

- Meet the requirement to receive a high school diploma or equivalency certificate before completing IADT. Not more than 12 hours may be used toward a college degree to meet this requirement.
- Remain in good standing while serving in an active Selected Reserve unit.

How to Apply

The Reservist's unit will give him or her DD Form 2384-1, Notice of Basic Eligibility, when he or she becomes eligible for the program. The unit will also code his or her eligibility into the DoD personnel system so that VA may verify eligibility.

The Reservist must complete VA Form 22-1990, Application for Education Benefits, and send it to the VA regional office in the state where he or she will train.

If he or she has already started training, he or she should take the application and Notice of Basic Eligibility to his or her school or employer. Ask them to complete VA Form 22-1999, Enrollment Certification, and then send all the forms to VA.

What Education Benefits are Available for Veterans?

Veterans are also eligible for financial assistance for education.

The VA provides financial assistance for education to veterans under the Montgomery GI Bill (MGIB) and the Veterans Educational Assistance Program (VEAP).


To be eligible for the Montgomery GI Bill or VEAP, the veteran must have received an honorable discharge and elected enrollment in MGIB, making contributions through payroll deductions.

If your service member with TBI is leaving the service involuntarily or through the SSB or VSI programs, he or she can enroll in MGIB by making a \$1200 personal contribution prior to separation.

Montgomery GI Bill – Active Duty (MGIB)

The MGIB provides up to 36 months of education benefits to eligible veterans for:

- college
- technical or vocational courses
- correspondence courses
- apprenticeship/job training

- 
- flight training
 - high-tech training
 - licensing and certification tests
 - entrepreneurship training
 - certain entrance examinations.

The monthly benefit is paid based on the type of training, length of service, veteran's service category, and if DoD put extra money into the individual's MGIB fund.

MGIB benefits must normally be used within ten years, but the time could be less or more. An extension of the time limit may be requested in the event of a later period of active duty, an illness or disability, or being detained by a foreign government or power after separation from the military.

Requests for an extension should be sent to the nearest Regional Processing Office; locations may be found at http://www.gibill.va.gov/contact/Office_locations.htm.

Eligibility

To be eligible for MGIB, the veteran must have received an honorable discharge, have a high school diploma or GED, or, in some cases, 12 hours of college credit, and meet the requirements of one of the following categories:

Category I – Service after June 30, 1985

- Entered active duty for the first time after June 30, 1985
- Had military pay reduced by \$100 per month for the first 12 months
- Continuously served for three years, OR two years if that was the period of initial enlistment, OR two years if the veteran entered the Selected Reserve within a year of leaving active duty and served four years (2" by 4" program).

Category II – Vietnam Era GI Bill

- Entered active duty before January 1, 1977
- Served at least one day between October 19, 1984, and June 30, 1985, AND stayed on active duty through June 30, 1988 (or June 30, 1987, if the veteran entered the Selected Reserve within one year of leaving active duty and served four years)
- On December 31, 1989, had entitlement left from Vietnam-Era GI Bill.

Category III – Involuntary Separation/Special Separation

- Not eligible for MGIB under Category 1 or II
- On active duty on September 30, 1990 AND separated involuntarily after February 2, 1991, OR involuntarily separated on or after November 30, 1993, OR voluntarily separated under either the Voluntary Separation Incentive (VSI) or Special Separation Benefit (SSB) program
- Before separation, had military pay reduced by \$1,200.

Category IV – Veterans Educational Assistance Program

- On active duty October 9, 1996, AND had money remaining in a VEAP account on that date AND elected MGIB by October 9, 1997, OR entered full-time National Guard duty under U.S.C., Title 32, between July 1, 1985, and November 28, 1989, AND elected MGIB during the period October 9, 1996, through July 8, 1997
- Had military pay reduced by \$100 a month for 12 months or made a \$1200 lump-sum contribution.

How to Apply

A veteran can apply online at http://www.gibill.va.gov/GI_Bill_Info/How_to_Apply.htm or by calling 1-888-GI BILL-1 (1-888-442-4551) to receive an application by mail.

Veterans Educational Assistance Program (VEAP)

VEAP is available to veterans who elected to make contributions from their military pay to participate in this education benefit program. The program provides up to 36 months of benefits for:

- degree programs
- certificate courses
- correspondence courses
- apprenticeship/on-the-job training programs
- vocational flight training programs.

In certain circumstances, remedial, deficiency, and refresher training may also be available.

Benefit entitlement is one to 36 months, depending on the number of monthly contributions.

Benefits must be used within 10 years after leaving active duty. If the benefit is not used after the 10-year period, the portion remaining in the fund will be automatically refunded to the veteran.

Eligibility

To qualify for VEAP, a veteran must meet the following requirements:

- Entered service for the first time between January 1, 1977 and June 30, 1985
- Opened a contribution account before April 1, 1987
- Voluntarily contributed from \$25 to \$2700
- Completed his or her first period of service
- Was discharged or released from service under conditions other than dishonorable.

Active duty service members who wish to receive VEAP benefits must have at least three months of contributions available. Contributions may be withdrawn if the service member does not meet the basic eligibility requirements or formally requests a refund of the contributions withheld.

How to Apply

Complete VA Form 22-1990, Application for Education Benefits (available at https://www.va.gov/vaforms/form_detail.asp?FormNo=22-1990). Send it to the VA regional office within the state where the service member/veteran will train.

If the service member/veteran is not on active duty, send copy 4 (Member Copy) of DD Form 214.

If the service member is on active duty, enrollment must be approved by the Education Services officer at his or her post or base, and service must be verified by his or her commanding officer.

If a service member wishes to withdraw contributions from VEAP, he or she must obtain and complete VA Form 24-5281, Application for Refund of Educational Contributions, and send it to the nearest VA regional office.

Veterans Upward Bound (VUB) program

VUB is a free Department of Education program that helps eligible veterans refresh their academic skills so that they can successfully complete the post-secondary school of their choosing.

The VUB program services include:

- basic skills development to help veterans successfully complete a high school equivalency program and gain admission to college education programs

- short-term remedial or refresher classes for high school graduates who have put off pursuing a college education
- help with applications to the college or university of choice
- help with applying for financial aid
- personalized counseling
- academic advice and assistance
- career counseling
- assistance in getting veterans' services from other available resources
- exposure to cultural events, academic programs, and other educational activities
- tutorial and study skills assistance.

The VUB program can help veterans improve their skills in:

- mathematics
- foreign language
- composition
- laboratory science
- reading
- literature
- computer basics
- any other subjects needed for success in education beyond high school.

Eligibility

- Be a veteran with 181 or more days active duty service and discharged on/after January 31, 1955, under conditions other than dishonorable; and
- Meet the criteria for low income according to guidelines published annually by the Department of Education, and/or be a first-generation potential college graduate; and
- Demonstrate academic need for VUB; and
- Meet other local eligibility criteria as noted in the local VUB project's Approved Grant Proposal, such as county of residence, etc.

For more information, as well as a link to individual program locations, visit <http://navub.org/programinformation>.





What Education Benefits Are Available for Veterans with Service-Connected Disabilities?

The Vocational Rehabilitation and Employment Program (VR&E)

The VR&E program helps veterans with service-connected disabilities become suitably employed, maintain employment, or achieve independence in daily living. The law generally provides for a 12-year basic period of eligibility in which services may be used.

To receive an evaluation for vocational rehabilitation services, a veteran must:

- Have received, or eventually receive, an honorable or other than dishonorable discharge
- Have a VA service-connected disability rating of 10 percent or more
- Apply for vocational rehabilitation services.

A Comprehensive Evaluation is completed with a Vocational Rehabilitation Counselor that includes:

- A full assessment of the veteran's interests, aptitudes, and abilities to determine whether the veteran is entitled to VR&E services
- An assessment of whether service-connected disabilities impair the veteran's ability to find and/or hold a job using the occupational skills already attained
- Vocational exploration and goal development.

A VA counselor decides if a veteran has an employment handicap based upon the results of the comprehensive evaluation. Entitlement to services is established if the veteran has a 20 percent service-connected disability and an employment handicap. If the disability is 10 percent service-connected, then a serious employment handicap must be found to establish entitlement to vocational rehabilitation services.

After an entitlement decision is made, the veteran and the counselor will work together to develop a Rehabilitation Plan.

A Rehabilitation Plan is a written detailed outline of services provided under the Vocational Rehabilitation and Employment program. The following service delivery options may be provided under a Rehabilitation Plan:

1. Reemployment with previous employer
2. Rapid employment services for new employment

3. Self-employment
4. Employment through long-term services
5. Independent living services.

For more information: <http://www.vetsuccess.gov/about>.

What Education Benefits are Available for Veterans and Their Family Members?

Survivors' and Dependents' Educational Assistance

This VA program provides educational assistance for a spouse or child of a veteran who is permanently and totally disabled as a result of a service-connected disability or who dies due to a service-connected disability. (It also covers those who are missing in action or prisoners of war.)

The program provides up to 45 months of education benefits for:

- degree and certificate programs
- apprenticeship
- on-the-job training.

Spouses may also be approved for correspondence courses.

Remedial, deficiency, and refresher courses may be approved under certain circumstances.

VA Form 22-5490 is used to apply for this benefit. For more information, go to <https://www.gibill.va.gov>.

Vocation and Education Counseling

This program offers professional and qualified vocational and educational counseling to veterans and family members who are eligible for educational benefits under a program that the VA administers.

Eligible applicants include those who are discharged or released from active duty under honorable conditions not more than one year before date of application, as well as those who are still on active duty and have six or fewer months remaining before their scheduled release or discharge from service. Use VA Form 22-5490 to apply.



What Education Benefits are Available for Family Members?

Post-9/11 GI Bill entitlement (see above) may be transferred to a spouse or children with DoD approval.

Scholarships

The Scholarships for Military Children Program was created in recognition of the contributions of military families to the readiness of the fighting force and to celebrate the role of the commissary in the military family community.

It is the intent of the program that a scholarship funded through contributions be awarded annually for each commissary operated by the Defense Commissary Agency worldwide.

The Scholarships for Military Children Program is primarily funded through the generosity of manufacturers and suppliers whose products are sold at military commissaries, worldwide.

Children of **active** duty, Reserve/Guard, or **retired** military personnel or survivors of a deceased member can apply. Applicants must have a military dependent I.D. card.

Applicants must be planning to attend a college or university on a full-time basis.

For more information, visit www.militaryscholar.org.

What Education Benefits are Available for Caregivers?

Scholarships

If you are the spouse of a service member/veteran, you can find scholarships to further your education by checking a list provided by MilitarySpouse.com at http://www.dantes.doded.mil/dantes_web/library/docs/counselorsupport/fossm.pdf.

What Other Education Benefits Should I Consider?

Scholarships

Active duty, veterans, Reserve, National Guard, spouses, and dependents can search for scholarships at <http://aid.military.com/scholarship/search-for-scholarships.do>. Be sure to explore scholarships for every eligibility requirement that you may meet.

Federal Student Aid

The U.S. Department of Education (ED) offers over \$80 billion dollars in financial aid each year to help students manage the cost of education.

There are three categories of federal student aid:

- grants
- work-study
- loans.

Find out more by visiting <http://www.federalstudentaid.ed.gov>.

Federal Student Aid is available to service members/veterans who are receiving benefits under the Montgomery GI Bill. These benefits should be listed on the Free Application for Federal Student Aid (FAFSA) (see How to Apply on page 69).

The school will take into consideration the amount listed on the application, along with any other financial assistance the service member/veteran is eligible to receive, in preparing the student's financial aid package.

Federal Student Aid has a new tool called FAFSA4caster. It provides an early estimate of students' eligibility for federal student financial assistance.

Military dependents who are enrolled in college and are eligible to receive Pell Grants should check out the two newest programs:

- Academic Competitiveness Grants
- National Science and Mathematics Access to Retain Talent Grants (National SMART Grants).

Visit the Web site at <http://www.federalstudentaid.ed.gov/fafsa4caster.html> for more information.

*Service members/
veterans who
return to school
may also apply
for federal student
aid.*



Eligibility

Eligibility for Federal Student Aid is based on financial need and on several other factors. The financial aid administrator at the college or career school the individual plans to attend can help determine his or her eligibility.

To receive aid from the programs, the applicant must:

- Demonstrate financial need (except for certain loans—the school can explain which loans are not need-based)
- Have a high school diploma or a GED certificate, pass a test approved by the Department of Education, meet other standards a state establishes that ED approves, or complete a high school education in a home school setting that is treated as such under state law
- Be working toward a degree or certificate in an eligible program
- Be a U.S. citizen or eligible non-citizen
- Have a valid Social Security number (unless from the Republic of the Marshall Islands, the Federated States of Micronesia, or the Republic of Palau)
- Maintain satisfactory academic progress once in school
- Certify that he or she is not in default on a federal student loan and does not owe money on a federal student grant
- Certify that he or she will use federal student aid only for educational purposes.

How to Apply

Complete the Free Application for Federal Student Aid (FAFSA). You can apply online or on paper. Get further instructions on the application process at <http://www.fafsa.ed.gov>.

Also apply for a Federal Student Aid PIN, which allows the applicant to sign the application electronically, speeding up the application process. Apply for a PIN at <http://www.pin.ed.gov>.

Eight questions on the application ask about the applicant's dependency status. Veterans and active duty service members are considered independent students and would only include information for the individual (and spouse, if married). For more detailed information, go to <http://www.fafsa.ed.gov>.



Housing

Where are you going to live while your service member is being treated? Will you need to modify your home so that your service member/veteran can move around in a wheelchair?

You may be wondering about these questions. This chapter provides some answers to your housing questions.

What Temporary Housing is Available for Caregivers?

During Treatment

If your service member/veteran is being treated at a military treatment facility (MTF) or a VA Polytrauma Center, you may be able to stay nearby for free or at a low cost.

Housing for family members includes:

- Malone House at Walter Reed
- Navy Lodges
- Fisher Houses at the VA Polytrauma Centers.

Each hospital or post/base commander decides who is eligible for free housing.

Nonprofit organizations may also make some apartments near treatment centers available to families at little or no cost.

Check with your POC to find out what temporary housing is available where your family member is being treated. The POC can also help you find housing when your family member moves to another DoD or VA facility.

The National Resource Directory provides information about temporary housing at <https://www.nationalresourcedirectory.org/nrd/public/DisplayPage.do?parentFolderId=6067>.

What Temporary Housing is Available for Those Leaving the Military?

Leaving Active Duty

Service members usually must leave family housing as soon as they leave active duty.

In some cases, a service member may be eligible for an extension. An extension allows you to remain in family housing beyond your family member's transition date.

Find out about Navy Lodges at <https://www.navy-lodge.com/dodlodging/index.html>. You can find information on Fisher House at <http://www.fisherhouse.org>.

Eligibility is limited to involuntary separations, including Selected Early Retirement Board (SERB) Retirement, Special Separation Benefit (SSB), Voluntary Separation Incentive (VSI), or separation due to medical condition.

Housing extensions are made on a space-available basis. There may be restrictions in some locations.

Call the post/base housing office for details.

The National Resource Directory lists organizations that provide temporary housing for wounded service members/veterans. For example, Operation Homefront Village (<http://www.operationhomefront.net/homefrontvillage>) provides temporary housing as wounded service members transition out of the military and into civilian life.

What Housing Benefits are Available for Active Duty Service Members and Medically Retired Veterans?

Housing Adaptation

Service members/veterans with specific service-connected disabilities may qualify for a grant from the VA to build an adapted home or modify an existing home to meet their needs.

The goal of the Specially Adapted Housing (SAH) Grant Program is to provide a barrier-free living environment that helps the service member/veteran live independently. There are two types of grants for severely-disabled veterans or service members:

- Up to 50 percent of the cost of a specially adapted house. The maximum amount—currently \$60,000—is set by law.
- The actual cost to adapt a house or for the appraised market value of needed features already in the house when it was purchased. The maximum amount—currently \$12,000—is set by law.

For information, go to <http://www.homeloans.va.gov/sah.htm>.

Check with your POC about other sources of funds to adapt temporary housing and base housing to meet your service member/veteran's needs. You may also find additional information in the National Resource Directory.



“We had to do some home modifications. Because of the brain injury, we weren’t sure what we needed to do permanently. We did hold off on a lot of stuff because we weren’t sure how far he was going to recover. Only as recently as last month did we even expand the opening in the bathroom door on the floor that he lives on. We still don’t have ramps.

We’ve just done minor modifications at this point. My thought process was that I didn’t want to use his money to do modifications until we were sure about his recovery. I didn’t know if eventually he may get to be somewhat independent and we build a place that he’s going to be able to live in or if he’s going to be able to go out on his own. We didn’t know because they said, ‘We can’t tell you what his prognosis is.’ We’re just hanging on to that whole allowance that they gave us because our home was already at least good enough for him for the level of recovery he’s at. He’s been doing all right.”

- Pam E.



Homes for Our Troops

Homes for Our Troops is committed to helping severely injured or disabled service members and veterans. Homes for Our Troops uses donated money, building materials, and professional labor. It coordinates the building of a new home or adapting an existing home to make it more accessible. For more information about this organization, please see www.homesfourtroops.org.

Other Organizations for Home Adaptation

There are many private organizations that are committed to helping with home adaptation. AMVETS, the American Legion, and Hope For The Warriors are just some of those who help. See the National Resource Directory (www.nationalresourcedirectory.org).

What Housing Benefits are Available for Veterans?

Home Loans

The main purpose of the VA home loan program is to make it easier for veterans to buy a home. Terms for VA loans include:

- a lower interest rate
- no down payment
- limitations on closing costs
- long repayment terms.

Certain members of the Selected Reserve, active duty service personnel, and certain groups of spouses may qualify for VA home loans.

Your service member/veteran may be eligible if he or she served under the following time periods and conditions:

Wartime - Service during:

- WWII: 9/16/1940 to 7/25/1947
- Korean: 6/27/1950 to 1/31/1955
- Vietnam: 8/5/1964 to 5/7/1975

He or she must have at least 90 days on active duty and been discharged under other than dishonorable conditions. If he or she served less than 90 days, he or she may be eligible if discharged for a service-connected disability.

Peacetime - Service during periods:

- 7/26/1947 to 6/26/1950
- 2/1/1955 to 8/4/1964
- 5/8/1975 to 9/7/1980 (Enlisted)
- 5/8/1975 to 10/16/1981 (Officer)

He or she must have served at least 181 days of continuous active duty and been discharged under other than dishonorable conditions. If he or she served less than 181 days, he or she may be eligible if discharged for a service-connected disability.



Service after 9/7/1980 (Enlisted) or 10/16/1981 (Officer)

If he or she was separated from service which began after these dates, he or she must have:

- Completed 24 months of continuous active duty or the full period (at least 181 days) for which he or she was ordered or called to active duty and been discharged under conditions other than dishonorable, or
- Completed at least 181 days of active duty and been discharged under the specific authority of 10 USC 1173 (Hardship), or 10 USC 1171 (Early Out), or have been determined to have a compensable service-connected disability, or
- Been discharged with less than 181 days of service for a service-connected disability. Individuals may also be eligible if they were released from active duty due to an involuntary reduction in force, certain medical conditions, or, in some instances, for the convenience of the Government.

Gulf War - Service during period 8/2/1990 to date yet to be determined

If he or she served on active duty during the Gulf War, he or she must have:

- Completed 24 months of continuous active duty or the full period (at least 90 days) for which he or she was called or ordered to active duty, and been discharged under conditions other than dishonorable, or
- Completed at least 90 days of active duty and been discharged under the specific authority of 10 USC 1173 (Hardship), or 10 USC 1173 (Early Out), or have been determined to have a compensable service-connected disability, or
- Been discharged with less than 90 days of service for a service-connected disability. Individuals may also be eligible if they were released from active duty due to an involuntary reduction in force, certain medical conditions, or, in some instances, for the convenience of the Government.

Active Duty Service Personnel

If he or she is now on regular duty (not active duty for training), he or she is eligible after having served 181 days (90 days during the Gulf War) unless discharged or separated from a previous qualifying period of active duty service.

Selected Reserves or National Guard

If he or she is not otherwise eligible and has completed a total of six years in the Selected Reserves or National Guard (member of an active unit, attended required weekend drills and 2-week active duty for training) and

- Was discharged with an honorable discharge, or
- Was placed on the retired list, or
- Was transferred to the Standby Reserve or an element of the Ready Reserve other than the Selected Reserve after service characterized as honorable service, or
- Continues to serve in the Selected Reserves.

Individuals who completed less than six years may be eligible if discharged for a service-connected disability.

You may also be determined eligible if you:

- Are an unremarried spouse of a veteran who died while in service or from a service connected disability, or
- Are a spouse of a service person missing in action or a prisoner of war.

Note: Also, a surviving spouse who remarries on or after attaining age 57, and on or after December 16, 2003, may be eligible for the home loan benefit. However, a surviving spouse who remarried before December 16, 2003, and on or after attaining age 57, must have applied no later than December 15, 2004, to establish home loan eligibility. VA must deny applications from surviving spouses who remarried before December 6, 2003 that are received after December 15, 2004.

