I Have A What?! A Guide for Coping with Moderate-to-Severe TBI

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If you are reading this manual, you have had what doctors would call a **moderate-to-severe traumatic brain injury (TBI)**.

This manual provides some information about this kind of injury. It tells you about what you can expect as you recover. This manual tells you about some of the problems (or symptoms) that people sometimes have after this kind of injury. These symptoms are **common** after a moderate-to-severe traumatic brain injury. They are considered part of the **normal** recovery pattern. You may experience **none** of these symptoms, **some** of these symptoms, or **all** of these symptoms after your injury. For most people, these symptoms may get better in the initial months and years after the injury. However, some symptoms may be long-lasting. Knowing what to expect after a moderate-to-severe traumatic brain injury can be helpful. This manual gives you lots of tools to help you deal with some problems you might have. Information about where to go for help is also included.

Jason Ferguson, a TBI survivor, was asked to assist in the development of this manual. We hope his experiences, suggestions, and words of encouragement will be a powerful educational tool. We anticipate that this information will be helpful and useful throughout your recovery.
O.K., tell me again, I have a what?!
I was just running down to the pool, I thought...
That was six weeks ago,
When can I leave this place? What do you mean, “I don’t know?”

Wait! Can you tell me who you are once more?
Wow, just saying the words is a real chore,
Why can’t you understand me? I am talking to you,
How did this happen? Can you tell me that too?
Wow! That happened to me?
And what is a GCS of three?

Will I ever recover from this?
Can you tell me about the days I missed?
I can’t remember what you told me five minutes ago,
I am scared. Does it show?
It seems like I just lost everything in my life but I haven’t,
   I am still alive!
I will not give up! And to think this was all from a dive,

A traumatic brain injury, At least it is not as bad as it could be,
But it is still severe.
There is so much I have to learn,
To get better is what I yearn.
I had a severe TBI but that is O.K.,
Because I am to try to get better day-by-day-by-day.
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A head injury happens when a person’s head is hit by something. Many things can cause a head injury. For example, a car accident, a fight, a fall, or other events can cause a head injury.

- **Most of the time, a head injury does not cause lasting problems.** This is because the brain is well protected. The brain is surrounded by fluid. This fluid protects and nourishes the brain. There are also several coverings around the brain. These coverings include the hair, the scalp, and the skull. Layers of tissue, called meninges, cover the brain. These protective layers will often keep the brain from getting hurt. Often, a bruise, swelling of the scalp or a cut to the scalp may be the only injury.

- **Sometimes the force of the hit to the head is greater.** The skull is like a “helmet” that protects the brain. The skull can fracture or break. When the skull breaks, it lessens the force of the hit. This may help keep the brain from getting hurt. However, the brain may be injured whether the skull breaks or not.

- **Sometimes the head injury can affect the way the brain works.** Doctors call this kind of injury a “traumatic brain injury.”
II. What is a traumatic brain injury (TBI)?

A traumatic brain injury (TBI) occurs when a head injury causes problems with the way the brain normally works. These problems can be small or large. They can also be short-term or more long-lasting. The brain can get hurt even if the skull is not broken. The term traumatic brain injury is used today, since this better describes what has happened.

After a TBI, some people are “knocked out” or lose consciousness. This can be for a short time (seconds to minutes) or for a much longer time (days, weeks, or months). Some people who have a TBI do not lose consciousness at all. However, people who have a severe TBI may be in a coma or lose consciousness for a longer period of time. Once a person comes out of a coma, they may feel confused, or “out of it” for a period of time.

III. How does injury to the brain happen?

Injury to the brain can happen in many different ways. There are two main types of traumatic brain injury (TBI): Closed TBI or Open TBI.

◊ **Closed TBI** happens when the brain is hurt without anything (like a knife, a bullet, or other object) going through the skull. There are many ways that the brain can be injured in a closed TBI.

♦ **Bruising:** When the head is hit, the brain can shake around inside the skull. Think of the brain being like jello in a bowl. If you shake the bowl quickly and then stop it, the jello bounces around against the inside of the bowl. Just like the jello, the brain can bounce and hit against the inside of the skull. When this happens, the brain can get a bruise.

♦ **Tearing or stretching of nerve cells:** When the brain is shaken inside the
skull, other injuries can happen. The brain is made of thousands of nerve cells. Each nerve cell has long and thin fibers. These fibers are very small and cannot be seen by the human eye. Some of these nerve fibers can be stretched or broken when the brain is shaken. If many of these fibers are damaged, the injury can sometimes be seen with special tests, like a CT scan or MRI scan. A CT scan or MRI scan gives the doctor a picture of the brain.

- **Bleeding:** The brain has many blood vessels in it. These are called arteries and veins. If the head is hit hard, the blood vessels can tear and bleed. Bleeding will show up on tests, like a CT scan or MRI scan. If there is only a little bleeding, it will usually stop on its own. The blood vessels will heal, just like any cut on your body heals. If the bleeding is really bad, the doctors recommend treatment, like surgery, to remove the blood.

- **Swelling:** Sometimes extra fluid will build up near the hurt part of the brain. This causes swelling. Think of what happens when you hit your arm on something. You may see bruising and swelling in the injured area. This is because the body sends extra fluid to the hurt body part. This is to protect it and help with healing. This same thing can happen to the hurt part of the brain.

- **Open TBI** happens when something goes through the skull and hurts the brain. Things like a gunshot wound to the head, a stab wound, or a severe skull fracture can cause an open TBI.

- In an open TBI, most of the damage happens to the part of the brain that was cut or bruised by the object going into the skull.

- Bruising, bleeding, or swelling can hurt other parts of the brain too.
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IV. Why is my brain important?

“If I only had a brain,” sang the scarecrow in The Wizard of Oz. Your brain controls many of your abilities and emotions. The brain controls abilities such as walking, seeing, remembering, and talking. Emotions such as being happy, sad, or upset are also controlled by the brain. The brain has many parts that make up many systems. Different systems control different abilities and emotions. For example, some systems may be important for joy, while others control breathing. Your brain allows you to do many things that are often taken for granted in our lives.

If I only had a brain...

Oh, I would tell you why
The ocean's near the shore
I could think of things I never thunk before
And then I'd sit and think some more

I would not be just a nuffin'
My head all full of stuffin'
My heart all full of pain
I would dance and be merry
Life would be a ding-a-derry
If I only had a brain

Excerpt from The Wizard of Oz song1 “If I only had a brain...”

V. How serious was my injury?

Every brain injury is different. How bad the injury is can be related to many different things. These things include how much force was involved, how hard the head was struck, how heavy the object was that struck the head, and how fast the head or object was moving at the time of injury.

The medical team tries to find out how bad the injury has been. Knowing how bad the injury is helps with planning treatment. After an injury, the medical team looks at several things:

◊ One thing that the medical team looks at is called **loss of consciousness**. Sometimes after a brain injury, you might get “knocked out” or lose consciousness. The longer that you are “out,” the worse your injury.

◊ Although a person with a mild TBI may be “knocked out,” it is usually brief. Most healthcare professionals would agree that for a TBI to be considered “mild,” loss of consciousness must be 30 minutes or less. However, some people who have a mild TBI do not lose consciousness at all.

◊ When an injury is moderate-to-severe, a person may have loss of consciousness for greater than 30 minutes to as long as days, weeks, or months. Typically, the longer the loss of consciousness, the more severe the injury. When an injury is moderate-to-severe, a person may be in coma. A coma is similar to being “knocked out” but lasts longer. Persons in a coma may not be aware of their surroundings. They may not be able to respond to pain, voices, or light. When a person wakes up from a coma, they usually cannot recognize or speak to others right away. Remember that the experience of those with a moderate-to-severe injury is different from that experienced by a person with a mild injury.
An injury can also be judged by looking at what is called *post-traumatic amnesia*. People may be temporarily confused after a TBI or after waking up from a coma. They may not know where they are for minutes, hours, or even days. During this time, people may be unable to make new memories. They may not remember this period of time later. This may be why you do not remember the events right after your injury. This period of time is called “post-traumatic amnesia.” In general, the longer the person is confused and not remembering information, the worse the injury. Generally, post-traumatic amnesia is considered to mean a moderate-to-severe injury if it lasts greater than 24 hours. In addition, there is another type of amnesia that may occur due to a TBI. It causes people to be unable to remember the events right before their injury. This is called *retrograde amnesia*.

The Glasgow Coma Scale (Teasdale & Jennett, 1974) or “GCS” is a tool that measures how bad an injury has been. It is often used in hospitals. It is a way to measure how a person responds to their environment. The GCS looks at three things: eye opening (do you open your eyes when you want to?), motor responses (do you move when asked?), and verbal responses (can you tell the doctors where you are?). The GCS score can range from 3 to 15. Lower GCS score means more severe injuries. People with scores between 9 and 12 are considered to have a “moderate” TBI. People with scores between 3 and 8 are considered to have a “severe” TBI.

If you are taken to the hospital by ambulance, the medical team usually completes this scale right after your injury. Also, it is completed when you go to the emergency room. If you are in the hospital after your injury, the GCS will usually be conducted several times to measure how you are doing.
Based on information obtained from these measures and from results of medical testing, like a CT scan or MRI of the head, the injury is classified as one of the following:

- Uncomplicated Mild
- Complicated Mild
- Moderate
- Severe

**Mild TBI**

A person with a mild TBI will have a loss of consciousness for 30 minutes or less. However, some people with mild TBI do not lose consciousness at all. GCS scores at the time of injury range from 13 to 15. This means that the person can talk, can follow commands, and can open their eyes when asked. Another name for a mild traumatic brain injury is a “concussion.”

Sometimes, the GCS score can be lower at first. This low score may be due to things other than the brain injury. If medication, alcohol, or drugs are used before or after the injury, the GCS score can be lowered. However, if the person quickly begins scoring in the “mild” range after the effects of the medications or alcohol have worn off, the injury would be considered “mild.” Post-traumatic amnesia (PTA) that lasts less than 24 hours is considered to mean a mild injury. While in PTA, a person may experience a period of confusion and/or memory loss.

**UNCOMPPLICATED MILD TBI:**

An injury is called “uncomplicated” if the person has a mild TBI and there are NO problems seen on CT scan or MRI of the brain.

**COMPLICATED MILD TBI:**

An injury is called “complicated” if the person has a mild TBI and there are problems seen on a CT scan or MRI of the brain. Problems such as bruising of
the brain or a collection of blood in the brain may be seen with a CT scan or MRI. When this occurs, the injury is called a “complicated” mild TBI.

Moderate-to-Severe TBI

GCS scores at the time of injury are lower than in mild TBI. Someone with this level of injury may or may not be able to open their eyes, move on their own, talk, or respond to things or people around them. People with this severe of an injury may have had loss of consciousness anywhere from 30 minutes to as long as several days or weeks. They may have post-traumatic amnesia or not remember new information for many days or weeks after they had their TBI. Also, they may not remember days or even weeks that occurred before they had their TBI, which is called retrograde amnesia. These patients will usually take longer to recover from their TBI than patients with a mild TBI. In some cases, some symptoms may be long-lasting. Treatment at a rehabilitation hospital is usually recommended and can help recovery.
If you are reading this manual, you have had what doctors would call a **moderate-to-severe traumatic brain injury**. A CT scan and MRI are tools that doctors use to see how bad your injury was. A CT scan or MRI of your head showed some problems, such as bleeding, bruising, or nerve damage.

If you have had a moderate-to-severe TBI, you may not remember the events right before or after the accident. You may have **physical** problems. These can be things like headaches, movement problems, fatigue, vomiting, dizziness, ringing in the ears, blurred vision, and loss of taste or smell. You may have problems with your **thinking** abilities. These can be things like trouble paying attention, concentrating, communicating, and remembering things. You may also see changes in your **emotions or behaviors**. You might find that you are sadder, more worried, or get angry more quickly.
After a brain injury, life does change. When I had my accident I was reported dead on TV, spent three weeks in a coma, was told I would never walk or talk again and that I would always be under twenty-four hour supervision. Well, thank God they were wrong.

I had to relearn how to walk, talk, read and even swallow water. Sometimes I still have trouble with all of them. It was like going from an infant state of mind to an adult all over again. I am still here, I am walking and talking and I have started over in life. The recovery process is not fun and there will be pain involved, but you have to work through the pain to get over the pain. Never give up and never let anyone keep you from giving your all.

Headaches have become something I have come to know all too well. Some are dull and others are grinding. Sometimes headaches can ruin a person’s whole day. There are medications that can help but sometimes it may be because you are dehydrated or something else. Your doctor is the best person to ask about this.

My thought process was slowed down and I used to refer to myself as being “simple-minded.” Everything was making sense in my head but I just couldn’t get the words to come out right or my body to move how I wanted it to move. It takes time and a lot of work to better your recovery but you have to keep on keeping on.

