

COPING WITH LIFE AFTER INJURY



MADD 
Mothers Against Drunk Driving™
Les mères contre l'alcool au volant™

VICTIM SERVICES



**MADD Canada's Mission
is to stop impaired driving and
to support victims of this violent crime.**

This brochure has been designed to assist victims dealing with the aftermath of an alcohol or drug-related crash. It is our hope that this booklet will be of value to you and comfort you during this difficult time.

Please don't hesitate to contact us for information or support.

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Please see the last page for a list of additional MADD Canada resources and services for victims of impaired driving.

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Credits/Acknowledgements

Part 1

Excerpts from “Don’t Call Me Lucky! For Those Injured in Drunk Driving Crashes...And their Family and Friends”

By: Dorothy Mercer, Ph.D. and Janice Harris-Lord, ACSW-CSW

With special permission from MADD

Part 2

Excerpts from “Life After a Spinal Cord Injury”

The Canadian Paraplegic Association

Permission graciously granted from “L’association des paraplegiques du Québec”

Part 3

Excerpts from “Closed Head Injury, a Common Complication of Vehicular Crashes”

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EXCERPTS FROM:

“Traumatic Brain Injury – a Brief
Overview”

Permission graciously granted from

The Ontario Brain Injury Association.

Part 1

COPING WITH AN INJURY FOLLOWING AN IMPAIRED DRIVING CRASH

Introduction

You are most likely reading this brochure because you have been injured in an impaired driving related crash, or you are a friend or family member of someone who has.



MADD Canada’s Mission is to stop impaired driving and to support victims of this violent crime. On average, each day in Canada, just under 190 people are injured and just under 4 people are killed in an alcohol or drug related crash. These figures have made MADD Canada increasingly aware of the importance of providing support and resources to those who have suffered any type of injury in an alcohol or drug related crash.

You may be wondering how you will be able to cope with some or all of the following issues: pain, lack of mobility, frustration with friends and family, the criminal justice system, anger, and the medical community.

Much consideration is paid to those who have had a loved one killed in an automobile crash. Many injury victims observe that their needs, both physical and emotional can be overlooked; often times their injuries, such as chronic pain or a head injury are invisible. Injured victims often have many losses to grieve, as do those whose loved one was killed in such a traumatic manner.

Section 1 – “Coping with Injury Following an Impaired Driving Crash” covers a diverse range of topics for those who have suffered any type of injury following a crash – from soft tissue damage to a spinal cord injury.

Section 2 – “Coping with a Spinal Cord Injury” touches upon specific issues faced by those who have lost the function of limbs or organs due to damage to their spinal cord. The information covers the physical, financial, and emotional impact of this traumatic outcome. This section would not have been possible if it were not for the material from the publication “Life After a Spinal Cord Injury”, generously donated by *L’Association des paraplegiques du Québec*.

Section 3 – “Closed Head Injury” material discusses the causes, treatment, and various outcomes from a traumatic head or brain injury. MADD Canada recognizes how complex and important this topic is. If you suspect you have suffered a head injury, please contact your doctor.

QUOTES

“I tell them my body is like an automobile. Once it has been totaled no matter how well it’s repaired, it’s never quite the same.”

Susan O’Keefe, Injured Victim

“It’s not like a cake that didn’t turn out right, which we can throw away and start over. All we have is what is there today.”

*John O’Keefe,
Susan’s Husband*



What It Feels Like Now

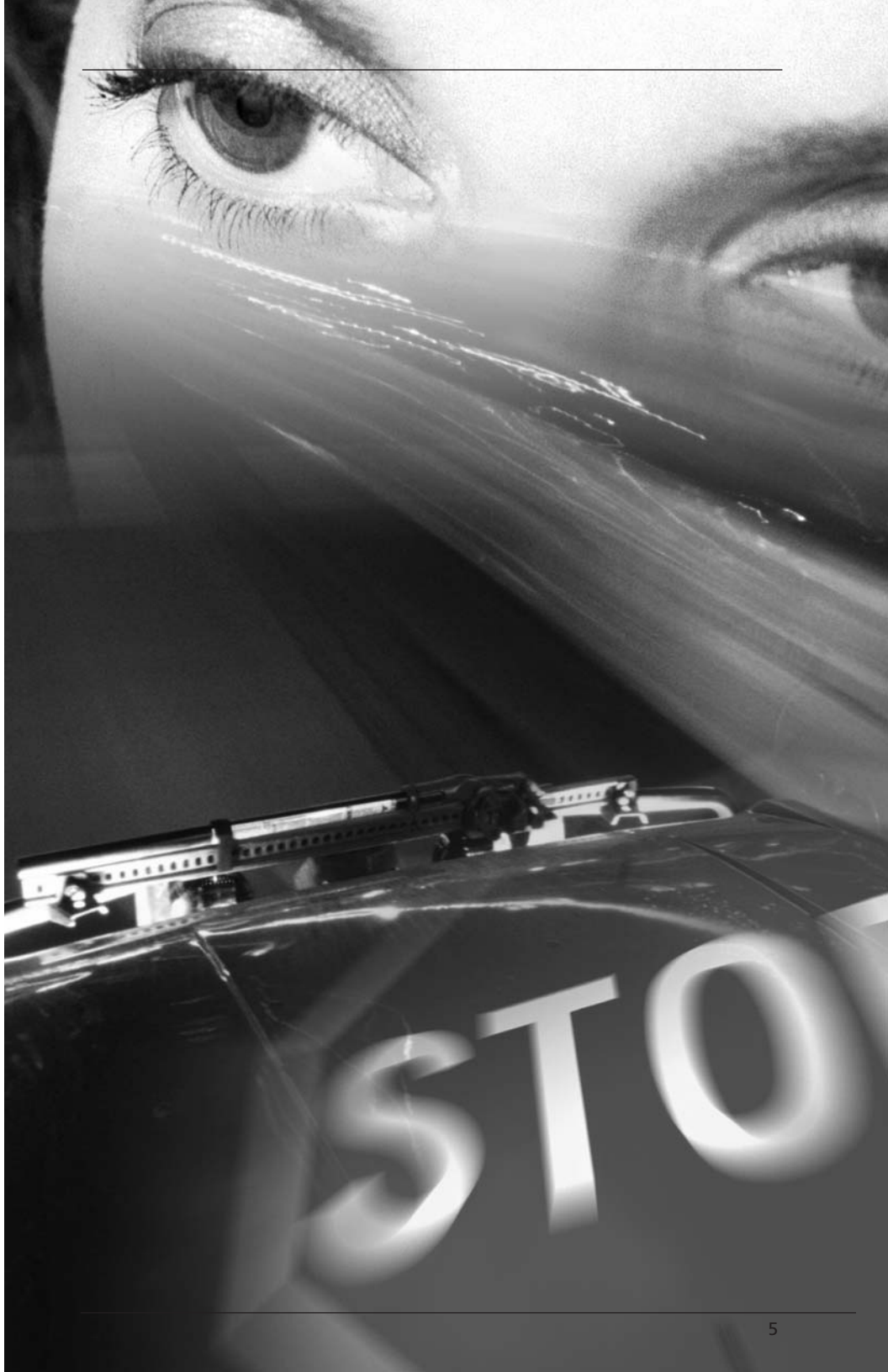
You have been injured by an impaired driver. You may be experiencing physical pain beyond anything you have ever felt before. In spite of the pain, you may rejoice simply because you are alive. Or you may truly wish that you had died, feeling that to escape this kind of pain would have been a blessing.

More than likely, your moods vary. You sometimes feel one way and sometimes another. How you feel about going on with your life depends on pain, success or failure on any given day, and the amount of hope you have for the future. Perhaps you are more stabilized in a middle position, disturbed and angry because this happened to you, but committed to getting better as soon as you can.

You may struggle with the direct, personal memory of the crash. You may be haunted by the memory of a violently powerful impact and the sounds of bending metal and shattering glass. You may remember terrible pain. You may recall that you seemed to be moving in slow motion, believing you were going to die, and somehow reviewing much of your life and thinking of those you love. The total loss of control you felt may still haunt you. You may remember how you felt when you realized you were still alive . . . the awful silence at first, and then searching for others.

Even though you don't consciously choose to think about it, you may re-experience the crash or other violence in unanticipated flashbacks or nightmares. You may have night terrors - violent dreams from which you awaken but remain frozen, unable to speak or move while the violence rolls on, even though you are aware that you are in your bedroom and awake.

You may have amnesia about the crash. Perhaps you became unconscious at the point of impact, or trauma to your brain may have affected your memory. Psychological reasons may prevent you from remembering what happened, a protective device within human beings, which protects them from remembering something too painful.



You may be experiencing feelings that seem foreign to you. You may be frustrated that you are having such a difficult time coping with your injuries, especially if you were a strong, independent, and autonomous person who always saw crises as challenges.

