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# TRAUMATIC BRAIN INJURY (TBI)/SPINAL CORD INJURY (SCI) FAMILY INTERVENTION

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## Overview of the TBI/SCI Family Intervention

### Purpose of the intervention

This intervention is designed for individuals with traumatic brain injury (TBI) and/or spinal cord injury (SCI) and their loved ones. Broadly, the purpose is to improve individual and family functioning. More specifically, this intervention is designed to help participants to (1) share their ideas about and experiences with TBI/SCI to improve their understanding of each other and build family consensus, (2) overcome misconceptions about TBI/SCI, (3) shift their focus from the negative to the positive aspects of their situation, (4) recognize the impact of their thoughts on their feelings, (5) identify the “warning signs” that indicate emotional escalation and manage their emotions, (6) communicate effectively, and (7) understand the importance of family boundaries and learn how to clarify them.

It is believed that through this intervention, families will notice improvements in individual and family functioning, such as improved interpersonal communication, family adaptability and cohesion, relationship stability and satisfaction, and interpersonal boundaries, as well as reductions in depression, anxiety, burden, conflict, and health care utilization rates.

This intervention was originally created for Spanish-speaking Latin American families. Therefore, the examples are culturally sensitive and the “myths” about TBI and SCI are based on

feedback from Latin American providers working with individuals with TBI/SCI and their families. Cultural adaptations might need to be made if this intervention is to be utilized with families with other cultural backgrounds.

### Format of the intervention

The intervention consists of 8 weekly, 90-minute sessions. Each session focuses on a different topic or skill. In addition, participants are expected to practice new skills outside of session. Below is an overview of each session topic:

- 1 Introduction (consent to treatment, provide overview of expectations and structure of sessions, and complete baseline questionnaires)
- 2 Making meaning of TBI/SCI and psychoeducation
- 3 Shifting focus (relationship among thoughts, mood, and behavior)
- 4 Managing emotions
- 5 Communicating effectively
- 6 Finding solutions
- 7 Boundary making
- 8 Farewell (summary of skills learned, complete post-intervention questionnaires)

Each session follows the same structure. At the beginning of each session, a quotation that is relevant to the week’s topic is discussed. Then, progress on practice tasks is reviewed. The majority of each session is devoted to learning background information about the topic, practicing new techniques, and applying those techniques to overcome the unique challenges that the family is facing. Italicized text is provided as a guide for how facilitators can approach and explain the topics and skills. Handouts and worksheets are included.

Each session ends with the assignment for the practice task to be completed between sessions.

### **Background**

According to McDaniel, Hepworth, and Doherty (1992), illness and disability are best understood as resulting from a complex interplay of genetic, developmental, psychological, and cultural factors; therefore, family work should be a significant part of any treatment approach. Yet, many health care professionals who are working with families facing traumatic injury are not sure how to most effectively intervene to improve the functioning of all family members and the system as a whole (Stejskal, 2012).

TBI and SCI are a family experience. That is, they influence and are influenced by every member of the family as well as other individuals. Further, they change family dynamics and aspects of the family system, including roles, boundaries, and communication. Families experience a myriad of needs during this time of crisis. They frequently report their need for informational, emotional, and practical support. With the immediate focus on the injured family member's physical or cognitive state, the family's needs may go unnoticed or unrecognized. According to McDaniel et al (1992), severe and chronic physical illnesses, such as TBI/SCI, can act as a magnifying glass for families, whereby everything is exaggerated. As a result, the issues that families are dealing with in the normal development process can become pathological. For this reason, it is helpful to assess, formulate, and implement a plan of care for the family as well as the injured person. Given that family members play such an integral role in the patient's recovery process, it is crucial to recognize the scope of the TBI/SCI experience and provide care within the context of the family system (Stejskal, 2012).

The purpose of this family intervention is to address the needs of families facing TBI/SCI. Founded upon clinical work and research on families facing TBI/SCI, the hope is that the topics covered and the strategies described will help families to overcome the challenges associated with traumatic injury and recognize the associated positive changes. Ultimately, it is hoped that families facing TBI/SCI can establish a new normal

that will allow each individual member as well as the family as a whole to thrive.

Strategies and elements from various marriage and family therapy and psychology models, including structural family therapy, narrative therapy, solution-focused therapy, and cognitive-behavioral therapy, were integrated to create a sequence of sessions that have educational and practical components related to common experiences reported by families facing TBI/SCI. However, whereas the intervention is largely manualized, there are opportunities for families to discuss the specific issues that they are facing. That is, although the process is standardized, the content might vary to ensure that the intervention is as helpful for families as possible.