Sometimes I think back about some of the ways I felt and acted. It was a totally different me. My world was turned upside down, flipped around and set into a constant spin. I could not tell the difference between what was real and what was not real. I was scared, confused about whether I was going to get better, angry that I hurt my friends and family, hurt both physically and mentally, and happy to be alive all at the same time. I was not being lazy and it was not that I did not want to get better; I was scared and out of sorts. If people look at it this way instead of thinking that the survivor is just being stubborn, things would be a lot different.
The way I see recovery is that the doctors, therapists or your loved ones can all show and tell you how to do things, but only you and God can make it happen. This really has been an eye-opening experience for me. I try to return a scraping of my blessing by trying to help others not go through what I did. Have a great day and never give up on trying!
VI. What problems may I have after a moderate-to-severe TBI? What can I do?

◊ Many people have problems in the weeks and months after a moderate-to-severe TBI. Some of these problems or “symptoms” can be: forgetting things, poor coordination, having headaches, getting easily upset, having outbursts, or feeling tired.

◊ After having a moderate-to-severe TBI, some people have only one symptom; some people might have a few or many symptoms. Everyone is different.

◊ Sometimes people may not notice symptoms right away or believe that they have symptoms. They can take days, weeks, months, or even years to become noticeable. Sometimes people do not notice these problems until they try to go back to work, school, or their normal housework. Again, everyone is different.

◊ It is important to know that these symptoms are NORMAL after a moderate-to-severe TBI. These symptoms are part of the normal recovery process.

◊ These symptoms tend to get better over time. However, some symptoms may be long-lasting. Some people may need rehabilitation to help achieve independence and improve these symptoms and their quality of life after injury.

This manual describes some of the most common symptoms that people have after a moderate-to-severe TBI. It also describes what you can do to help these symptoms. These symptoms can be divided into three types:

◊ Physical problems (those that have to do with your body)
◊ Thinking/cognitive problems
◊ Emotional/behavioral problems
Some of the problems that occur after brain injury are very common but do not necessarily affect all. One of the most common is a headache. For me, I had some at first (of course) and then I did not have them for a long time. I thought to myself “Ha! I got past that one,” but I still have them. Sometimes they are mild and at other times they are terrible.

Fatigue is something that usually gets all of us. This is very common because your body is trying to heal. It takes a lot of time and rest for this to happen. Just because you are tired and sleep a lot does not mean that you are being lazy or that something is wrong. When I first was released from the hospital, I would take two or three long naps a day. My sleep was all off. I could not just hop back on a schedule and stay up all day. Listen to your body, it knows when to shut down.

Lack of awareness is also a common problem. Or may I say not being aware that certain problems or personal actions exist. A lot of people confuse lack of awareness with denial, but it isn’t the same. Denial would be having a drug problem, doing drugs and believing that you don’t have a problem. In some cases, it might be saying a word or phrase all of the time and not realizing it. For instance, I had the worst habit of saying “ya know?” I did not realize this until my wife brought it to my attention. One day she told me “No, I don’t know.” I had her point out to me each time I said, “ya know.” I started to get on my own nerves. I don’t do it hardly as much anymore “ya know.”

Another common problem is poor attention and concentration. Simple tasks such as reading a short story can be a difficult task. At first, I could not get past the first sentence of a paragraph because I would get distracted by something else in the room. If there was a TV on in another room or if the cat walked by, I would lose concentration and be off on another rabbit trail. It is still hard for me to try and hold a conversation sometimes with other things going on around me. It is better now, but still there. We all get distracted but after a TBI it may become harder to focus on just one thing when there are numerous other things going on around you. These are just a couple of common issues that happen sometimes. Not everyone will experience the same problems or to the same severity. But, hang in there because they do get better.
**Headaches**

You may notice headaches after your injury. These are called *post-concussive* or *post-traumatic headaches*. The pain you feel may be constant, or may come and go over time. Pain can vary from mild to severe. Headaches are a common problem after a moderate-to-severe TBI. They often go away after a few weeks. Sometimes, though, headaches can be a more long-lasting problem.

Two types of headaches can happen after a brain injury: *tension headaches* and *vascular headaches*.

- **Tension headaches**: These headaches are the most common. They happen when you are under stress. They may also happen when the muscles in your neck, shoulders, or jaw are tight. When this happens, pain can move to your head. Tension headaches feel like a dull, steady pain. These types of headaches can last for a long time, but they do not have to be a long-lasting problem. Relaxing helps to get rid of tension headaches.

- **Vascular headaches**: These kinds of headaches are sometimes called *migraine headaches*. They happen because of problems with the blood vessels around your brain. These kinds of headaches often include throbbing pain. This pain can be on one side or both sides of your head. You may also have other problems, like feeling sick to your stomach. Many people find that bright lights and loud noises make a vascular headache feel worse. Migraine or vascular headaches may last only a short time or may last for many hours.
What can I do?

- **Discuss your headaches with your doctor.** This may help if there is a cause for the headaches that can be treated with medication. If you are taking medications, be sure to take them as prescribed.

- **Look for triggers** or situations in your everyday life that may lead to headaches. Sometimes stress can cause headaches. Sometimes headaches may be caused by dehydration because you may need to drink more water.

- **Try some form of relaxation exercise.** This can include things like: taking several slow, regular, deep breaths; tensing and relaxing your muscles; or imagining yourself in a special place that you find relaxing (for example, a beach). Some ways to help you relax are included in the back of this manual in Part A on page 63.

- **Massage your head and neck.** It may help to massage where it is sore or put a warm towel or pad on your head and neck.

- **Pace yourself** – Do not try to do too much at one time. You may need to take regular rest breaks.

- **Limit or avoid loud places.** Loud noises can cause headaches, fatigue, and irritability. If you notice changes in your mood or begin to have headaches, make a note of your feelings and decide if you should continue going to loud places. If you do plan to go to noisy events, you may want to limit the amount of time you spend there.

**Fatigue/Feeling Tired**

The most noticeable problem that you may have after your injury is fatigue. Everyone feels tired or fatigued sometimes. After a moderate-to-severe TBI, it is normal to feel
more tired than usual. When you are tired, you cannot do things as well. You are more likely to be stressed, and may notice more problems such as headaches, dizziness, poor concentration, and irritability.

Problems with fatigue will likely get better over time. You will need more sleep than you did before so that your body and brain can heal. When you do not get the extra sleep you need, your body and mind may feel very tired. You may not have the same amount of energy as you did before your injury.

**What can I do?**

- **Get enough rest** at night.

- **Give yourself extra time** to rest between jobs or activities.

- **Schedule fewer and shorter activities at first. Then slowly increase activity** levels as you gain strength and energy.

- **Schedule regular rest breaks** or daytime naps if you need them.

- **Slow down and pace yourself:** If your symptoms are getting worse, you may be pushing yourself too hard.

- **Talk with your physician** to see whether treatment is needed if you are having trouble with sleeping at night.

**Movement problems**

Parts of the brain control body movement, balance, and coordination. Sometimes after a TBI, people may notice changes in the way they are able to move and get around. Some people may notice that they don’t move as quick as they did before the injury. Some people may seem more
clumsy or uncoordinated because they may lose balance easily or bump into things. Some may have weakness on one side of their body and may have difficulty with picking things up.

These problems may be long-lasting or permanent. If you have movement problems, rehabilitation services such as physical therapy or occupational therapy may help. Discuss concerns about movement with your doctor.

**What can I do?**

- **Allow extra time for yourself.** Accept that it may take longer to walk or move around than before.

- **Ask your doctor about rehabilitation services that may help.** Your doctor can make a referral for a physical therapist, who can help with improving your balance, movement, and coordination.

- **Ask your doctor about any equipment** that can help you get around, such as a walker or cane.

- **Ask your doctor or a physical therapist** to show you stretching or strengthening techniques to increase flexibility, strength, and movement.

**Dizziness**

Some people may feel dizzy after a TBI. An injury to the head can change how the inner ear works. Problems with the inner ear or its connections to the brain can cause dizziness. You may also notice a loss of balance, nausea, ringing in the ears, or headaches.

Problems with dizziness are common after a moderate-to-severe TBI. In most patients,
these problems usually improve in the first few months after injury. If you are having problems with dizziness, it is best to discuss this with your doctor.

**What can I do?**

- **Talk to your doctor** if these symptoms are unbearable or last for longer than a few months. You may need to be referred to an ear, nose, and throat doctor for testing.

- **Specialized physical therapy** for these problems may be helpful.

**Blurred or double vision**

Sometimes people have changes in their vision after a brain injury. Sometimes your vision may be blurred or you may see double. You may notice that your eyes get tired more easily. You need to rest them more. These problems usually go away within 6 months or may last longer. If they last longer, you may need to be treated by a doctor.

**What can I do?**

- **Talk with your doctor**. Sometimes you may need to be referred to a doctor who specializes in visual problems after brain injury. Sometimes the changes in your vision will require changing the prescription for glasses. Often, you will be told to wait for a few months. This is because visual problems tend to improve over the first 6 months after injury.

- **Pacing yourself and taking rest breaks** may help reduce this problem. Many people find that the blurriness increases with fatigue.

**Trouble tasting and smelling**

You may notice that foods you used to love taste different. Also you may notice that you are adding a lot of salt or other spices to your meals. Sometimes a TBI can affect your
sense of smell. You may notice that you can’t smell food burning on the stove or a gas leak. Sometimes the loss of smell and taste can cause a reduced appetite and weight loss. You may need to ask a family member or friend to help you keep track of your eating habits.

**What can I do?**

- **Add spices to your food.** Herbs and spices can be added to food to give more flavors.

- **Add smoke and carbon monoxide detectors.** Carbon monoxide is a colorless, odorless, and tasteless gas. It can be formed by open flames, space heaters, and blocked chimneys. Detectors will help keep your home safe by alarming if there is too much smoke or carbon monoxide in your home. You may be at increased safety risk if you are unable to smell smoke or natural gas.

- **Avoid food that may be spoiled.** Ask others to smell the food for you. If you live alone, monitor how long you have had certain foods for your safety. It might help to label your food with the date you prepared the food.

**Sensitivity to noise and/or light**

You may notice that bright lights or loud noises bother you. This may happen more if you are also having headaches. Being more bothered by light and noise is normal after a brain injury. Paying too much attention to this can make things worse. Planning ahead can help you reduce how much light and noise you are around. Thinking less about these symptoms will also seem to make them go away quicker. This will also make the symptoms interfere less with your day-to-day activities. Sensitivity to noise and light should improve during the first six months after your injury.
What can I do?

- **Limit yourself to smaller gatherings and events** at first. As you feel better, slowly build up to attending large social events (like loud parties, carnivals, sports events, etc.).

- **Limit the time you spend at events.** If you have to attend an event with lots of noise and light, you may want to limit your time at the event. Try to find a quiet area or room to go to at the event.

- **Shift your attention to other things.** Focus on a hobby or a conversation to take your mind off the problem. You may find that the problems may get better or go away.
Thinking/Cognitive Problems

After a moderate-to-severe TBI, many people complain that they cannot think as well as they did before. There are several different types of problems that you may notice with your thinking. The different kinds of thinking problems are listed below. There are also several ideas you can try to deal with these problems.

**Poor attention/concentration**

Problems with concentration are common after a moderate-to-severe TBI. *Concentration* is your ability to pay attention to things so that you can remember them later. After a moderate-to-severe TBI, you may find that you have a hard time paying attention to things. You may be distracted easily. If you are getting distracted, it may take you more time to do things. If you do not pay careful attention to something, you may have more problems remembering the information later.

Concentration and attention problems are common after a moderate-to-severe TBI. Having these problems does not mean that you are “going crazy.” For most people, problems with attention get better over time. There are many things that you can do to help attention and concentration problems get better.

**What can I do?**

- *Be sure to get enough sleep at night. Take regular rest breaks during the day.* In addition to any changes in your attention or concentration related to your brain injury, fatigue or tiredness can make concentration even more difficult. When it becomes hard to concentrate, take a short break and relax. Between 15 – 30 minutes should be enough time for a break, but you can adjust these times to fit your needs.
✓ **Gradually increase your activities.** You may need to shorten your workday or daily routine temporarily. If you are a student, this may mean reducing the number of classes you are taking. If you try to force yourself to follow your regular schedule before you are ready, you can make the problem worse. As you feel better, gradually go back to your normal routine.

✓ **Try to reduce the distractions around you.** Turn the radio down or off while working on a task. Try to work where it is quiet. If you can, close the door of the room you are working in or move to a quieter area of your home or workplace.

✓ **Try to do only one thing at a time.** Trying to cook a meal on the stove while you are watching television, or reading while someone is talking to you are examples of doing two things at the same time. It may be hard for you to concentrate on more than one thing at a time. You may need to turn off the TV while working on a task, such as cooking a meal. When someone is talking to you, you may need to stop all other activities to be sure that you hear and can pay attention to the message. By focusing on only one thing at a time, you will make fewer errors and remember more information.