You may not only feel angry, but enraged. Your anger may focus on the impaired driver for having made the selfish choice to drink and drive. You may have vengeful fantasies and wishes about the impaired driver that trouble you, even though you know that these types of fantasies and wishes cannot be acted on.

Your anger may spill over on to others who may or may not deserve it... your family and friends, doctors and nurses, insurance agents, lawyers. You are probably angry at yourself for not having been able to avoid the crash, even though you know you did everything you could to prevent it.

You may find yourself feeling guilty for being alive, especially if someone you loved was killed in the crash. You may feel that the death was your fault, even though you know it wasn't. You could also feel guilty for being a burden on others or for not carrying out your normal responsibilities.

You may be frustrated with those who attempt to comfort you. You may feel misunderstood by those who say, "You're just so lucky to be alive" because you don't feel lucky at all. You may struggle with a response when they say, "You *are* feeling better, aren't you?" knowing they want you to feel better so *they* will feel better... but you don't. The word "time" may be a four-letter word you hate to hear. You tire of hearing, "It will just take 'time'," or, "In 'time' you'll learn to live with the pain." You wish people would stop asking, "Are you okay?"

Besides coping with your physical injury, you may worry about other things... what this has done to your family, money worries, your future, dreams that may never be fulfilled. Even though resources to help out are usually available, you may find yourself focusing only on the despair you sometimes feel.



The tension you are under may make it difficult for you to sleep. You may find that food doesn't appeal to you or you feel tired and confused. You may have difficulty concentrating. And there is always the pain.

This is the aftermath of injury, regardless of the severity, it is both physical and emotional. Injuries suffered may range from cuts and bruises to a severe head or spinal cord injury. All are traumatic. Only someone else who has experienced it can truly know how difficult it is.

Injury and Grief

As an injured victim, your experience is likely to be different. You have many grief cycles going on at once. If someone you love died as a result of the crash, you are probably experiencing what has just been described.

However, you may have to cope with other grief cycles. You start a new grief cycle every time you learn more about the seriousness of your injury. Sometimes medical people and families relate to you out of a conspiracy of silence about your injuries. Because they genuinely care about you, they may believe you can't cope with knowing the full extent of your injuries, so they break it to you little by little. Sometimes, they truly may not know the full extent of your injury, especially if you have closed head injury, which often is not diagnosed until long after the crash.





Grief cycles begin again each time you try to do something you thought you could do, and can't. You try to walk, and discover you can't. You may try to reach or lift something, and find that you can't. You may function well at the hospital, but find that you can't at home. Or you may function well in daily living at home, but fail when you try going back to work. If you have had head injury, your judgment may be impaired and you may attempt many things you aren't able to do.

You experience grief if a good prognosis doesn't come true. Doctors may decide on further surgery. Medical procedures sometimes don't work. You may push your doctors to tell you how long healing will take, and if the timeline they give you isn't correct, you grieve.

You grieve the loss of friends and even family members who are unable to cope with your injuries and therefore abandon you. It is painful to realize that those you always thought you could count on, can't be counted on anymore.

And you grieve the loss of dreams you had for your future which are now impossible. Realizing that you must compromise your plans to compensate for your injury is a burden that may, at times, feel unbearable. Coming to grips with a new future takes a long time.



Going Home

When you go home from the hospital, everyone in the family will have to adjust. Home is where you and your loved ones had established a fairly predictable routine. Many, if not all, components of that routine must now be re-evaluated in order to compensate for the injury. Comparing the new life with the old presents a vivid contrast. Difficulty climbing the stairs or taking a shower at home takes on a different significance than it did in the hospital. You may become angry when you find that you can't scrub the floor, take food out of the oven, or have the energy to complete household tasks. Adjusting work schedules, budgets, and restructuring the house are big undertakings. Frustrations, pressures and tensions may mount. You must now rely on others in the family to perform many of the tasks you once were able to do. While they know it has to be this way, they can become exhausted and resentful. Obviously, it's not your fault, but you wish you could ease their burden. Even if they willingly help you or care for you, you may feel guilty about needing that help.

Children in the home will need special attention. They are vulnerable and can be very shaken by the fact that someone who is supposed to take care of them is now injured and unable to. They may be horrified by physical changes they see or experience. They may be forced to grow up too quickly by assuming more responsibilities. Children are sometimes easily overlooked because so much of the family's resources and energies are focused on the one who is injured. Watch carefully to see if a child begins to withdraw, becomes noticeably noisier or quieter, receives poor school grades, or stops spending time with friends. Teenagers are likely to begin acting out their frustrations by running away, using alcohol and other drugs to get attention, or other disruptive behaviours. These warning signals indicate a need for you to encourage them to speak out about their fears and frustrations. Counselling may be in order. Talking with someone outside the family can offer a healthy and constructive outlet for them. Many find it helpful to ask another family member or adult to take their children on special outings or just encourage them to spend time in a less stressed home.

Marriages and significant relationships can be stressed by injury. Some stress comes from financial worries. Simple fatigue from working so hard to keep life functioning is stressful. Other relationships suffer when people keep too much of what they feel and think about the changed circumstances within themselves. Some partners try to protect their injured loved one by not talking together about important things. They believe they are making life easier for a loved one, who may instead feel left out. If it is difficult to talk honestly about concrete circumstances and feelings resulting from the injury, consider inviting a trusted friend, clergy or counsellor to facilitate such conversations.

Understanding the complexity of coping with injury and its aftermath doesn't have to bewilder you. It can give you hope. Knowing how difficult it is can help you be more patient with yourself as you deal with the many components of your recovery. It can help you celebrate victories which others may see as small, but which you know are monumental.

How Long Will Recovery Take?

Your recovery period obviously depends upon the seriousness and permanence of your physical injuries. It depends on other things as well. More than anything, it depends on the hope and courage you have in following the advice of your physicians, no matter how tired and frustrated you get. Your ability to accept temporary or permanent limitations will also add considerably to the quality of your life and the lives of your family and friends.

Some victims withdraw, turn inward, and cut off their social contacts because they are embarrassed or depressed about their injury. They can't accept what has happened to them: their new appearance, their changed abilities, their new realities. They may never recover physically or emotionally because they focus on the past and have a limited commitment to the future.

Some victims accept their new limitations and seek constructive ways to compensate for them. They talk openly about the trouble their injury causes them and seek help, sometimes in the form of going from doctor to doctor until one is found who understands and knows how to treat a certain part of their injury. They learn to

feel comfortable asking for help when they need it. If family and friends struggle to support them or may not understand their needs, they seek out other social groups where they can make new friends. They aren't afraid to be assertive in saying things like, "I can't ski or bowl anymore, but I do play a mean game of Trivial Pursuit or Bridge." If getting up and down is difficult, they sit through the entire church service rather than choosing not to go because they can't participate exactly like everyone else. They seek out facilities for the handicapped and go places that accommodate their injuries rather than sitting at home.

Physical recovery may or may not ever be complete. Even if your injuries are not severe, you may move a little slower than others or may experience intermittent pain. Emotional recovery may never be complete. Even though you may compensate for your injuries to the maximum level, you may continue to feel anxious when riding in a car. Tailgating, speeding, passing, and approaching or sitting in intersections may take on new meaning for you. Returning to the scene of the crash may always make you feel anxious.

You will have to find a way to cope with the senselessness of what happened to you, because it will pop into your mind from time to time for the rest of your life. Many people find that focusing on the randomness of the crash is their best coping tool. The impaired driver, being a human with free will, made an irresponsible and criminal choice, to drink and drive. Victims were simply in the wrong place at the wrong time and there is no way they could have known not to be there. To ponder over the "if only" accomplishes nothing and wastes energy. Focusing on the present and the future is the better choice, even though it is not always easy.

Surviving passengers of an impaired driver may often use self-blame and at times feel partially responsible for the injuries they have suffered. This method of coping is common, yet these passengers must also remember they were not the one who made the choice to drink and then drive. They were not the cause of their injuries and suffering.

Why is it So Hard to Maintain A Positive Attitude?

You feel the way you do because something very unjust has happened to you. Before the crash, you probably carried the vague belief that good things happened to good people and bad things happened to bad people. While you knew that unpleasant events happened to people, you didn't think they would happen to you. Now you've learned that bad things can happen to good people, and your safe world view has been destroyed. You now realize you are as vulnerable as anyone else to the tragedies of life, but you probably feel *more* vulnerable than others. This new awareness can leave you feeling crazy, confused, and angry. You may think others don't take life seriously enough.

If you are feeling angry, give yourself permission to feel *angry!* You have that right! The trick to recovery is learning to accept and to express what you feel to those people who are willing to try to understand (or, better still, to others who have been injured in car crashes because they *really do* understand). Suppressing your feelings only increases your frustration and depression, unanticipated outbursts, symptoms of clinical depression, gaining or losing weight, or getting sick.