### **Who is best suited for this intervention?**

This treatment is designed to be conducted with both the individual with TBI/SCI and at least one loved one for each session. There is no limit to the number of family members that may be part of treatment; however, a group consisting of up to 5 individuals would best allow each member the opportunity to actively participate. The same family members are encouraged to participate consistently and attend all sessions.

Individuals with TBI/SCI should (1) be out of post-traumatic amnesia for at least 1 month, (2) have been discharged from post-acute rehabilitation in the last 6 months to 1 year, (3) be at a Rancho los Amigos level 8, (4) have a cognition and orientation status that allows them to fully benefit from the intervention (e.g., Mini Mental Status Examination score of 23 or higher), and (5) be able to read and write.

Family members can be related by blood or marriage and/or be close friends of the individual with TBI/SCI. In addition, they can include individuals who (1) live in the household with the individual with TBI/SCI, (2) are between 18 and 65 years of age, and (3) are able to read and write.

### **Who is not suitable for this intervention?**

This treatment is not suitable for TBI/SCI survivors or their family members with a history of psychiatric or neurologic illness, active learning

Strategies	Instruments
Making Meaning	Sense of Coherence Illness Cognition Questionnaire
Thought Reframing	Patient Health Questionnaire-9 GAD-7
Managing Emotions	Emotional Reactivity Scale of Differentiation of Self Inventory Overwhelmed by Difficulties subscale of SCORE-15
Communication	Family Communication Scale Disrupted Communication subscale of SCORE-15
Problem Solving	Personal Problem Solving Index
Boundaries	Family Adaptability and Cohesion Evaluation Scales-IV Fusion with Others subscale from Differentiation of Self Inventory
Differentiation of Self	Differentiation of Self Inventory
Miscellaneous*	Zarit Burden Interview (for family members) Self-Perceived Burden Scale (for patient) SCORE-15

\*These miscellaneous measures were included because we hypothesize that improvements in the areas targeted by the intervention will also result in decreased sense of burden and increased coping skills.

disability, or active substance abuse. TBI/SCI survivors should not have aphasia. Families of individuals with TBI/SCI in which there are other members requiring care (e.g., other family members with dementia or medical illnesses requiring supervision) or who have previously been caregivers for other family members, are also not appropriate for this intervention.

#### How can we know whether this intervention is working?

Various psychometrically sound instruments will be administered to participants before and after

their participation in the intervention to determine whether it is effective. The table below includes a list of measures to assess for improvements in the areas targeted in the intervention:

To examine the effectiveness of this intervention, data will be collected regarding the aforementioned variables at various time points. Baseline data about sociodemographic variables, household composition, and outcome variables (see above) will be collected before participants begin treatment. Data will again be collected immediately following completion of the treatment as well as 6 months following the completion of the intervention program.

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## REFERENCES

1. McDaniel SH, Hepworth J, Doherty WJ. *Medical Family Therapy: A Biopsychosocial Approach to Families with Health Problems*. New York: Basic Books; 1992.
2. Stejskal TM. Removing barriers to rehabilitation: Theory-based family intervention in community settings after brain injury. *NeuroRehabilitation*. 2011;31(1):75-83.

## Session One

### Introduction

#### Materials

Baseline questionnaires  
Pens

#### Summary

In this first session, the family is introduced to the treatment. The purpose of the intervention is explained, the structure of sessions is outlined, and the guidelines and expectations are reviewed. Family members are given the opportunity to ask questions, and clarification is provided as needed. Once all participants agree to continue with the intervention, the schedule of sessions is determined and family members complete baseline questionnaires. Upon leaving, participants are assigned a task. Specifically, all family members are to bring to the next session an object that best represents their experience with TBI/SCI.

#### Summary Outline

Content	Suggested timing (total 90 minutes)
1. Welcome and overview	5 minutes
2. Discuss guidelines and expectations	10 minutes
3. Consent and baseline questionnaires	70 minutes
4. Discuss between-session task	5 minutes

#### 1. Welcome and Overview (5 minutes)

*Say:* “Founded upon cognitive-behavioral therapy and the family systems perspective, this intervention is based upon the following assumptions. Illness and disability are best understood as resulting from a complex interplay of genetic, developmental, psychological, and cultural factors; therefore, family work should be a significant part of any treatment approach. Severe and chronic physical illness can act as a magnifying glass for families. According to medical family therapists Susan McDaniel, Jeri Hepworth, and William Doherty, everything is exaggerated, as the issues that families are dealing with in the normal development process can become unhelpful.