✓ **Keep things organized.** Keep your home and workplace free of clutter. You might be more easily distracted by things like magazines, other work tasks, etc. Try to keep your work area organized. This can help you pay better attention to the task at hand.

✓ **Ask people to slow down in conversation** if you are having trouble keeping up with the pace.

**Memory problems**

Many different things can cause memory problems after a moderate-to-severe TBI. Sometimes memory problems occur because a part of the brain that is important for storing new memories has been injured. This part of
the brain, called the temporal lobe, is an area that is often prone to injury in a TBI. Another part of the brain that may be injured is the hippocampus. This part of the brain is important for forming and retrieving new information. Memory problems will often improve over time, although some people continue to experience problems with memory that are long-lasting.

Sometimes, **memory problems can be due to or worsened by problems with attention and concentration**. If you cannot concentrate on something, it will not get stored in your memory. You will probably be able to concentrate and remember things better when you get enough rest. Concentration and memory are also better when you pace yourself in your day-to-day activities. If your problems with memory seem to be worsening, it may be a sign that you are pushing yourself too hard. **Pacing yourself, getting rest, and gradually increasing your activities may help reduce memory problems.**

There are many things that you can do to limit the impact of memory problems on your daily life.

**What can I do?**

**Use some of the following ITEMS to help you remember information:**

- **Calendars** – Keep a calendar in your home to remind yourself and others of appointments and important events (school play, family party, and birthdays).

- **“To Do” lists** – Keep a list of important things to do for each day. Post this list of important reminders in a location where you will see it often (for example, inside the front door, on the refrigerator, in your daily planner, or on the bathroom mirror).
✓ **Pillboxes** – Use special pillboxes from the drugstore that sort your medicines and vitamins by day or time of day. This will help you remember when to take them. It will also help you keep track of whether you have taken your medications or not. Be sure to take your medicine as prescribed.

✓ **Alarms** – Use alarms to remind you when you need to do something important. For example, you can set an alarm to remind you to take your medicine, pick up your children, or take something out of the oven. You can use an alarm clock, a wristwatch alarm, or kitchen timer.

✓ **Notebooks/day planners** – Use a notebook or daily planner to keep track of routines for home, work, or school. These notebooks come in all shapes and sizes. You can even use an electronic organizer or handheld computer. Whichever type of planner or notebook you use can be organized to fit your needs. Here’s a list of things that people can keep track of in their memory notebooks:

- Calendar for appointments and important dates
- “To Do” list
- Journal
- Telephone numbers, addresses, birthdays

**Try the following STRATEGIES to help you remember information:**

✓ **Stay focused** - When you are working on something important, do only one thing at a time. Try not to let people or other things interrupt you from something you are working on. If someone needs you, let that person know
that you need to finish what you are working on first.

✓ **Keep important things in the same place** - Keep important things in one place and always in the same place. For example, keep all the things you need when you leave the house on a table next to your door.

✓ **Get enough rest** - After a brain injury, you may need more sleep than you used to, especially early in your recovery. If you try to sleep the same amount (or less) than you did before, you may feel tired all day. Feeling tired can cause problems with your attention and memory. It can make memory problems that you have seem even worse.

✓ **Pace yourself / Keep your stress level down** - Do not jump back into things (like home chores, work, etc.) too quickly. It is important to take things slowly so that you give yourself time to heal. Jumping back into things too soon may make your memory and attention problems seem worse. This may make you feel stressed or unhappy.

**Organization and problem solving difficulty**

Problem solving is a part of everyday life. After a moderate-to-severe TBI, some people have trouble solving problems they come across everyday. You may have trouble getting organized or find that it is harder to make decisions. Sometimes problems with planning activities are also experienced. These difficulties with planning, organization, and problem solving are often related to injuries that affect the frontal lobes of the brain and connections between the frontal lobes and other areas of the brain. The frontal lobes (and their connections with other brain areas) are thought to be responsible for these higher-level thinking abilities. The frontal part of the brain is one of the areas most frequently injured in a TBI.

As was discussed already, problems with concentration and memory are also common
after a moderate-to-severe TBI. This can make solving problems and organizing your life even more difficult. Fatigue can also make it harder to focus on problems or demanding situations. After a moderate-to-severe TBI, you may find that it is hard to get started on a task. Or you may have trouble following through with things and “getting the job done.”

Having some difficulty with problem solving is a common symptom after a moderate-to-severe TBI. Like the other symptoms you have read about, this tends to get better over time. However, you may continue to have long-term difficulties with organization and problem-solving. Listed below are some ways to help your problem solving skills.

**What can I do?**

- **Think about things before you act.** Take your time to think through what you need to do before acting. Planning ahead can improve your overall ability to get things done.

- **Limit the number of problems** that you are trying to solve at one time. Figure out what problem is the most important. Tackle that one first. It may be helpful to list problems you have to deal with on paper to help you get organized. It may be helpful to talk to someone you trust to help you come up with the problems or tasks that you want to accomplish.

- **Set small goals** that are easy to reach. Avoid taking on too many tasks at once. Setting reasonable goals will leave you feeling less tired and more satisfied.

- **Break tasks into smaller pieces.** Use a “To Do” list to break down a task into parts. Check off each task as you finish it. This will help you keep organized and will reduce problems with forgetfulness. It may be helpful to have someone you trust, like a family member, friend, or therapist help you list the steps you’ll need to follow to finish your task.
Use a memory notebook. You can list problems to solve, steps to complete tasks, and “To Do” lists in a memory notebook to help you organize and remember tasks you want to accomplish.

Take breaks when tired. When you get tired, it will be harder to think through problems and come up with ways to solve them. After a moderate-to-severe TBI, you are likely to become tired more often. You will think more clearly if you are not tired.

Ask for feedback from someone you trust. A family member, friend, or therapist may all be good choices to help you if you are having difficulty with planning, organizing, or problem-solving.

Language and communication problems

Communication is important in our everyday interactions with others. After a moderate-to-severe TBI, some people may notice that they have difficulty finding the right words that they want to say. Sometimes it may be difficult to stay on a topic or finish one story before starting a new one. Thoughts may be out of order and understanding other people may be difficult. Even starting conversations with friends and family may be difficult for you. You may notice that you are avoiding situations where many people are talking to each other, such as parties. You may even notice that you are asking others to ask questions for you. These changes may cause anxiety, irritability, or even frustration. At times, it is hard for people to express what they think. After a moderate-to-severe TBI, language and communication problems may improve during the first 6 months to 2 years after injury. However, these problems may be long-lasting.

What can I do?

Speak slower. Take your time when you are talking. Allow yourself time to explain what you want. Do not get nervous or upset about finding the right
word.

✓ **Use gestures or signals** to help you express yourself (For example, hand motions and facial expressions.)

✓ **Ask for information to be repeated.** Don’t feel embarrassed if you have to ask others to repeat things. We all have to do this sometimes.

✓ **Ask for feedback from someone you trust.** Sometimes, a person with TBI will not be aware of the changes in their communication style. You may want to ask a family member, friend, or therapist to let you know how you are coming across in conversation.

✓ **Pay attention to nonverbal signs from others.** You may be able to learn a lot about how you are coming across if you watch the facial expressions or body language of the person with whom you are talking.

**Slowed thinking and responding**

After a moderate-to-severe brain injury, you may take longer to answer questions than you did before your injury. Some people may not notice but your friends and family often do. Sometimes family and friends may become frustrated because they may think that you do not want to answer them. However, if you get frustrated along with your family or friends, it may make the situation worse. Sometimes it may take longer to understand things than before. You may even notice that it takes you longer to react to things. It does not mean that you are not as smart as you were before. After a moderate-to-severe TBI, the brain may take longer to process the information. Although it may be frustrating, there are ways to help yourself and others around you handle this problem better.
What can I do?

✓ **Allow yourself extra time** to answer questions, read things, or learn new information. Have patience with yourself and others.

✓ **Keep emergency information with you.** It may be difficult to think quickly in an emergency situation. Keep detailed emergency procedures that will tell you what to do in emergency situations. You may keep them near the phone or on the refrigerator.

✓ **Ask others to slow down or repeat information.** If you have trouble understanding others, do not hesitate to ask others to slow down or repeat themselves.

**Visuo-spatial problems**

You may notice that you have trouble seeing on one side, usually the left side. Sometimes you may notice someone appear all of a sudden on your left side. You may have trouble telling your left from your right. After a moderate-to-severe brain injury, some people may have difficulty with processing where objects are or even their shapes. You may feel clumsier because now you bump into things often. You may have noticed that you have trouble finding your way around or following directions, especially in new places. Visuo-spatial problems may make driving difficult. Even calculating simple math problems may be difficult for you. After a moderate-to-severe brain injury, visuo-spatial problems may be common, especially if the part of the brain that controls your senses and perception was injured.

What can I do?

✓ **Arrange your home.** It may make it easier for you to get around by
rearranging your home. Make sure that there is nothing in the way to cause you to trip or bump into things.

✓ **Ask your doctor** about strategies that may help. Rehabilitation may be needed to help you learn ways to make up for visuo-spatial problems. Your doctor may be able to refer you to a neuropsychologist or occupational therapist to teach you different strategies.
After a moderate-to-severe brain injury, it is common to face a number of everyday problems. These may include changes in the way you think and feel. Having a moderate-to-severe brain injury can change the way you feel and react to the world. You may notice that you react to situations differently. It may seem harder to control your emotions. There are at least two ways in which your feelings and behaviors can change after injury. For some people, changes in feelings and behaviors can happen because of injury to the part of your brain that helps you to control behaviors and emotions. These types of changes are most noticeable early on after a moderate-to-severe TBI. They tend to get better slowly with time.

Other changes in feelings and behaviors can be due to how you react to the changes in your life following injury. The injury may have caused changes in your work and family roles. For example, you may have to take some time off work or you may be unable to return to your previous job. You may have to let friends and family help with things that you used to do alone. Changes like these may cause you to feel stressed, upset, and frustrated. Not everyone has these reactions, but these feelings are common following a moderate-to-severe TBI. Such feelings are common and are expected when you face any big changes or problems in your life. However, they may affect you more after a moderate-to-severe TBI.

The next few sections will help you to understand the changes in feelings and behaviors that can happen after an injury. Also included are ways to help you deal with these feelings.
Stress

Stress is the body’s normal reaction to difficult situations in our lives. These difficult situations can range from losing a job to not being able to pay your bills. Having an accident that results in a moderate-to-severe TBI is one type of stressor. Other changes that may happen after having an injury can also be stressful. Some examples of potentially stressful changes that may occur include being unable to return to your job, having your job role change, having to take on different roles within your family, changing your residence, needing to go to doctor’s appointments, and so forth.

When we are faced with problems or dangerous situations, our bodies try to help us deal with those problems. Physically, our bodies react by increasing our heart rate and blood pressure. Our blood vessels get smaller. When you are stressed, you may notice that your hands become sweaty or your skin feels cold. You may feel very anxious and worried. This is our body’s way of getting ready for quick action. Our bodies do this so that we are able to do something right away (fight) or escape from something bad (flight).

However, there are many situations from which we cannot escape. For example, when a loved one is sick or you are having problems at work, there may not be a way to change this situation right away. When stress continues for a long time, it can be a big problem. As long as you think there are problems in your life, your body remains stressed and aroused. This constant state of arousal can lead to problems with your health and happiness. It can also make it more difficult to recover from your injury.

There are several things you can do to help reduce stress. The first step, however, is being able to notice the signs of stress.
What can I do?

✓ **Relaxation** – When your body and mind are completely relaxed, it is hard to feel anxious and stressed at the same time. Progressive muscle relaxation is a technique in which you tense and then relax all the major muscle groups in your body. You can start with your feet and work up to your head (or the other way around). The idea is that your body cannot feel tense and relaxed at the same time. Practicing how to relax can help your body feel less stressed. This is a skill and takes practice to learn. If you’d like more information, relaxation exercises are included on page 63 of this manual.

✓ **Exercise** – Exercise can help your body run more efficiently. It can also boost your immune system. When your body is strong, it can fight off stress better. Talk to your doctor before beginning an exercise program.

✓ **Changing ways of thinking** – How we think about things can affect how we feel. Sometimes changing the way you think about things can help you feel better. For example, if you think negative thoughts during a bad situation, these thoughts may increase your stress. They may make you feel angry or sad. Ways to try and change negative thinking are included on page 69.
✓ **Imagery** – When you are stressed, it can sometimes help to put your mind on other things. This can help you to relax your mind and body. One way to do this is to use your imagination to visualize images that are calm and relaxing. These images may be real places or may be imaginary places that you create in your mind. The more real you can make your image, the more that thinking about it can help you relax. See method #4 found in Part A on page 67 of this manual for more information on using your imagination to reduce stress.

✓ **Stay healthy** – Make sure you get good sleep and have a balanced diet.