If someone you love lives with you and is willing to allow you to express your feelings openly as you recover, you are fortunate. If not, you may find release from writing your feelings in a diary or journal. Some people benefit from attending support groups of persons who are also recovering from injury. Pain clinics often have such groups. Others find professional counselling helpful and say they could not have survived emotionally without it.

Here is What You Can Do to Recover

Learn all you can about your injury. The more you understand about your injury, the more patience you will have with yourself and your doctors as you progress through healing. You have a right to know. If you sense that your physicians are unable or unwilling to take the time to answer your questions, seek out a hospital social worker who may be able to help.

Because your body is so complex, your physician may be unable to predict the course or completeness of recovery, frustrating as that may be to you. Nevertheless, you can expect your doctor to discuss your case. If you are not satisfied with treatment, talk that over with your physician. You may find that a second opinion from a specialist gives you peace of mind or helps you decide to change doctors or hospitals.

Don't stay with a doctor simply because he or she is familiar. You need the best care possible while your body has the most ability to benefit from it. Being treated as a "patient" may leave you with little sense of control over your own life. It is important to regain some control by making your own decisions about treatment using the best medical advice you can find.





Strive for honest communication. You may find that your family and friends avoid discussing certain components of the crash or your injury with you. They may talk down to you, as if you were a child. It is true for some time after the crash, especially if you experience a great deal of pain, that you may regress to a more child-like state and need to be taken care of. Later, though, you will decide that you want to communicate with those around you in an adult, straight-forward manner and begin to solve some of your problems yourself. Seek out at least one good friend or relative who will understand this need. Ask for his or her help to plan in deciding how and when to:

- Contact your employer about sick and disability leave, insurance, and benefits;
- Learn about liability insurance and a civil personal injury lawsuit. You might want to consult a lawyer who specializes in personal injury suits and is willing to help you decide what to do (most lawyers will offer you a first half hour free consultation);
- Contact the Crown Attorney's Office about the status of criminal charges against the impaired driver;
- Plan for child care and personal care when you go home from the hospital;
- Make changes which must be made in your house or apartment to accommodate your injuries and the necessary appliances or devices you will need for your care.

The very fact that an impaired driver hit you can make you feel helpless, as if you have no control over what happens to you. You didn't have control over being hit, but you do have some control over what happens to you now. The more you are able to direct your own life, the quicker you will recover emotionally.

You could be entitled to more assistance in the outside world than you think. It *is* appropriate, for example, to ask your employer for adjustments in your workspace, hours, or responsibilities to allow you to continue employment. Check out your rights and negotiate as tactfully as possible with your employer.

Ask your physician whether rehabilitation after hospitalization would help you. Although it is often painful, try to stretch your abilities as far as possible. A rehabilitation specialist can also inform you of available devices or materials to make your life easier.

You could be entitled to other financial benefits. If you were injured while driving to or from work, ask your employer about Workers' Compensation benefits. If you will be unable to work for an extended period you may be eligible for Canada Pension Plan benefits. If these applications are originally denied, be sure you follow through on appeals. Since benefits are paid only from the date of application, file for benefits as soon as possible. You also may get funds for retraining, education, or equipment necessary for future employment.

Work at accepting your limitations. It is not difficult to remember what happened to you. You are reminded of it every time you take a shower, look in the mirror, or take a step. You may be shaped or move differently than you did before. You may become physically and mentally exhausted sooner than you once did. You may need to plan your time and energy carefully, almost on an hour by hour basis. Little by little, your self-image must be adjusted to your new reality. Understand that you will grieve over what has been lost.

Construct your new self-image so that your life has meaning. You must acknowledge and accept that you are a person who has survived a

terrible trauma, that you are changed, and that you are going on with your life. It may not be easy; it will get easier than it is now. You must set goals for yourself. Spend time with people who accept you as you are, and find a way to do meaningful work. Keep your goals realistic and work on them one at a time so that you don't overwhelm yourself. You have the right to happiness and satisfaction regardless of what happened to you.

Your interests, concerns, and values may be different now. Your life may be divided into two segments: before the crash and after the crash. You will probably discover strengths you never knew you had. You may have a new sense of compassion and sensitivity to people that you never had before. You may now take joy in things that, before your crash, were commonplace. You may cherish your mate, your children, your parents, in a new and profound way. You may discover how to reach out to others who are hurting, and when you do, you will be surprised to learn that you feel better too. As much as possible, move your focus from what you have lost to what you can do now.

You will upset yourself if you expect miracles. Recovery from serious injury takes a great deal of patience and work. You will probably find that you make progress for a while and then either reach a plateau or regress. That ebb and flow is natural although upsetting. When you have down times, it is okay to withdraw for a while and deeply grieve once again. In time, though, you should be ready to gear up and try again. Reasserting control over your life is essential. As long as you can see that you are making progress, even though it is slower at some times than others, you are probably okay both physically and emotionally.

Support and Resources

Your local MADD Canada Chapter may have within its membership other injured victims of impaired driving crashes who could help you feel understood. If you do not have family or close friends to depend on for support, regular phone contact with other injured victims involved with MADD Canada can be a lifesaver. It is true that those who best know what it is like are other injured victims. You may be helped by hearing how they



have learned to cope. They may also know resources for counselling, Victim Compensation or other financial assistance, insurance, the Criminal Justice System, and other concerns you might have.

Later on, if you begin to feel that you have enough energy to work with MADD Canada, you might decide to visit more recently injured victims to help give them hope and share what you have learned. If you like to give speeches, you might become a victim speaker and tell others what the crime of impaired driving has meant to you and your family. You might be interested in writing letters to legislators or attending legislative hearings about impaired driving and victim rights.

Many people find that it helps them a lot to be able to help someone else to do something constructive to help stop impaired driving. Others are not interested in that at all. It will be up to you to decide if and when you want to get involved.

Suggestions for Family and Friends of the Injured

Family and friends can be a blessing as they aid in your recovery. They can also hinder your recovery. Following are some suggestions for family and friends of injured victims. If you agree with the suggestions, you might want to pass this brochure on to them.

Learning about the crash, rushing to the hospital, and seeing your loved one in pain, pale, bloody, and lifeless is a trauma all its own. You probably experienced shock, anxiety, and terrible dread. Even though your focus is primarily on your injured loved one, *understand that you, too, are traumatized*. Seek the help and support you need in order to cope.

Always remember that it could just as easily have been you who was injured. Being aware of that fact will give you humility and patience.

Recovery of your loved one will rarely be complete. Even if the physical injuries totally heal, emotional scars will remain. If the injured victim has fears and anxieties, understand that they are normal following a traumatic crash and do your best to accommodate them.

Try to be a nurturer rather than a caretaker. A nurturer encourages the victim to take care of himself/herself as much as possible and then assists with the rest. A caretaker does it all without involving the victim in his/her own recovery. Try to be aware of the needs of the victim and offer your assistance without insisting on it.

Work toward normalizing the victim's experience, not minimizing it. Trying to make light of the seriousness of the injury or intensity of the pain is cruel and demeaning. Helping the victim understand that others with similar injuries have the same difficulties coping helps him feel normal, not crazy.

Learn to be comfortable with rage and despair and encourage expression of these emotions. Understand that talking about the darkest of human emotions is far healthier than stewing about them inside.



Understand that vengeful fantasies and wishes are harmless, and can even be therapeutic. Remove the phrase, “You shouldn’t feel that way” from your vocabulary.

Expect guilt, especially if someone else was killed in the crash. Gently encourage the victim to approach his feelings of guilt with rational thinking. If there are components of the crash for which the victim may legitimately be guilty, help him understand that this component is only a small part of the complexity of the crash. Carrying full responsibility is irrational and unnecessary. More than likely, the fault was entirely that of the impaired driver.

Expect anniversary reactions. No one can explain it, but very often injured victims experience a resurgence of the pain as well as depression on or near the anniversaries of the crash, even though they may not realize it’s the anniversary.

Allow the victim to tell and re-tell the story of what happened. Telling the story helps one come to grips with it and also helps bring to the surface forgotten memories. Understand the importance of the telling and retelling. Only if the story is exactly the same time after time with no new awareness or understandings should you be worried about the victim being stuck in grieving about the crash.

Help the victim label his or her feelings. It helps to more accurately describe what is going on inside.

Understand that it is normal for the victim to move forward, then fall back as he or she progresses through recovery.

Help the victim process nightmares, flashbacks, and night terrors. Be available to sit with the victim following night terrors and talk until he or she can respond.

Help the victim talk about second victimizations from impatient medical people, the media, frustrating insurance adjustors, persons in the criminal justice system, rehabilitation personnel who seem uncaring, and by family and friends who abandon. Be especially sensitive to the trauma of giving depositions or testifying in court. It is extremely humiliating to have the defense attorney probe for reasons the victim “asked” to be injured or was “responsible for” the crash.

Give honest, reasonable recognition at signs of recovery. Don’t give excessive praise or label the individual as “an inspiration.” The duty to be an inspiration or to be strong can be a burden.