Eligibility may also be established for:

- Certain United States citizens who served in the Armed Forces of a government allied with the United States in WW II
- Individuals with service as members in certain organizations, such as Public Health Service officers, cadets at the United States Military, Air Force, or Coast Guard Academy, midshipmen at the United States Naval Academy, officers of National Oceanic & Atmospheric Administration, merchant seaman with WW II service, and others.

For more information about the VA's home loan program, go to <http://www.homeloans.va.gov/index.htm>.

Financial Issues

After a TBI, your family member may be unable to return to active duty, may retire, or may be separated from the service.

You may be worried about where the money is going to come from to support your family, pay for your children's education, or pay for your family member's medical expenses.

Your service member/veteran gave his or her all to defend our country. In return, your family member is eligible for important **financial benefits**.

This chapter will help you understand the financial benefits that may be available to your family from DoD and the VA.

Eligibility for each benefit varies, so be sure to read each section carefully.

If you have questions, contact the Wounded Warrior Pay Management Team (WWPMT) and/or finance office at your service member's location.

If your service member has been separated from the military, he or she may be eligible for VA benefits. To determine your service member/veteran's eligibility for benefits from the VA, he or she must file a claim with the VA.

Forms may be downloaded from the forms page at www.insurance.va.gov. The VA representative at his or her location or an advisor from a Veterans Service Organization (VSO) can help. (See Appendix B for a link to a complete list of VSOs.)

More information about VA benefits is available online at <http://www.vba.va.gov/VBA/benefits/factsheets/index.asp>. You can review the latest VA Benefits Handbook at <http://www1.va.gov/opa/vadocs/fedben.pdf>.

What Types of Pay are Available for Active Duty Service Members?

Special/Partial/Casual Pays

If your family member is being treated at a location where it is difficult to get to his or her bank, he or she may qualify for a special payment to cover incidental costs during treatment.

Each service has a different name for this payment:

- Army: "casual pays"
- Air Force: "partial pays"
- Navy/Marine Corps: "special pays."

Financial benefits include combat pay, retirement pay, disability payment, and insurance.

This payment is an advance on the end-of-month paycheck. It is automatically deducted from future pay periods until paid back. The closest military finance office can arrange this payment.

Basic Allowance for Subsistence (BAS)

If your service member is an inpatient in a hospital, he or she will continue to receive his or her BAS.

When your family member becomes an outpatient, BAS will continue unless your service member is issued a meal card to eat in the military dining facility.

What is the Pay for the Medically Retired?

If your service member is judged able to return to active duty, he or she will continue to be paid according to his or her military schedule.

If the **PEB** decides that your family member meets the criteria for one of these--

- Discharge with severance
- Temporary Disability Retirement List (TDRL)
- Permanent Disability Retirement List (PDRL)

--he or she will receive compensation from the government. The compensation guidelines for these appear below.

Details may be obtained at your service member's local finance or personnel office or the Wounded Warrior Pay Management Team (WWPMT) member at his or her location.

Discharge with Severance

Pay is calculated by taking the service member's base pay, multiplying it by two, and multiplying that number by the number of years of service completed. The minimum multiplier for years of service (no matter how long the actual service was) is:

- Three years
- Six years for those injured in a combat zone.

Because service members with 20 or more years of service receive retirement pay regardless of their combined disability rating, the maximum severance multiplier for years of service is 19.

PEB stands for Physical Evaluation Board. See page 104.

Temporary Disability Retirement List (TDRL)

If your service member is unfit for duty with a 30 percent or higher combined disability rating but his or her condition is not stable (it could get better or worse), he or she will be placed on TDRL.

Pay under TDRL is determined by using one of two methods. The method which yields the highest percentage of base pay will be the one used. A service member will never be placed on the TDRL with less than 50 percent of base pay.

Under the first method, your family member's retirement is based on his or her combined disability rating. It can never be less than 50 percent of his or her current base pay or more than 75 percent of base pay. The following formula is used:

- 30-40 percent disability rating = 50 percent of base pay
- 50-70 percent disability rating = the percentage of base pay
- 80-100 percent disability rating = 75 percent of base pay
- Or 2.5 percent X years of service if sum is greater than percentage of disability.

Under the second method, retirement pay is based on time in service using the formulas in U.S.C., Title 10, Chapter 71, Section 1401. Under this formula, retirement compensation is determined as follows:

- 2.5 percent X years of service = that percentage of base pay.

Every 18 months, your service member will receive a physical exam to determine if his or her condition has changed or stabilized. Based on these exams, your service member may remain on TDRL, return to duty, be discharged with or without severance, or moved to the Permanent Disability Retired List (PDRL):

- If your service member is fit for duty, he or she may choose to return to duty or to be discharged without severance. His or her TDRL payments will stop.
- If his or her condition has stabilized and he or she is unfit for duty with a disability between 0-20 percent, he or she will be discharged with severance (see above).
- If his or her condition has stabilized and his or her disability rated at 30 percent or higher, he or she will be transferred to PDRL.

Your service member can only remain on TDRL for five years. At the end of five years, he or she will be declared fit or unfit, given a percentage of disability, and either returned to duty, discharged, or placed on PDRL.

Permanent Disability Retired List (PDRL)

If the Physical Evaluation Board found your service member to be unfit with a 30 percent or greater disability and his or her condition is stable, he or she will be placed on PDRL.

If he or she has less than 30 percent disability but has completed 20 or more years of service, he or she will also be placed on PDRL.

Retirement payment under PDRL is determined using a formula much like the methods used to determine TDRL retirement pay, but without the 50 percent minimum.

A service member will receive retirement pay based on his or her years of service or combined disability rating. Whichever method yields the higher amount is the method used. However, retirement pay cannot be greater than 75 percent of base pay:

- 30-70 percent disability rating = that percentage of base pay
- 80-100 percent disability rating = 75 percent of base pay
- Or 2.5 percent X years of service if sum is greater than percentage of disability.

Combat-Related Special Compensation (CRSC)

In the past, veterans were not allowed to receive both military retirement pay and disability compensation from the VA. Beginning June 1, 2003, however, a law allowed retired members with two years of service and qualifying combat-related disabilities to receive special payments that lessened the offset of VA compensation for combat-related disabilities that reduced DoD retirement payments.

The 2008 National Defense Authorization Act expanded this law by including members who retired with less than 20 years for medical reasons. Eligible veterans with VA-rated disabilities that are combat-related and who have 20 or more years of service, are permanent medical retirees, or who are assigned to TDRL, are eligible for a monthly CRSC payment in addition to their reduced military retirement pay and their VA disability compensation. (See below for information on VA disability compensation.)

Each service uses a different process for determining eligibility. CRSC experts may be contacted at:

ARMY

Combat-Related Special Compensation (CRSC)

1-866-281-3254

<http://www.crsc.army.mil>

AIR FORCE

Disability Division (CRSC)

1-800-616-3775

<http://www.afpc.randolph.af.mil/library/combat.asp>

COAST GUARD

Personnel Command

<http://www.uscg.mil/hr/psc>

NAVY AND MARINE CORP

Secretary of the Navy Council of Review Boards

Combat-Related Special Compensation Branch

1-877-366-2772

www.hq.navy.mil/corb/CRSCB/combatrelated.htm

What Pay Issues are Specific to Combat Zone Injuries for Active Duty Service Members?

Table 4 lists other benefits available to those injured in a combat zone. For more information or to discuss your situation, contact the WWPMPT point of contact.

Table 4. Pay Issues Specific to Combat Zone Injuries

Program	Program
Pay and Allowance Continuation (PAC)	A service member who is hospitalized for treatment from an injury received in a combat zone will continue to receive all pay and allowances for up to one year after he or she was first hospitalized. Under "extraordinary circumstances," the Principal Undersecretary of Defense for Personnel and Readiness can extend PAC beyond the one-year limit for six months.
Travel Voucher for time in a combat zone	If a service member is evacuated from a combat zone for medical treatment, he or she will receive per diem for the travel day, as well as \$3.50 for incidental expenses. The service member must complete a travel voucher (DD Form 1351-2) to receive the money. When your service member is treated as an outpatient at a medical facility, he or she may also be eligible for travel pay, depending on where he or she is being treated. Each service handles travel payments differently. Contact the WWPMPT point of contact; consult http://www.dfas.mil/travelpay.html and choose the particular service.

Table 4. Pay Issues Specific to Combat Zone Injuries (cont.)

Program	Benefits/Eligibility
<p>Travel for Family Members</p> <p>Army: 888-332-7366</p> <p>Navy: 888-332-7366</p> <p>USMC: 800-847-1597; 703-784-9512</p> <p>If calling over the DSN, the prefix is 278.</p> <p>Air Force: 800-433-0048; 210-565-3505</p>	<p>To defray expenses for family members to be with the service member during treatment, family members may be issued Invitational Travel Authorizations (ITAs), Invitational Travel Orders (ITOs), or Emergency Family Member Travel (EFMT) orders, depending upon the service. Up to three members of a family (parents, spouses, children, or siblings) may be eligible to travel while the service member is an inpatient; one family member may receive orders to remain with the service member during recovery. The travel orders will cover the cost of travel, hotel bills, meals, and some incidentals.</p>
<p>Family Separation Allowance (FSA)</p>	<p>If the service member has dependents and is away from his or her permanent duty station for more than 30 days for temporary duty or on a temporary change station, he or she will receive this pay. If the service member was receiving FSA while deployed and is then sent to a facility for treatment in a location that is not his or her permanent duty station, he or she will continue to be paid FSA unless all of his or her dependents come to stay at his location for more than 30 days.</p>
<p>Hardship Duty Pay Location (HDP-L)</p>	<p>HDP-L is paid while the service member is in a location identified by the military as a hardship duty location. The entitlement stops on the day the service member leaves the hardship location, unless he or she is covered by PAC (see above).</p>
<p>Hostile Fire Pay/Imminent Danger Pay (HFP/IDP)</p>	<p>HFP/IDP is paid when a service member is in an area identified as placing the individual in imminent danger or under hostile fire. If the service member is injured while receiving HFP/IDP, he or she will continue to receive this pay while covered by PAC (see above).</p>
<p>Combat Zone Tax Exclusion (CZTE)</p>	<p>If your service member was receiving CZTE benefits before he or she was medically evacuated, he or she will not be required to begin paying taxes for any month while an inpatient being treated for injuries received in the combat zone. This benefit continues for up to two years after discharge or after the official end of the hostilities. If treated as an outpatient, the tax exclusion ends at the end of the month in which he or she was either transferred out of theater or moved from inpatient to outpatient status. If re-admitted for the same injury to inpatient status, your service member will receive tax exclusion for the month in which he or she was re-admitted and for every month thereafter until discharge or the two-year period ends.</p>

Table 4. Pay Issues Specific to Combat Zone Injuries (cont.)

Program	Benefits/Eligibility
<p>Combat Related Injury and Rehabilitation Pay (CIP)</p>	<p>The PAC program replaced CIP on May 15, 2008. CIP was an entitlement paid monthly. Wounded Warriors are still eligible to claim retroactive periods of CIP qualification. If the service member was medically evacuated out of a combat zone and admitted as an inpatient or was receiving extensive rehabilitation as an outpatient while living in quarters affiliated with the military health care system, he or she was considered hospitalized and therefore entitled to CIP.</p>
<p>Savings Deposit Program (SDP)</p> <p>SDP Help Line: 888-332-7411, 216-522-5096, DSN: 580-5096; E-mail CCL-SDP@dfas.mil</p>	<p>When a service member is deployed to an area that makes him or her eligible for HFP/IDP and is there for at least 30 consecutive days (or at least one day in three consecutive months), he or she is allowed to deposit up to \$10,000 in a DoD savings account that receives a 10 percent interest rate. If your service member has been evacuated, he or she may withdraw that money to cover immediate expenses, although doing so will reduce the overall interest earned. To do so, your service member should do one of the following:</p> <ul style="list-style-type: none"> • complete a withdrawal request form on the myPay Web site at https://mypay.dfas.mil/mypay.aspx • send an e-mail request to CCL-SDP@dfas.mil • send a fax to 216-522-5060 • send a letter to DFAS-Cleveland Center (DFAS-CL), ATTN: SDP, Special Claims, 1240 East 9th Street, Cleveland, OH 44199-2055. <p>Include the service member's name, Social Security number, and date he or she left the combat zone.</p> <p>If these funds are not withdrawn right away, DFAS will automatically transfer the balance into the service member's regular military pay 120 days after he or she leaves the combat zone.</p>
<p>Traumatic Servicemembers' Group Life Insurance (TSGLI)</p>	<p>See page 85.</p>

What about Disability Payments for Medically Retired Veterans?

Pension and Compensation

Your veteran can file a VA claim (using VA Form 21-526) for disability compensation for a service-connected injury, continuing illness, mental or physical impairment, and/or permanent and combined disability.

Disability compensation is a monthly payment. The amount is determined by the veteran's degree of disability and number of dependents.

Receiving military retirement pay, disability severance pay, and separation incentive payments known as SSB (Special Separation Benefits) and VSI (Voluntary Separation Incentives) affect the amount of VA compensation.

Veterans with certain severe disabilities may be eligible for additional special monthly compensation.

No federal or state income tax is paid on disability compensation.

Only veterans who left the service under conditions other than dishonorable are eligible for disability payments.

CRSC (see previous section) provides a monthly CRSC payment to eligible retired veterans with combat-related duties, in addition to their reduced military retirement pay and VA disability compensation.

Increased Compensation Based on Unemployability

If your service member/veteran is unable to work due to total disability from service-related disabilities, he or she may be eligible for this benefit. Use VA Form 21-8940 to apply.

Concurrent Retirement and Disability Payments (CRDP)

CRDP, DoD compensation, is designed to remove the offset of VA and DoD payments. It provides a 10-year phase-out of the offset to military retired pay from receiving VA disability compensation for members who have a combined disability rating of 50 percent or greater.

Those rated at 100 percent disability by the VA are entitled to full CRDP immediately.

Members retired under disability provisions must have 20 years of service.



Traumatic Servicemembers' Group Life Insurance (TSGLI)

The Servicemembers' Group Life Insurance Traumatic Injury Protection (TSGLI) program is an automatic provision under Servicemembers' Group Life Insurance (SGLI). TSGLI provides for payment to service members who are severely injured (on or off duty) as the result of a traumatic event and suffer a loss that qualifies for payment under TSGLI. TSGLI is designed to help traumatically injured service members and their families with financial burdens associated with recovering from a severe injury.

All members of the Uniformed Services who have full-time or part-time Servicemembers' Group Life Insurance (SGLI) are automatically covered by TSGLI while the member is in service. TSGLI coverage automatically ends upon the member's separation or discharge from service or if the member declines SGLI coverage. Spouses and children covered under Family SGLI are not covered by TSGLI.

TSGLI payments range from \$25,000 to \$100,000 based on the qualifying loss suffered. The benefit is paid to the member, someone acting on the member's behalf if the member is incompetent, or the member's SGLI beneficiary if the member is deceased.

TSGLI coverage was added to SGLI policies effective December 1, 2005. All members covered under SGLI who experience a *traumatic event* that directly results in a *traumatic injury* causing *scheduled loss* defined under the program are eligible for TSGLI payment.

Qualifying traumatic injuries under the program are injuries that cause physical damage to the body and result from external force or violence or a condition that can be linked to a traumatic event. Several possible injuries (called a "loss") stemming from a TBI qualify for payment under TSGLI. Examples of "losses" are loss of sight, loss of hearing, hospitalization due to TBI, loss of ability to perform at least two activities of daily living. For a complete list of "losses" and general TSGLI information, see the following Web site: <http://www.insurance.va.gov/SGLIsite/TSGLI/TSGLIGuide/TSGLIProceduresGuide.pdf>.

To file a claim, go to www.insurance.va.gov/sglisite/TSGLI/TSGLI.htm or contact the TSGLI point of contact for the appropriate service:

Branch of Service	General Information	Claims Information
Army	<p>Phone: (800) 237-1336 E-mail: tsgli@conus.army.mil</p> <p>Web site: www.tsgli.army.mil</p>	<p>Submit Claims via fax: (866) 275-0684</p> <p>Submit Claims via e-mail: tsgli@conus.army.mil</p> <p>Submit Claims via postal mail: Army Human Resources Command Attn: TSGLI 200 Stovall Street Alexandra, VA 22332-0470</p>
Army National Guard	<p>Phone: (703) 607-5851 E-mail: raymond.holdeman@ng.army.mil</p> <p>Web site: www.tsgli.army.mil</p>	<p>Submit Claims via fax: (866) 275-0684</p> <p>Submit Claims via e-mail: tsgli@conus.army.mil</p> <p>Submit Claims via postal mail: Army Human Resources Command Attn: TSGLI 200 Stovall Street Alexandra, VA 22332-0470</p>
Navy	<p>Phone: (800) 368-3202 / 901-874-2501 E-mail: MILL_TSGLI@navy.mil</p> <p>Web site: www.npc.navy.mil/CommandSupport/CasualtyAssistance/TSGLI</p>	<p>Submit Claims via fax: (901) 874-2265</p> <p>Submit Claims via e-mail: MILL_TSGLI@navy.mil (MILL_TSGLI@navy.mil)</p> <p>Submit Claims via postal mail: Navy Personnel Command Attn: PERS-62 5720 Integrity Drive Millington, TN 38055-6200</p>
Air Force (Active Duty)	<p>Phone: (800) 433-0048 E-mail: afpc.casualty@randolph.af.mil</p> <p>Web site: ask.afpc.randolph.af.mil</p>	<p>Submit Claims via fax: (210) 565-2348</p> <p>Submit Claims via e-mail: afpc.casualty@randolph.af.mil</p> <p>Submit Claims via postal mail: AFPC/DPWCS 550 C Street West, Suite 14 Randolph AFB, TX 78150-4716</p>

Branch of Service	General Information	Claims Information
Air Reserves	Phone: (800) 525-0102, Ext. 227	Submit Claims via fax: (303) 676-6255 Submit Claims via e-mail: ramon.roldan@arpc.denver.af.mil Submit Claims via postal mail: HQ, ARPC/DPPE 6760 E Irvington Place, #4000 Denver, CO 80280-4000
Air National Guard	Phone: (703) 607-1239	Submit Claims via fax: (703) 607-0033 Submit Claims via e-mail: tsgliclaims@ngb.ang.af.mil Submit Claims via postal mail: NCOIC, Customer Operations Air National Guard Bureau 1411 Jefferson Davis Hwy Suite 10718 Arlington, VA 22202
USMC	Phone: (877) 216-0825 or (703) 432-9277 or (877) 487-6299 E-mail: t-sgli@usmc.mil Web site: www.woundedwarriorregiment.org	Submit Claims via fax: (888) 858-2315 Submit Claims via e-mail: t-sgli@usmc.mil Submit Claims via postal mail: HQ, Marine Corps Attn: WWR-TSGLI 3280 Russell Road Quantico, VA 22134 Submit Claims via fax: (202) 475-5927
Coast Guard	Phone: (202) 475-5391 E-mail: compensation@comdt.uscg.mil	Submit Claims via e-mail: compensation@comdt.uscg.mil Submit Claims via postal mail: Commandant, US Coast Guard Attn: CG-1222 2100 2ND St, NW Washington, DC 20593-0001

When the branch of service denies a member's TSGLI claim, the member can appeal the decision. The issue the member is appealing determines the appropriate organization and process to use in making the appeal. For the appeals process see: <http://www.insurance.va.gov/SGLIsite/TSGLI/TSGLIGuide/TSGLIProceduresGuide.pdf>.

Appendix A contains resource information about DoD compensation.

Social Security Benefits

The Social Security Administration (SSA) provides disability benefits to Americans who are unable to work because of medical conditions.

SSA benefits are different from VA benefits. They require a separate application.

If your service member/veteran became disabled after October 1, 2001, he or she is eligible for quicker processing of disability benefits from the SSA. (See www.socialsecurity.gov/woundedwarriors)

SSA defines a disability as follows:

- The person must be unable to do substantial work because of his or her medical condition(s).
- The person's medical conditions must have lasted, or be expected to last, at least one year or be expected to result in death.

SSA pays disability benefits through two programs:

- Social Security Disability Insurance Program (SSDI) for those who are considered "insured" by the SSA. This means that he or she had to have worked long enough and paid enough Social Security taxes to be eligible for benefits.
- Supplemental Security Income (SSI) for those who can demonstrate a financial need.

These benefits cover the eligible disabled service member/veteran, as well as:

- His or her spouse, if 62 or older
- His or her spouse of any age, if he or she is caring for a child who is younger than 16 or disabled

- His or her unmarried child, including an adopted child and—in some cases—stepchild or grandchild, if the child is younger than 18 or younger than 19 if still in secondary school
- His or her unmarried child, age 18 or older, if he or she has a qualified disability that started before age 22.

Being on active duty or getting military pay does not make someone ineligible for Social Security benefits. Service members/veterans may apply while in the military or after separating from the military.