**Depression**

Sadness is a natural reaction to a difficult situation. All of us feel sad at some point in our lives. It is natural to feel sadness after a moderate-to-severe TBI, especially if the moderate-to-severe TBI caused major changes in your life, job, or family. Some people can also feel sad after a moderate-to-severe TBI because of direct injury to the brain. The injury to the brain may cause changes in the way a group of nerve cells in the brain work, which are related to moods. While your brain is healing, you may have a hard time controlling your emotions. You may feel sadder than you usually would in the same situation. You may feel like you cry more easily. You may also have a hard time getting started on things.

**Depression** is different from normal sadness, because you may find it harder to “snap out of it.” You may not enjoy the things that used to help you feel better. Depression can be described as a feeling of sadness that does not go away. It is important to know and recognize the signs of depression. Depression can get in the way of your recovery following a moderate-to-severe TBI. The good news is that if depression has become a problem for you after your injury, there are several treatments available that can help.
<table>
<thead>
<tr>
<th><strong>Signs of depression:</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Depressed or sad mood.</strong></td>
</tr>
<tr>
<td>You may feel like you are sad or down. Sometimes people feel irritated or cranky rather than sad. This feeling lasts most of the day, nearly every day, for several days or weeks in a row.</td>
</tr>
<tr>
<td><strong>Loss of interest in activities that used to make you happy.</strong></td>
</tr>
<tr>
<td>This might look like you do not care anymore. If you are depressed, you do not enjoy activities that used to make you happy. You may lose interest in your hobbies.</td>
</tr>
<tr>
<td><strong>Significant weight loss or gain without trying OR significant decrease or increase in appetite.</strong></td>
</tr>
<tr>
<td>Depression may cause you to want to eat more. Or, you might find that you are not very hungry at all.</td>
</tr>
<tr>
<td><strong>Sleeping difficulties.</strong></td>
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<tr>
<td>Some people who are depressed may have insomnia. This means that you may have a hard time going to sleep. You may wake up during the night and have a hard time falling back to sleep. Or, you might sleep too much and still feel sleepy all the time. You may also feel like you need to take frequent naps.</td>
</tr>
<tr>
<td><strong>Changes in activity level.</strong></td>
</tr>
<tr>
<td>If you are depressed, you might be slowed down in your movements and speech. Or you may be restless or agitated. You might be doing things like pacing, having difficulty sitting still, or pulling at your clothes or hands.</td>
</tr>
<tr>
<td><strong>Fatigue or loss of energy.</strong></td>
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<tr>
<td>Feelings of tiredness and fatigue are quite common. Even small tasks, such as getting dressed, may seem to take more energy than they used to.</td>
</tr>
</tbody>
</table>
If you are experiencing several of the signs of depression listed above, talk with your doctor or a therapist. They can help you get treatment. Here are several ways that you can help reduce symptoms of depression:

**What can I do?:**

- **Increase your activities** – If you are depressed, you may feel like you do not want to do anything. However, it is very important that you take part in activities that make you feel better. When you do something that is fun or if you accomplish something, you will usually feel better. If something that you do helps you feel a little bit better, then do it again. Doing nothing is likely to make you feel worse.

- **Try not to spend time alone** – Make an effort to be with other people. You may not feel like being around others, but you will likely feel better with the support of friends or family. When you spend time alone, you are likely to feel worse.

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**Feelings of worthlessness or guilt.**

When depressed, you might feel like you have no value. You might feel guilty and focus on minor mistakes from your past. Depressed people sometimes blame themselves for things that are beyond their control.

**Difficulty in thinking or concentrating.**

This might look and feel like you are having trouble paying attention or that you are having memory problems. These are not actually “memory problems.” It’s just that your mind is not focusing on things as well as it should.

**Frequent thoughts of death.**

If depression gets really bad, you may find yourself thinking a lot about your own death. You might be thinking that the world would be better off if you were dead. You might even start thinking of hurting yourself or killing yourself. This can be a big problem if you cannot get rid of these thoughts or start to think about acting on them.
✓ **Increase exercise** – Exercise can help your mood. It can also increase your energy level and help you feel less tired.

✓ **Change your ways of thinking** – Our thoughts are strongly related to our feelings. The things that we say to ourselves can make us feel sad or down. Or they can make us feel better about ourselves. Learning to change our thinking can help to improve a depressed mood. Go to page 69 of this manual for some ideas about how to change your thinking.

✓ **Psychotherapy or counseling** – Psychotherapy involves talking with a trained professional about things. You may talk with a therapist about symptoms, problems, and understanding yourself better. It may help you understand what you are going through. Therapists can help you plan ways to become more active. They may also help you learn to change the way you think about things. Changing the way you see things can often make you feel better.

✓ **Medications** – You should talk to your doctor if your depression gets worse. You should talk to your doctor if depression causes problems with your family or your work. There are many medications that may help you feel more like yourself.

**Anxiety**

Anxiety is a feeling of being afraid or nervous. We become afraid or nervous when we are in a threatening or dangerous situation. If you have ever been nervous or worried before an important test or a job interview, you have a good idea of what anxiety feels like.

Feeling some anxiety in difficult situations is normal. Anxiety can even help us to prepare for action. When anxiety helps us to stay alert and safe, it is good. But sometimes, anxiety can be intense and not go away easily. This type of anxiety may cause problems with work, family, and
friendships.

There are several reasons why you might have anxiety after your injury. You may worry about your symptoms. You may worry about problems you are having at work or school. Anxiety will be less of a problem if you understand that your symptoms are a common part of the recovery process.

<table>
<thead>
<tr>
<th>Signs of anxiety:</th>
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</thead>
<tbody>
<tr>
<td>◇ <em>Thoughts that you are in danger or that something is wrong.</em> When you are feeling anxious, you may think in ways that aren’t accurate. For example, you may believe that you are in more danger than you really are. You may feel like you can’t handle situations and need to run away from them. You may also feel that there is no one to help you when you need it.</td>
</tr>
<tr>
<td>◇ <em>Tense muscles</em></td>
</tr>
<tr>
<td>◇ <em>Feelings of restlessness.</em> You feel like you cannot relax.</td>
</tr>
<tr>
<td>◇ <em>Feelings that you cannot breathe or that you are short of breath.</em></td>
</tr>
<tr>
<td>◇ <em>Lightheaded or dizzy feelings</em></td>
</tr>
<tr>
<td>◇ <em>Racing heart</em></td>
</tr>
<tr>
<td>◇ <em>Butterflies in your stomach</em></td>
</tr>
<tr>
<td>◇ <em>Trouble sleeping</em></td>
</tr>
</tbody>
</table>

If you are experiencing symptoms like these since your injury, there are several things that you can do to help anxiety become less of a problem.

**What can I do?**

- **Change your ways of thinking** – Like with depression, thoughts that we have can make us worried. This may lead to anxiety. If you are feeling anxious, you may be thinking things that are making you feel that way. For example, you may think to yourself, “I’m never going to get better.” This will
probably make you feel bad. Changing the way you think about a situation may help you feel less anxious. See page 69 for more information about changing thought patterns.

✓ **Distraction** – Sometimes you can help your anxiety by just distracting yourself. Getting involved in other things can help take your mind off your worries.

✓ **Relaxation Exercises and Guided Imagery** -
  See page 63 for more information on ways to help you relax.

✓ **Psychotherapy** – If your anxiety is bad enough, talking with a therapist can help. This is especially true if you are having panic attacks with your anxiety.

✓ **Medication** – Talking with your doctor may be helpful if your anxiety is not going away. Sometimes medications can help you manage anxiety.

### Anger/Irritability

Everyone gets angry or irritable once in a while. Often you may be angry for a good reason. Anger and irritability can become a problem though. It can get in the way of your ability to get along with other people in your life. Sometimes people may notice that they are more easily irritated or angry after a moderate-to-severe TBI. You may feel as if you have a “shorter fuse.” One of the most common causes of irritability can be fatigue. You are much more likely to lose your temper when you are tired or overworked.

Sometimes people become more irritable after a moderate-to-severe TBI because of the injury to the brain. Other times, people become irritable because of the stress that a moderate-to-severe TBI can cause. Irritability is one of the more commonly reported problems following a moderate-to-severe TBI.
Some amount of frustration and anger can help you get things done. Too much anger or long-lasting irritability and anger can have damaging effects. It can cause problems with your health. It can also cause problems in your relationships with others. Learning ways to manage your frustration and anger can help your recovery.

What can I do?

✓ **Recognize early signs** – Our body gives us signs that we are angry. These include a racing heart, flushed or hot face, sweating, etc. It is important to notice when you are getting angry before it gets out of control.

✓ **Use relaxation techniques** to help calm you down. When you realize you are getting angry or if you are already angry, try to relax. Several techniques you can try are described on page 63.

✓ **Take a time-out** – If you are feeling angry, sometimes it is necessary to take a time-out. This means leaving the situation that is making you angry for some period of time. Time-outs can give you a chance to calm down. Remember that you can handle a problem better if you are calm.

✓ **Change your way of thinking** – Often we get angry not at a situation, but because of how we think about the situation. Sometimes our thoughts can make us angrier than what actually happened. You have the ability to manage how you think about things. For example, if your doctor is late for an appointment, you might think to yourself “this guy doesn’t care about me…he probably just wants to go play golf.” If you think about the situation that way, you are likely to feel irritated, angry, or resentful. However, if in the same situation you think to yourself, “the doctor might be dealing with an emergency right now,” you are less likely to feel upset. Some ideas about ways to manage your thinking are on page 69.
✓ **Use self-talk** – A way to help change your thinking and to manage your anger is to use “self-talk.” If you find yourself getting angry or irritated, you can say things to yourself to help you calm down. For example, when you feel yourself tensing up, you could say to yourself, “Take a deep breath and relax.” Or, if you are talking to an angry person, you could say to yourself, “Blowing up only gives them what they want. I will stay cool.”

✓ **Medications.** For some people, controlling anger may be a big problem. It may be difficult to manage or may result in bad consequences for the individual or others. If anger management is a big problem for you, you may wish to talk to your doctor. There are some medications that may be helpful in managing your mood.

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**Lack of awareness/Denial of problems**

After a moderate-to-severe TBI, some people may not be aware of their problems. You may get into arguments with your family members because they think you are denying the problems. Even after a moderate-to-severe TBI, you may believe that you have not changed at all. You may feel that you do not have any problems. Nothing may be different for you. Sometimes you may feel that the doctors do not know what they are talking about because you think you are O.K. Other people may be blamed for the things that you cannot do. Although denial may be a way that some people deal with their losses, lack of awareness is a common problem as a result of a moderate-to-severe TBI. Sometimes the brain injury makes a person unable to recognize problems.
What can I do?

✓ **Listen to family and friends** – Your family and friends knew you before your injury. Take time to listen to the changes that they tell you about. You may not realize that there are changes after your injury.

✓ **Monitor yourself** – Keep track of your performance on different tasks and see if you improve over time. Keep track of your mistakes and how you correct them.

✓ **Ask for feedback from people you trust**. Sometimes your family or friends may not think to give you feedback, so you may want to ask them to do so. The best way to help you figure out what areas of difficulty you are experiencing after your injury is to talk things over with others and monitor your own performance on different tasks.

✓ **Psychotherapy** – A therapist may help you recognize problems after your injury. They may also be able to help you improve your view of your abilities.
You may have gotten a little better over the first few months after your injury. In fact, you see the quickest recovery in the first six months after a TBI. You may notice many improvements during this time. However, some symptoms may last longer than six months. This may be especially true if your CT scan or MRI showed some type of injury to your brain. If you still have problems after six months, they will most likely continue to get better within the year after your injury. You may see slower improvement with small changes up to one year after injury. The period between 1 and 2 years after injury is not the same for everyone. Some people have more improvements, while others improve slowly. After 2 years, you may still notice some problems. However, they may not be as bad as they were right after injury. You can continue to make changes in how well you are able to do things long after the injury by using strategies to help get around problem areas.

It is important to remember that not everyone gets better at the same rate. Every injury is different. Recovery from the injury can be different, too. Recovery can be slower in people who are older. Recovery can also be slower if you have had one or more brain injuries in the past.

Symptoms are usually worse in the beginning. Sometimes you may not notice symptoms until you try to go back to your normal activities (like returning to work or school). Your symptoms will tend to get better over time. Recovery will be faster if you get enough rest. Gradually going back to your normal activities will also help. People who gradually go back to their normal routine often take less time to recover than do those who try to return immediately. Always remember to keep hope alive and work toward your goals.
Keep in mind these tips for helping your recovery:

◊ **Expect to get better slowly.** Do not try to push yourself too much in the beginning. Over the first six months, slowly increase your activities. Increase your activities when you become comfortable with handling more things.

◊ **Get the rest that you need to heal.** Do not overdo it! Be sure to get a good night’s sleep. Remember that you may need more sleep and more rest breaks during your recovery than you normally would.

◊ **Pace yourself.** Set small, reasonable goals for yourself. Schedule regular rest breaks. Try to stay active, but be sure to set aside time for resting.