Encourage the victim to socialize, but don’t insist on it until he or she is ready. Offer to set up links with other injured victims. Offer to take the victim to support groups. Offer to help the victim attend plays, musicals, or other activities he or she enjoyed before the crash. Try to re-establish hobbies if possible.

Take care of yourself. Seeing the one you love suffer so much can break your heart. Ongoing physical care of the victim coupled with worries about what the future holds can be both physically and mentally exhausting. Get regular medical check-ups, and spend some time each week with healthy people you love and who love you. Maintain your social relationships and be with your friends when you can. Don’t be shy about asking them to help you with care of the victim.

Don't Call Me Lucky

I live with my injuries.
People say to me, "Aren't you lucky!"
And they don't understand
why my face suddenly freezes
And my voice becomes tense.

I can say I'm lucky
If I so choose on any given day.
But when others say it,
I feel as if
They discount my pain
And don't recognize my costs,
Counting me only as alive or dead
No matter how hard it may be
To endure living.

Some days I am glad:
Life itself is all that matters,
And I savor it.

But when I hurt too much,
Or am told I won't fully heal,
When I can not work or play as before,
Or feel I'm a burden on others,
Then I don't feel lucky at all!
I feel cheated!

Some days I even wish
I had died rather than live like this.
So please don't tell me
That I'm lucky
To *only* be injured.

Tell me instead
You are glad I'm still here,
And let me know why.
Tell me that you care about
My grief, pain, anger and adjustments
Tell me you willingly rehear
My disappointments, loss and frustrations.
And have patience while I relearn to live.

Then someday I can tell you
How lucky I am - to have someone
Who understands and accepts my sorrows
And who also shares my joys.

- Dorothy Mercer

Recommended Readings

The following books are recommended for injured victims after the acute period of recovery:

Jackson, Edgar N., *Coping With the Crises in Your Life*. New York: Jason Aronson, 1980.

Komlos, Sharon. *Feel the Laughter*. Monroe, NY: Trillium Press, 1987.

Kushner, Harold S. *When Bad Things Happen to Good People*. New York: Avon Books, 1981.

Mercer, Dorothy. *Injury: Learning to Live Again*, Pathfinder Publishing.

Saldana, Theresa. *Beyond Survival*. New York: Bantam Books, 1986.

Stearns, Ann. *Living Through Personal Crises*. New York: Ballantine Books, 1984.

Warrington, Jan. *The Humpty Dumpty Syndrome*. Light and Life Press. (Head Injury)

Resources

For Physician Referral and Information:

National

The Royal College of Physicians and Surgeons of Canada

774 Echo Drive, Ottawa, ON K1S 5N8

Phone: 1-800-668-3740 www.rcpsc.medical.org

Provincial

College of Physicians and Surgeons of Alberta

900 Manulife Place, 10180-101 St NW, Edmonton, AB T5J 4P8

Phone: (780) 423-4764 www.cpsa.ab.ca

College of Physicians & Surgeons of BC
400, 858th Beatty, Vancouver, BC V6C 1B1
Phone: (604) 733-7758 Toll free: 1-800-461-3008
www.cpsbc.ca

The College of Physicians and Surgeons of Manitoba
1000-1661 Portage Avenue, Winnipeg, MB R3J 3T7
Phone: (204) 774-4344 www.cpsm.mb.ca

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Phone: (902) 422-5035 Toll Free: 1-877-282-7767
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The College of Physicians and Surgeons of Ontario
80 College Street, Toronto, ON M5G 2E2
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www.cpsso.on.ca

Collège des médecins du Québec
2170, boulevard René-Lévesque Ouest, Montréal, QC H3H 2T8
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Toll Free (outside Montréal): 1-888-MÉDECIN
www.cmq.org

College of Physicians and Surgeons of Saskatchewan
211 4th Avenue South, Saskatoon, SK S7K 1N1
Phone: (306) 244-7355 Toll Free: 1-800-667-1668

The Canadian Council on Rehabilitation and Work:
Promotes and supports meaningful and equitable
employment of people with disabilities.
www.ccrw.org



PART 2

COPING WITH A SPINAL CORD INJURY

Adjusting to a New Reality

You are probably reading this because you have been told that you have a spinal cord injury. What does this mean? A spinal cord injury damages the communication pathway between the brain and certain parts of your body. Depending on the extent of the damage and its location in the cord, serious and permanent physical consequences will result in varying degrees of severity. You will realize that your limbs or organs do not function as they did before.

Injury to the spinal cord, also known as spinal cord lesion (SCI), can affect certain physiological functions. Your ability to move your muscles may be affected, as well as your sensation of touch. Blood circulation, the elimination of urine and intestinal wastes, and respiratory capacity may be altered. It is possible that your body's internal temperature regulating system may be affected and that with decreased perspiration your body overheats during heat spells. These are only a few examples. In fact, you are beginning a new life in a different body.

Every person is different, and so is the injury. Everyone must follow their own path to regain their autonomy.

A Spinal Cord Injured Person's Story:

“Ten years ago, I became a paraplegic as a result of a car crash. I ended up in a hospital and then a rehabilitation centre. There, I met other crash victims who had suffered spinal cord injuries; each was going through their own distinct experience; some came out of it better than others, but for all, the suffering was intense. I felt so powerless and alone! In my hospital bed, I thought all of my dreams and plans were reduced to nothing. From one day to the next, everything seemed so uncertain: my love life, my activities,

my career opportunities...I was no longer the same; my body had become a stranger to me.”

In the beginning, when you become handicapped, it is difficult to live your day to day life. Every day is a new challenge. After a while, we become aware that we live like others; difficulties diminish as we develop techniques to supplement the loss of functions.

Your multidisciplinary team at the rehabilitation centre will guide and support you on your road to new found independence. The team may be composed of the following professionals:

- A physiatrist or general practitioner who provides you with the necessary health care and coordinates your rehabilitation.
- The nursing staff who will nurse you and teach you the personal care you will need from now on.
- The physical therapist who practices with you the appropriate exercises to develop your muscular potential and regain as much movement as possible.
- The occupational therapist who teaches you techniques and recommends equipment that will, if necessary, supplement any loss of motor function.
- The psychologist who knows how to listen to you and helps you live through your ordeal. You can confide your problems to him or her.
- The rehabilitation counselor who helps you find solutions to practical problems such as holding on to your job, accessing your home, your family situation.
- In some centres, the educator is responsible for planning your stay.

As needed, others may be added to the team, such as a sexual therapist, an employment counselor, a urologist, a psychiatrist, or a recreational technologist. Also, personal care attendants will help you accomplish day to day activities.

Highs and Lows

Before finding a reason to live after SCI, you must first go through a period of profound upheaval. You have to accept living day to day until the powerful emotions that weigh you down after



the injury have been exhausted. It is natural to feel deep depression, anxiety and rage. But the experiences of thousands of SCI persons show that you can regain your equilibrium.

Following an SCI, the injured person goes initially into a stage called spinal shock. This is the total loss of all reflex functions and all movement below the level of the lesion. To keep the injured person alive, the care given must compensate for the arrest of vital functions such as respiration and the elimination of urine and fecal waste.

This condition may last several hours, days, weeks or even months. Afterwards, the progressive recovery of functions makes the ultimate degree of functional loss uncertain until the sixth or ninth month following the accident. But the condition of the SCI person stabilizes itself before the end of the first year.

Causes and Statistics

Each year in North America, about 10,000 people suffer spinal cord injuries. The cause is usually accidental, but an SCI may also be the result of a tumour or medical complications. Certain diseases or congenital malformations may also lead to paraplegia or quadriplegia, but not all their consequences are generally identical.

Causes of Spinal Cord Injuries:

- Accidents: automotive accidents, diving, falls, fires, knives and other weapons, sports, etc.
- Medical complications or pathologies that can affect the spinal cord such as tumours.

Aids to Personal Independence

The Wheelchair

The wheelchair is central to personal independence because it is what makes independent mobility possible. Any discussion of wheelchairs must necessarily include the use of accessories and a quality cushion. The two basic types of wheelchair are manual and motorized. Both types have variations such as the ultra lightweight wheelchair and include a series of accessories that can be added when required. A systematic evaluation of the type of



wheelchair needed by the individual is made by a team of professionals in the rehabilitation centre as part of the rehabilitation program.

The Home

Initially, contemplating your return to life at home can cause anxiety. Of course, you can decide to see things “on a grand scale” and have a new house built that is completely accessible and adapted to the needs of a wheelchair user. If you are a homeowner, you can call on the services of organizations or people with professional expertise in making homes accessible. By working with these professionals, you can explore the most realistic solutions possible considering the characteristics of your present home.

Progress in modern technology now makes it possible to install a lift mechanism inside or outside the home. Kitchen accessories and counters can be modified to make circulating and cooking possible from a wheelchair. Door frames can be enlarged and bathrooms adapted.