Service members who are hospitalized, in a rehabilitation program, or undergoing outpatient treatment in a military treatment facility (MTF) or civilian medical center can also apply.

Being eligible for SSI also means you are eligible for Medicare. You can learn more about Medicare benefits: <http://www.medicare.gov/Publications/Pubs/pdf/10050.pdf>.

Ask your POC about SSI and Medicare benefits you may be eligible for. Ask for assistance in applying for these benefits.

There is a starter kit to help complete the application at www.socialsecurity.gov/woundedwarriors. Applications may also be made in person at the nearest Social Security office. Call 800-772-1213 between 7 a.m. and 7 p.m. to schedule an appointment.

TRICARE for Life

Once a person is disabled or age 65 and Medicare Part B-eligible, TRICARE for Life (TFL) becomes the secondary payer to Medicare. Anyone who is Medicare Part A- and B-eligible must elect Part B of the Medicare plan to be entitled to TRICARE for Life. TFL is available to all Medicare-eligible TRICARE beneficiaries, regardless of age, including retired members of the National Guard and Reserve who are in receipt of retired pay, family members, widows and widowers, and certain former spouses. Dependent parents and parents-in-law are not eligible for TFL. See Chapter 4 to learn more about TRICARE benefits.

VA Insurance for Disabled Veterans

Here are some VA insurance programs for disabled veterans.

<p>SGLI Disability Extension to VGLI</p> <p>800-419-1473 www.insurance.va.gov</p>	<p>Veterans who are totally disabled at the time of separation are eligible for SGLI Disability Extension which provides SGLI at no cost for up to two years. At the end of that time, the policy is automatically converted to VGLI.</p>
<p>Service Disabled Veterans Insurance (S-DVI) (VA Form 29-4364)</p> <p>For online application, go to www.insurance.va.gov/autoform/index.asp</p>	<p>S-DVI is a life insurance program designed to meet the needs of certain veterans with service-connected disabilities. It is available as both permanent and term insurance. Policies are issued for a maximum face value of \$10,000. Eligible applicants:</p> <ul style="list-style-type: none">• Received other than a dishonorable discharge• Were released from active duty after April 25, 1951• Received a rating for a new service-connected disability (even 0 percent) within the past two years. <p>Application must be made within two years of the date of VA notification of a new service-connected disability.</p>

What Insurance is Available for Veterans?

The VA offers multiple insurance programs for veterans. To learn more, visit www.insurance.va.gov or call the VA Insurance Service toll-free at 800-669-8477.

Forms may be downloaded from the forms page at www.insurance.va.gov.

Table 5 summarizes key insurance programs available through the VA.

Table 5. VA Insurance Programs

Program	Description
<p>Veterans' Group Life Insurance (VGLI) (Form SGLV-8714)</p> <p>800-419-1473 www.insurance.va.gov</p>	<p>SGLI may be converted to VGLI, renewable term life insurance, up to the amount of coverage when the veteran left the service. This benefit is available to:</p> <ul style="list-style-type: none"> • Veterans who had full-time SGLI coverage upon release from active duty or the Reserves • Ready Reservists with part-time SGLI coverage who incur a disability or aggravate a pre-existing disability during a reserve period that leaves them uninsurable at standard premium rates • Members of the Individual Ready Reserve and Inactive National Guard. <p>If the veteran submits an application and initial premium within 120 days of leaving the service, he or she will be covered regardless of his or her health. After 120 days, he or she has an additional year to convert to VGLI by submitting an application, paying the premium, and showing evidence of insurability.</p> <p>VGLI is convertible at any time to a permanent plan policy with any participating commercial insurance company.</p>
<p>Waiver of S-DVI Premiums (VA Form 29-357)</p>	<p>S-DVI policyholders who have a mental or physical disability that prevents them from working may be eligible for a waiver of premiums. The disability must have begun before the age of 65 and must continue for at least six consecutive months.</p>
<p>Supplemental S-DVI (VA Form 29-0188)</p>	<p>Supplemental S-DVI provides \$20,000 of supplemental coverage to S-DVI policyholders under 65 who are approved for waiver of premiums. Premiums may not be waived on this supplemental coverage. A veteran must apply for Supplemental S-DVI within one year from notice of the grant of waiver of premiums. In addition to VA Form 29-0188, a signed letter requesting this insurance must be submitted.</p>
<p>Veterans Mortgage Life Insurance (VMLI) (VA Form 29-8636)</p> <p>A Specially Adapted Housing Agent can assist; call the VA Insurance Service toll-free at 800-669-8477.</p>	<p>VMLI provides mortgage life insurance to severely disabled veterans. It is designed to pay off home mortgages of disabled veterans in the event of their death. A veteran who receives a Specially Adapted Housing grant from VA to build or modify a home to accommodate the disabilities is eligible for this insurance. It provides up to \$90,000 of mortgage life insurance payable to the mortgage holder.</p>

Is Emergency Help Available for Active Duty Service Members?

The Air Force Aid Society (AFAS), Navy Marine Corps Relief Society (MCRS), and Army Emergency Relief (AER) can offer financial assistance in a number of cases.

For more information regarding what is available to help your service member/veteran and family, contact the appropriate organization below:

- Air Force Aid Society: <http://www.afas.org> or call 800-769-8951.
- Navy Marine Corp Relief Society: <http://www.nmcrs.org> or call 703-696-4904. For a more local number, select the location nearest your service member/veteran from the map located on this Web page: <http://www.nmcrs.org/locations.html>.
- Army Emergency Relief: <http://www.aerhq.org/index.asp>, or call 866-878-6378.
- <http://www.ourmilitary.mil> lists many organizations who can offer assistance.
- Military OneSource lists organizations that can offer help: call 1-800-342-9647 or visit the Web site at www.MilitaryOneSource.com.

Legal Services

When your family member needs legal help, he or she can turn to the Judge Advocate General's (JAG) Corps. Each military service has its own JAG offices.

Some JAG services are available to you, the caregiver. You may need legal help to protect the best interests of your family member with TBI. See Module 3 to learn more.

A judge advocate is a legal advisor on the staff of a military command.

When Will Your Family Member Need Legal Help? Who Will Help?

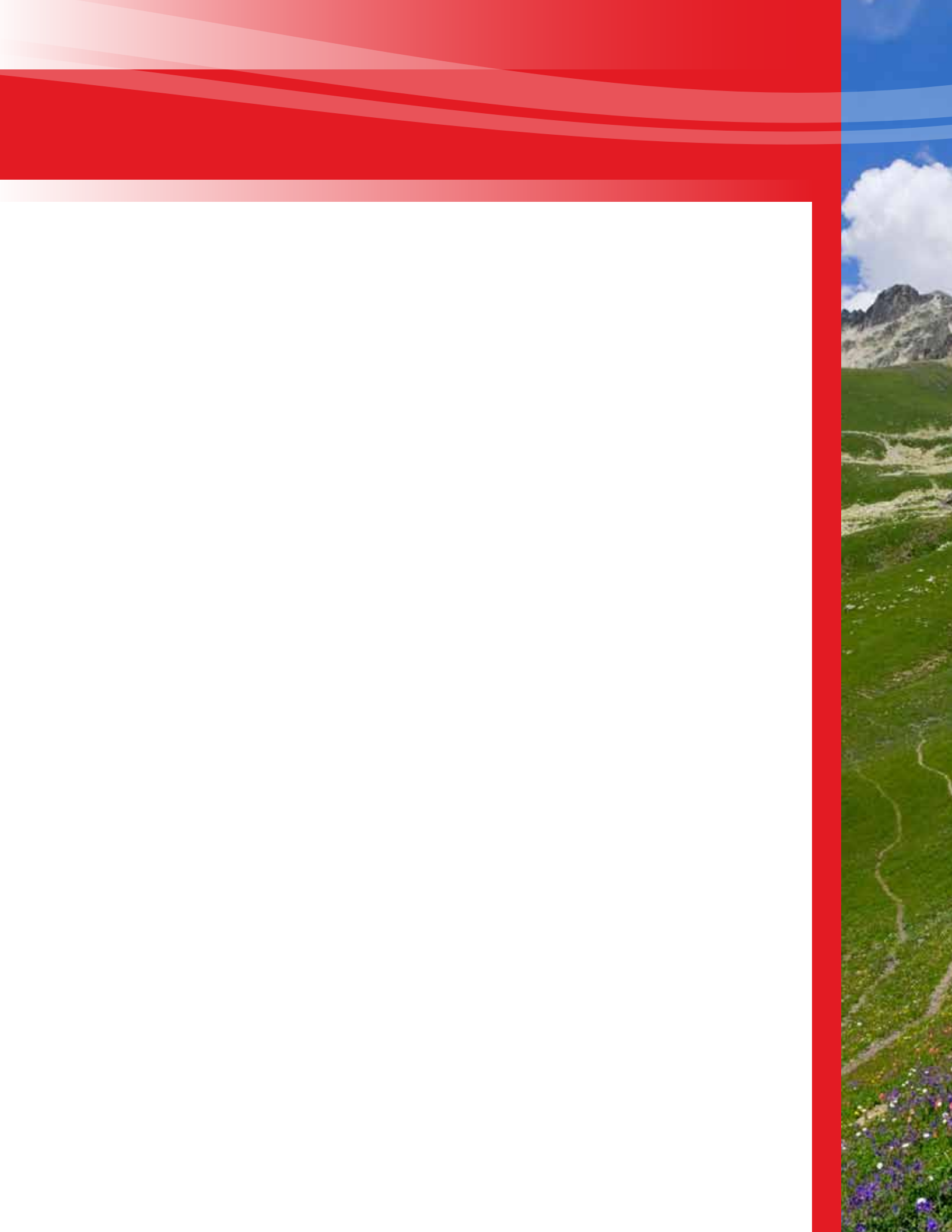
Your family is most likely to consider legal help when he or she prepares for a formal Physical Evaluation Board (PEB). The PEB decides if she or he is fit for duty. (See Chapter 12 for more information on the PEB.)

An attorney from JAG can represent your family member at the PEB. This service is free to your family member.

Your family member can also choose a civilian attorney or a representative from a Veterans Service Organization (VSO). (See Appendix B for a link to a complete list of VSOs.) If your family member chooses to use his or her own counsel and not a representative from the JAG Corps, your family member will have to pay this lawyer's legal fees.

A third source of legal help may come from your state's legal aid society or other local resources. For a consumer's guide to state resources, including sources of free legal aid, visit the American Bar Association's guide to state legal referral services at www.abanet.org/legalservices/findlegalhelp/home.cfm.

The National Resource Directory contains information on additional sources of legal assistance for wounded service members/veterans and their families. Explore these resources at <https://www.nationalresourcedirectory.org/nrd/public/DisplayPage.do?parentFolderId=6076>.



Travel

You may live far away from where your family member with TBI is being treated. You may worry that travel costs are too high for you to be with your family member and care for him or her.

Your POC can help you locate and apply for the travel benefits described in this chapter.

There are many resources available to help you defray travel costs.

What Travel Benefits Will My Family Member Receive?

When your family member returns to active duty or National Guard or Reserve status, he or she may need to travel outside the local area for medical care. If so, his or her unit may provide travel orders that cover the cost of transportation.

These travel orders may cover mileage, parking, and tolls for a private auto. The travel orders may also authorize funds to cover lodging, meals, and incidental expenses.

An attendant or escort may also receive authorization funding for transportation expenses and per diem to offset lodging, meals, and incidental expenses. Additionally, your family member may be authorized to have an attendant appointed by a medical authority or an escort appointed by his or her command, if he or she is incapable of traveling alone.

Access to Follow-up Care Standards

Your service member/veteran can expect the following standards to apply to the care he or she receives:

- Travel time may not exceed 30 minutes from home to a primary care delivery site unless a longer time is necessary because of the absence of providers (including providers not part of the TRICARE network) in the area.
- The wait time for a routine appointment will not exceed one week. The wait time for a well-patient visit or a specialty care referral will not exceed four weeks.
- Office waiting times in non-emergency circumstances will not exceed 30 minutes, except when emergency care is being provided to patients, and the normal schedule is disrupted.
- The network must also include a sufficient number and mix of board-certified specialists to reasonably meet the anticipated needs of enrollees.

- Travel time for specialty care will not exceed one hour under normal circumstances, unless a longer time is necessary because of the absence of providers (including providers not part of the TRICARE network) in the area.

Your service member/veteran is permitted to waive these standards for personal reasons if he or she prefers. However, they can only be waived at your family member's request and benefit.

What Travel Benefits are Available for Veterans?

VA reimburses eligible veterans for mileage for ALL veteran travel. This includes Compensation and Pension (C&P) exams and when the VA has determined that a deficiency lab, EKG, x-ray, etc., exists in relation to a C&P exam ("Convenience of the Government").

There is a deductible that a veteran must meet each month before these travel benefits kick in.

Your service member/veteran qualifies for travel benefits if:

1. he or she has a service-connected (SC) rating of 30 percent or more, or
2. he or she is traveling for treatment of a SC condition, or
3. he or she receives a VA pension, or
4. his or her income does not exceed the maximum annual VA pension rate, or
5. he or she is traveling for a scheduled C&P examination.

Your service member/veteran qualifies for Special Mode Transportation (ambulance, wheelchair van, etc.) if:

1. his or her medical condition requires an ambulance or a specially equipped van, and
2. he or she meets one of the eligibility criteria in 1 through 4 above, and
3. the travel is pre-authorized (authorization is not required for emergencies if a delay would be hazardous to life or health).

For more information see: <http://www.va.gov/healtheligibility/coveredservices/SpecialBenefits.asp#Travel>.



What Travel Benefits are Available for Caregivers?

Travel and Transportation Orders (T&TOs)

You may be invited to travel to the bedside of your family member if the attending medical officer decides that it is in the patient's best interest to have family members present.

Once the physician files the request, the process of obtaining official government travel orders (a T&TO) is set in motion. The cost of your travel is paid for by the military.

Government regulations determine which family members are offered government-paid travel. T&TOs are prepared for the family members and most often flight reservations are made by emergency DoD personnel of the particular branch of service of your service member.

T&TOs are also known as Invitational Orders, because as a civilian you are traveling at the invitation of the government. These are temporary orders and last 15 to 30 days. They provide reimbursement of some expenses.

Travel arrangements for family members who are not at the invitation of the military may be requested through the Fisher House™ Foundation's Hero Miles Program. Airline tickets, provided by many airlines, have been donated to the Fisher House Foundation for distribution. These tickets are provided free to wounded service members and their families.

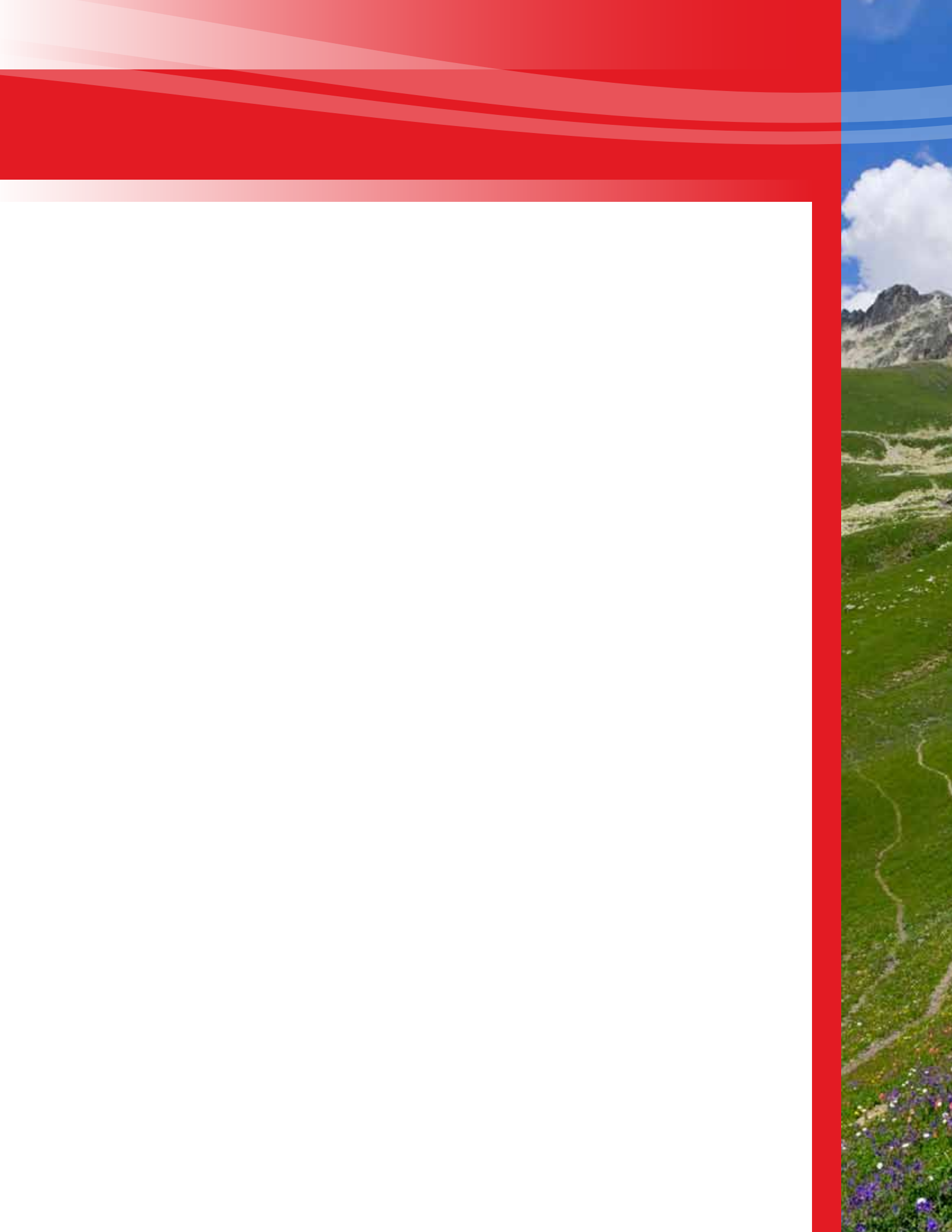
Requests are handled on a need basis and approval varies depending on availability. See www.fisherhouse.org.

Non-Medical Attendant Orders

If you need to stay beyond 15-30 days, you may be issued a new set of travel orders called non-medical attendant orders (NMAO). Your service member's physician will need to file another request, stating that it is necessary for you to be with your service member.

Non-medical attendant orders entitle you to benefits similar to T&TOs and may remain in effect until your service member returns to his or her active duty unit or becomes retired or is discharged. These orders also include per diem.

Check with your POC about travel benefits for your service member/veteran and you and your family.



Disability Evaluation System (DES)

You may have heard your POC or other families talk about disability ratings and wondered what they meant.

A disability rating is the outcome of a process called the Disability Evaluation System (DES). This chapter explains the DES and how the parts of the system work, including the Medical Evaluation Board (MEB) and the Physical Evaluation Board (PEB).

This chapter includes a brief discussion of how disability ratings are determined and what they mean.

When a service member or veteran is wounded, injured, or ill, a formal set of rules is in place to evaluate the person's ability to remain in the military. If the person is judged to be unfit for duty, he or she will receive a disability rating.

The DES operates under Public Law (Title 10 and Title 38) to ensure fair treatment.

How Does the Disability Evaluation System (DES) Process Work?

Each military service has its own procedures for DES. While there are some differences between the services, all have the same general steps:

- Evaluate service member's fitness for duty
- Authorize a return to duty for those members who are found fit for duty
- Approve disability separations or retirements, to include making a benefits determination, for those service members who are found unfit for duty.

Your family member with TBI is being treated by doctors and staff of an appropriate medical facility. For many service members, this is the end of the process if they fully recover from their injury.

For a small number of service members, a TBI can result in a permanent condition that may make them unfit for continued duty in their current jobs. If your service member/veteran suffers a permanent or long-lasting effect from a TBI, the doctor will refer your service member/veteran to the DES process by writing a narrative summary of his or her condition. The doctor sends your service member's case summary and medical record to the nearest designated military treatment facility commander, who assigns a Physical Evaluation Board Case Manager to help with the DES process.

The disability rating determines what kind of benefits your family member can receive in the future. So the DES is an important step.

The DES Pilot Study

The President's Commission on Care for America's Returning Wounded Warriors, sometimes called the Dole-Shalala Report, recommended removing the dual-evaluation process (by the VA and DoD) and applying one medical exam and one rating determination by the VA that the DoD could use for determining fitness at the PEB. In November 2007, the DoD and VA began a joint DES Pilot program in the National Capital Region

(NCR) and 13 sites outside the NCR, to improve the timelines, effectiveness, and transparency of the DES review process. The DoD and VA are evaluating the results of the pilot program and hope to expand the pilot's benefits to all recovering service members.

For more information on the DES Pilot Program, ask your POC.