◊ **Use strategies to help get around problems.** In the manual, there are several strategies presented that can help you get around areas of difficulty. However, these are just a few suggestions. You may find that other strategies will work better for you. Rehabilitation specialists may help you come up with other ways of getting around physical, cognitive, emotional, and behavioral problems to meet your goals.

◊ **Be patient.** Be patient with yourself, as well as with your family and friends. Take steps to help yourself relax and stay calm. Avoid situations that are likely to increase your irritability (like noisy crowds) during the early part of your recovery.

◊ **Remind yourself that the symptoms you experience are a NORMAL part of recovery.** Thinking about and worrying about your symptoms can make them seem worse. Paying too much attention to a problem makes you notice it more.
After a moderate-to-severe TBI, it is normal to have some of the symptoms that were described in this manual.

These symptoms are likely to improve in time on their own. However, some symptoms may be long-lasting. This manual gives you lots of tools to help deal with these problems.
All of the things that have been listed are great for a successful recovery. Each person brings something different to the table and does things in different ways. But the basics are the same.

Remember:

1. Do not rush things. This is not an overnight process of getting better.

2. Your body will let you know when it is time to rest. It is healing right now and you have to let it do its job.

3. It is so much better to pace yourself instead of rushing things. Sometimes rushing things can lead to injury rather than recovery.

4. Patience is something we all have to work on. Before my accident, I was laid back. After, it was a different story. I would go from alright to mad in about two seconds because somebody else was not following the rules. When I accepted that I couldn’t control other people or what they do, and I can only take responsibility for myself, it made life a lot better on so many levels.

5. There are a lot of symptoms you will go through that others may not have experienced because every brain injury is unique. This is part of your recovery. Worrying will not help anything. Sometimes people won’t even really have a problem, they are just worried too much and convince themselves that something is wrong. Before a self-diagnosis is given, have your doctor help you find out what the real reason for the problem is.

Mild or severe, it is still a Traumatic Brain Injury.
Different people have different ways of coping with whatever life throws their way. Most people can tell other people how or what to do. But when it comes to actually having to deal with it ourselves, then it is a whole different story. For me, writing is a coping strategy. When I could not talk or communicate very well, I learned to hunt and peck on the computer. Writing was a way for me to communicate and express myself in a positive manner. I still have a problem sometimes with thinking quickly in a conversation. People may not understand me so things get twisted up. When I learned to accept that I could not control other people and I could only control my actions, then the difficulties of me worrying about what other people did or what I thought they should or should not do was lifted off of my shoulders. I am also fortunate to have my wife to talk to. The best thing is to have someone that will sit there and just simply listen to you. Even now, I still put my thoughts on paper so that the inflection of my voice does not distract from the point I am trying to get across. It is difficult for us all to go through this and none of us want to hear what we need to do. I do know that DRUGS AND ALCOHOL are not a coping strategy, they make you feel better for a short time but when they wear off the problems are still there. My outlet is writing poetry; maybe it will work for you!
VIII. When should I seek medical help?

Be sure to carefully follow ALL your doctor’s instructions. In general, your symptoms should tend to get better over time. If any of your symptoms get worse or do not go away over time, talk to your doctor. It is relatively uncommon for symptoms to get worse over time due to TBI.

The symptoms that were discussed in this manual are common following a moderate-to-severe TBI. They are considered part of the normal recovery pattern. You may experience none of these symptoms, some of these symptoms, or all of these symptoms following your injury.

However, if you experience ANY of the following symptoms after your injury, it is recommended that your family take you to the hospital emergency room right away:

- You cannot wake up.
- You have one pupil (the black part of your eye) larger than the other.
- You have a seizure or a convulsion.
- You have problems with repeated vomiting.
- You have increasing problems with confusion or restlessness.
- You have very severe headaches that do not go away.
- You develop weakness or numbness in your body.
- You develop slurring of your speech.
IX. Common Misconceptions

**MYTH:** “There is no need to wear a seatbelt if I am just driving around the corner.”

**FACT:** Accidents occur more often near home. That is because you spend most of your time near your home. Seatbelts should be worn at all times when traveling in a vehicle.

**MYTH:** “It is safer to be thrown clear from my vehicle than to be trapped.”

**FACT:** It is safer to be trapped inside a wreck. Your chance of being killed increases greatly if you are thrown out of the vehicle.

**MYTH:** “I did not hit my head. It was just whiplash to the neck, so I cannot have a brain injury.”

**FACT:** It is true that not everyone with whiplash has a brain injury. However, whiplash injuries can cause a brain injury even if there is no blow to the head. The force from the vehicle accident can cause the brain to move inside the skull. When the brain twists and/or hits the inside of the skull, this may injure the brain.

**MYTH:** “I was not knocked out, so I do not have a brain injury.”

**FACT:** A head injury can cause brain injury even if you are not knocked out. Sometimes, a person will experience a period of being confused or dazed. Even with a more severe injury, like a gunshot wound that goes through the brain, some individuals may not lose consciousness. Every TBI is unique.

**MYTH:** “I anger easily and sometimes feel depressed and irritated. It’s not because of my brain injury; I just have a lot on my mind.”

**FACT:** It is common for people with brain injuries to be easily angered and to suffer from depression. Brain injury can cause changes in mood. Additionally, changes in family and work roles can lead to mood changes.
**MYTH:** “So what if I drink alcohol! It won’t affect me after my brain injury.”  
**FACT:** Alcohol can have an effect on a person after a brain injury. Alcohol can affect the recovery process. It can also make any problems you can have with balance, memory, and speech seem worse. In addition, drinking alcohol increases the chance of having another brain injury. It is important to remember that alcohol includes beer, wine, wine coolers, and liquors. Alcohol should never be taken with medications, especially anti-depressants and anti-seizure medications.

**MYTH:** “Persons with brain injury have a hard time remembering past events.”  
**FACT:** People with brain injury usually have pretty good recall of information from their own past. Rarely, someone with brain injury will have difficulty with remembering such information. Most memory problems have to do with memory of day-to-day events. Also, it is common for persons with brain injury to have a period of time around the injury that they may not remember.

**MYTH:** “I had a brain injury once, I won’t have another one.”  
**FACT:** After having a brain injury, you are more likely to have another. This risk for additional injuries goes up with the number of injuries a person experiences. That is, someone with 3 injuries is at a greater risk for another brain injury than is someone with 2 injuries. People have a harder time recovering from a second or third injury than they did after the first TBI.

**MYTH:** “Even though I had a severe injury, I will completely recover because I am determined and will work hard to get better.”  
**FACT:** Unfortunately, complete recovery is not likely with a severe brain injury. Rehabilitation can greatly improve the recovery process. There are strategies that you can learn to help deal with your problems after injury. However, complete recovery is not likely.

**MYTH:** “I don’t need rehabilitation because I can walk.”  
**FACT:** The primary goal of brain injury rehabilitation is to help people regain their independence in their daily lives. Rehabilitation can have different parts, for example: behavioral, cognitive (thinking), vocational (work), educational, physical, and community integration.
Seeking Help

by Jason Ferguson

For most of us, the time when we seek help is when we hit the bottom. Well, my friend you’re there. Now, the only way is to go forward at full charge and not look back. But, things do not want to work like they used to or you do not get the words to come out of your mouth in the way you want. This is a good time to meet humility. There comes a time when you can’t “lick” everything. For me, the time I knew I was at my lowest low and I needed help was when I tried to shave for the first time. I could not even keep a razor held up to my face! I was in the Army before and I kept my head shaved for a good seven years before my accident. I took something so routine and so common as shaving for granted. It’s a whole different world when you can’t do it yourself anymore. I knew I was in a dilemma then. Reality started setting in when I came out of my post-traumatic amnesia. I had to ask for help for just about everything. There was so much more to my situation than I even knew about.

When I was still in the hospital, my family tried to start getting things together for me as far as my financial business went. When I say this, I mean applying for social security disability, getting a Department of Assistive and Rehabilitative Services (DARS) counselor among numerous other things. It takes some footwork to get all of this stuff done, and it is not easy. But, a time to seek help is as soon as possible in order to get the necessary things taken care of without waiting for two years. It takes awhile to get funding done at DARS, so it is better to stay on top and in touch with them. Also, don’t expect to get a check for Medicaid or Medicare overnight as well. Even if you are approved, it will take a good 7-9 months to get a check. One good thing is that you will get back pay from the time of your accident. Good luck with everything, because unfortunately this is a difficult process.
Community Resources

Houston—Galveston Metropolitan Area
After a moderate-to-severe TBI, you may need to take some time off from work. You may not be able to go back to work. This may cause financial stresses. You may also need outside assistance, such as medical care, counseling, and services to help. The following list of community resources provides information on local, state, and national services that may be able to help. For some specific information about how to apply for a Harris County Health District Gold Card, please see page 74 of this manual.

**Note from Jason:** I know, and you will shortly find out that there are not too many resources and services that exist solely for people with TBI. But, there are some. They are not always easy to find. In fact, sometimes it really takes your initiative and motivation to find them. Sometimes we have to improvise and make things work the best we can for the situation. Where there is a will, there is a way and in this situation you will have to do some of the legwork. Here are a few resources in the Houston area that may be beneficial to you. I hope this information will serve you well. This road can sometimes be very lonely. This road can be very hard. But always keep in mind, “You are not alone.”

### Resources

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<tr>
<th>Information &amp; General Help:</th>
<th>Phone or Website</th>
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<tr>
<td><strong>Brain Injury Association (BIA)</strong></td>
<td><em>(800) 444-6443 (toll-free)</em></td>
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<tr>
<td>Provides education, support and information for persons</td>
<td><strong><a href="http://www.biausa.org">www.biausa.org</a></strong></td>
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<tr>
<td>with TBI and their families</td>
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<tr>
<td><strong>Brain Injury Association of Texas (BIATX)</strong></td>
<td><em>(512) 326-1212</em></td>
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<tr>
<td>Non-profit public service organization to help those</td>
<td><em>(800) 392-0040 (toll-free)</em></td>
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<tr>
<td>with brain injury and their families</td>
<td><strong><a href="http://www.biatx.org">www.biatx.org</a></strong></td>
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<td>Information &amp; General Help:</td>
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<td><strong>Mental Health Association of Greater Houston</strong></td>
<td>(713) 522-5161</td>
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<tr>
<td>Provides mental health services information/ referrals and provides a listing of non-profit mental health services for Harris County called The Guide</td>
<td>(713) 523-8963</td>
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<td><a href="http://www.mhahouston.org">www.mhahouston.org</a></td>
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<tr>
<td><strong>Centers for Disease Control and Prevention (CDC)</strong></td>
<td>(800) 232-4636 (toll-free)</td>
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<tr>
<td>Provides information, publications, and resources regarding traumatic brain injury</td>
<td><a href="http://www.cdc.gov/ncipc/tbi/TBI.htm">www.cdc.gov/ncipc/tbi/TBI.htm</a></td>
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<tr>
<td><strong>Houston Center for Independent Living</strong></td>
<td>(713) 974-4621</td>
</tr>
<tr>
<td>Community and resource center organized by and for persons with disabilities</td>
<td><a href="http://www.coalitionforbarrierfreeliving.com">www.coalitionforbarrierfreeliving.com</a></td>
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<tr>
<td><strong>Disability Services of the Southwest</strong></td>
<td>(866) 301-0931 (toll-free)</td>
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<tr>
<td>Provides many services through home and community-based programs for persons with disabilities to promote independent living</td>
<td><a href="http://www.dsswtx.org">www.dsswtx.org</a></td>
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<tr>
<td><strong>Advocacy, Inc.</strong></td>
<td>(713) 974-7691</td>
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<tr>
<td>Federally-funded and authorized protection and advocacy-system that provides services for Texans with disabilities</td>
<td>(800) 880-0821 (toll-free)</td>
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<td><a href="http://www.advocacyinc.org">www.advocacyinc.org</a></td>
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<tr>
<td><strong>Medical Care:</strong></td>
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<tr>
<td><strong>Harris County Hospital District—Gold Card</strong></td>
<td>(713) 566-6691</td>
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<tr>
<td>Provides financial assistance for medical services for Harris County residents</td>
<td><a href="http://www.hchdonline.com">www.hchdonline.com</a></td>
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<tr>
<td><strong>University of Texas Medical Branch (Galveston)</strong></td>
<td>(409) 772-2222</td>
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<tr>
<td></td>
<td>(800) 917-8906 (toll-free)</td>
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<td><a href="http://www.utmbhealthcare.org">www.utmbhealthcare.org</a></td>
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<tr>
<td><strong>Veteran’s Administration Hospital</strong></td>
<td>(713) 791-1414</td>
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<tr>
<td>Non-profit public service organization to help veterans with brain injury and their families</td>
<td>(800) 553-2278 (toll-free)</td>
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<td><a href="http://www.houston.med.va.gov">www.houston.med.va.gov</a></td>
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### Dental Care:

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<tr>
<th>University of Texas Dental School (Student Clinic)</th>
<th>Phone or Website</th>
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| Provides discounted comprehensive and emergency dental services performed by dental students supervised by the faculty | (713) 500-4000  
www.db.uth.tmc.edu |

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<tr>
<th>Harris County Hospital District Dental Clinic</th>
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|                                                  | (713) 757-0572  
(713) 526-4243 (appointments) |

### Vision Care:

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<tr>
<th>University Eye Institute of the University of Houston</th>
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|                                                      | (713) 743-2020  
www.opt.uh.edu/uei |

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<tr>
<th>Lighthouse of Houston</th>
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| Provides a variety of educational programs, community services, and outpatient rehabilitation for the blind and visually impaired | (713) 527-9561  
www.houstonlighthouse.org |

### Emotional, Psychological, & Substance Abuse

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<tr>
<th>Mental Health &amp; Mental Retardation Authority (MHMRA)</th>
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| Provides many mental health services                 | (713) 970-7000  
(866) 970-4770 (toll-free)  
www.mhmraharris.org |

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<tr>
<th>MHMRA Neuropsychiatric Center</th>
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<tr>
<td>Crisis emergency center that is available 24 hours a day, 7 days a week</td>
<td>(713) 970-7070</td>
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<tr>
<th>Family Services of Greater Houston</th>
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| Non-profit community service organization that provides many health and human services for families | (713) 861-4849  
www.familyservices.org |
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<th><strong>Emotional, Psychological, &amp; Substance Abuse</strong></th>
<th><strong>Phone or Website</strong></th>
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| **Houston Area Women’s Center** | Domestic Violence:  
(713) 528-2121  
Sexual Assault:  
(713) 528-7273  
www.hawc.org |
| Provides services for domestic and sexual violence survivors and their families |
| **Harris County Psychiatric Centers** | (713) 741-5000  
http://hcpc.uth.tmc.edu |
| Provides a comprehensive program of psychiatric and psychosocial services |
| **Council on Alcohol & Drugs Houston** | (713) 942-4100  
www.council-houston.org |
| Provides prevention, intervention, outpatient treatment, after-care, education and outreach services regarding alcohol or drug dependency |
| **Christian Family Counseling** | (713) 681-9598 |
| Provides counseling for family and relationship issues |
| **Catholic Charities of the Archdiocese of Galveston– Houston** | (713) 526-4611  
www.catholiccharities.org |
<p>| Non-profit social and health service organization providing 16 different community programs |
| <strong>University of Texas Department of Psychiatry Outpatient Clinic</strong> | (713) 500-2525 |
| Provides comprehensive outpatient mental health services |
| <strong>University of Houston-Clear Lake Psychological Services</strong> | (281) 283-3330 |
| Provides individual, couple, family, and group therapies |</p>
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<tr>
<th><strong>Emotional, Psychological, &amp; Substance Abuse:</strong></th>
<th><strong>Phone or Website</strong></th>
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<tr>
<td><strong>University of Houston Psychological Research and Services Center (PRSC)</strong>&lt;br&gt;Provides low cost services to community by offering assessments and treatment for various disorders</td>
<td>(713) 743-8600&lt;br&gt;www.uh.edu/prsc</td>
</tr>
<tr>
<td><strong>Chicano Family Center</strong>&lt;br&gt;Provides social services to families in need</td>
<td>(713) 923-2316</td>
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<tr>
<th><strong>Education &amp; Employment:</strong></th>
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<tr>
<td><strong>Department of Assistive &amp; Rehabilitative Services (DARS)</strong>&lt;br&gt;Provides a variety of services for Texans with disabilities and families with children who have developmental delays</td>
<td>(713) 735-3470&lt;br&gt;(800) 628-5115 (toll-free)&lt;br&gt;www.dars.state.tx.us</td>
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<tr>
<td><strong>Social Security Work Incentives</strong></td>
<td>(800) 772-1213 (toll-free)&lt;br&gt;www.ssa.gov</td>
</tr>
<tr>
<td><strong>Texas Work Force Commission</strong>&lt;br&gt;Provides workforce development services to employers and jobseekers of Texas</td>
<td>(800) 832-2829&lt;br&gt;www.twc.state.tx.us</td>
</tr>
<tr>
<td><strong>The Worksource</strong>&lt;br&gt;Provides comprehensive human resource for businesses and residents of the Houston-Galveston Gulf Coast region</td>
<td>Job Assistance&lt;br&gt;(888) 469-5627 (toll-free)&lt;br&gt;www.theworksource.org</td>
</tr>
<tr>
<td><strong>Texas Education Agency (TEA)</strong>&lt;br&gt;Provides leadership, guidance, and resources to help schools meet the educational needs of all students</td>
<td>(512) 463-9734&lt;br&gt;(800) 252-9668 (toll-free)&lt;br&gt;www.tea.state.tx.us</td>
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## Education & Employment:

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<th>Service</th>
<th>Phone or Website</th>
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<tr>
<td><strong>MHMRA Vocational Services</strong></td>
<td>(713) 970-7000</td>
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<tr>
<td>Provides services to promote employment related skills</td>
<td><a href="http://www.mhmraharris.org">www.mhmraharris.org</a></td>
</tr>
<tr>
<td><strong>Career &amp; Recovery Resources</strong></td>
<td>(713) 754-7000</td>
</tr>
<tr>
<td>Non-profit United Way agency providing employment and counseling services</td>
<td><a href="http://www.careerandrecovery.org">www.careerandrecovery.org</a></td>
</tr>
<tr>
<td><strong>University of Houston Center for Students with Disabilities</strong></td>
<td>(713) 743-5400</td>
</tr>
<tr>
<td>Provides accommodations and support services to students with any temporary or permanent health impairment, physical limitation, or learning disability</td>
<td><a href="http://www.uh.edu/csd">www.uh.edu/csd</a></td>
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## Financial:

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<tr>
<th>Program</th>
<th>Phone or Website</th>
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<tr>
<td><strong>Social Security Administration (SSI &amp; SSDI)</strong></td>
<td>(800) 772-1213 (toll-free)</td>
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<tr>
<td>Pays retirement, disability, and survivors benefit to workers and their families</td>
<td><a href="http://www.ssa.gov">www.ssa.gov</a></td>
</tr>
<tr>
<td><strong>Texas Medicaid Program</strong></td>
<td>(800) 252-8263 (toll-free)</td>
</tr>
<tr>
<td>Federal-state program to pay medical bills for low-income persons</td>
<td><a href="http://www.hhsc.state.tx.us">www.hhsc.state.tx.us</a></td>
</tr>
<tr>
<td><strong>Medicare General Information Hotline</strong></td>
<td>(800) 633-4227 (toll-free)</td>
</tr>
<tr>
<td>Health insurance program for people 65 or older, certain persons with disability under 65, and those with permanent kidney failure</td>
<td><a href="http://www.medicare.gov">www.medicare.gov</a></td>
</tr>
<tr>
<td><strong>Medicare Eligibility</strong></td>
<td>(800) 772-1213 (toll-free)</td>
</tr>
<tr>
<td><strong>Crime Victims’ Compensation</strong></td>
<td>(512) 936-1200</td>
</tr>
<tr>
<td>Program that reimburses out-of-pocket medical and counseling expenses to victims of violent crimes and their families</td>
<td>(800) 983-9933 (toll-free)</td>
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<td><a href="http://www.oag.state.tx.us">www.oag.state.tx.us</a></td>
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<tr>
<td><strong>Financial:</strong></td>
<td><strong>Phone or Website</strong></td>
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<tr>
<td><strong>Texas Workers’ Compensation Commission</strong>&lt;br&gt;Financial program to assist employees who have work-related injuries, diseases, or illnesses</td>
<td>(713) 924-2200 (within 610)&lt;br&gt;(281) 260-3035 (outside 610)&lt;br&gt;(800) 252-7031 (toll-free)&lt;br&gt;www.tdi.state.tx.us/wc/indexwc.html</td>
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<tr>
<td><strong>Meals on Wheels</strong>&lt;br&gt;Provides meal services to those in need</td>
<td>(713) 794-9001&lt;br&gt;www.mowaa.org</td>
</tr>
<tr>
<td><strong>Food Stamps</strong>&lt;br&gt;Program that allows low-income families to buy nutritious food</td>
<td>(713) 767-2000&lt;br&gt;(800) 252-8263 (toll-free)</td>
</tr>
<tr>
<td><strong>Houston Food Bank</strong>&lt;br&gt;Collects and distributes food donations and provides nutrition education, outreach, and job training</td>
<td>(713) 223-3700&lt;br&gt;www.houstonfoodbank.org</td>
</tr>
<tr>
<td><strong>Emergency Aid Coalition</strong>&lt;br&gt;Provides many services to help meet basic human needs of individuals, such as clothes, food, and school supplies</td>
<td>(713) 528-3663 (FOOD)&lt;br&gt;www.eachouston.org</td>
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<tr>
<td><strong>Catholic Charities of the Archdiocese of Galveston-Houston</strong></td>
<td>(713) 526-4611</td>
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<tr>
<td><strong>Sheltering Arms Comprehensive Energy Assistance Program (CEAP)</strong></td>
<td>(713) 956-7456&lt;br&gt;9 A.M.—12 P.M. Tuesday and Thursday only!</td>
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<th><strong>Housing:</strong></th>
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<tr>
<td><strong>Houston Area Urban League</strong></td>
<td>(713) 393-8700&lt;br&gt;www.haul.org</td>
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<tr>
<td><strong>Housing &amp; Urban Development (homes)</strong></td>
<td>(800) 569-4287 (toll-free)</td>
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### Housing:

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<tr>
<th>Housing Choice Voucher Program (formerly known as Section 8)</th>
<th>(713) 260-0500</th>
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<td><a href="http://www.housingforhouston.com">www.housingforhouston.com</a></td>
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### Shelters:

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<tr>
<th>SEARCH</th>
<th>(713) 739-7752</th>
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<td><a href="http://www.searchproject.org">www.searchproject.org</a></td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Coalition for the Homeless</th>
<th>(713) 739-7514</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><a href="http://www.homelesshouston.org">www.homelesshouston.org</a></td>
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<thead>
<tr>
<th>Star of Hope</th>
<th>(713) 748-0700</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><a href="http://www.sohmission.org">www.sohmission.org</a></td>
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<table>
<thead>
<tr>
<th>Star of Hope (Women and Family Emergency Center)</th>
<th>(713) 222-2220</th>
</tr>
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<thead>
<tr>
<th>Star of Hope (Morris Men’s Development Center)</th>
<th>(713) 226-5400</th>
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<thead>
<tr>
<th>Houston Area Women’s Center</th>
<th>(713) 528-6798</th>
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<tbody>
<tr>
<td></td>
<td><a href="http://www.hawc.org">www.hawc.org</a></td>
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<table>
<thead>
<tr>
<th>New Horizon Family Center (Formerly known as the Bay Area Women’s Center)</th>
<th>(281) 424-3300</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(800) 824-4807 (toll-free)</td>
</tr>
</tbody>
</table>

### Legal:

<table>
<thead>
<tr>
<th>Equal Opportunity Employment Commission (ADA)</th>
<th>(800) 669-4000 (toll-free)</th>
</tr>
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<table>
<thead>
<tr>
<th>Adult or Child Protective Services</th>
<th>(800) 252-5400 (toll-free)</th>
</tr>
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### Crisis:

<table>
<thead>
<tr>
<th>CRISIS HOTLINE</th>
<th>(713) HOTLINE (468-5463)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(800) SUICIDE (784-2433)</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.crisishotline.org">www.crisishotline.org</a></td>
</tr>
<tr>
<td>Assistive Technology:</td>
<td>Phone or Website</td>
</tr>
<tr>
<td>-----------------------</td>
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</tr>
<tr>
<td><strong>Texas Technology Access Program</strong></td>
<td>(512) 332-0740 (800)828-7839 <a href="http://techaccess.edb.utexas.edu">http://techaccess.edb.utexas.edu</a></td>
</tr>
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</table>

**Attendant Care:**

<table>
<thead>
<tr>
<th>Sheltering Arms</th>
<th>(713) 685-6577 <a href="http://www.shelteringarms.org">www.shelteringarms.org</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides skilled nursing and therapies in the comfort of your home with services that are available 24 hrs/7 days per week</td>
<td></td>
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</table>

**Texas Department of Aging and Disability Services (Texas DADS)**

<table>
<thead>
<tr>
<th>(713) 692-1635</th>
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<tbody>
<tr>
<td>Proves services for seniors and widows</td>
</tr>
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**Driving:**

<table>
<thead>
<tr>
<th>Strowmatt Rehabilitation Services</th>
<th>(713) 722-0667 <a href="http://www.driverrehabservices.com">www.driverrehabservices.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides driver evaluations and training services to persons with medical conditions that may affect their driving</td>
<td></td>
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</table>