If you rent, what you choose to do must take into consideration the entire building in which you live. Most buildings are wheelchair accessible all the way to the apartments. Afterwards, it is relatively easy to make the transformations needed to the interior of the living quarters. Being a tenant makes you ineligible to receive financial assistance granted to home-owners. Also, the written permission of the owner is absolutely necessary before undertaking any work whatsoever, otherwise you could be liable to lawsuits for damages and interest.

Other Residential Facilities

There are other acceptable solutions for housing problems that some people may have. People with low incomes can seek accessible accommodation in “low income housing.” These buildings are usually owned by the government and administered by municipal organizations.

Another type of resource available is a government subsidy that covers a portion of the rent for low income earners.

Home-care

Despite all the physical and technological adaptations available, social re-integration for a large number of people with SCI is not possible without the support of home-care services.

Certain government health and social services programs are specially mandated to offer support services adapted to the needs of disabled persons. However, there is also an increasing number of private agencies opening their doors. It is recommended you obtain references before hiring one of these.

The care-givers mentioned can offer disabled persons the following services which meet their individual needs:

- assistance in the activities of daily living;
- assistance in housekeeping activities;
- health-care services;
- rehabilitation services;
- psychosocial support services;
- family respite and care sitter services.

Associations

The town or area you have chosen to live in likely has a local or regional association for disabled persons. Through organizations like the Canadian Paraplegic Association, you can often meet people who were able to socially integrate many years ago, who convey an air of confidence and are prepared to share the knowledge they have gained through their experiences.

Financial Assistance

There are two sources of financial assistance that cover, in whole or in part, the costs of acquiring and maintaining equipment and technical aids.

Public Funding

Public funding is associated with public health care or accident insurance programs. There are public insurance programs to indemnify victims of highway accidents or crashes, work-related accidents and victims of criminal acts. A person whose injury is not covered by these public insurance programs and who does not have any private insurance can have recourse to other publicly

funded financial assistance programs. Subsidies are available to help make modifications to the home and vehicle or to help pay the rent for people with low incomes.

Private Funding

Private funding usually comes from personal insurance or from private foundations. For the former, you must study the particulars of the coverage offered in the contract with a private insurance company. It may sometimes be necessary to obtain the services of a professional in legal matters, such as a lawyer or rehabilitation counselor.

Foundations, for their part, come to the assistance of people who are not covered by any public or private insurance and have no other financial resources to obtain equipment or assistive devices.

Grieving the Loss

Walking, talking, and dancing are hardly ever considered extraordinary movements unless, of course, you are unable to perform them. In a paralyzed body that no longer moves as it did before, the person with SCI is deprived of his or her usual way of life. The person with SCI must learn to live differently without benefit of an instruction manual.

The paraplegia or quadriplegia may be recent or chronic, the result of a trauma or a progressive disease. As with all extreme situations, there are no courses that prepare you to go through this experience or move on to a new style of living. It is a total immersion that forces the person into a rehabilitation process that is physical, psychological and social.

Even though there may be a medical explanation for the physical damage, it may be more difficult to explain the nature of the invisible injuries suffered when the inner world is fractured.

The Body and the Emotions

When the normal functioning of the nervous system is upset by an injury to the spinal cord, there is an upheaval in the emotional life.



The loss of physical functioning and the necessity of reorganizing your life around a body that no longer responds as it did before, demands a greater ability to adapt and learn. Within the same body that has become a source of insecurity, a new physical security and emotional stability must be rebuilt.

The expression of “grieving process” refers to a set of emotions experienced after the loss of someone or something which is particularly significant to us. Grieving also designates the process of adjusting to the different losses that arise in our lifetime. We all experience grief in our lives, and we all experience the ordeal of loss differently.

Not all grief causes the same degree of imbalance. The duration and intensity of the emotions experienced vary according to the importance of the loss. Because of its severity, the spinal cord injury throws every aspect of the individual into a profound imbalance. Much like the natural process of scarring that occurs after a physical injury, the process of grieving is set off to re-establish the emotional balance of the person who has suffered a loss.

The First Stage of the Grieving Process

- Shock
- Denial
- Anesthesia/Numbness
- Negation

The first stage of this process corresponds to the period of “shock” or the “acute stage”. The person often feels numb when facing an event; emotional sensation is blocked, even frozen. It is especially during the shock stage that a state of confusion is felt. One’s perception of reality can be foggy and the world of emotions is paralyzed.

During this stage, a person’s energy is expended to minimize or deny the impact of the event and/or its importance. During this period, denial and negation become the preferred protective mechanism. In fact, they are a survival mechanism that allows us to feel only what we are able to tolerate of the new reality so we can continue living without being totally overcome by suffering.

Denial usually succumbs to the unrelenting oppression of physical reality. It becomes obvious that a wheelchair is needed, that the skin is more fragile since circulation is poorer, that you have to take care of personal hygiene because the bladder and/or the intestines no longer function as they did before.

The Second Stage of the Grieving Process

- Awareness of the permanence of the loss
- Imbalance
- Emotional turmoil: anger, guilt, shame, protest, rage and depression
- Disorganization
- A sense of panic, of loss of control over one’s destiny
- Increased number of dreams or nightmares
- Retreat, withdrawal, isolation

The second stage of the grieving process is a stage of “loss of balance” where the emotions which were frozen during the “shock” stage are released. It is at this time that the “acknowledgement of permanent loss” becomes painfully felt.

The severity of the pain experienced can give the impression of lost control.

It is often during this stage that the person feels helpless, that is, unable to take care of him or herself by taking on the responsibility of their own suffering.

It is precisely at this moment that the person needs support from their environment to counter the risk of withdrawal that threatens to engulf him or her. It must be recognized that family and friends may feel helpless or inadequate when faced with so much suffering in the grieving person. They would like the other's pain to go away as fast as possible.

Because loved ones can sometimes feel too close to the suffering and be overwhelmed, it can be helpful to seek outside assistance from a resource person. This person can encourage the expression of grief to help rid the mourner of painful, energy-sapping emotions. Normal but difficult emotions, such as anger, guilt, rage, despair and pain are given an outlet, an ear. Despite the pain associated with the grieving process, it is important to remember that this is a period of adjustment that promotes personal growth.

The Third Stage of the Grieving Process

- Rebuilding your identity
- Reorganizing your life and role in society
- Renegotiating your relationship with your surroundings

Added to the periods of “shock” and “imbalance” is the third stage of the grieving process: the “reorganization stage.” During this period, the person regularly experiences momentary episodes of distress. Though these intrusive emotions may still be present, they are less intense and less frequent. It may be said that the person is learning to live with the loss, to “make do.” This stage corresponds to a better control of one's life and a restructuring of one's identity. The emergence of new, personal skills may also be noticed.

Sometimes, unresolved grief that we believe is gone forever resurfaces at the same time as the present loss. All our emotions accumulated over the years may re-emerge and amplify the reaction to the loss. This is why it is often helpful to explore your personal history and examine how you dealt with grief in the past.

Physical loss in the present may reawaken grieving for past losses, as well as hopes and lost plans for the future. Within the reality of a different body, the notion of time is altered and the normal process of physical evolution is sped up. The realities of aging, sickness and death become a chief concern, though they are only in the back of most people's minds. Our altered body reminds us cruelly of the fragility of life and the limitations of human beings.

Resources

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To reach CPA National in Ottawa: (613) 723-1033,
fax: (613) 723-1060, email: info@canparaplegic.org



PART 3

CLOSED HEAD INJURY

Traumatic Brain Injury – A Brief Overview

Over the course of a lifetime, almost everyone sustains a bump on the head. Because of the protection provided by the skull, most of these bumps result only in a tender and swollen “goose egg” that goes away in a few days. However, in the case of a severe blow to the head as might happen in an auto collision, a fall or an assault, the result may be a traumatic brain injury (TBI).

The structure of the human body is such that the brain is very well protected against everyday bumps and jolts. If the body is subjected to unnatural forces, such as those which occur during an auto crash or a fall, the brain becomes vulnerable to injury due to trauma. The brain can also be injured by:

- a lack of oxygen,
- blows to the head,
- illness and disease, and
- cerebral vascular accident.

The results from such injury can vary extremely in severity and the outcomes can be difficult to predict.

No head injury should be ignored. Even with the common backyard bump to the head, the injured person should be monitored carefully for several hours or days for signs of confusion, disorientation, undue drowsiness or headaches. Should any of these occur, the injured person should see a physician immediately.

Common impairments which may result from TBI are:

- poor concentration and attention,
- memory problems especially with new information,
- vertigo (dizziness), light-headed feeling,
- excessive fatigue,
- slowness processing information (even though intelligence remains intact),
- visual, speech, and hearing disturbances,
- reduced initiative,
- socially inappropriate behaviours,
- impulsivity,
- irritability and mood volatility,
- emotional/behaviour outbursts, and
- persistent or recurrent headaches.