Each service uses a slightly different method to enter a member into the DES. Additionally, because of unique missions and the service member's job classification, retention standards can vary:

- The Army uses a physical profile system that measures soldiers' physical limitations in six areas with a level between 1 (fully healthy) to 4 (severely limited) in each. If a soldier receives a permanent level 3 or 4 in any area, the doctor is required to recommend that a Medical Evaluation Board (MEB) review the soldier's case.
- The Air Force evaluates a member for retention. If his or her condition(s) is limiting (not unfitting), it will assign an assignment limitation code and re-evaluate the member at a later date. If the condition is not expected to improve within 12 months and the condition is permanently unfitting, he or she will be referred to a MEB.
- In the Navy and Marine Corps, the process begins with the doctor writing the narrative summary. No prior profiling requirement exists.

"To get through all the paperwork from his PEB and retirement, I have a folder and an envelope that I taped checklists to. I have one folder with the checklist and then the envelope with another checklist. The folder has the general checklist that the military provided me on the number of steps that had to be done toward retirement. The manila envelope has all of the applications filled out that I store in there until they're ready to turn in. Then the checklist on the manila folder has the application names and the dates that have to be checked. That's how I keep on top of what needs to be turned in and when."

- Shannon M.

Your service member/veteran should talk with the chain of command and his or her doctors to find out how the DES process begins for his or her service.

It is important for your service member to maintain thorough documentation of military and medical records. These documents will play an important role in determining his or her disability rating, and the rights of your service member to certain benefits.

Complete documentation is critical to a successful PEB outcome. This is especially important if your service member used medical facilities that were not at his or her military post or base. See Module 3 for a suggested system for keeping track of records.

Make sure you keep:

- medical examinations
- prescription medication dosages and refills
- military personnel records
- VA compensation and examination records
- laboratory findings
- radiological studies
- any other relevant documentation.

“The spouse or caregiver has to be an informed advocate. Ask questions, demand answers, because the person with TBI doesn’t understand.

The caregiver needs to take the lead in accessing resources to protect the interest of the soldier as you move through the MEB/PEB process and the VA disability rating application. Keep copies of the medical records. It is extremely important to obtain medical records as you move through treatment. Don’t wait until you need the records to request them...it can take forever to get them. Keep a list of medical issues and disabilities. The Disabled American Veterans (DAV) has counselors who help prepare for the MEB and any appeal. Contact the DAV before the PEB/MEB process.”

- Caroline M.



The Medical Evaluation Board (MEB)

Once your service member has been assigned a Physical Evaluation Board Case Manager, a Medical Evaluation Board (MEB) will review the record to decide if he or she meets the service’s medical retention standards.

While each service has individual rules, the MEB is generally made up of medical care professionals. In the case of mental health conditions, it includes a mental health care provider as well.

The Physical Evaluation Board Case Manager will build a packet of information containing the following:

- your service member's medical records
- results from tests and medical exams performed for the MEB
- letters from the chain of command related to how the injury or illness impacts your service member's duty
- copies of your service member's performance evaluation reports
- other personnel records that the MEB may require.

Every individual's situation is different. The doctor may wait to write the narrative summary until he or she sees how your family member responds to treatment and rehabilitation therapy before making a referral to the MEB. The doctor will refer your family member's case to the MEB only after he or she is satisfied that all has been done medically to improve your service member's TBI.

In general, the military services require doctors to initiate a MEB after a year of treatment for the same injury or illness.

When the MEB members review your family member's case, they are responsible for answering the question:

"Does this service member meet the retention standards for his or her branch of service?"

In answering this question, there are several decisions the board members can make:

- They may decide that your service member meets medical retention standards and return your service member to full duty in his or her current job.

Keep in touch with your Physical Evaluation Board Case Manager to closely follow the MEB process.

The MEB process takes time because there is much information that needs to be gathered and many people are involved in the evaluation.

Stay informed of the progress as much as possible. Ask questions, if you don't understand. Offer to help find information, if necessary.

“Oh, going through the MEB. What a joy.

I definitely would say read every single piece of paper you’re given. Don’t leave anything out, even if you think it’s the most minute thing to write down on the paperwork. Be thorough when you’re filling out your initial stuff. When they give you the paperwork back, read through it. Take every minute that they allow you to read through it.

Voice your discrepancies. If you don’t agree with it, tell them you don’t agree with it. If they send it back to you and they say we can’t change it, still say no, I still don’t agree with it, and take your time.

Seek the advice of JAG and the DAV when you can. Don’t ever feel like ‘It’s me against the MEB’; there are so many people out there to help. There are so many organizations that will sit down with you and they’ll read through your paperwork. It’s all medical jargon, and that is the most frustrating thing of it all, that it’s all medical terms. It’s hard for the general person to be able to understand all of that.

So definitely go to the DAV, go to JAG, go to the VA. Go to a doctor who is not involved in the process, because there’s help out there. You have to be proactive. You can’t let it happen to you. You can’t let them dictate what’s going to happen. You need to be the dictator.”

- Sandy M.



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- They may determine that your service member meets medical retention standards in another job and recommend your service member re-train for that position.
 - They can refer your service member to limited duty board, usually six months in duration with an option to extend another six months, allowing for recovery and rehabilitation before making a determination against retention standards.
 - If they determine that your service member does not meet the medical retention standards, they will forward a recommendation to the PEB.

Notice that the MEB does not determine your service member's fitness for duty or level of disability.

The only question the MEB answers is whether your service member meets the retention standards for the job in his or her branch of service.

The Physical Evaluation Board (PEB)

The Physical Evaluation Board (PEB) process can be confusing. But it's important--understanding PEB can mean the difference between your service member staying in the military or being retired. And just as important, if your service member is being discharged, a good understanding of this process may help you help your service member to obtain needed benefits.

The PEB determines your service member's fitness for duty and level of disability.

Fit for Duty means your service member can reasonably perform the duties of his or her grade and military job. If your service member is medically unfit to perform the duties of his/her current job, the PEB can recommend re-training into a job he or she will be medically qualified to perform.

Fitness for duty and level of disability are very important decisions for the future of your service member.

The Department of Defense (DoD) regulations list minimum requirements for the membership of a PEB, but leaves the exact determination of who will sit on the boards up to the military department to decide.

Generally, the services have opted for a three-person PEB, with a mix of military and civilian members. The president of the PEB is generally a colonel or a Navy captain and the other board members include a field-grade personnel officer and a senior medical officer.

This ensures that each board has the expertise of a line officer in the president of the board, the medical knowledge of a senior medical officer, and the personnel policy knowledge of a senior personnel officer.

The PEB usually meets informally to review your service member's case and will not require him or her to attend the informal meeting. Using the packet developed by the Physical Evaluation Board Case Manager during the MEB process, the board reviews the medical record, the doctor's narrative summary, your service member's personnel evaluations, and letters from his or her commander. The board then makes an initial decision on your service member's case.





The PEB determines if your service member is fit or unfit for continued service.

The members also determine the severity of any disability your service member/veteran may have, with a rating between 0-100 percent using the VA Schedule for Rating Disabilities (VASRD). The members will then determine your service member's disposition:

- return to duty
- separation
- permanent or temporary retirement.

The Physical Evaluation Case Manager will notify your service member of the findings of the informal PEB. At this point, your service member will have to choose between requesting a formal PEB or accepting the informal PEB findings.

If a formal PEB hearing is chosen, your service member will be allowed to appear before the PEB and discuss his or her case with the board members to ask them to reconsider their decision. Your service member can also provide them additional information important to that reconsideration.

Your service member has a right to be represented by legal counsel at the formal PEB. More information on the disability rating percentages and the benefits of those percentages provide appear below.

Again, keep in touch with your Physical Evaluation Board Case Manager to closely follow the PEB process.

The PEB process also takes time because there is more information that needs to be gathered and more people are involved in this evaluation.

Stay informed of the progress as much as possible. Ask questions, if you don't understand. Offer to help find information, if necessary.

Be an advocate for your service member. The PEB is very important to your service member's future employment, disability benefits, and/or retirement.

What Do I Need to Know to Understand Disability Ratings and Benefits?

If the PEB finds your service member unfit based on one or more conditions, it will provide a combined disability ratings percentage.

This is an important number because it determines what type of separation your service member receives and, subsequently, the types of benefits your service member and you, as a caregiver, are eligible to receive from the DoD and the Department of Veterans Affairs (VA). VA benefits are discussed at length in various chapters within this module.

Although both the military disability and the VA disability system use the VA Schedule for Rating Disabilities (VASRD), they have some major differences. These differences are listed here:

The military disability system:


- The military services only evaluate unfitting disabilities, thereby compensating for the loss of a career.
- The military services' disability ratings are contingent on rank and length of service.
- With the exception of TDRL ratings, the military services' ratings are permanent and do not provide for flexibility or deterioration of a medical condition.

The VA disability system:

- The VA compensates for all service-connected disabilities, with the intent of compensating for lost civilian earning capacity.
- The VA ratings are based on fixed disability percentages.
- The VA's disability ratings can fluctuate and increase or decrease with the change in a medical condition.

Some veterans are confused when they receive a higher, combined disability rating from VA than from the DoD. It is important to remember that the PEB calculates your service member's combined rating based only on conditions that make your service member unfit for continued service. So, if the VA finds that your service member has disabilities that are connected to military service but that did not make him or her unfit for service, your service member will receive a higher disability rating from the VA than from the DoD. This difference is required by law.





The combined disability rating is not calculated by adding the percentage of disability for each condition rated “unfitting.” Rather, the highest disability rating is considered first, then the next highest, and so on in order of severity.

If your service member has a 60 percent disability, the VA Schedule for Rating Disabilities (VASRD) considers him or her to be 40 percent “efficient.” Efficiency is the measure of total health minus disability, so someone with a 60 percent disability has only 40 percent of his or her total health that is not impacted by the disability.

The next highest disability percentage will be applied to the 40 percent efficiency left after the initial 60 percent rating is applied to the total healthy score of 100 percent efficient.

Example: service member with three unfitting conditions rated 60, 30, and 20 percent:

- First rating is 60 percent of the whole person, leaving the member with 40 percent efficiency.
- Second rating is 30 percent of the 40 percent efficiency, which is a loss of 12 percent efficiency ($.30 \times .40 = .12$). This is added to the original disability percentage of 60, for a cumulative score of 72 percent combined disability from the first two conditions. This leaves the member with 28 percent efficiency.
- Third rating is 20 percent of the 28 percent efficiency, which is a loss of 6 percent efficiency ($.20 \times .28 = 5.6$ which is rounded up to 6). Add this to the combined disability in the second rating of 72 and the rating becomes 78 percent.
- The combined rating of 78 percent must be rounded to the nearest 10, giving the member a combined rating of 80 percent.

The math can be complicated.

The VASRD uses a table in Section 4.25 (Table 1) of Title 38 of the Code of Federal Regulations (CFR) to allow your service member/veteran to determine his or her combined rating, but the rating will be combined for your service member by the PEB and VA for use in determining benefits they will provide to your service member.

A copy of the sections of Title 38 related to combined ratings is available online by going to http://www.access.gpo.gov/nara/cfr/waisidx_04/38cfr4_04.html and scrolling down to Section 4.25.



"I think the most challenging and stressful phase for me and for many other families that I have heard of, is that phase when you're trying to decide whether medical discharge is right at this time or whether you think you want to push for continued active duty, a permanent limited duty phase, or what-have-you. It still seems to me that it's unclear, and there's nobody who really sits down with a family at that point and goes through the calculations of the pay and benefits.

Tim and I have gone through the pilot program, he received his findings, and we know his disability rate with the military. We know his disability rate with the VA. The DoD rate is pretty obvious. We know how that's going to be calculated. But because of his special monthly compensation codes, we're having huge trouble finding somebody who can really explain how that's calculated out. Then we can plan for this change in salary and what we need to do to insure that we can pay our mortgage or know that we're going to be fine.


I think that's probably the greatest stress out of all of this. After you've gone through all the traumatic medical stuff, after you've gone through the recovery and the heartache and all the other physical and emotional challenges--the financial stress on a family still needs to be resolved."

- Shannon M.

PEB Disposition Finding

When the PEB provides its final disposition of your service member's case, there are five possible outcomes. These outcomes are based on the combined rating, based on the "unfitting" conditions. The dispositions available from the PEB are:

- **Return to Duty:** If your service member's TBI and other possible injuries are not considered severe enough to make him or her unfit for duty, he or she will be returned to his or her previous job. No disability benefits are required, since he or she is allowed to continue in the branch of service. When your service member separates from



the military, he or she may be eligible for benefits from the VA for a service-connected disability that could impact his or her earning potential after military separation. He or she may be eligible for Social Security benefits.

- **Separate with Severance Pay:** If one or more of your service member's conditions is considered "unfitting" for continued service in the military, but the combined disability of all his or her unfitting conditions is between 0 and 20 percent, he or she may receive severance pay based on time in service and current pay grade. The local finance office, or the Defense Finance and Accounting Service (DFAS) Wounded Warrior Pay Management Team (WWPMT), will help calculate the amount of severance pay your service member/veteran is authorized to receive. However, if your service member has served at least 20 years and is eligible for retirement, he or she will instead be retired from service as explained below.
- **Separate without Benefits:** If your service member's illness or injury resulted from a medical problem that your service member had before he or she entered service, and the injury or illness was not aggravated by military service, he or she may be separated without benefits.

There are some special rules for this situation. If your service member has served more than six months in the military, he or she could be eligible for benefits unless there is compelling medical evidence showing that the condition existed at the same level of severity before he or she joined.

Some injuries are determined to be "not in the line of duty." These are injuries which are a result of intentional misconduct or willful negligence on your service member's part or that took place when he or she was not on orders (if your service member is a National Guard or Reserve member). If the injury is found to be "not in the line of duty" but is "unfitting," your service member could be separated without benefits for those injuries.

Your service member's Physical Evaluation Board Case Manager can help your service member understand the rules for separation without disability benefits.

- **Permanent Disability Retirement List (PDRL):** If all your service member's unfitting conditions result in a combined disability rating of 30 percent or higher, and his or her condition is considered stable (meaning it is unlikely, in the doctor's opinion, that the disability rating will change within five years), your service member will be

permanently retired for disability and placed on the PDRL. This provides your service member with:

- disability retirement pay
- access to TRICARE for him or her and dependent family members enrolled in the Defense Enrollment Eligibility Reporting System (DEERS)
- access to commissary and exchange shopping
- all other benefits of regular military retirement.

If your service member has more than 20 years in service, and the combined disability rating is 0-20 percent, your service member/veteran will be allowed to retire with all the regular retirement benefits. The local finance office or the DFAS Wounded Warrior Pay Management Team will help your service member/veteran calculate the amount of retirement pay he or she will receive.

- **Temporary Disability Retirement List (TDRL):** The TDRL allows the service to ensure a medical condition stabilizes before making a final disability determination. If your service member is eligible for permanent disability retirement, but his or her condition is not considered stable, he or she will be temporarily retired and placed on the TDRL for a maximum of five years. Every 12-18 months, your service member will be re-evaluated to see if his or her condition has stabilized and if he or she can re-enter the service.

The benefits of the TDRL are the same as those your service member would have received had he or she been retired under the PDRL. If, during those five years, the service determines that your service member's condition is stable, and he or she is fit for duty, your branch of service will offer your service member the chance to return to duty. If his or her condition stabilizes but he or she is not able to return to duty, your service member will be permanently retired.

An overview of the Disability Evaluation System appears in Figure 2. See Appendix D for Resources regarding MEB/PEB. Information about your service member's right to appeal the PEB decision and the appeal process may be found in Appendix E.

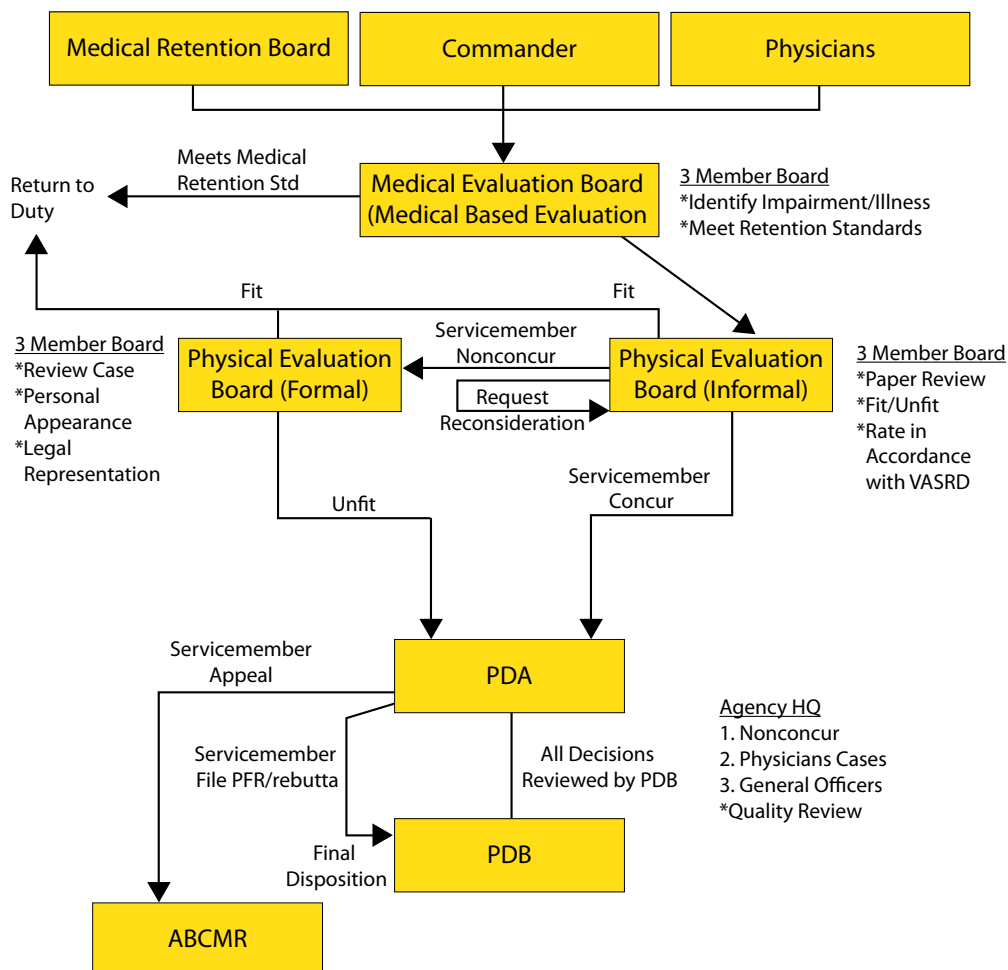
In lieu of the appeal process outlined in Appendix E, service members who have been medically separated since September 11, 2001 may have their disability ratings reviewed to ensure fairness and accuracy. Check with your POC and attorney.

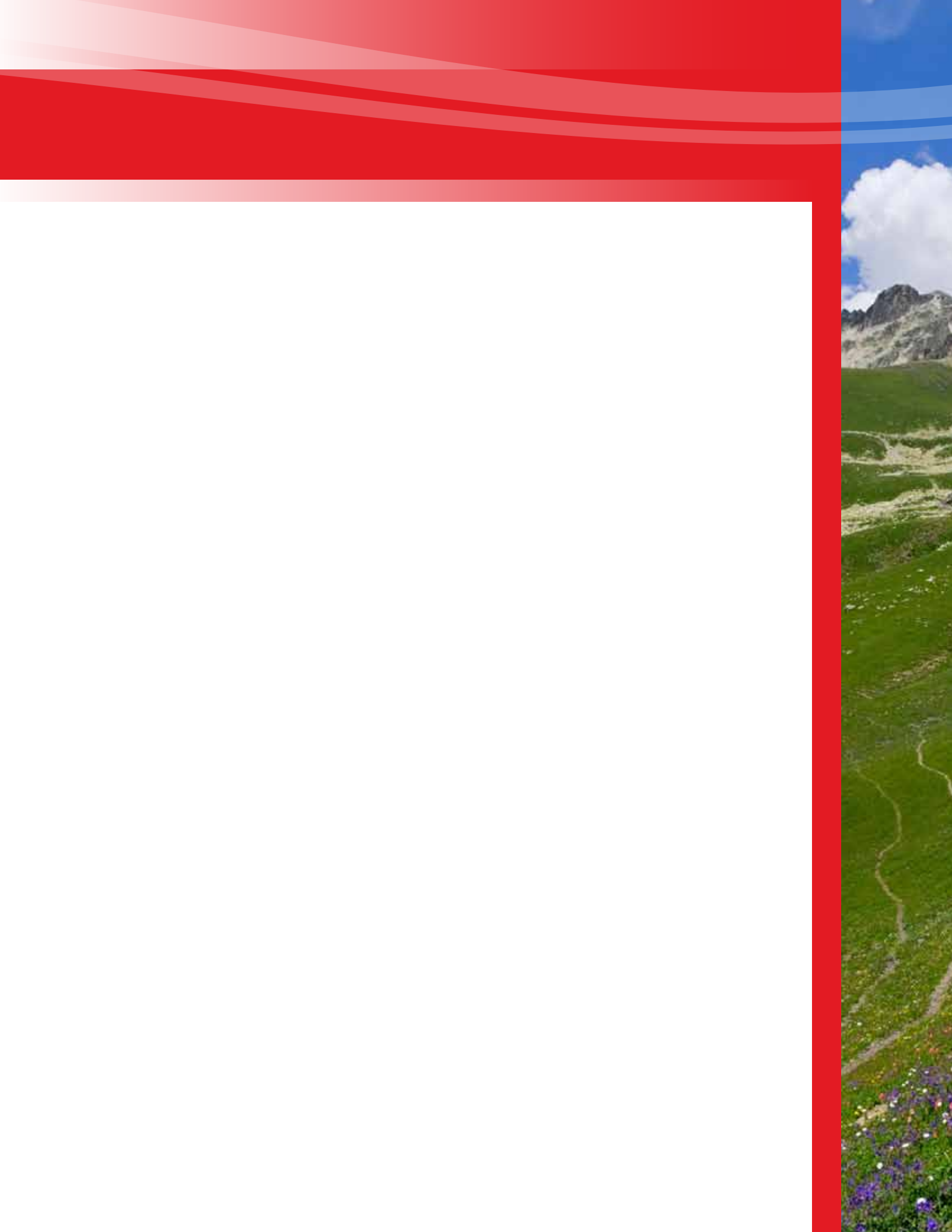


A new Physical Disability Board of Review (PDBR) will examine each applicant's medical separation, compare DoD and VA ratings, and make a recommendation to the respective Service Secretary (or designee). A disability rating cannot be lowered and any change to the rating is effective on the date of final decision by the Service Secretary.