Traumatic injury is a family experience. That is, it simultaneously influences and is influenced by every member of the family as well as other individuals. Individuals in families experience a myriad of needs during this time of crisis. They frequently report their need for informational, emotional, and practical support. With the immediate focus on the patient’s physical or cognitive state, the needs of other family members and the family as a whole may go unnoticed or unrecognized. For this reason, it is helpful to assess, formulate, and implement a plan of care for the family as well as the patient. Given that family members play such an integral role in the patient’s recovery process, it is crucial to recognize the scope of the TBI/SCI experience and provide care within the context of the family system.

The purpose of this family intervention is to address the needs of individuals in families facing TBI/SCI as well as the family as a whole and to promote healthy individual and family functioning. Founded upon research on families like yours, the hope is that the topics covered and the strategies described will help your family to overcome the challenges associated with traumatic injury and recognize the associated positive changes. Ultimately, it is hoped that your family can establish a new normal that will allow each individual member as well as the family as a whole to thrive.

This intervention is designed to help participants to (1) share their ideas about and experiences with TBI/SCI in order to improve their understanding of each other and build family consensus, (2) overcome misconceptions about TBI/SCI, (3) shift their focus from the negative to the positive aspects of their situation, (4) recognize the impact their thoughts have on their feelings, (5) identify the “warning signs” that indicate emotional escalation and manage their emotions, (6) communicate effectively, and (7) understand the importance of family boundaries and learn how to clarify them. It is believed that with improvements in individual and family functioning, participants will also experience reductions in depression, caregiver burden, distress, and health outcomes, as well as improvements in relationship stability and satisfaction, interpersonal boundaries, interpersonal communication, life satisfaction, and health-related quality of life.

This intervention consists of 8 weekly, 90-minute sessions. Each session focuses on a different topic or skill. In addition, participants are expected to practice new skills outside of session. Below is an overview of each session topic.

Each session follows the same structure. At the beginning of each session, a quotation that is relevant to the week's topic is discussed. Then, progress on practice tasks is reviewed. The majority of each session is devoted to learning background information about the topic, practicing new techniques, and applying those techniques to overcome the unique challenges that the family is facing. Handouts and worksheets are provided. Each session ends with the assignment for the practice task to be completed between sessions."

## **2. Discuss Guidelines and Expectations (5 minutes)**

*Say:* "Now, I would like to discuss the expectations and process of these sessions. I will work to create a safe place in which everyone

feels comfortable sharing his or her thoughts and feelings. Although it is normal to disagree with each other, our goal here is to work toward increasing understanding among family members. I believe that everyone's experience and voice is equally valuable. For that reason, I have created guidelines that I would like to go over in depth with you."

*Hand a copy of the expectations to each family member and state each expectation for the facilitator.*

*Say:* "By signing the bottom of this expectation worksheet, I am indicating my agreement to follow them." State each expectation for participants.

*Say:* "By signing the bottom of the expectations worksheet, you are indicating your agreement to follow them. If I observe an instance in which an expectation is not being met or improvements can be made, I will simply extend my hand and ask you to stop speaking. I will then provide you with feedback and suggest more useful ways of interacting, as appropriate. I might also take notes from time to time to be sure that I am capturing your words accurately."

## Expectations for Facilitators

*As an active facilitator of each session, I WILL:*

**Arrive on time to every session:** This demonstrates my commitment to working with your family to overcome challenges, including those associated with TBI/SCI.

**Allow equal time for all members to speak:** Whereas your entire family is facing TBI/SCI, I believe that it is important that each of you is able to have your story heard.

**Maintain a nonjudgmental stance:** Rather than providing advice in terms of what is “right” and “wrong” or “good” and “bad,” I will demonstrate acceptance and curiosity. Whereas I possess expertise in the area of individual and family functioning, I believe that you are the expert of your own experience.

**Provide constructive feedback:** I will reflect upon what I hear you saying and see you doing in order to ensure that I understand you and to allow you to become more aware of your intrapersonal and interpersonal processes.