It is generally accepted that no two brain injuries are alike. This is due largely to the fact that no two people or two traumatic events are alike. The extent of the impairments will depend on a number of factors including age of person, type of injury, location of damage and length of unconsciousness.

Fortunately, most mild brain injuries result in impairments that diminish after a recovery period lasting a number of days or weeks. However, many brain injuries do result in varying degrees of long-term impairment. Note carefully:

If neurorehabilitation is required following brain injury, it is most effective if it begins as soon as possible. A rehabilitation team may include physicians, psychologists, social workers, occupational therapists, physical therapists, speech and language pathologists, case managers, nursing staff, rehabilitation counselors and other professionals. Together, they will work to achieve the best possible recovery.

When a patient has been rendered unconscious or comatose, the risks of more serious impairments are increased. Unfortunately, if the injury is more than “a bump on the head” this may be the start of a long journey down the road of anxiety and uncertainty. It is a trip that you do not have to make alone.

If you or someone you know has experienced a TBI:

KEEP A DIARY. Record your progress or the progress of your loved one through recovery. Record questions that you may have for doctors or other professionals involved.

ASK QUESTIONS. If you do not understand what is being told to you, ask for clarification. This includes having someone to interpret for you if necessary.

BECOME INFORMED. You are the primary caregiver and case manager for your loved one. You may be required to make decisions regarding long-term needs.

GET REST. As a caregiver, you need to remain rested and alert so that you can provide effective help when necessary.

Introduction

Impaired driving crashes are a leading cause of traumatic brain injury, referred to as closed head injury when the skull has not been fractured. A second tragedy of many persons who have sustained traumatic brain injury is the fact that they are not properly diagnosed and treated.

Society in general, including some health care providers, have the mistaken notion that in order for a person to have traumatic brain injury, he or she must suffer coma, skull fracture, lacerations and broken bones, or at least have been “knocked out.” This is simply not true.

What has been labeled “mild” closed head injury can be a significant traumatic brain injury which impacts family, personal relationships, employment, and general well being.

It is not unusual that, immediately after the crash, a head injured person can discuss what happened with law enforcement officers and emergency medical personnel, and even exchange drivers’ license and insurance information. Then, by the time the consequences of the head injury begin to interfere significantly with the person’s life, neither the injured individual nor the family relate the problems to the crash.

Although different persons have varying problems, common symptoms of head injury include cognitive (thinking) problems such as:

- difficulty paying attention and concentrating
- problems making sense of what has been read or seen on television
- forgetting things
- finding it difficult to learn new tasks or complete tasks
- confusion in finding places or following geographical directions
- unclear thinking
- inflexibility
- diminished organizational skills
- poor decision making, judgment, and reasoning

Brain injury can also cause physical problems such as fatigue, restless sleeping, dizziness, headaches, and speech problems. All of these decrease a person's tolerance for stress. Persons with head injuries are at risk of being overwhelmed by overload. They may be less flexible in problem solving, having exhausted their coping reserves.

Psychological problems can also result from head injury. Sadness and despair, denial of limitations, lack of interest in previous activities, and/or intense or highly changeable emotions bother many persons with head injuries. Some become irritable about many things (and people) in their lives and many even fly into unexpected rages. Other common psychological consequences are acting impulsively without considering the consequences, lack of self-awareness or of their impact on others, increased or decreased sexual interest, and lack of appropriate social behaviour. Some people recognize the changes that have occurred; others do not. Few recognize their own inappropriate social interactions. Some resent others who attempt to control or change their behaviours, which can be very frustrating for family members and other caregivers.

Because some of the symptoms of head injury are similar to those of depression, a head injury diagnosis is frequently overlooked.

Families often find the symptoms of head injury easier to bear immediately after the injury than they do later. More attention is paid to other physical injuries than to head injury symptoms in the emergency room or trauma centre, unless the head injury is obvious. The family may simply be grateful that their loved one survived the crash.

Even with a recognized head injury, hope is strong at first that a full recovery is possible, and unusual statements or behaviours are tolerable. Later, families want their loved one to "behave" or function better, especially when social skills are impaired. With mild to moderate injuries, the symptoms may seem reasonably unimportant at first. Only when a person begins to try to live more "normally" at home, work, or school, do the symptoms become more noticeable and frustrating.

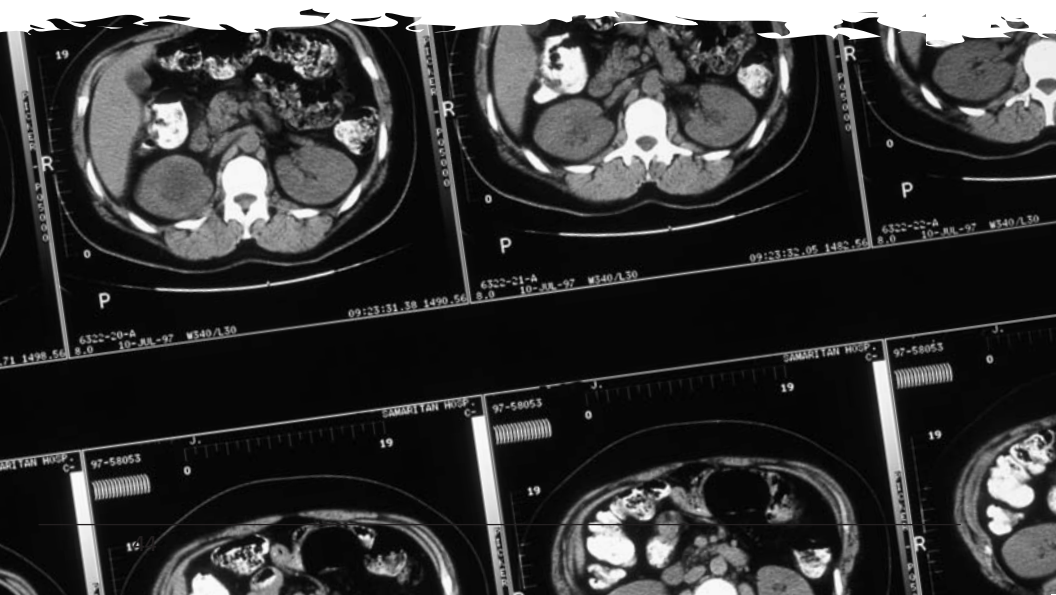
Medical Aspects

Unlike persons with severe brain trauma whose injuries are obvious, people with mild closed head injury may not have obvious medical problems.

What is now called mild traumatic brain injury was referred to by many names throughout the nineteenth century including post-concussion syndrome, minor contusion syndrome, post-traumatic vaso-motor neurosis, post-traumatic nervous instability, and post-traumatic syndrome, to name a few.

Although the term “mild” is used to describe the medical aspects of this problem, the difficulties of head injury can be permanent and devastating.

Even when consciousness has been lost for up to twenty or thirty minutes, victims are often sent home from the hospital within twenty-four hours. The family is instructed to awaken the victim every two hours. Reflexes, strength, and other gross measures of the neurological examination may have fallen within normal range. Magnetic resonance imaging (MRI), CT scanning of the head, x-rays, and EEG's may have revealed nothing. However, the test results do not mean that the brain has not been injured. These tests have significant limitations and are unable to detect subtle changes in brain function.



Deep areas of the brain are commonly injured in crashes. These sections are called the subcortical areas and are very important for processing information and for communication between different parts of the brain. Since the outer portion of the brain may be working normally, deficits in brain function may not be noticed until complex tasks are undertaken. Complicated tasks are usually not required when one is hospitalized, so deficits may not be noticed until the injured person returns home.

Complex tasks are those which require several portions of the brain to work together simultaneously. Examples are balancing activities, complex hand activities, recognition and drawing of pictures, engaging in conversation without forgetting what the other person said, discriminating sizes and shapes, interpreting touches and feelings, and making judgments.

The diagnosis of mild closed head injury is best made by an experienced physician or neuropsychologist skilled in cognitive perceptual motor testing. Neuropsychological tests are standardized tests which take six to ten hours to complete. They evaluate the function of many different areas of the brain and can show abnormalities that other medical tests cannot detect. *The most important evaluation to detect mild traumatic brain injury is neuropsychological testing.*



Even though such injury has permanent components, many of the problems can be improved upon with comprehensive interdisciplinary rehabilitation. This includes cognitive rehabilitation and cognitive perceptual motor remediation. Improving these competencies improves confidence, relieves anxiety, and eventually improves function. As rehabilitation helps the victim gain better control over behaviour through learning compensatory techniques, higher functioning is accomplished, and sometimes a return to gainful employment becomes possible.

Comprehensive rehabilitation ideally includes treatment from a number of health care providers experienced in treating head injury. These may include a physician, a physical therapist, an occupational therapist, a speech pathologist, a neuropsychologist, a social worker, a vocational counselor, a recreational therapist, a nutritionist, and a case manager.