To be eligible for PDBR review, a service member must have been medically separated between September 11, 2001 and December 31, 2009 with a combined disability rating of 20 percent or less, and not found eligible for retirement. The DoD Instruction on the PDBR process is available here: <http://www.dtic.mil/whs/directives/corres/pdf/604044p.pdf>. To access Frequently Asked Questions about the PDBR, look at the following Web site: <http://www.health.mil/Content//docs/PDBR%20FAQsDec10.pdf>.

Figure 2. The Disability Evaluation System.





Transition

Is your family member leaving the military?

Transitions can be stressful, even in the best of times. You may be feeling unsure about what the future will bring.

Comfort yourself with the thought that you and your service member/veteran are part of a large family (the military). This family will support your transition to the future in every way possible.

What Transition Services are Available for Service Members?

Transition Assistance Program

DoD has a Transition Assistance Program to help service members move from military service to civilian life. The Transition Assistance Office offers this program. It is usually located:

- On Air Force installations, in the Airman and Family Readiness Center
- On Navy and Marine Corps installations, with the Family Support/Service Center
- On Army installations, through the Army Career and Alumni Program (ACAP).

To find the Transition Assistance Office closest to you, go to <http://www.militaryinstallations.dod.mil>.

All service members who are leaving the military are required to receive pre-separation counseling. By law, this must happen within 90 days before active duty ends.

It takes time, however, to develop a good transition action plan. For that reason, service members should set up a pre-separation counseling appointment at least 180 days before their active duty is complete.

Arranging a pre-separation counseling appointment 90 days prior to leaving active duty may be impractical for Reserve Component service members because of their demobilization timeline. Make sure to make your appointment as soon as possible within the demobilization process.

During pre-separation counseling, service members learn about benefits and rights. They also learn about services that are available.

During the counseling, service members complete a "Pre-separation Counseling Checklist" with help from the counselor. For active duty

service members, this is DD Form 2648. For Reserve Component service members, it is DD Form 2648-1.

These checklists help the service member to identify his or her needs and develop a personal plan for getting help to meet those needs. He or she will be given a copy of the checklist at the end of the counseling - don't lose it.

Throughout your service member's transition, he or she will have free access to trained transition assistance counselors. They can help modify the individual transition plan, secure necessary services, and resolve problems.

Another key to successful transition is planning. Transitioning is serious business and requires a carefully thought out Individual Transition Plan (ITP).

The ITP is your service member's game plan for a successful transition to civilian life. It is a framework he or she can use to fulfill realistic career goals based upon his or her unique skills, knowledge, experience, and abilities.

The ITP is not an official form. It is something the service member creates. The ITP identifies actions and activities associated with the individual's transition.

Fortunately, the Transition Assistance Office can give your service member a head start on the development of his or her ITP. His or her copy of the Pre-separation Counseling Checklist (DD Forms 2648 or 2648-1) will serve as an outline for the ITP.


On this checklist, your service member will indicate the benefits and services for which he or she desires to receive additional counseling. He or she will then be referred to subject experts who will gladly answer questions.

Your service member's Transition Assistance Office can furnish additional information and emphasize certain points to consider.

Spouses are encouraged to attend all transition assistance briefings, such as the Transition Assistance Workshops described below. You will learn many helpful ideas that you can apply to your own transition from military to civilian life, including employment.

Transition Assistance Workshops

The Transition Assistance Program (TAP) includes employment assistance services. These begin with TAP workshops conducted by instructors from



the Department of Labor. They provide the basic knowledge and skills needed to plan and execute a successful job search:

- Assessing the individual's preferences, skills, experience, and education/training
- Making career decisions regarding career objectives and financial needs
- Obtaining an interview by identifying job opportunities, writing effective resumes and applications, and researching potential employers
- Winning the job by preparing for and participating in successful interviews.

The Transition Assistance Office can provide additional employment assistance and resources. Services vary by location, but often include:

- Individual counseling and assistance
- Job fairs
- Job search libraries
- Access to job listings
- Automated tools for preparing resumes, cover letters, and federal job applications
- Assistance in preparing resumes and cover letters.

If your family member is hospitalized or not close to a major installation with a Transition Assistance Office, he or she can use the DoD official Transition Assistance Program Web site, TurboTAP (<http://www.transitionassistanceprogram.com/register.tpp>), which provides information and links to other helpful Web sites.

What Transition Services are Available for Disabled Service Members?

Disabled Transition Assistance Program (DTAP)

DTAP is the part of the Transition Assistance Program that works with disabled service members.

The goal of DTAP is to help service members who might be eligible for the VA's Vocational Rehabilitation and Employment Program (VR&E) to make an informed decision about this program. (See Chapter 7 for more information about VR&E.)

It also helps eligible service members in filing an application for vocational rehabilitation benefits so they can receive these benefits more quickly.

DTAP presentations are usually group sessions that cover:

- VR&E
- educational/vocational counseling available to separating service members and veterans.

If your service member/veteran is unable to attend a group session because of treatment, the VA Regional Office VR&E Officer will coordinate services for him or her.



State Benefits

You and your family member may be eligible for benefits from your state. Don't overlook these programs!

State benefits include:

- state employment services
- unemployment compensation
- financial and medical programs for **veterans, spouses, and dependents**.

These programs can help you build a new life after TBI.

Many states offer benefits for **veterans** and **Reserve Component** members. These may include:

- educational grants and scholarships
- special exemptions or discounts on fees and taxes
- home loans
- veterans' homes
- free hunting and fishing privileges, and more.

Each state manages its own benefit programs.

Table 6 lists contact information for each state/territory's VA office. You can find more information about your state benefits from this office.

Don't forget the National Resource Directory (www.NationalResourceDirectory.org).

It lists state and local resources for you and your family member.

Is There Special Job Search Help for Veterans?

Every state employment service has specialists called Local Veterans Employment Representatives (LVER) and Disabled Veterans Outreach Program Specialists (DVOP). They are trained to help veterans adjust to the civilian job market.

They can help veterans find local job opportunities and prepare for a new job. Veterans should ask for an appointment with the LVER when they call the state employment office.

Is My Family Member's Previous Job Guaranteed?

Some states have reemployment rights laws that offer protection for service members.

Unemployment compensation gives you money to live on while you look for a job.

Is My Service Member/Veteran Entitled to Unemployment Compensation?

Your state employment office handles **unemployment compensation**. Each state is different. Only the office where your family member applies can explain how much money he or she will receive and for how long.

The nearest state employment office is listed in your local telephone directory.

To receive unemployment compensation, your family member must apply. The best time to do that is when he or she visits the Local Veterans Employment Representative (LVER) at the state employment services office for help in finding a new job (see above). To apply for unemployment compensation, he or she must bring the DD 214, his or her Social Security card, and civilian and military job history or resume.

Where Can I Find More Information about State Benefits?

Table 6 lists the Web site and contact information for the head VA office in each state/territory.



Table 6. VA State Offices

State/ Territory	Link to Web site for State Specific Benefits	Office Address	Office Phone
Alaska	http://ftp.ak-prepared.com/vetaffairs	P.O. Box 5800 Camp Denali Fort Richardson, AK 99505	907-428-6016
Alabama	http://www.va.state.al.us/laws.htm	RSA Plaza Building Suite 530 770 Washington Avenue Montgomery, AL 36130	334-242-5077
American Samoa	http://americansamoa.gov/departments/offices/vets_affairs.htm	P.O. Box 8586 Pago, Pago, AS 96799	684-633-4206
Arizona	http://www.azdvs.gov/vsd.htm	3839 North Third Street Suite 209 Phoenix, AZ 85012	602-255-3373
California	http://www.cdva.ca.gov/Default.aspx	1227 "O" Street Sacramento, CA 95814	800-952-5626
Colorado	http://www.dmva.state.co.us/page/va	7465 East 1st Avenue Unit C Denver, CO 80230	303-343-1268
Connecticut	http://www.ct.gov/ctva/site/default.asp	287 West Street Rocky Hill, CT 06067	860-529-2571
Delaware	http://Veteransaffairs.delaware.gov	Robbins Building 802 Silver Lake Boulevard Suite 100 Dover, DE 19904	302-739-2792
District of Columbia	http://ova.dc.gov/ova/site/default.asp	441 4th Street, NW Suite 570 South Washington, DC 20001	202-724-5454
Florida	http://www.floridavets.org/benefits/benefits.asp	4040 Esplanade Way Suite 152 Tallahassee, FL 32399-0950	727-518-3202
Georgia	http://sdvs.georgia.gov	Floyd Veterans Memorial Building Suite E-970 Atlanta, GA 30334	404-656-2300

Table 6. VA State Offices (cont.)

State/ Territory	Link to Web site for State Specific Benefits	Office Address	Office Phone
Guam	http://www.nasdva.net/group/guam	Guam Veterans Affairs Office Office of the Governor P.O. Box 2950 Hagatna, GU 96932	671-475-8388
Hawaii	http://hawaii.gov/dod/ovs	Tripler Army Medical Center 459 Patterson Road E-Wing, Room 1-A103 Honolulu, HI 96819	808-433-0420
Idaho	http://www.Veterans.idaho.gov	320 Collins Road Boise, ID 83702	208-334-3513
Illinois	http://www.veterans.illinois.gov/benefits/	833 South Spring Street P.O. Box 19432 Springfield, IL 62794	217-782-6641
Indiana	http://www.in.gov/dva/2364.htm	302 W. Washington Street Room E120 Indianapolis, IN 46204	317-232-3910
Iowa	https://www.iowava.org/benefits/index.html	7105 NW 70th Avenue Camp Dodge, Bldg. A6A Johnston, IA 50131	515-242-5331
Kansas	http://www.kcva.org/vb	Jayhawk Tower 700 SW Jaskson, Suite 701 Topeka, KS 66603	785-296-3976
Kentucky	http://Veterans.ky.gov/benefits	1111B Louisville Road Frankfort, KY 40601	502-564-9203
Louisiana	http://www.vetaffairs.com/benefits.html	1885 Wooddale Boulevard P.O. Box 94095 Baton Rouge, LA 70804	225-922-0500
Maine	http://www.maine.gov/dvem/bvs/benefits.htm	117 State House Station Augusta, ME 04333	207-626-4464
Maryland	http://www.mdva.state.md.us/state/index.html	16 Francis Street, 4th Floor Annapolis, MD 21401	410-260-3838
Massachusetts	http://www.mass.gov/?pageID=veteranstopic&L=2&L0=Home&L1=Benefits&sid=Eveterans	600 Washington Street Suite 1100 Boston, MA 02111	617-210-5480

Table 6. VA State Offices (cont.)

State/ Territory	Link to Web site for State Specific Benefits	Office Address	Office Phone
Michigan	http://www.michigan.gov/dmva/0,1607,7-126-2362---,00.html	3423 N. Martin Luther King, Jr. Boulevard Lansing, MI 48906	517-335-6523
Minnesota	http://www.mdva.state.mn.us/stateprgms.htm	20 West 12th Street Room 206 St. Paul, MN 55155	651-296-2562
Mississippi	http://www.vab.state.ms.us/booklet.htm	P.O. Box 5947 Pearl, MS 39288	601-576-4850
Missouri	http://mvc.dps.mo.gov	205 Jefferson Street 12th Floor, Jefferson Bldg. P.O. Drawer 147 Jefferson City, MO 65102	573-751-3779
Montana	http://dma.mt.gov/mvad/vasitemap.asp	1900 Williams Street P.O. Box 5715 Helena, MT 59604	406-324-3741
Nebraska	http://www.vets.state.ne.us/index.html?page=content/benefits.html	P.O. Box 95083 301 Centennial Mall South, 6th Floor Lincoln, NE 68509	402-471-2458
Nevada	http://www.Veterans.nv.gov	5460 Reno Corporation Dr. Reno, NV 89511	775-688-1653
New Hampshire	http://www.nh.gov/nhveterans/benefits/index.html	275 Chestnut Street Room 517 Manchester, NH 03103	603-624-9230
New Jersey	http://www.state.nj.us/military/Veterans	P.O. Box 340 Trenton, NJ 08625	888-865-8387
New Mexico	http://www.dvs.state.nm.us/benefits.html	Bataan Memorial Building 407 Galisteo Street Room 142 Santa Fe, NM 87504	866-433-8387
New York	http://veterans.ny.gov	5 Empire State Plaza, Suite 2836 Albany, NY 12223	888-838-7697
North Carolina	http://www.doa.state.nc.us/vets/benefits.htm	1315 Mail Service Center Raleigh, NC 27699	919-733-3851

Table 6. VA State Offices (cont.)

State/ Territory	Link to Web site for State Specific Benefits	Office Address	Office Phone
North Dakota	http://www.nd.gov/veterans/benefits	P.O. Box 9003 Fargo, ND 58106	701-239-7165
North Mariana Islands	Veterans@vzpacifica.net	P.O. Box 503416 Saipan, MP 96950	670-664-2650
Ohio	http://dvs.ohio.gov	77 South High Street 30th Floor Columbus, OH 43215	614-644-0898
Oklahoma	http://www.ok.gov/ODVA	2311 N. Central Oklahoma City, OK 73105	405-521-3684
Oregon	http://www.oregon.gov/ODVA/BENEFITS	Federal Building 1220 SW 3rd Avenue Portland, OR 97204	503-373-2000
Pennsylvania	http://www.milvet.state.pa.us/DMVA/169.htm	Building S-0-47 FTIG Annville, PA 17003	800-547-2838
Puerto Rico	http://www.gobierno.pr/OPV/inicio	PO Box 11737 San Juan, PR 00910-1737	787-758-5760
Rhode Island	http://www.dhs.state.ri.us/dhs/dvaoffic.htm	480 Metacom Avenue Bristol, RI 02809	401-253-8000 Ext. 495
South Carolina	http://www.govoepp.state.sc.us/va/benefits.html	1205 Pendleton Street Suite 461 Columbia, SC 29201	803-734-0200
South Dakota	http://state.sd.us/applications/MV91MVAInternetRewrite/default.asp?navid-12	Soldiers & Sailors Memorial Building 425 East Capitol Avenue Pierre, SD 57501	605-773-3269
Tennessee	http://www.state.tn.us/veteran/benefitsstate.html	215 Rosa L. Parks Avenue Nashville, TN 37243	615-741-2931
Texas	http://www.tvc.state.tx.us/StateBenefits.html	Stephen F. Austin Building Suite 800 Austin, TX 78701	800-252-8387

State Benefits

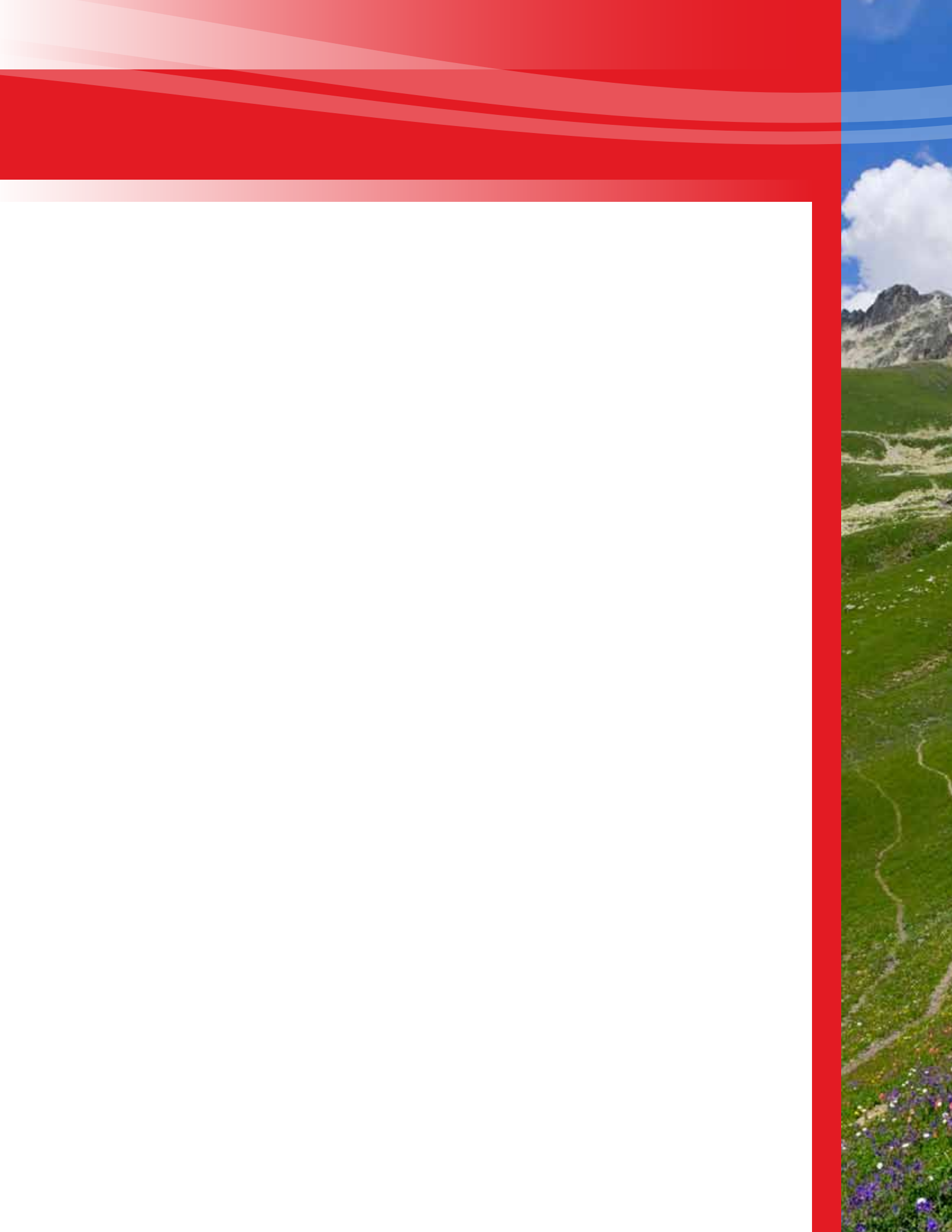
Table 6. VA State Offices (cont.)

State/ Territory	Link to Web site for State Specific Benefits	Office Address	Office Phone
Utah	http://veterans.utah.gov/homepage/stateBenefits/index.html	550 Foothill Blvd., #202 Salt Lake City, UT 84108	800-894-9497
Vermont	http://www.va.state.vt.us	118 State Street Montpelier, VT 05620	802-828-3379
Virginia	http://www.dvs.virginia.gov	900 E. Main St. Richmond VA 23219	804-786-0286
Virgin Islands	http://www.nasdva.net/group/usvirginislands	1013 Estate Richmond Christiansted St. Croix, VI 00820	340-773-6663
Washington	http://www.dva.wa.gov	1102 Quince St. SE - 1st floor P.O. Box 41155 Olympia WA 98504-1155	800-562-2308
West Virginia	http://www.wvs.state.wv.us/va	1321 Plaza East – Suite 109 Charleston, WV 25301-1400	866-984-8387
Wisconsin	http://dva.state.wi.us/benefits.asp	30 W. Mifflin Street P.O. Box 7843 Madison, WI 53707-7843	800-947-8387
Wyoming	http://wdh.state.wy.us/mhsa/treatment/veteransindex.html	5500 Bishop Blvd. Cheyenne, WY 82009	307-772-5145

“We have to thank those organizations out there that help us continue being where we are. If it wasn’t for a couple of those organizations, those nonprofit organizations out there, I don’t know what the families would do, I really don’t.”

- Nellie B.