**Transportation:**

<table>
<thead>
<tr>
<th>Public Transit (METRO) - Half Fare for the Disabled</th>
<th>(713) 635-4000 <a href="http://www.ridemetro.org">www.ridemetro.org</a></th>
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</thead>
<tbody>
<tr>
<td>Paratransit System (METROLift &amp; Freedom Pass)</td>
<td>(713) 225-0119</td>
</tr>
<tr>
<td>Department of Assistive and Rehabilitative Services</td>
<td>(713) 862-5294</td>
</tr>
<tr>
<td>Medicaid Transportation for Medical Appointments</td>
<td>(877) 633-8747</td>
</tr>
<tr>
<td>American Red Cross of Greater Houston (Local &amp; Long Distance)</td>
<td>(713) 526-8300 (866) 526-8300 (toll-free)</td>
</tr>
<tr>
<td>Leisure &amp; Recreation:</td>
<td>Phone or Website</td>
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<td>-----------------------------------------------------------</td>
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<tr>
<td>Metropolitan Multiservice Center</td>
<td>(713) 284-1973</td>
</tr>
<tr>
<td>TIRR Sports</td>
<td>(713) 799-5000</td>
</tr>
<tr>
<td>RRTC Creative Expression Center</td>
<td>(713) 630-0526</td>
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<tr>
<td></td>
<td><a href="http://www.tbicommunity.org">www.tbicommunity.org</a></td>
</tr>
<tr>
<td>SKYDIVE Houston</td>
<td>(800) 586-7688</td>
</tr>
<tr>
<td>SKYDIVE Spaceland</td>
<td>(281) 369-3337</td>
</tr>
<tr>
<td>SIRE Therapy Program (Spring, TX)</td>
<td>(281) 353-6160</td>
</tr>
<tr>
<td>Therapeutic horseback riding, hippotherapy, vaulting, and carriage driving</td>
<td><a href="http://www.sire-htec.org">www.sire-htec.org</a></td>
</tr>
<tr>
<td>Flying Free Equitherapy (Santa Fe, TX)</td>
<td>(409) 925-1942</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.flyingfree.org">www.flyingfree.org</a></td>
</tr>
<tr>
<td>Leap of Faith Equine-assisted Riding Center</td>
<td>(936) 648-4606</td>
</tr>
<tr>
<td>Houston Tennis Association</td>
<td>(713) 973-7636</td>
</tr>
<tr>
<td>Houston Parks and Recreation</td>
<td>(832) 567-4832</td>
</tr>
<tr>
<td>Texas International Shootout (Basketball)</td>
<td>(281) 487-1755</td>
</tr>
<tr>
<td>Adult Basketball</td>
<td>(281) 487-1755 (Tuesdays)</td>
</tr>
<tr>
<td>Turning Point Gulf-Coast Chapter</td>
<td>(409) 939-4827</td>
</tr>
<tr>
<td>Provides free services to learn how to water ski, kayak, fish, and jet ski</td>
<td><a href="http://www.turningpointnation.org/gulf_coast.html">www.turningpointnation.org/gulf_coast.html</a></td>
</tr>
<tr>
<td>Saint Street Swim</td>
<td>(713) 626-7946</td>
</tr>
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</table>
PART A: Ways to help you relax.

There are lots of different ways that can help you to relax. Learning some method of helping you to relax can reduce your stress level, help with headaches, and help with managing anxiety and anger. Some ways to help you relax are things that you already know about. These can include things like:

- Exercise
- Listening to music
- Stretching
- Reading
- Massage
- Yoga
- Martial arts
- Meditation
- AND MANY MORE!!

Those kinds of activities can help you in managing your stress and in relaxing. In this section, however, we are going to give you information on some other simple tools that can help you relax. These relaxation methods can be practiced alone, and don’t require a lot of outside help.

Each method is a way that can help reduce tension and stress, while helping you to feel calm and relaxed. Some approaches have to do more with ways of thinking, while others are more physical. All of these methods help you to focus your attention, clear your mind of distractions, and to relax. Different people find different ways of relaxing to be most helpful to them. You may want to try several different ways of relaxing to find out what works best for you.
We are going to tell you about a few ways that can help you relax. Our goal is not for you to become an “expert” at any one approach. Instead, this is a chance to learn about different ways to help you get relaxed. Feel free to try all of the different ways to relax. Everybody can have different ways that they use to help get them relaxed. If you find something that works for you, you may want to practice it and learn more about it.

◇ The first thing you need is a quiet place where you can practice. Try to find a place that will be free from interruption, if you can.

◇ Then, get into a comfortable position. Try sitting in a soft, comfortable chair. Place your hands in your lap and rest your feet flat on the floor. Settle into a position that is comfortable.

**Method #1: Isometric Squeeze Relaxation**

This approach started in the USA. There are many different types of this method. However, all of them have to do with simply tightening up or squeezing major muscle groups, and then letting go.

**Let’s try it:**

♦ While keeping the rest of your body loose and relaxed, gently squeeze your shoulders up and together, as if you were shrugging. Tilt your head back, so your shoulder, neck, and back muscles all squeeze together.

♦ Now, make a nice tight squeeze with these muscles, as if you were squeezing the stress out. Hold the squeeze for several seconds.

♦ Then let go. Let your shoulders hang loose, your arms hang down, and let your tension go away for about 30 seconds.

♦ If you want, try squeezing and letting go a few more times.
How did that feel? Many people find this approach feels very good. If it hurts, you may have tried too hard. Imagine how you would feel if you squeezed all of your muscles - from your fingers, to your face, to your toes - in the same way. It can be very relaxing. You may even feel like you’ve had a nice massage.

If this method seems to be helpful for you, you may want to try squeezing a different muscle group in your body the same way. Each time you should hold the squeeze for several seconds. Then let go and think about tension leaving your body. You may want to practice this kind of relaxation method for a few minutes everyday.

**Method #2: Yoga Stretching**

This is an ancient method from the East, which has gotten very popular in the West. Yoga stretching is almost the opposite of isometric squeeze relaxation. Instead of squeezing and letting go, you try to stretch and unstretch your muscles. In yoga stretching, you do this in a slow, smooth, and gentle way.

**Let’s try it:**

- For this practice exercise, we will focus on the neck and shoulders.

- Let both arms hang to your sides and gently bow your head down. Without making too much effort, let gravity pull the heavy weight of your head down farther and farther towards your chest. Let gravity pull the heavy weight of your arms down towards the floor.

- Notice how your neck and shoulder muscles slowly stretch as the weight of your head and arms pull farther and farther down. Let the muscles stretch farther and farther. Stretch out the feelings of tension.

- Take your time, until you feel a good complete stretch. Then, gently and easily raise your head and return to your original upright position. Stay upright for the next 30 seconds. Then, you may try this stretch again.

How did that feel? Did you notice any difference between the isometric squeeze relaxation and yoga stretching? Which seemed easier? Which was more active? Was one more relaxing to you than the other?
If this method seems to be helpful for you, you may want to try practicing this kind of relaxation method for a few minutes everyday. You may want to learn more about yoga and about the different stretches that you can do to help relax.

**Method #3: Deep Breathing**

This is from both the East and the West. It is an important part of all relaxation exercises. This breathing exercise focuses on helping you breathe in a way that is easy and relaxed. You will learn to pay attention to breathing in a way that is slow, even, and full. Deep breathing can be restful and give you energy at the same time.

**Let’s try it:**

We’ll try two types, one that is active, and one that is quiet.

- **Active:** First, slowly bow down and breathe out, and then sit up and reach up while breathing in.
  
  - Let your arms hang limply to each side. Take a deep breath, filling your chest and abdomen. Then slowly and easily let the air out through your nose and slowly, smoothly, and gently bow over in your chair. Let gravity pull your chest and head toward your knees, squeezing out all the air as you bow farther and farther. Do this as smoothly and gently as possible.
  
  - Then, when you are ready to inhale, slowly, smoothly and gently sit up while raising your arms higher and higher in front of you. Reach up to the sky and stretch as you take a good complete breath.
  
  - Then, when you are ready, again slowly, smoothly and gently lower your arms and bow over while breathing out. Then, inhale and gently sit up, raising your arms.
  
  - Keep doing this at your own pace. Do this for about a minute.

- **Quiet:** Our second breathing exercise is much more quiet. All you need to do is pay attention to how you are breathing. Often this is a very good way of calming down and helping to relax.
How are you breathing at this moment? Notice the air as it flows easily in through your nose, filling your lungs with refreshing energy. There is nothing for you to do but observe the quiet flow of air.

When you breathe out, gently open your lips, and let the air flow out. Think of it as if you were gently blowing on a candle flame just enough to make it flicker.

Continue breathing this way, easily and effortlessly in through your nose and easily out through your lips as you let go. Try this approach for about a minute.

How did you feel when doing deep breathing? Did you notice any differences between the active and the passive type? If you found that deep breathing helped you to relax, you may want to practice this a few minutes every day.

Method #4: Visualization

In this approach, you can reduce stress by using your imagination. Everyone visualizes. When you daydream or when you think about the past, you are using your imagination. When you use visualization to help you relax, you focus on an image that helps your body relax and that helps you ignore stress.

Let’s try it:

♦ Sit or lie down in a quiet place. Close your eyes.

♦ Scan your body for tension. Release any muscle tension you notice.

♦ Imagine a special place. Think of a place that you find relaxing. For some people this might be a forest, for others the beach, for others a mountaintop, and for others a quiet room.

♦ Use all of your senses in thinking about this special place. Use your sense of sight, hearing, smell, taste, and touch. For example, if you are imagining a beach scene, you might think about seeing the waves crashing into the shore, seeing seagulls flying above you, seeing the water meet the sky in the horizon, and so forth. You might imagine hearing the roar of the water as the waves come in, the call of the birds, the sounds of the breeze, or the laughter of children. You might smell the salty sea air or the scent of sunscreen lotion on your skin. You might taste the salt on your skin or the sweetness of an ice
cream cone. You might feel the warmth of the sun on your skin, the powdery sand under your feet, or the fluttering of your hair in the breeze. The more you can imagine, the easier it can be to relax.

Once you have imagined the place in as much detail as you can, tell yourself some practiced phrases to help you let go of tension. For example, you might say things to yourself like:

“I am letting go of the tension.”
“I am calm and relaxed.”
“I feel peaceful.”
“I can let go of stress whenever I choose.”
Etc.

How did that feel? Does your body feel different from how it felt before you started? Do you feel any change in your stress level? If this method was helpful to you, you may want to try practicing this several times a day. Many people find it easiest to practice in the morning or just before bedtime. When you are practicing, each time an unrelated thought comes to mind, take note of it and let it go. You can tell yourself that your goal is to focus on relaxing during this special time.

The types of relaxation and stress management methods that are presented here are just some of the many ways that people have used to relax. You may want to try each of these methods and practice them several times. Everyone has different ways that can best help them to relax. If you want more information about these methods or about other ways to relax, you may want to try the following:

- check with your local bookstore for books on relaxation.
- talk with your medical doctor or psychologist.
- look on the Internet.
Part B. Ways to change your thinking.

How you think about problems has a big effect on how you feel and how you cope. Whenever you have a feeling, there is a thought that is connected to it. This thought helps determine your feeling.

For example, imagine that you are at a party and “Jim” joins your group. You are introduced to Jim, and begin to talk with him. You notice that Jim does not look at you when talking and keeps looking over at another person in your group. There are different thoughts that you could have in this situation. Each thought can lead you to having a different feeling.

- If you were to think, “Jim thinks he is better than me. He’s rude,” you would probably feel irritated or angry.
- If you were to think, “Jim finds me boring. Nobody seems to like me,” you would probably feel sad or lonely.
- If you were to think, “Jim seems really shy and uncomfortable. I’ll try to make him feel welcome,” you would probably feel kind or caring.
- If you were to think, “Jim may be preoccupied with something. Maybe he is trying to figure out if he knows that person from somewhere,” you would probably feel neutral.

How you feel about a situation can affect how you act in that situation. If you think Jim finds you boring, you might become quiet and self-conscious. You might even feel like leaving the party. However, since you don’t really know why Jim was acting that way, you cannot be sure that whether feeling or acting a certain way is the correct response. For example, if you thought that Jim was being rude, you would likely feel angry. You might even decide to “tell him off.” But that kind of feeling or action wouldn’t be a good response if Jim were actually feeling shy or uncomfortable.

Each time we have a thought about a situation, the thought we have influences our feelings. These thoughts that we have can also influence how we act in situations.

The good news is that we can learn to change the way we think about things. This can lead to changing how we feel and how we act.
Steps to help you change the way you think:

1. One of the first steps to changing our thinking is to notice what we are thinking when we have a negative emotion. You can do this by writing down what you are thinking to yourself on a piece of paper. Write down what the situation is, what you are thinking or saying to yourself, and how you feel. You can call this your “Thought Journal.” [See the example below.]