This list of professionals indicates the complexity of problems associated with head injury. These professionals will work together with the injured person and the family to identify and achieve rehabilitation goals. Obviously, the sooner treatment is started, the more likelihood of a successful outcome.

It is crucial that people understand that not all physicians are qualified by education, expertise, or training to diagnose and treat mild closed head injury. A physician or neuropsychologist with specific expertise in head injury should be sought out.

Before the first appointment, it would be helpful to prepare a written list of problems noticed since the crash. The injured individual may have little insight into the problems, so family observations are critical.

Recovery, even without treatment, is most rapid during the first weeks to months after head injury, unless the brain stem was damaged. While rehabilitation is usually of maximum assistance soon after the injury, rehabilitation specialists can still help regain function months or even years after injury. Don't assume it is now too late for you to be helped. Instead, let a professional decide what is still possible for you.

Financial/Employment Issues

Mild traumatic head injury cannot only fool medical technology, but it can also fool people close to the injured person. In casual contact, the person might appear completely competent and normal, but when asked to perform to a predetermined standard such as examinations, written work, or job performance, he may be incapable.

Cognitive skill impairments are sometimes quite obvious to family members or others knowledgeable about traumatic brain injury, but they may be subtle to others.

Living in the information age as we do, when the ability to analyze and understand a stream of data is critical to professional success, head injury problems can cause real trouble.

The student who cannot understand the lecture or focus on reading assignments, the parent at home who cannot organize the day, or the salesperson who cannot communicate the intricacies of a sales presentation, is condemned to failure.

To add to these complications, the person may appear to be perfectly psychiatrically normal and doctors may even have told the family that nothing is wrong, yet the injured individual knows that things are not right and feels a certain sense of disintegration of his or her personality.

It must be understood that in most tasks, various parts of the brain function together. Injury or impairment in any one part may have what is called a synergistic affect on functioning of the entire brain. Following are some examples:

Problems with Learning and Memory

While pre-injury learning and memory usually remain unaffected, learning new material and new procedures may prove extremely difficult. The injured person may begin to lose things such as car keys and important documents. Sometimes even moving office furniture can be quite unsettling.

Many people are able to return to work at their old jobs, but problems develop when they are transferred or promoted.

Problems with Attention and Concentration

Problems of attention and concentration create the largest barriers to successful vocational rehabilitation. The inability to focus on an exam question because a bird is singing outside the classroom, or the inability to follow the boss's instructions at work because of machines running in the background are serious problems.

These kinds of problems usually stem from injury to the front part of the brain referred to as the frontal lobes. They are the largest portion of the brain, just behind the forehead and very vulnerable to injury.

People with frontal lobe injury have difficulty holding well-focused conversations, which tends to unnerve friends, co-workers, and supervisors. Such a person may lose track of time and find herself unable to shift attention when interruptions occur. People with frontal lobe injuries may also become emotionally fragile, which further complicates matters.

Problems with Information Processing, Speed, and Capacity

With closed head injury, one's ability to think and react quickly may be impaired. This causes the person to feel overwhelmed with tasks that were simple before the crash. This not only stresses the injured person but also the employer. The frustration makes the cognitive problems worse which can lead to more stress and depression.

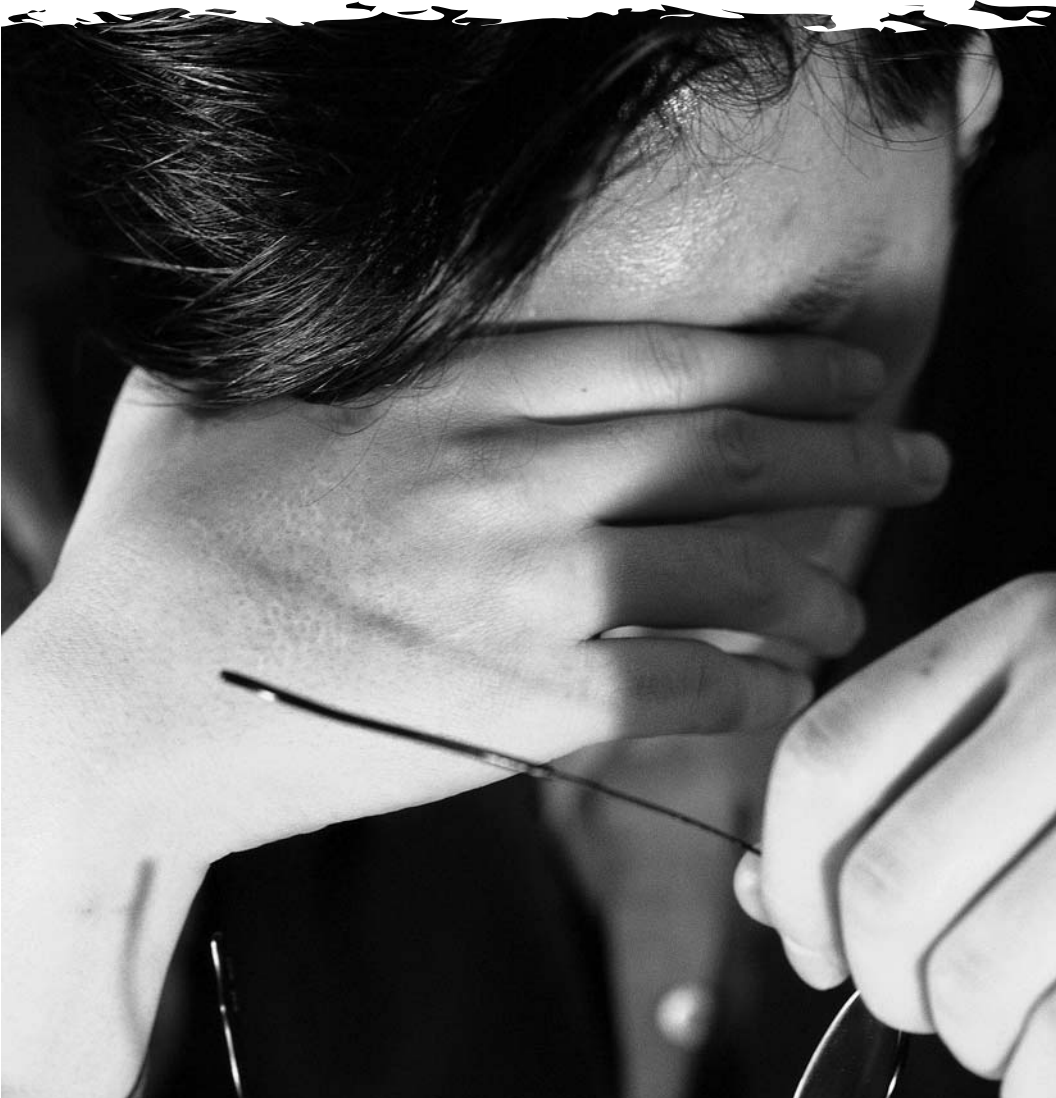
Problems with Executive Functions

Planning, identifying priorities, sequencing steps to complete a task, and monitoring one's own behavior are referred to as the executive functions of the brain. When one or more of these functions is impaired, it can be one of the most disabling aspects of the injury because the injured individual becomes unaware of his or her own shortcomings.

Problems with Emotions

When the thinking centres of the brain are not able to control the emotional centres, the individual becomes impulsive, disinhibited, and irritable with mood swings and emotional outbursts. Lowered tolerance to frustration can have a devastating impact on human relationships and employment.

The sometimes subtle, negative changes caused by head injury conspire against a person's chances for success on the job. This means a marked decrease in lifetime earnings.



Selecting an Attorney

Some people have the mistaken impression that a lawyer is a lawyer. Every person who files a lawsuit deserves a competent and well-qualified lawyer with specialized expertise to handle their particular problem, whether it be real estate, corporate and tax planning, or traumatic brain injury.

When victims are injured in impaired driving cases, the province or territory appoints a lawyer commonly called the Crown Attorney to handle the criminal case. Victims do not pay for this service.

Additionally, crash victims may want to civilly sue the impaired driver, the driver's employer if he was driving on the job, the bar who knowingly served the impaired driver, or sometimes the insurance company. While recovery in the criminal case is jail or prison for the impaired driver and sometimes court-ordered restitution to the victim, recovery in a civil suit is always money - something many head-injured persons desperately need. Attorney fees are required for this type of suit.

If the offending person or group has recoverable income or assets, it may be in the injured person's interest to pursue a civil suit. Attorney fees are required for this type of suit, and they will be addressed later in this brochure.

Unfortunately, when people are living within crisis, they may not be as careful about hiring an attorney as they should be. At a minimum, victims should ask the following questions:

Do you have specialized expertise in head injury cases?

and

How many closed head injury cases have you handled?

An attorney should accept serious responsibility when representing a client suffering from head injury. He or she must not only thoroughly understand this type of injury, but also be able to expose defense attorneys who will attempt to decrease the value of the victim's claim.