Resources for Service Members, Veterans, and/or Family Members

Support Programs

www.military.com

This Web site provides information about all branches of the military, employment, benefits, and keeping in contact with buddies.

Air Force Wounded Warrior (AFW2) Program

Go to www.woundedwarrior.af.mil, call 1-800-581-9437 between 7 a.m. to 4 p.m. (Central time), or e-mail afwounded.warrior@randolph.af.mil. Closed on holidays.

Air Force Survivor Assistance Program

Call 1-877-USAF-HELP (1-877-872-3435) any time for support and/or referral to agencies that serve wounded airmen.

America Supports You

America Supports You (ASY) was a DoD-sponsored site with links to organizations that want to help severely injured service members and their families. The site has been incorporated into <http://www.ourmilitary.mil/index.aspx>.

All ASY information now may be found in the 'Support for our Troops' and 'Community Relations News & Headlines' sections of that Web site.

Army Knowledge Online (AKO)

Army Knowledge Online (AKO) is the U.S. Army's main intranet. It serves registered users to include active duty and retired service personnel and their family members, and provides single sign-on access to over 300 applications and services. The Web site is www.us.army.mil.

Army Wounded Warrior Program

Go to <https://www.aw2.army.mil>. You can also call 1-800-237-1336 between 8 a.m. and 7 p.m. or e-mail aw2@conus.army.mil.

Bar Association

The Bar Association in your community may have a panel that refers callers to lawyers in various specializations. Initial consultations generally include a nominal fee. Visit the Web site at <http://www.abanet.org/legalservices/findlegalhelp/home.cfm>.

GovBenefits.gov

GovBenefits.gov is the official benefits Web site of the U.S. government, with information on over 1,000 benefit and assistance programs. Provides information, fact sheets, and other resources for military personnel, family members, and veterans. The Web site can be found at <http://www.govbenefits.gov>.

Heroes to Hometown

Learn more about this American Legion program by calling 202-631-9924, or e-mail legion.h2h@itc.dod.mil.

Marine Corps Wounded Warrior Regiment

Go to <http://www.m4l.usmc.mil> and click on the “Visit the Wounded Warrior Regiment Homepage” icon to get to the site. You can e-mail questions to smbwwropscenter@usmc.mil.

Go to <http://www.woundedwarriorregiment.org> or call 877-487-6299.

Military Homefront

<http://www.m4l.usmc.mil> and click on the “Visit the Wounded Warrior Regiment Homepage” icon to get to the site. You can e-mail questions to smbwwropscenter@usmc.mil.

Military One Source/Wounded Warrior Resource Center

Go to <http://www.militaryonesource.com>. Select your branch of service, click on “Find Information,” and search for “Wounded Warrior.”

Military One Source (including the former Military Severely Injured Center) - 1-800-342-9647 or for the Wounded Warrior Resource Center (<http://www.woundedwarriorresourcecenter.com>) - 1-800-342-9647. (Both available 24 hours a day, seven days a week) – Umbrella service to connect family members to appropriate service-specific and DoD programs and resources that will assist them with their severely injured service member.

My Army Benefits

This site produces personalized survivor and retirement benefit reports for active duty soldiers and their family members. It also provides fact sheets on various programs/agencies, including those offered by the various states. The Web site can be found at <http://myarmybenefits.us.army.mil>.

Navy Safe Harbor – Severely Injured Support

The Navy's Safe Harbor program provides personalized assistance to severely injured sailors and their families. Go to the Web site <http://www.npc.navy.mil/SafeHarbor>. You can e-mail the Safe Harbor program at safeharbor@navy.mil, or call 1-877-746-8563.

TRICARE

TRICARE Online is the entry point that offers beneficiaries access to available healthcare services, benefits, and information. The Web site can be found at: www.tricare.mil. Visit this site and take the self-assessment, located at <http://www.tricare.mil/mybenefit/home/MentalHealthAndBehavior/GettingHelp>, to determine if you could benefit from mental health treatment or evaluation.

Military Aid Societies

Air Force Aid Society: <http://www.afas.org> or call 1-800-769-8951.

Navy Marine Corp Relief Society: <http://www.nmcrs.org> or call 703-696-4904. For a more local number, select the location nearest you from the map located on the Web page <http://www.nmcrs.org/locations.html>.

Army Emergency Relief: <http://www.aerhq.org/index.asp> or call 866-878-6378.

Handbooks

Intrepid Fallen Heroes Fund

This handbook provides a number of benefits and rights for service members and their families. It includes information on financial, medical, educational, employment, and other needs. You can view this handbook online at www.fallenheroesfund.org.

Our Hero Handbook

This handbook guides recovering service members and their families from day one through recovery, transition, and beyond. It includes DoD procedures regarding notification, travel, and medical care. It also lists government agencies and private organizations that support recovering service members and their families. This handbook can be obtained

at <http://www.wramc.army.mil/WarriorsInTransition/handbooks/WalterReedHeroHandbook.pdf>.

VA Federal Benefits for Veterans and Dependents

This handbook provides a list of programs, benefits, and services provided by the Department of Veterans Affairs legislated in Title 38 of the United States Code. This handbook can be found online at <http://www1.va.gov/opa/vadocs/fedben.pdf>.

Wounded Warrior Entitlements Handbook by DFAS

This handbook provides information on programs and entitlements for recovering service members. This handbook can be located at http://www.dfas.mil/army2/woundedinaction/WWEHandbook_Web_062607.pdf.

Other Helpful Web Sites

<https://mypay.dfas.mil/mypay.aspx> - military pay and W-2 information

<http://www.defenselink.mil/comptroller/fmr/07a/index.html> - Office of the Under Secretary of Defense (Comptroller) – contains extensive information about all pay regulations.

http://www.militaryhomefront.dod.mil/portal/page/mhf/MHF/MHF_HOME_2?section_id=20.40.500.450.0.0.0.0.0&tab_id=20.40.500.0.0.0.0.0.0 - **Operation Warfighter** - The Department of Defense (DoD) is sponsoring Operation Warfighter, a temporary assignment/internship program for service members who are convalescing at military treatment facilities in the National Capital Region.

Operation Warfighter is designed to provide recuperating service members with meaningful activity outside of the hospital environment that assists in their wellness and offers a formal means of transition back to the civilian workforce.

Open to active duty, National Guard and Reserve components, Operation Warfighter represents a great opportunity for service members in a medical hold status to build their resumes, explore employment interests, develop job skills, and gain valuable federal government work experience that will prepare them for the future. The program simultaneously enables participating federal agencies to avail themselves of the considerable talent and dedication of these recuperating service members.

Resources for Veterans

Vet Centers

Network of 232 community-based Vet Centers located in all fifty states, DC, Guam, Puerto Rico, U.S. Virgin Islands. Centers provide readjustment counseling to combat veterans or family members. Services include: individual counseling, group counseling, marital and family counseling, bereavement counseling, medical referrals, assistance in applying for VA benefits, employment counseling, substance abuse assessments, referral to community resources, military sexual trauma counseling and referral.

Call toll free during normal business hours at 1-800-905-4675 (Eastern) and 1-866-496-8838 (Pacific). You can locate a Vet Center near you by going to www.vetcenter.va.gov, which contains eligibility requirements and a map where a service member can locate the center closest to him or her.

Veterans Service Organization

Veterans Service Organizations (VSOs)

A complete listing of all chartered and non-chartered VSOs is available on line at <http://www1.va.gov/vso/index.cfm>.

<http://www.avbi.org> - **American Veterans with Brain Injuries (AVBI)**

- American Veterans with Brain Injuries (AVBI) was organized in 2004 as a grassroots effort whose mission is to offer support to the families of American service members and veterans who have suffered traumatic brain injuries. In 2006, AVBI.org was established to provide a Web-based peer support network for these veterans and their family members. American service members/veterans and their family members/caregivers are invited to meet in the peer chat room and forum. Both the forum and chat room are interactive and designed for you to ask questions, get information, and share your personal experiences with others. The blog offers public awareness information, commentaries, and announcements. Links to other Web sites are also provided.

<http://www.vfw.org> – **Veterans of Foreign Wars of the United States:**

Several programs:

- National Veteran Service: Veteran Service Officers are professional, full-time advocates who are expert at helping veterans (members and non-members alike) with their VA claims.
- National Legislative Services: The VFW works for veterans on Capitol Hill.

- National Military Services: Programs include VFW Unmet Needs that helps service members and their families who face unexpected financial difficulties; Operation Uplink, to connect active-duty troops and hospitalized veterans with their loved ones; and various community service volunteer activities.

<http://www.bva.org> – **The Blinded Veterans Association (BVA)** is an organization of blinded veterans helping blinded veterans. There is no charge for any BVA service and membership is not a prerequisite to obtain help. All legally blinded veterans are also eligible for BVA's assistance whether they become blind during or after active duty military service.

<http://www.dav.org> – **Disabled American Veterans (DAV)**. With more than 1.4 million members, Disabled American Veterans is an organization of disabled veterans who are focused on building better lives for disabled veterans and their families. The organization accomplishes this goal by providing free assistance to veterans in obtaining benefits and services earned through their military service. It is fully funded through its membership dues and public contributions. It is not a government agency and receives no government funds.

DAV's largest endeavor is the National Service Program. In 88 offices, a corps of 260 National Service Officers (NSOs) and 26 Transition Service Officers (TSOs) directly represent veterans with claims for benefits from the Department of Veterans Affairs and the Department of Defense. This free service is available to all veterans.

The National Voluntary Service Program operates an extensive network of programs through which veterans and concerned citizens provide services for their disabled veterans. This includes the Transportation Network, which provides veterans with rides to and from VA medical facilities for treatment, and the Voluntary Service Program, which facilitates volunteers at VA hospitals, clinics, and nursing homes through the VA Voluntary Service Program.

<http://www.iava.org/index.php> – **Iraq and Afghanistan Veterans of America** is the nation's first and largest group dedicated to the troops and veterans of the wars in Iraq and Afghanistan, and the civilian supporters of those troops and veterans. IAVA is an independent organization and is not affiliated with any groups other than its sister organization, IAVA Action Fund.

<http://www.pva.org> – **The Paralyzed Veterans of America** works to maximize the quality of life for its members and all people with SCI/D as a leading advocate for health care, SCI/D research education, veterans'



benefits and rights, accessibility, and the removal of architectural barriers, sports programs, disability rights.

<http://www.amc.army.mil/AlwaysASoldier> – The **Always a Soldier** program provides service-connected disabled veterans opportunities to seek employment, career advancement, job mobility, family economic well-being, and greater financial security.

Specific employment tracks include:

- Wage Grade positions involving trades and labor
- Internship programs providing monitored or supervised work/training experience with learning goals
- Various federal full performance positions.

To accomplish this goal, the Always A Soldier program partners with existing Army programs (Disabled Soldier Services, Army Community Service), the Department of Veterans Affairs, and Disabled American Veterans.

Links for Veterans

Below are Web sites that provide information on veterans' benefits. These sites explain everything you need to know about benefits: how to ask for them, where to obtain the information you need to apply, and how to appeal a decision if your application is denied.

Board of Veterans' Appeals: <http://www.va.gov/vbs/bva>

CARES Draft National Plan: <http://www1.va.gov/caresdecision/page.cfm?pg=105>

Center for Minority Veterans: <http://www1.va.gov/centerforminorityveterans>

Center for Veterans Enterprise: <http://www.vetbiz.gov>

Center for Women Veterans: <http://www1.va.gov/WOMENVET>

Veterans Compensation Benefits Rate Tables, 12-1- 08:
<http://www.vba.va.gov/bln/21/Rates/comp01.htm>

Department of Veterans Affairs Home Page: <http://www.va.gov>

Directory of Veterans Service Organizations: <http://www1.va.gov/VSO>

Disability Examination Worksheets Index, Comp:
<http://www.vba.va.gov/bln/21/Benefits/exams/index.htm>

Electronic Code of Federal Regulations: <http://www.gpoaccess.gov/ecfr>

Evaluation Protocol for Gulf War and Iraqi Freedom Veterans with Potential Exposure to Depleted Uranium (Du):

http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1158

See also, Depleted Uranium Fact Sheet: <http://www1.va.gov/gulfwar/docs/DepletedUraniumFAQSheet.doc>

Federal Benefits for Veteran Dependents and Survivors:

<http://www1.va.gov/opa/vadocs/fedben.pdf> or, http://www.va.gov/OPA/vadocs/current_benefits.asp

Forms and Records Request: <http://www.va.gov/vaforms>

Geriatrics and Extended Care: <http://www1.va.gov/geriatricshg>

Homeless Veterans: <http://www1.va.gov/homeless>

M21-1 Table of Contents: http://www.warms.vba.va.gov/M21_1.html

Mental Disorders, Schedule of Ratings:

http://www.warms.vba.va.gov/regs/38CFR/BOOKC/PART4/S4_130.DOC

Mental Health Program Guidelines:

http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1094

Neurological Conditions and Convulsive Disorders, Schedule of Ratings:

http://www.warms.vba.va.gov/regs/38cfr/bookc/part4/s4_124a.doc

OMI (Office of Medical Inspector): <http://www.omi.cio.med.va.gov>

Peacetime Disability Compensation:

http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=browse_usc&docid=Cite:+38USC1131& docid=Cite:+38USC1131

Prosthetics Eligibility:

http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=337

Public Health and Environmental Hazards Home Page:

<http://www.vethealth.cio.med.va.gov>

Publications and Manuals: <http://www1.va.gov/vhapublications/publications.cfm?Pub=4 Title 38>

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http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?sid=1b0c269b510d3157fbf8f8801bc9b3dc&c=ecfr&tpl=/ecfrbrowse/Title38/38cfrv1_02.tpl&c=ecfr&tpl=/ecfrbrowse/Title38/38cfrv1_02.tpl

Part 18

http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?sid=1b0c269b510d3157fbf8f8801bc9b3dc&c=ecfr&tpl=/ecfrbrowse/Title38/38cfrv2_02.tpl&c=ecfr&tpl=/ecfrbrowse/Title38/38cfrv2_02.tpl

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Subpart A, Pension, Compensation, and Dependency and Indemnity Compensation:

http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=1b0c269b510d3157fbf8f8801bc9b3dc&tpl=/ecfrbrowse/Title38/38cfr3_main_02.tpl&sid=1b0c269b510d3157fbf8f8801bc9b3dc

http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=1b0c269b510d3157fbf8f8801bc9b3dc&tpl=/ecfrbrowse/Title38/38cfr3_main_02.tpl&tpl=/ecfrbrowse/Title38/38cfr3_main_02.tpl

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<http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=ab7641afd195c84a49a2067dbbcf95c0&rgn=div6&view=text&node=38:1.0.1.1.5.2&idno=38ab7641afd195c84a49a2067dbbcf95c0>

<http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=ab7641afd195c84a49a2067dbbcf95c0&rgn=div6&view=text&node=38:1.0.1.1.5.2&idno=38&rgn=div6&view=text&node=38:1.0.1.1.5.2&idno=38>

U.S. Court of Appeals for Veterans Claims:

<http://www.uscourts.cavc.gov>

VA Best Practice Manual for Posttraumatic Stress Disorder (PTSD):

<http://www.avapl.org/pub/PTSD%20Manual%20final%206.pdf>

VA Loan Lending Limits and Jumbo Loans:

http://valoans.com/va_facts_limits.cfm

VA Emergency Management: <http://www1.va.gov/emshg>

VA Schedule for Rating Disabilities:

<http://www.warms.vba.va.gov/bookc.html>

VA War-Related Illness and Injury Study Center:

<http://www.va.gov/WRIISC-DC>

Veterans Benefits Administration Main Web Page:

<http://www.vba.va.gov>

Veterans Legal and Benefits Information: <http://valaw.org>

Veterans Online Application:

<http://vabenefits.vba.va.gov/vonapp/main.asp>

VHA Public Health Strategic Health Care Group Home Page:

<http://www.publichealth.va.gov>

Vocational Rehabilitation: <http://www.vba.va.gov/bln/vre>

Wartime Disability Compensation: http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=browse_usc&docid=Cite:+38USC1110>

War-Related Illness and Injury Study Center - New Jersey:

<http://www.wri.med.va.gov>

Welcome to the GI Bill Web Site: <http://www.gibill.va.gov>



Resources for Caregivers and Families

Caregiver Support

<http://www.visn8.med.va.gov/v8/Clinical/cccs/clinical/CaregiverFAQ.pdf>

<http://www.naccrra.org/MilitaryPrograms/injured.php> - **Child Care Assistance for Families of Severely Injured Military Families.** The National Association of Child Care Resource and Referral Agencies (NACCRRRA) and the Department of Defense (DoD) have partnered to provide families of severely injured military members with assistance to find and pay for safe, licensed child care services for a period of six months during their period of recuperation. (Extensions beyond the six-month period will be considered based upon physician reassessment.) The program is available nationwide wherever the injured member is receiving either inpatient or outpatient medical care.

NACCRRRA will coordinate with state and local Child Care Resource and Referral agencies to help military families locate child care in the civilian community when a military program is unavailable. This will allow the spouse to be at bedside or to help with outpatient medical appointments. NACCRRRA and the DoD will provide an offset to the civilian child care fees during the recovery period.

<http://www.militaryfamily.org> - **National Military Family Association (NMFA).** This organization educates military families concerning their rights, benefits and services available to them, and influences the development and implementation of legislation and policies that benefit them.

www.strongbonds.org - **Strong Bonds** has specialized programs for single soldiers, couples, and families. Those soldiers being deployed or redeployed can also learn special coping tactics. Strong Bonds empowers soldiers and their loved ones with relationship-building skills, and connects them to community health and support resources. It is a holistic, preventative program committed to the restoration and preservation of Army families, even those near crisis. The program is initiated and led by the Army Chaplains. More than 90 percent of those who have attended the program rate it positively.

<http://www.emilitary.org> - The mission of the **Military Family Network** is to support military families and increase their readiness and well-being by connecting them with their communities and the organizations that provide the best service and value.

<http://www.militarychild.org/education/living-in-the-new-normal>

- Program from the **Military Child Education Coalition**. Sparked by concerns about military children dealing with illness, injury, or death of a parent, the Living in the New Normal or LINN initiative was developed through collaboration with experts in the fields of trauma and grief, resiliency, health care, and child development.

LINN encourages families to ensure their children have the tools to weather life's storms, fosters homefront efforts to support military children, and provides educators and other concerned adults with information to help them support children during times of uncertainty, trauma, and grief. LINN's efforts are predicated on the belief that children are courageous and resilient and that these skills can be strengthened through deliberate encouragement by the adults in their lives.

Adult Day Care and Adult Social Day

The National Adult Day Services Association can help you find adult day care services that are suitable for your loved one's needs. Visit <http://www.nadsa.org> or call them at 877-745-1440.

DisabilityInfo.gov

DisabilityInfo.gov is the federal government's one-stop Web site for people with disabilities, their families, employers, veterans and service members, workforce professionals, and many others.

The Web site can be found at <http://www.disabilityinfo.gov>.

Deployment Health Clinical Center

www.pdhealth.mil/hss/smfss.asp offers a list of programs that can assist family members who are caregivers to injured service members.

Family Caregiver Alliance

Family Caregiver Alliance offers a caregiver support group at www.caregiver.org. The Alliance can also be reached at 415-434-3388 or 800-445-8106, or e-mail info@caregiver.org.

National Association of Child Care Resource and Referral Agencies

This site will help you cut the cost of child care if you are the spouse of a service member who is severely injured.

Go to www.naccrra.org/MilitaryPrograms/progdesc.php.





National Family Caregivers Association

Call 800-896-3650 or visit <http://www.nfcacares.org>.

Transportation Services

To learn about paratransit near you, call Project Action which maintains a national paratransit database, at 800-659-6428 or 202-347-3066. You can view the database at http://projectaction.easterseals.com/site/PageServer?pagename=ESPA_travelers_database.

National Family Caregivers Support Program

The number is 800-896-3650 and the Web site is <http://www.aoa.gov>.