<table>
<thead>
<tr>
<th>Date</th>
<th>Situation</th>
<th>Thought</th>
<th>Feeling</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/20/2008</td>
<td>At my doctor’s office. She was 30 minutes late for my appointment.</td>
<td>She doesn’t care about me. She just stacks her schedule so she can make more money.</td>
<td>Angry, Resentful</td>
</tr>
<tr>
<td>02/21/2008</td>
<td>Working late at the office.</td>
<td>I’m never going to get this done. People will think I’m a failure.</td>
<td>Anxious, upset</td>
</tr>
</tbody>
</table>

2. Another step to helping you change the way you think (and how you feel) is to learn to recognize ways that you “twist” your thinking. These “twisted” ways of thinking (called thought distortions) are all pretty common. The following table describes some of the many ways in which our thinking can become distorted.

Changing how you think about things doesn’t mean you should just “think positive.” Sometimes, it is perfectly appropriate to feel sad or angry or anxious or upset. However, sometimes we can make ourselves feel badly by telling ourselves things that are not actually true. Nearly everyone has times where they cause themselves to have a negative mood by thinking something that isn’t actually true.
## DISTORTED THOUGHTS

<table>
<thead>
<tr>
<th>THOUGHTS</th>
<th>EXAMPLES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overgeneralizing:</strong></td>
<td>A person who just lost his/her job might think to him/herself, “I'll never be successful in any job ever again.”</td>
</tr>
<tr>
<td>If it’s true in one situation, then it’s true in all situations.</td>
<td></td>
</tr>
<tr>
<td><strong>Selective Thinking:</strong></td>
<td>A person makes one mistake on something and thinks, “I messed up that whole project,” even though the rest of the project is fine.</td>
</tr>
<tr>
<td>Paying too much attention to a failure and then ignoring other important things about ourselves.</td>
<td></td>
</tr>
<tr>
<td><strong>Excessive Responsibility OR Blaming</strong></td>
<td>“My friend canceled lunch. I must have done something to upset her.”</td>
</tr>
<tr>
<td>When we take responsibility for everything, particularly all the bad things that happen to us...OR...When we tend to blame others for our situation rather than looking at our own part in the problem.</td>
<td>“My fellow workers got me fired, and they’re all laughing at me behind my back.”</td>
</tr>
<tr>
<td><strong>Black and White Thinking</strong></td>
<td>“If I can’t go back to work as a foreman, then I won’t go back to work at all.”</td>
</tr>
<tr>
<td>Thinking of everything as one extreme or the other (black or white, good or bad, all or nothing).</td>
<td>“If he doesn’t call me back, then he doesn’t like me.”</td>
</tr>
<tr>
<td><strong>Jumping to Conclusions</strong></td>
<td>“That guy over there must be thinking that I’m a real idiot.”</td>
</tr>
<tr>
<td><strong>Mind reading:</strong> You think that others are feeling negatively about you.</td>
<td>“I’m really going to make a fool of myself when I talk to her.”</td>
</tr>
<tr>
<td><strong>Fortune telling:</strong> You predict things will turn out badly.</td>
<td>“I forgot to call my friend back and now she is going to be really angry with me.”</td>
</tr>
<tr>
<td><strong>Exaggeration OR Minimizing</strong></td>
<td>“My boss didn’t really mean that I did a good job. He was just trying to be polite.”</td>
</tr>
<tr>
<td>When you think something is more important than it really is...OR...When you minimize or play down things that are important.</td>
<td></td>
</tr>
</tbody>
</table>
You can add another column to your “Thought Journal.” Use this column to label your thought with the kind of ways your thought might be distorted. [See below for example.]

<table>
<thead>
<tr>
<th>Date</th>
<th>Situation</th>
<th>Thought</th>
<th>Distortion</th>
<th>Feeling</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/15/2008</td>
<td>Waiting for job interview</td>
<td>I’ll probably mess this up. I’ll go blank and have nothing to say.</td>
<td>Fortune-telling</td>
<td>Anxious</td>
</tr>
</tbody>
</table>

3. The following ideas may help you to examine whether your thinking is accurate. Re-examining how you are thinking about things may help you to change how you think about your situation. Changing how you think about a situation can result in changing how you feel about it. One of the first steps is being able to identify what you are thinking. The next step can be to evaluate your thinking to see if your thoughts about a situation might be distorted.

Next, you might want to try some of the following tools to help you evaluate how you think about situations:

**Evaluate the Evidence:**

After you write down your negative thought, you should take a look at what evidence there is to support this thought. That is, take a look at the facts. Sometimes when we feel bad, we tend to believe that things are bad without really looking at the evidence to support our thoughts. Think about what facts support your thought AND think about what evidence does not support your thought. By looking at BOTH the evidence that supports your thought and the evidence that does not support your thought, you might be able to take a more realistic look at your situation.

For example, if you are working late on an assignment that has a deadline, you might think to yourself “I will never be able to finish this. If I don’t get this done, people will think I’m a failure.”

Evidence that supports this thought:

1. I’m really tired and I still have several things to get done.
2. If I don’t get this finished, my boss will be mad at me.
3. People in my workplace tend to gossip quite a bit.
Evidence that DOES NOT support this thought:

1. I usually get my projects done. If I set up a plan, I’ll probably get this done too, even if I’m tired.

2. If I don’t get this finished, my boss may be disappointed. But, I have rarely been behind in my work before. She is usually happy with my work and I do a good job. Just because I am behind on one project, she will not think of me as a “failure.”

3. People in my workplace generally like me. I’ve helped out other people when they’ve been behind on a project. It is likely that others may be sympathetic and may offer to help me out.

❖ Check out whether you are using a “Double-Standard.”

When you are critical of yourself, try to think about how you would look at the same situation if it had happened to your close friend. People are often much harder on themselves than they would be on other people. If you make a mistake, you might be hard on yourself and have thoughts like “I’m such an idiot. I can’t do anything right.” But, if your friend makes the same mistake, you would very likely NOT have those same thoughts. You would probably be supportive of your friend.

When you are self-critical, take some time to think about how you would react if the same situation happened to your friend. Imagine saying to your friend the same message that you are telling yourself. Imagine saying to a friend, for example, “You are an idiot. You can’t do anything right.” It may be difficult imagining actually saying this to someone you care about. That’s because the message is harsh, unrealistic, and won’t be helpful at all!

Then, why would you treat yourself in that manner? If the message is harsh and unrealistic, it probably won’t help you do better either!! Try to treat everyone, including you, with one standard that is both helpful and realistic. When you have a negative, self-critical thought about a situation, try to ask yourself what you would say to a friend in the same situation. Then, try to tell the same thing to yourself. Use the same standard for yourself as you do for others!

These are just a few tools to help you change your thinking. There are many more!!! If you find these tools to be helpful, you might want to look for other ideas or talk with a counselor about some other methods that may help.

PART C: How do I apply for a Gold Card?

What is a Gold Card?
A Gold Card from the Harris County Hospital District (HCHD) provides financial assistance for your health care needs. You can use this card to obtain services through the Harris County Hospitals and Community Health Centers. Financial assistance from the HCHD is available only to residents of Harris County. If you are not a resident of Harris County, check with your county’s health department to find similar financial assistance programs.

What do I need to show to get a Gold Card?
There are several things that you must provide to show that you are eligible for the HCHD Gold Card. On the next page is a list of the information you must provide. If you make sure to have all of the items on this list ready, your Gold Card application should go smoothly. If you are having problems finding or providing any of the mentioned items, call the nearest eligibility center or the Harris County Hospital District’s Gold Card Hotline at (713) 566-6691. They can let you know about other documents or proofs you may submit to meet the requirements.
1. **Identification**: You must present a valid driver’s license or State of Texas I.D. card.

**Possible proof**: Student ID with picture, employee job badge with picture, passport with picture, U.S. Immigration documents with picture, credit card with picture, ID issued by foreign consulates, marriage license, birth certificates, Social Security card, U.S. naturalization, citizenship or other federal documents, hospital or birth records, adoption papers or records, voter’s registration card, or wage stubs.

2. **County Residency**: To show that you reside in Harris County, you must provide two proofs: one dated within the past 60 days and the other dated up to one year ago.

**Possible proof**: Utility bills; lease agreement; school records for minor children; mortgage coupon; rental verification form; Department of Motor Vehicles record; credit card statement; property tax statement; automobile insurance documents; automobile registration; printout from IRS of current tax year filing; certification documents or benefits checks from the Social Security Administration or Texas Workforce Commission; certification documents from Food Stamps, Medicaid or Medicare; letter from recognized social services agency; mail addressed to you or your spouse; statement from child care provider; current voter’s registration card; Texas driver’s license; ID card issued by the Department of public safety; domicile verification form completed by a reliable third person, post office records; city or criss-cross directory; telephone directory; or church records.

3. **Household income**: Show proof of household income during the past 30 days.

4. **Family Dependents (if applicable)**: To establish that you are a parent or guardian, you must bring a birth certificate OR guardianship document for each dependent in your household.

5. **Insurance Coverage**: Bring health insurance cards or plan information if you currently have healthcare insurance.

6. **I.N.S. Status**: Non-U.S. citizens should provide Immigration and Naturalization Service documents. Certain types of visas are not eligible for Gold Card financial assistance.

7. **Resources**: If you have Medicare coverage and want to apply for a discount on services and fees not covered by Medicare, you must provide proof of your resources and liabilities by filling out a HCHD Medicare Asset Determination form.

**Note**: If you have received medical services from the Harris County Hospital District and want financial assistance with your medical bills, you must apply within 30 days of your discharge.
Registering for a Gold Card is one of the best things you can do for yourself and your family.

To register for a Gold Card, you can call the hotline number listed below. You can schedule an interview with a Gold Card representative. There are several eligibility centers located throughout Harris County. Schedule your interview at the location nearest you.

Harris County Hospital District’s Gold Card Hotline
(713) 566-6691

Once you receive your Gold Card, you will be assigned to the Community Health Center closest to your home. This is where you and your family will receive your primary health care.

Harris County Hospital District Eligibility Centers

<table>
<thead>
<tr>
<th>Southwest Eligibility Center</th>
<th>East Mount Houston Eligibility Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>6654 Hornwood</td>
<td>11737B Eastex Freeway</td>
</tr>
<tr>
<td>Houston, TX 77074</td>
<td>Houston, TX 77039</td>
</tr>
<tr>
<td>(713) 995-3500</td>
<td>(281) 372-3100</td>
</tr>
<tr>
<td>8 a.m. – 4:30 p.m.</td>
<td>8 a.m. – 4:30 p.m.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>South Loop Eligibility Center</th>
<th>Strawberry Eligibility Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>5959 Long Drive</td>
<td>927 Shaw Rd.</td>
</tr>
<tr>
<td>Houston, TX 77087</td>
<td>Pasadena, TX 77506</td>
</tr>
<tr>
<td>(713) 643-3691</td>
<td>(713) 740-8180</td>
</tr>
<tr>
<td>8 a.m. – 4:30 p.m.</td>
<td>7:30 a.m. – 4:30 p.m.</td>
</tr>
</tbody>
</table>

Check out their website at:
http://www.hchdonline.com

Click the link “Patient Information” and then click “Financial Assistance.”
As I look in the mirror, I see the results of my actions. To many, the scars are apparent and to others, they’re not there. I touch my scars lightly, remembering the story behind them. Thoughts run through my mind and my pulse beats a little faster. My heart is full but not heavy. I am alive.

I roll down the window of my truck as the dawn of a new day greets me. I feel God’s warmth with every sunray. The soft wind blows gently, enhancing the cool morning. A bird flies by and sings his song of joy for a new day, as the sky is streaked with pink and light blue. I am well.

Another reminder of how blessed I am to see another day. I am so thankful that God has more for me to do. December 17, 2008 marks the sixth birthday of my new life. There are so many people who I would like to give a special thank you on this day. First and foremost I thank God above for all the blessings He has given and all of the blessings He continues to give. I thank Susannah, my best friend and my beautiful wife for all of her support. I am thankful for the men’s bible study and everyone there. And I am thankful for everyone I have met and continue to meet.

To think of how much I took for granted makes me want to cry but I don’t because I know He wants me to rejoice and be happy. The happiness is in abundance, more than is shown to the outside world. Lurking, but seen by few. I love Jesus, I love life, I am loved and I have much to give. I try to give back a scraping of the blessing that has been given to me. I am still recovering and will be for the rest of my life.

I have learned, no matter what I have or don’t have I can still do God’s work. Sometimes a simple smile or kind word will change someone’s day.
This is something I wrote for the sixth birthday of my new life.

I wanted to share with you to never give up.

*Each day we see is a blessing and never give up Hope!*

*Keep on living!*
I HAVE A WHAT?!: 
A Guide for Coping with Moderate-to-Severe TBI

Rehabilitation Research and Training Center (RRTC) on Community Integration of Persons with Traumatic Brain Injury at TIRR Memorial Hermann

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