A competent attorney should know and believe:

- that many head injuries are not diagnosed in the emergency room, and that it may take months or even years before a proper diagnosis is made;
- that head injury symptoms such as memory problems, emotional problems, concentration problems or others noted above are not voluntary or psychological, but are caused by real physical injury to the brain;
- that a person may have walked and talked at the scene of the crash and still have a closed head injury;
- that even though a brain injury may be described as mild or moderate, impact to the victim, the family, social relationships, and employment may be far-reaching and severe;
- that a direct blow to the head is not necessary to cause a traumatic brain injury;
- that a skull fracture, cuts on the head, or coma are not necessary for a person to be brain injured;
- that a defense witness neurologist is likely to testify that the person is neurologically sound based on MRIs, CT scans, and skull x-rays. Those tests do not detect many components of head injury.
- that head injured individuals are at risk for seizure disorders but they may not begin for months or years;
- that defense witnesses will testify that the injured should be able to work, although they will likely not specify a particular job. Cross-examination of such a witness will require knowledge and skill of the intricacies of head injury;
- that understanding neuropsychological reports and developing neuropsychological testimony so that a jury can understand it are crucial.

A good attorney should be willing to gain a full understanding of how the crash has affected the victim's life. This might include looking at photos or videotapes of pre-crash life and talking with those who can describe that life in detail. It might mean spending the day with the injured person now to assess problems and deficits first hand. The attorney will have to make both of those personalities and life-styles come alive for the jury.

A good attorney should answer the client's questions in writing, even if they were verbally answered in person or on the phone. This prevents unnecessary confusion for the head injured person.

A good attorney will be able to provide credible expert witnesses such as crash reconstructionists, forensic psychiatrists, vocational economics analysts, neuropsychologists, and others to fully and completely present the case. Otherwise, the victim may not be compensated fairly.

The injured are sometimes more comfortable with an attorney who is committed to head injury prevention and who is actively involved with MADD Canada. By knowing what services these organizations provide, the attorney becomes a true advocate for the injured.

For further information about head injury, contact your local MADD Canada Chapter, or the following national organizations.

Association For The Neurologically Disabled Of Canada (AND)

59 Clement Rd., Etobicoke, ON M9R 1Y5
Phone: (416) 244-1992 Toll free: 1-800-561-1497
Fax: (416) 244-4099 Email: info@and.ca
www.and.ca

Canadian Medical Association

1867 Alta Vista Dr., Ottawa, ON K1G 3Y6
Phone: (613) 731-0331 Toll Free: 1-800-267-9703
Fax: (613) 731-7314
Web: www.cma.ca

**Provincial Brain Injury Associations
Alberta**

Brain Injury Association of Alberta BIAA
4916 50th St., Red Deer, AB T4N 1X7
Phone: (403) 309-0866 Toll Free: 1-888-533-5355 (in Alberta)
Fax: (403) 346-8740 Email: biaa@biaa.ab.ca
Web: www.biaa.ab.ca

British Columbia

Lower Mainland Brain Injury Society

88 Tenth St., New Westminster, BC V3M 6H8

Phone: (604) 521-0833 Toll Free: 1-800-510-3221

Fax: (604) 521-9141 Email: lmbia_CO@telus.net

Web: www.lmbia.org

Manitoba

Manitoba Head Injury Association

Suite 204, 825 Sherbrook St., Winnipeg, MB R3A 1M5

Phone: (204) 953-5353 Fax: (204) 975-3027

Email: mbia@mts.net Web: www.mbia.ca

New Brunswick

Brain Injury Association of New Brunswick

Suite 148, 527 Beaverbrook Ct., Fredericton, NB E3B 1X6

Phone: (506) 357-9955 Fax: (506) 357-8412

Email: roganne@rogers.com or bianb@nbnet.nb.ca

Web: www.braininjurynb.ca

Newfoundland & Labrador

Newfoundland Brain Injury Association

Suite 215, 31 Peet St., St. John's, NL A1B 3W8

Phone: (709) 579-3070 Toll Free: 1-877-525-6242

Fax: (709) 579-3109 Email: nbia@nf.aibn.com

Web: www.nbia.nf.ca

Nova Scotia

Brain Injury Association of Nova Scotia

P.O. Box 8804, Halifax, NS B3K 5M4

Phone: (902) 473-7301 Fax: (902) 473-7302

Email: bians1@ns.sympatico.ca

Web site: www3.ns.sympatico.ca/bians1

Ontario

Ontario Brain Injury Association

P.O. Box 2338, St. Catharines, ON L2V 4Y6

Phone: (905) 641-8877 Toll Free: 1-800-263-5404

Fax: (905) 641-0323 Email: obia@obia.on.ca

Web site: www.obia.on.ca/

Prince Edward Island

Brain Injury Association of P.E.I.

P.O. Box 20010, Charlottetown, PE C1A 9E3

Phone: (902) 566-4707 Fax: (902) 566-1426

Email: shirley.macmannus@pei.sympatico.ca

Web: www.gov.pe.ca/infopei/oneListing.php3?number=5671

Quebec

Association québécoise des traumatisés crâniens

911, Jean-Talon Est, bureau 106, Montréal (Québec) H2R 1V5

Phone: (514) 274-7447 Fax: (514) 274-1717

Email: aqtc@aqtc.ca Web: www.aqtc.ca

Saskatchewan

Saskatchewan Brain Injury Association


1702 20th St. W, Saskatoon, SK S7M 0Z9

Phone: (613) 731-9331

Toll Free: 1-888-373-1555 (in Saskatchewan)

Email: info_sbiam@ Sasktel.net

Web: www.sbiam.ca



What makes MADD Canada unique from other organizations in the fight against impaired driving is our service to victims of impaired driving crashes including:

Emotional Support: Victim Services Volunteers and victims from the chapter offer one-to-one peer support. Some chapters conduct victim support groups.

Court Accompaniment and Support: Local chapter members volunteer to go to court with a victim and/or the victim's family.

Helping Victims Know Their Rights Under the Law: Volunteers assist victims in understanding their right to submit a Victim Impact Statement to the courts and help them in completing the statement if required.

Annual Candlelight Vigil & Victims' Weekend: These events provide the chance for victims to come together to honour and remember their loved one(s).

The Victims' Weekend includes educational presentations by professionals on grief, bereavement, coping with injury, and related issues. It also provides time for reflection in a supportive environment.

A National Resource Guide: This publication contains federal and provincial resources for all victims of crime, including a focus on victims of impaired driving.

Lending Library: All Chapters have been provided a list of books available on loan from Victim Services at the National Office. Topics range from Coping with Injury to Restorative Justice.

Four Free Brochures

A Guide to the Canadian Criminal Justice System for Victims of Impaired Driving
Coping with Life After Injury
Trauma, Loss and Bereavement
Understanding the Consequences of a Loved One's Impaired Driving

For Victim Support call MADD Canada's toll-free line: 1-800-665-6233

What is MADD Canada?

MADD Canada (Mothers Against Drunk Driving) is a national, grassroots, charitable organization with Chapters and Community Leaders across the country. MADD Canada Chapters are run by volunteers from across the country and include not only mothers, but fathers, friends, business professionals, experts in the anti-impaired driving field, concerned citizens and young people who want to make a difference in the fight against impaired driving.

History of MADD Canada

In 1983, MADD Canada's predecessor PRIDE (People to Reduce Impaired Driving) received official Chapter status from MADD in the U.S., becoming the only official licensee of MADD in Canada. Several Chapters were subsequently formed and in 1990, MADD Canada officially became a national organization.

MADD Canada has grown from coast to coast and continues to advocate for change to make our communities safer and to provide victims of impaired driving with a voice.

What Can You Do?

- **Don't Drink and Drive.**
- If you or someone you love becomes the victim of an impaired driving crash, call 1-800-665-MADD or your local Chapter.
- Get involved by volunteering for a local Chapter.
- If there is not a Chapter in your area, contact MADD Canada's National Office to inquire about starting one.
- Demonstrate your commitment to fight impaired driving by becoming a member of MADD Canada.
- Support measures to strengthen impaired driving and victims' rights laws by contacting your local government representatives.
- Tie a red ribbon on your vehicle as a visible reminder to drive sober.
- Open a dialogue with your children about drinking and driving.
- Donate to your local Chapter.
- Be a responsible host. Don't let your guests drive after drinking alcohol.
- If you witness someone who appears to be driving impaired, report them to the local authorities immediately.

You can make a difference!



For more information

MADD Canada
Mothers Against Drunk Driving
2010 Winston Park Drive, Suite 500
Oakville, Ontario L6H 5R7
Phone: 1-800-665-MADD (6233)
905-829-8805 Fax: 905-829-8860
www.madd.ca Email: info@madd.ca

Canadian Charitable Registration No:13907 2060 RR0001