National Respite Locator Service

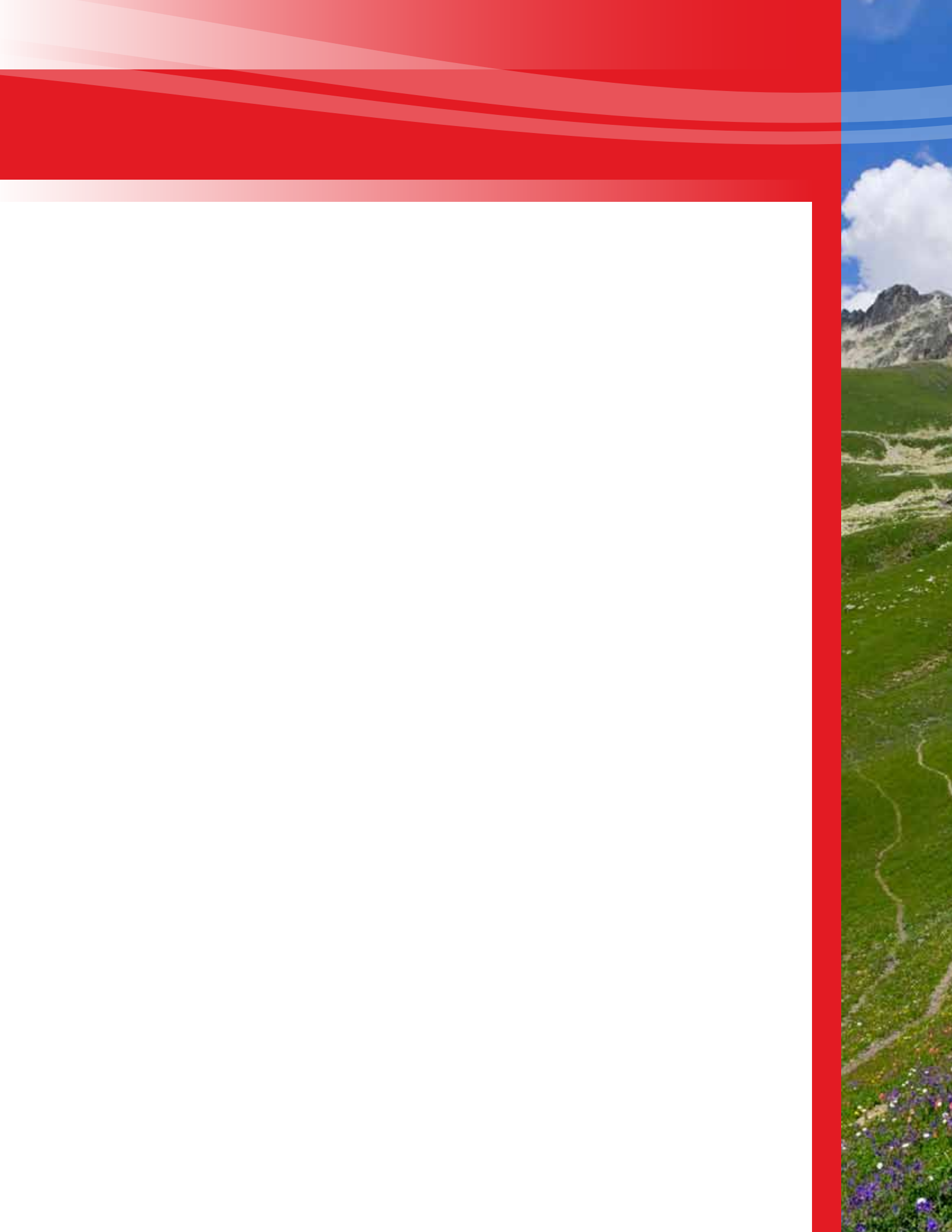
<http://www.respitelocator.org/index.htm>.

National Women's Health Information Center

Call for more information at 1-800-994-9662.

U.S. National Library of Medicine and the National Institutes of Health

U.S. National Library of Medicine and the National Institutes of Health's Web site is: www.nlm.nih.gov/medlineplus/caregivers.html. You can e-mail your questions to custserv@nlm.nih.gov. For those who speak Spanish, visit <http://www.nlm.nih.gov/medlineplus/spanish/caregivers.html>.



Resources Regarding MEB/PEB

MEB/PEB Support by Service:

Army

My MEB/PEB site inside the Army intranet provides links to Army and DoD regulations, and the ability to track your MEB's progress (requires Army Knowledge Online login).

<https://www.us.army.mil/suite/page/417118>

Additional information on the MEB/PEB process can be found at the Army Wounded Warrior (AW2) program site: www.aw2.army.mil. You can call 1-800-237-1336, or e-mail aw2@conus.army.mil.

The Army provides a handbook specifically tailored to understanding the DES process for soldiers: http://www.cs.amedd.army.mil/apdes/docs/General%20and%20Reference%20Information/Army_PDES_booklet.doc.

Air Force

The information on this Web site will provide you the particular details of the Air Force DES process.

http://airforcemedicine.afms.mil/idc/groups/public/documents/webcontent/knowledgejunction.hcst?functionalarea=LeadersGuideDistress&doctype=subpage&docname=CTB_030792&incbanner=0

PEB appeals process rights for airmen can be found in these two locations:

- Headquarters Air Force Personnel Center's Disabilities Division's Web site at <http://ask.afpc.randolph.af.mil>. Click on "Retiree," then "Disability Program" or "Military," then "Disability Program."
- Headquarters Air Force Personnel Center's Judge Advocate Web site at <http://ask.afpc.randolph.af.mil>. Click on "Military," then "Support Programs," then "Judge Advocate." On the next page, select the link to the information you need from the "Physical Evaluation Board" menu under the "Judge Advocate Support" heading.

Navy

For Navy-specific information about the DES process and your case, visit the Safe Harbor Web page or call/e-mail the Point of Contact to receive individual assistance.

Web page: <http://www.npc.navy.mil/safeharbor>

E-Mail: safeharbor@navy.mil

Phone: 1-877-746-8563

Information and support for sailors during MEB:

http://www-nmcphc.med.navy.mil/LGuide/Medical/Medical_Boards.htm

USMC

For Marine-specific information about the DES process and your case, go to the Wounded Warrior Regiment Web page and click on the Disability Evaluation System Pocket Guide or call/e-mail the point of contact to receive individual assistance.

Web page: <http://www.woundedwarriorregiment.org>

E-mail: smbwwropscenter@usmc.mil

Phone contacts: 877-487-6299

DoD/Regulations

The DoD sets the broad guidance for the DES process. Information on that process can be found in the following DoD instructions (DoDI) and directives (DoDD):

DoDI 1332.38, Physical Disability Evaluation

<http://www.dtic.mil/whs/directives/corres/pdf/133238p.pdf>

DoDD1332.18, Separation for Physical Disability

<http://www.dtic.mil/whs/directives/corres/html/133218.htm>

DoDI 6040.44, Physical Disability Board of Review (PDBR)

<http://www.dtic.mil/whs/directives/corres/pdf/604044p.pdf>

Service Regulations

Each service manages its own DES process. To find out more about your particular service, you can review the regulations and manuals governing your service's system at the links below:


Navy and Marine Corps

Council of Review Boards

<http://www.donhq.navy.mil/corb>

USMC DES pocket guide

<http://www.woundedwarriorregiment.org>. Click on Disability Evaluation System Pocket Guide



Secretary of the Navy Instruction 1770.3C - Management and Disposition of Incapacitation and Incapacitation Benefits for Members of Navy and Marine Corps Reserve Components
http://www.combatindex.com/mil_docs/pdf/secnav/1700/1770-3C.pdf

Army

Army Regulation 635-40 – Physical Evaluation for Retention
http://www.army.mil/usapa/epubs/pdf/r635_40.pdf

Army Regulation 40-501 – Standards of Medical Fitness
http://www.army.mil/usapa/epubs/pdf/r40_501.pdf

Army Regulation 600-60 – Physical Performance Evaluation System
http://www.army.mil/usapa/epubs/pdf/r600_60.pdf

Army Regulation 40-400 – Patient Administration
http://www.army.mil/usapa/epubs/pdf/r40_400.pdf

Air Force

Air Force Instruction 36-3212 – Physical Evaluation for Retention
<http://www.e-publishing.af.mil/shared/media/epubs/AFI36-3212.pdf>

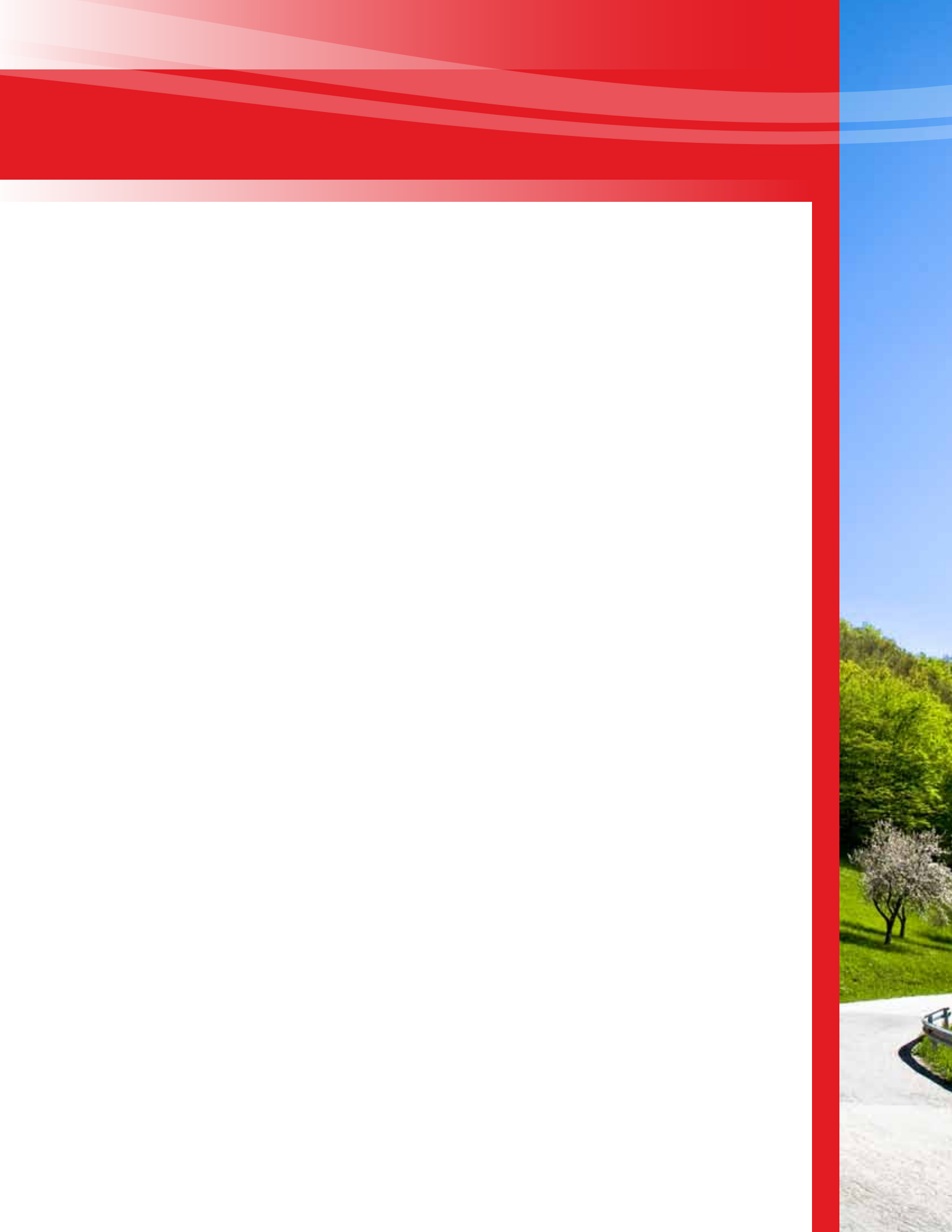
Air Force Instruction 36-2910 – Line of Duty
<http://www.e-publishing.af.mil/shared/media/epubs/AFI36-2910.pdf>

Air Force Instruction 36-3209 – National Guard/Reserve separations
<http://www.e-publishing.af.mil/shared/media/epubs/AFI36-3209.pdf>

VA Schedule for Rating Disabilities (VASRD)

For an explanation on how combined ratings are determined for numerous compensable conditions for one person, see 32 CFR, Section 4.25 (Table 1).

http://www.access.gpo.gov/nara/cfr/waisidx_04/38cfr4_04.html



Your Service Member's Right to Appeal the PEB's Decision

The Disability Evaluation System (DES) is guided by Public Law. Each branch of service, however, has its own policies for how the system runs.

Every service system offers a right to appeal the decisions of the Physical Evaluation Board (PEB) on your service member's condition. Below, you will find the information for each branch of service about how to appeal the PEB decisions.

Army:

The case will go before the informal PEB without your service member being present. The PEB members only see your service member's record from the MEB. The PEB makes a decision based on the record. (See Chapter 12 for more information.)

If your service member is found **fit**:

- He or she can agree (concur) or disagree (non-concur) with the Board's decision.
- If your service member disagrees, he or she may present a written explanation about why he or she disagrees. This is the chance to provide more information on your service member's condition and how it affects his or her duty performance. Because your service member was found fit, he or she does not have a right to a formal PEB where he or she can discuss the case in person. However, your service member can ask for a formal PEB as an exception to policy.

If your service member is found **unfit**:

- He or she can agree or disagree with the findings.
- If your service member disagrees, he or she may send a written rebuttal to the PEB. This should include new information on his or her condition and its effects on duty performance. Because your service member was found unfit, he or she also has the right to a formal hearing. If your service member would like, he or she may appear at the hearing in person.
- Your service member may seek legal help to prepare for a formal PEB. He or she may be represented at the hearing by an attorney from the Judge Advocate General's (JAG) Corps. He or she can also choose a civilian attorney or a representative from a Veterans Service Organization (VSO), such as Disabled American Veterans (DAV). (See Appendix B for a link to DAV and a link to a complete list of VSOs.) If your service member chooses to use his or her own lawyer and not a representative from the JAG Corps, your service member

must pay any fees for outside counsel. Legal help from the JAG Corps is free to your service member.

- When your service member appears before a formal PEB, he or she may present evidence, testimony, and documents to support his or her case. Your service member's lawyer will help him or her prepare for this.

The formal PEB will:

- listen to your service member's new information
- ask him or her questions about his or her medical limitations
- give your service member a chance to make a final statement before it makes a decision.

Your service member will be excused from the hearing after his or her statement. The PEB members will discuss and vote on your service member's case.

The formal PEB makes decisions by majority vote. If some members of the board disagree with the majority, they must write a minority opinion. It will become part of the report that documents the board's actions.

The board will bring your service member and his or her counsel back into the room and disclose its decision. It will also provide your service member with a written copy of the Board's report. Your service member will have 10 calendar days after the board ends to decide if he or she agrees or disagrees with its findings.

If your service member disagrees, he or she will again be able to provide a written rebuttal to the formal PEB.

If the PEB does not accept your service member's rebuttal and upholds its decision, the case will go to the U.S. Army Physical Disability Agency (USAPDA) for review. All cases decided by informal or formal PEBs are sent to the USAPDA. USAPDA automatically reviews all cases where the service member disagrees with the findings or where there is a minority report.

The USAPDA can uphold the PEB findings, issue revised findings, or send the case back to the PEB for another review. If the USAPDA revises the findings or sends the case back to the PEB for another review, your service member will again have the chance to agree or disagree with the findings and to provide a written rebuttal to the PEB.

If your service member didn't request a formal review before, he or she may request one based on revised findings by the USAPDA. The formal review will take place at that level.

Once the USAPDA makes a final decision on your service member's case, he or she will have to follow that decision. If that requires separation or retirement, then he or she will be separated or retired.

Your service member may still dispute the findings after he or she has separated or retired by filing a petition for relief with the Army Board for the Correction of Military Records (ABCMR).

Your service member can find out more about appeal rights by reviewing the Army Physical Disabilities Evaluation System Handbook, dated March 16, 2007. Your service member can find a copy of that handbook by visiting the Web site http://www.cs.amedd.army.mil/apdes/docs/General%20and%20Reference%20Information/Army_PDES_booklet.doc.

Navy/Marine Corps:

The Navy and Marine Corps use the same PEB process. It begins with an informal PEB. It only moves to a formal PEB if the sailor or Marine requests it.

The informal PEB will take place without your service member being present. The board will decide if your service member is fit or unfit for duty, based on his or her records and the MEB results.

If the board finds your service member fit for duty, he or she will have a chance to agree or disagree with that decision. Your service member can ask the board to reconsider the case based on new information on his or her medical condition and other information the board did not have before.

If the PEB still believes your service member is **fit for duty**, your service member can request a formal PEB. A formal PEB is not a right if your service member is found fit for continued service. The board may choose not to grant a formal PEB.

If your service member is found **unfit**, he or she has three choices:

- accept the findings of the PEB
- disagree with the findings and request a formal PEB
- conditionally accept the findings and request a formal PEB.

If your service member requests a formal PEB, the Navy will assign a judge advocate to help your service member prepare evidence, documents, and statements to support his or her case.

Your service member may attend the formal PEB in person or just send information to the board. Your service member may also choose to be

represented by a civilian attorney or a representative from a Veterans Service Organization (VSO). (See Appendix B for a link to a complete list of VSOs.) Your service member must pay any costs for using a non-military lawyer.

Here's what will happen at the formal PEB:

- If your service member chooses not to testify under oath, he or she may make a statement. The board members will not ask questions of your service member.
- If your service member testifies under oath, the board will ask about his or her condition and the effect it has on duty performance. After your service member has answered the questions, he or she will have a chance to make a final statement.
- Your service member will be excused while the board makes a decision.

After discussing the case, the board will tell your service member what it decided. At this point, your service member can:

- accept the findings
- or
- file a "petition for relief" (PFR) with the Director, Secretary of the Navy Council of Review Boards (DIRSECNAV CORB).

The DIRSECNAV CORB can revise the findings of the board or uphold them.

If your service member is separated or retired and still disagrees with the findings of the PEB or the DIRSECNAV CORB, he or she can petition the Board for Correction of Naval Records (BCNR) for relief from any perceived injustice or inequity.

Air Force

The Air Force PEB starts with an informal board that your service member does not attend.

Your service member's record will be forwarded from the MEB to the PEB. The informal PEB members will review it and make a decision.

Within a few days of the board meeting, your Physical Evaluation Board Case Manager will report the results of the informal PEB. Your service member will be asked to sign an Air Force Form 1180 to tell the PEB if he or she agrees with the findings or not.

If your service member disagrees with a finding of **fit**, he or she will need to submit the Air Force Form 1180, along with a written explanation of

why he or she would like a formal PEB. A formal PEB is not a right when your service member receives a fit for continued duty finding.

If your service member is found **unfit**, he or she does not have to provide a justification for requesting a formal PEB. Your service member will need to contact the legal office at Lackland Air Force Base, where the formal PEBs are held. Your service member can contact this office at DSN 473-4295 or commercial: 210-671-4295 to have a lawyer assigned to the case.

Your service member can also choose a civilian attorney or a representative from a Veterans Service Organization (VSO) like the Disabled American Veterans (DAV). (See Appendix B for a link to DAV and a link to a complete list of VSOs.) If your service member chooses to use his or her own lawyer, he or she must pay any fees for that lawyer. Legal representation from the military is free to your service member.

When your service member appears before a formal PEB, your service member may present evidence, testimony, and documents to support the case. The lawyer will help your service member prepare for this.

If your service member has witnesses who could testify in person, he or she must pay the expense of bringing them to the formal PEB location.

If your service member decides that he or she does not want to do a formal PEB after meeting with a lawyer, he or she can waive rights to a board. However, the president of the board will decide whether or not to hold a formal PEB once your service member has requested one.

Audio of the formal PEB is always recorded. If your service member asks, video of the meeting can also be recorded.

After your service member has presented information to the formal PEB, board members will meet privately to make a decision. The formal PEB will either uphold the informal PEB findings or recommend different findings.

The board will notify your service member of its decision. Your service member will have a day to respond if he or she agrees or disagrees with its findings.

If your service member agrees with the formal PEB findings, the case will be sent to the Physical Disability Division at Headquarters, Air Force Personnel Command, for finalization. The Physical Disability Division will review the case, the findings of the informal and formal PEB, and decide if the case should be finalized or forwarded for further review by the

Secretary of the Air Force Personnel Council (SAFPC). This only happens when the Physical Disability Division thinks a review by the SAFPC is in the best interest of the service member or the Air Force.

If your service member disagrees with the formal PEB findings, there will be 10 days to submit a rebuttal to the formal PEB for forwarding to the SAFPC. If the formal PEB does not receive your service member's rebuttal in that time, the case will go to the Physical Disability Division for processing.

Even if the SAFPC upholds the formal PEB and your service member is separated or retired, he or she may still appeal that decision by applying to the Air Force Board for Correction of Military Records (AFBCMR). This is the highest administrative appeal available for the Air Force. The burden of proof is on your service member to show that an error or injustice happened in his or her case during the DES process.

Your service member can get additional information on the Air Force appeals process at these locations:

- Headquarters Air Force Personnel Center's Disabilities Division's Web site at <http://ask.afpc.randolph.af.mil>. Click on "Retiree," then "Disability Program" or "Military," then "Disability Program."
- Headquarters Air Force Personnel Center's Judge Advocate Web site at <http://ask.afpc.randolph.af.mil>. Click on "Military," then "Support Programs," then "Judge Advocate." On the next page, select the link to the information your service member/veteran needs from the "Physical Evaluation Board" menu under the "Judge Advocate Support" heading.

Rehabilitation Medical Support Resources

Access to Medical Care

Military Health System

For general information on the Military Health System, go to <http://mhs.osd.mil>. This site includes links to all of the military departments' health care systems, DEERS, Wounded Warrior Programs, and much more. For information on the mission of the military medical departments, their leadership, and links to their policies and regulations: Army: <http://www.armymedicine.army.mil/index.cfm>;
Navy: <http://navymedicine.med.navy.mil>;
Air Force: <http://www.sg.af.mil>.

Military Medical Support Office (MMSO)

In order to schedule appointments for medical care for your family member's service-connected injury or illness, the unit administrator contacts MMSO. You may also call 1-888-MHS-MMSO (1-888-647-6676) and follow menu prompts, for information regarding pre-authorization, appointments, claims, and reimbursements for civilian medical bills. Hours of operation are Monday through Friday, 7 a.m. to 6 p.m., Central time. Or visit the MMSO Web site at <http://www.tricare.mil/MMSO>.

TRICARE

TRICARE information can be accessed in several ways. The main page, <http://www.tricare.mil>, includes general information about TRICARE and links to benefits and plans. This TRICARE site, <https://www.tricareonline.com/welcome.do>, allows you to see information on all of the military treatment facilities, make some appointments, and refill some prescriptions. You will need to register for access.

TRICARE Dental

For more order information about the TDP, visit www.TRICAREdentalprogram.com or call toll-free 1-800-866-8499 for general information. To enroll, call 1-888-622-2256. More information on the TRICARE Dental Program is available on your dental provider's Web site or at www.tricare.mil/contactus and at <http://www.tricaredentalprogram.com/tdptws/home.jsp>.

If you are a retiree (including National Guard and Reserve retired members), you can enroll in the TRICARE Dental Plan. See the instructions at www.tricare.mil/mybenefit/home/Dental/Retiree.

Continued Health Care Benefit Program (CHCBP)

For more information, visit <http://www.humana-military.com/chcbp/main.htm> or call the toll-free line at 1-800-444-5445.

DoD Mental Health Self Assessment Program

Anonymous self-assessments are available for depression, bipolar disorder, alcohol use, post-traumatic stress disorder (PTSD), and generalized anxiety disorder. Individualized results and military health resources, including TRICARE, Vet Centers, and Military OneSource are provided at the end of every assessment. More information can be found at <http://www.pdhealth.mil/mhsa.asp>.

National Center for Post Traumatic Stress Disorder (PTSD)

This is a special center within the Department of Veterans Affairs created to advance the clinical care and social welfare of America's veterans through research, education, and training in the science, diagnosis, and treatment of PTSD and stress-related disorders. To learn more, visit <http://www.ncptsd.va.gov/index.html>.

Courage to Care

The site, located at <http://www.usuhs.mil/psy/courage.html>, was created by Uniformed Services University for the Health Sciences, which belongs to the Center for Traumatic Studies and includes a wealth of additional information. "Courage to Care" is an electronic health campaign for military and civilian professionals serving the military community, and for military men, women, and families.

The American Red Cross

The American Red Cross offers confidential services to all military personnel and their families. Counseling, guidance, information, referrals, and other social services are available through the Red Cross worldwide network of chapters and offices on military installations. Red Cross chapters are listed in local telephone books and at <http://www.redcross.org/where/where.html>.



Department of Health and Human Services (DHHS)

DHHS

The DHHS Web site provides up-to-date information on a variety of health topics and includes resources on veterans' health at <http://www.hhs.gov>.

Center for Disease Control and Prevention (CDC)

For information about ongoing studies of veterans' health, visit <http://www.cdc.gov/nceh/veterans/default.htm> or call the CDC at 1-800-232-4636.

HRSA Health Center Locator

Use this tool at <http://findahealthcenter.hrsa.gov> to locate your nearest Health Center which can provide check-ups, vaccinations, and more.

MedlinePlus for Veterans

Visit MedlinePlus for veterans at <http://www.nlm.nih.gov/medlineplus/Veteransandmilitaryhealth.html> to learn about veteran-specific health issues and news.

National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)

The NIDDK conducts and supports basic and clinical research on diabetes, liver and kidney diseases, nutrition, and much more. Visit <http://www2.niddk.nih.gov> or call 301-496-3583.

National Institute on Dental and Craniofacial Research (NIDCR)

The NIDCR conducts research related to oral, dental, and craniofacial health. To learn more, visit <http://www.nidcr.nih.gov>, e-mail nidcrinfo@mail.nih.gov, or call 301-496-4261.

National Institute on Deafness and other Communicative Disorders (NIDCD)

To learn about the NIDCD and its research and support for people with communication disorders, visit <http://www.nidcd.nih.gov>, e-mail nidcdinfo@nidcd.nih.gov, or call the NIDCD at 1-800-241-1044 or TTY at 1-800-241-1055.

National Institute of Mental Health

The NIMH is the largest scientific organization in the world dedicated to research focused on the understanding, treatment, and prevention of mental disorders and the promotion of mental health. For more information, you can go to <http://www.nimh.nih.gov>, e-mail nimhinfo@nih.gov, or call 1-866-615-6464.

Substance Abuse and Mental Health Services Administration (SAMHSA)

Visit the SAMHSA Web site at www.samhsa.gov to get access to mental health and substance abuse services, as well as resources for families coping with trauma. SAMHSA can also be reached at SHIN@samhsa.hhs.gov or by phone at 1-877-726-4727.

Mental Health Services Locator

The SAMHSA Mental Health Services Locator, available at <http://mentalhealth.samhsa.gov/databases>, provides state-specific information about local mental health services and resources.

Substance Abuse Treatment Facility Locator

This SAMHSA locator allows you to find your closest Substance Abuse Treatment Facility. To use the locator, go to <http://dasis3.samhsa.gov>.

HealthierUS Vets Program

The HealthierUS Vets Program educates veterans and their families about eating healthy, being active, and the risks of obesity and diabetes. Visit the program's Web site at <http://www.healthierusveterans.va.gov>, or call for more information at 1-800-827-1000.

Traumatic Brain Injury (TBI)

Defense and Veterans Brain Injury Center (DVBIC) provides TBI patients with state-of-the-art medical care, innovative clinical research initiatives, and educational programs. To learn more about DVBIC, you can visit <http://www.dvbic.org>, e-mail info@dvbic.org, or call 1-800-870-9244.

Find a VA Polytrauma Care Facility

Polytrauma centers assist patients with injuries to more than one region or organ system, and those which result in physical, cognitive, psychological, or psychosocial impairments and functional disability. To locate a Polytrauma center near you and to learn more about the Polytrauma centers, visit http://www.polytrauma.va.gov/facility_locations.asp?isFlash=1 or call 1-877-222-8387.

National Institute of Neurological Disorders and Stroke (NINDS) – TBI

The NINDS provides publications, organizations, clinical trials, and other information, all related to TBI. To learn more about NINDS and TBI, you can go to <http://www.ninds.nih.gov/disorders/tbi/tbi.htm> or call NINDS at 1-800-352-9424.

Suicide Prevention

Air Force – Air Force Suicide Prevention Program

Visit the program's Web site at <http://afspp.afms.mil> to learn about initiatives to help prevent and to deal with suicides within the Air Force community.

Army – U.S. Army Center for Health Promotion and Preventive Medicine Suicide Prevention Program

The Army's Suicide Prevention Program provides resources and research related to suicide prevention. Visit <http://chppm-www.apgea.army.mil/dhpw/Readiness/suicide.aspx>.

Coast Guard – Coast Guard Suicide Awareness Program

The Coast Guard's Suicide Awareness Program, located on the Web at http://www.uscg.mil/worklife/suicide_prevention.asp, provides tips and resources for dealing with suicides. The crisis phone number is 1-800-222-0364.

Marine Corps – Marine Corps Community Services Suicide Prevention Program

Visit the program Web site at <http://www.usmc-mccs.org/suicideprevent> or call 1-800-342-9647 for risk factors, warning signs, and prevention tips for suicide.

Navy – Navy Suicide Prevention Program

The Navy Suicide Prevention Program has resources, tips, and a Web-based training tool to help prevent and handle suicides. For more information, visit <http://www.npc.navy.mil/CommandSupport/SuicidePrevention> or e-mail suicideprevention@navy.mil.

National Suicide Prevention Lifeline

The Preventing Suicide Network has a crisis phone line at 1-800-273-8255. You can also visit <http://www.preventingsuicide.com/dodtest> for problem-specific information about suicide prevention in the military.

National Strategy for Suicide Prevention

This Web site <http://mentalhealth.samhsa.gov/suicideprevention> lets you find state-specific suicide prevention programs as well as recent news and information on suicide prevention. For more information, call 1-800-789-2647.

National Institute of Mental Health – Suicide Prevention

This portion of the NIMH Web site, <http://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml>, contains prevention information and ongoing clinical trials related to suicides. You can contact NIMH at 1-866-615-6464.

Center for Disease Control and Prevention

The CDC's Suicide Prevention site, on the Web at <http://www.cdc.gov/ncipc/dvp/Suicide/default.htm>, contains resources and information about suicide. It can also be reached by calling 1-800-311-3435.

American Foundation for Suicide Prevention (AFSP)

The AFSP focuses on research and new educational campaigns to help people deal with the difficulties of suicide. To learn more about how AFSP can help, visit <http://www.afsp.org>, e-mail inquiry@afsp.org, or call 1-888-333-2377.

MedlinePlus - Suicide

This page of the MedlinePlus site, at <http://www.nlm.nih.gov/medlineplus/suicide.html>, contains new information, prevention and coping strategies, and resource links.



National Association for People of Color Against Suicide (NOPCAS)

NOPCAS provides a counseling certification program, Survivor's Circle support groups, and other resources. Visit NOPCAS on the Web at <http://www.nopcas.org/resources> or, for more information, you can e-mail info@nopcas.org.

Depression Screening

If you go to <http://www.depression-screening.org>, you can access a free, confidential depression screening test. NOTE: This tool does not provide a clinical diagnosis, but may be able to help identify underlying symptoms that could need further attention.

Suicide Awareness Voices of Education (SAVE)

Visit SAVE's Web site at <http://www.save.org> or call SAVE at 952-946-7998 to learn more about suicide, how to deal with it, as well as current news and information related to suicides.

Mental Health Self-Assessment Program

This program allows you to take anonymous mental health and alcohol use self-assessments online, via the phone, and through special events held at military installations. For more information or to take one of the assessments, visit <http://www.mentalhealthscreening.org/military/index.aspx> or e-mail smhinfo@mentalhealthscreening.org.

Suicide Prevention Advocacy Network (SPAN)

SPAN is an organization dedicated to preventing suicide through public education and awareness, community action, and federal, state, and local grassroots advocacy. To learn how to get involved, visit <http://www.spanusa.org>, e-mail info@spanusa.org, or call 202-449-3600.

Post-Traumatic Stress Disorder (PTSD)

Sidran Institute

The Sidran Institute provides resources for treatment, support, and self-help for individuals dealing with PTSD. To learn more about the resources Sidran offers, visit <http://www.sidran.org>, e-mail info@sidran.org, or call 1-888-825-8249.

National Center for Post-Traumatic Stress Disorder (NCPTSD)

The NCPTSD provides veterans and their families with fact sheets and videos to answer your questions on trauma, PTSD, and related issues. For more information, go to <http://www.ncptsd.va.gov>, e-mail ncptsd@va.gov, or call 1-802-296-6300.

DoD's After Deployment Behavioral Health Web site for Veterans

The DoD's Military Health System has launched a behavioral health Web site that allows service members to anonymously seek mental health treatments for illnesses such as combat stress and PTSD. Check out www.afterdeployment.org.



Resources Regarding Transition and Retraining for Employment

Transition Assistance Program (TAP)

TurboTAP.org

The TAP Web site at <http://www.transitionassistanceprogram.com> provides a wealth of information regarding the TAP program and many other aspects involved in the transition of military personnel and family members leaving active duty. For more information, visit the Web site and select the link for the TAP Counselor.

TAP Office Locator

To locate your closest TAP office, go to www.militaryinstallations.dod.mil, select "Transition Assistance Program" under "Program or Service," and enter your information.

Small Business Administration (SBA)

The SBA Office of Veterans Business Development provides veterans with resources for starting their own businesses. To learn more, visit <http://www.sba.gov/aboutsba/sbaprograms/ovbd/index.html> or e-mail answerdesk@sba.gov.

Education Benefits

VA GI Bill Site

VA's GI Bill Web site, located at <http://www.gibill.va.gov>, discusses all of the aspects of the GI Bill including its benefits, eligibility, and application procedures. You can also call 1-888-442-4551 for more information about VA and the GI Bill.

Department of Education Student Aid Programs

The Department of Education's source for free information, guidance, and tools for federal student assistance can be found on the Web at <http://www.federalstudentaid.ed.gov> or you can call 1-800-433-3243.

Department of Veterans Affairs Vocational Rehabilitation and Employment (VR&E) Program

The VR&E Web site at <http://www.vba.va.gov/bln/vre/index.htm>, along with the VetSuccess Web site, <http://vetsuccess.gov>, can provide you with all of the information and services that the VR&E program can offer. You can also call 1-800-827-1000 for more information about the program.

Free Application for Federal Student Aid (FAFSA)

Visit FAFSA Web site <http://www.fafsa.ed.gov> to fill out your FAFSA and become eligible for Federal Student Aid. For more information on the FAFSA, you can call 1-800-433-3243.

FAFSA PIN Register

In order to electronically sign your FAFSA, you must register for your FAFSA Pin at <http://www.pin.ed.gov>.

Veterans Upward Bound Program (VUB)

The VUB program is designed to help you refresh your academic skills so that you can successfully complete the postsecondary school of your choosing. To learn about VUB and to locate a VUB office near you, go to <http://navub.org/programinformation/index.php>.

Federal Student Aid Forecaster

The FAFSA4-caster, on the Web at <http://www.federalstudentaid.ed.gov/fafsa4caster.html>, can provide you and your family with an early estimate of the financial aid you will be able to receive.

Troops to Teachers (TTT)

TTT provides referral assistance and placement services to military personnel interested in beginning a second career in public education as a teacher. To learn more and determine your eligibility for TTT, go to <http://www.proudtoserveagain.com>, e-mail ttt@navy.mil, or call 1-800-231-6242.

Reemployment Assistance

Department of Veterans Affairs Vocational Rehabilitation and Employment (VR&E) Program

The VR&E Web site at <http://www.vba.va.gov/bln/vre/index.htm>, along with the VetSuccess Web site, <http://vetsuccess.gov>, can provide you with all of the information and services that the VR&E program can offer. You can also call 1-800-827-1000 for more information about the program.

U.S. Department of Labor eLaws REALifelines Advisor

The eLaws REALifelines Advisor provides a step-by-step walkthrough of the resources and information available through the REALifelines

program. To use the Advisor, visit <http://www.dol.gov/elaws/vets/realifelines/menu.htm>, or call 1-866-487-2365 for more information about REALifelines.

Job Accommodation Network (JAN)

JAN is a free consulting service designed to increase the employability of people with disabilities. Visit www.jan.wvu.edu or call 1-800-526-7234 to learn more about JAN's services for veterans.

America's Job Bank & DoD Job Search

This service allows you to search for your state's job bank information. To use the search tool, go to <http://dod.jobsearch.org>, or for more information, e-mail info@careeronestop.org or call 1-877-348-0502.

Department of Labor Disability Resources

The Department of Labor provides a Web site, <http://www.dol.gov/dol/topic/disability/ada.htm>, that provides resources for people with disabilities and offers explanations of important regulations such as the Americans with Disabilities Act (ADA). You can also call for more information at 1-866-487-2365.

ADA & IT Technical Assistance Centers

There are 10 regional ADA Centers across the country that provide information and services to people with disabilities. To locate an ADA Center in your region, visit www.adata.org or call 1-800-949-4232.

Computer/Electronic Accommodations Program (CAP)

The CAP program provides assistive technology and services to injured service members.

To learn about services available to you, go to www.tricare.mil/cap, e-mail cap@tma.osd.mil, or call 703-681-8813.

Office of Personnel Management (OPM), Federal Employment of People with Disabilities

This portion of the OPM Web site, www.opm.gov/disability, contains information about federal disability hiring programs and about gaining access to accommodation in the federal workplace. You can also call 202-606-1800 to learn more about the OPM.

Veterans' Preference Information

This portion of the OPM Web site, www.opm.gov/veterans/html/vetsinfo.asp, details the Federal Veterans' Preference program and opportunities in the federal government for veterans. To learn more, call 202-606-1800.

Other Employment Resources

These Web sites provide assistance, resources, and information for all points along your service member/veteran's career pathway:

Career One Stop - www.careeronestop.org

EarnWorks – www.earnworks.com – connects employers with job seekers

Hire Vets First - www.hirevetsfirst.gov

Jobs for Vets - www.jobsforvetsalpha.org

Job Central - www.jobcentral.com

Recruit Military - www.RecruitMilitary.com

Monster.com - www.monster.com

USA Jobs - www.usajobs.gov

Simply Hired - www.simplyhired.com

Indeed.com - www.indeed.com

Hot Jobs - www.hotjobs.com

Military Stars - www.militarystars.com

Job A Lot - www.jobalot.com

RetirementJobs.com – www.retirementjobs.com

State Benefits Programs

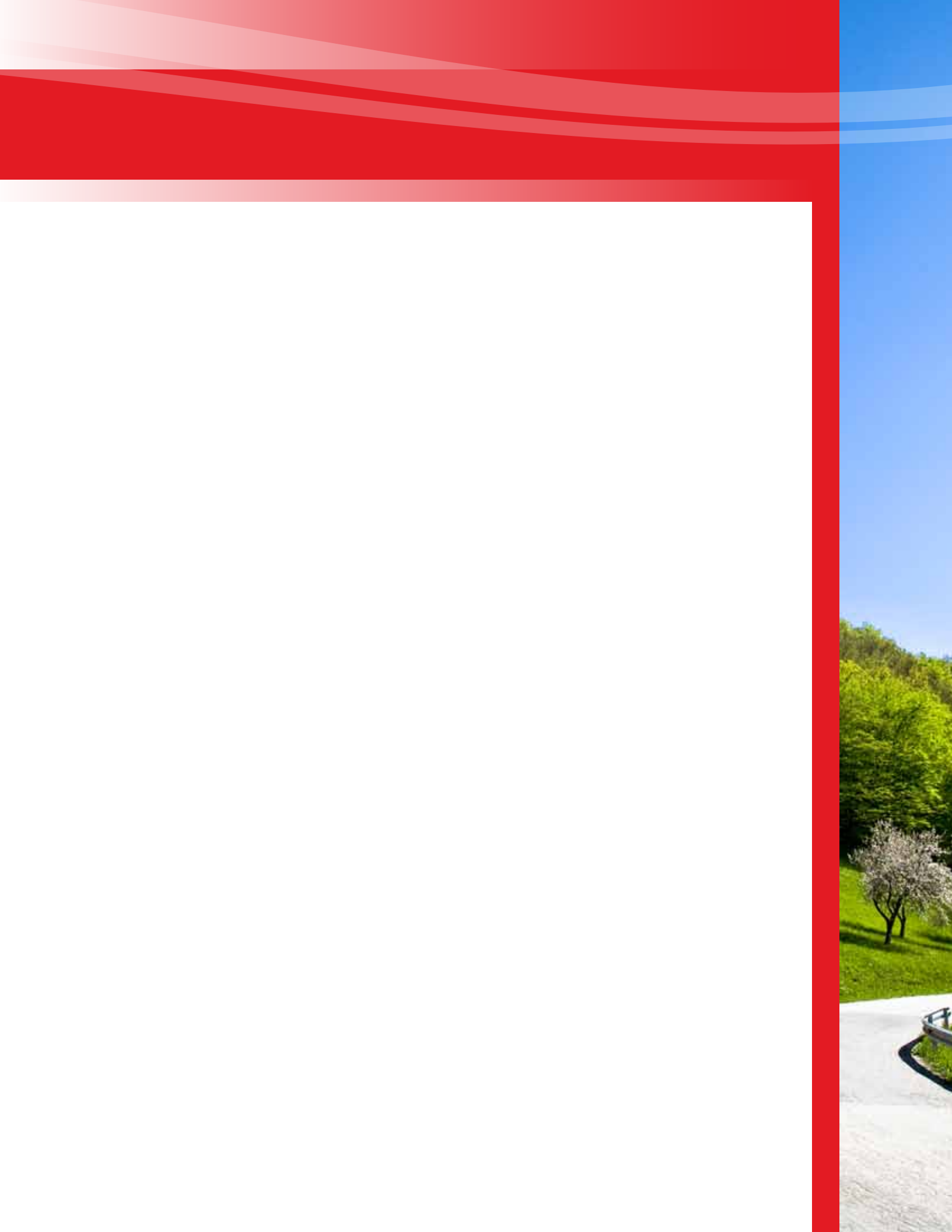
VA Facility Locator

Use this service on the VA Web site at <http://www1.va.gov/directory/guide/home.asp?isFlash=1> in order to locate the VA facility closest to you.

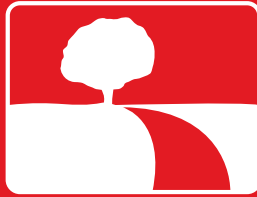
Notes

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This guide was produced in collaboration with
The Defense Health Board
The Defense and Veterans Brain Injury Center
and
The Department of Veterans Affairs