**Keep it practical:** I will offer you numerous strategies for overcoming challenges in the present and the future.

**Focus on strengths:** Rather than pointing out growth areas and focusing on the problems, I will highlight your strengths and help you to build on them.

**Moderate sessions:** I will politely interrupt sessions as appropriate, provide feedback, and suggest more useful ways to interact.

**Sometimes take notes:** I will sometimes write down some of the things you say. This is so that I may capture your words accurately.

*I have read these expectations and agree to abide by them to contribute to the progress of your family.*

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Facilitator Signature

Date

## Expectations for Participants

*As an active participant of each session, I WILL:*

**Arrive on time:** Coming to every session on time demonstrates your commitment to improving your family situation. If you are going to be late to a session, please let the facilitator know immediately.

**Come to every session:** Please plan to attend all of the weekly sessions. If you are going to miss a session, please let the facilitator know immediately.

**Allow equal time for all members to speak:** Although TBI/SCI is a shared experience, each family member has a unique perspective. It is important that everyone has a chance to talk.

**Speak for myself:** It is essential that you avoid mind reading. Instead, provide brief statements that begin with “I” and focus on your emotions and experience.

**Show respect:** Sessions are most useful when participants show respect. You can do this by talking to other participants in the room whenever possible, rather than about them. In addition, it is important that you actively listen to others as they speak and avoid interrupting them. It is essential that only one person talks at a time and that there are no side conversations. Finally, please do not show up to sessions under the influence of substances. If you do so, you will be asked to leave.

**Support my family members through my words and actions:** This implies communicating empathy, concern, respect, and confidence in the abilities of all family members. You can demonstrate your support by actively listening to the individual who is speaking and nodding your head, for example. You can also avoid expressions of approval or disapproval, but affirm that you understand. Finally, you might make statements like “That is very helpful to know” and/or “I would like to know more about that.”

**Provide constructive feedback:** It is important to avoid criticizing your family members. On the contrary, you might help them to look for the positive aspect of situations in a caring and thoughtful way. It is also helpful to avoid putting pressure on your family members by telling them what they “should” do.

**Keep it practical:** It is useful to focus on solutions, rather than how bad things are.

**Focus on the present:** Rather than focusing on the past, it is important to focus on the present, as it is where change can occur.

**Complete between-session tasks:** In order for them to be effective, it is important that you practice the skills that you learn in sessions.

**Express concerns in sessions:** It is important that you bring up questions and concerns in sessions due to the added structure and safety.

*I have read these expectations and agree to abide by them to contribute to the progress of my family.*

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Participant Signature

Date

### 3. Consent and Baseline Questionnaires

Say: “Now that we have discussed the expectations and process of the intervention, I would like to point out that we are also researching its effectiveness with individuals and families. To do so, all family members are asked to complete questionnaires the week before beginning and the week after completing in the intervention. However, before completing the questionnaires, it is important that you understand the purpose, procedures, risks, benefits, and alternatives to participation in the research. You are encouraged to ask any questions that you might have. After I have fully explained the research and you have received answers to your questions, you will be asked to sign a consent form.” *Hand each participant a copy of the consent form. Read it aloud. Give each participant a chance to read it over it fully.* Say: “Do you have any questions that I can answer?” *Answer any questions.*

Say: “As previously stated, before you begin the intervention next week, I would like for you to complete questionnaires so that I have an understanding of how you and your family are functioning at this time. Please complete these instruments fully and independently and let me know if you have any questions.” *Hand the questionnaire packet to each participant.*

### 4. Between-Session Task for Session One

Say: “Earlier today, I explained that we would end each session with the assignment of a task. So, between now and the next time we meet, I would like for you to bring in an object that best represents your experience with TBI/SCI. Next week, I will ask each of you to take one to two minutes to tell me about the object and describe how it is representative of your experience.”



## Session Two

### What is the Meaning of This? TBI/SCI as a Unique and Shared Experience

#### Materials

Handouts  
Between-session task worksheet  
Pens for family member to fill out the worksheet

#### Summary

The goal of this session is to encourage participants to share their ideas about and experiences with TBI/SCI to improve their understanding of each other and build family consensus. Through this process, facilitators will normalize and validate the family member's experiences as well as model appropriate communication techniques using reflective listening. Misconceptions of TBI/SCI will also be addressed with brief psychoeducation.

#### Summary Outline

Content	Suggested timing (total 90 minutes)
1. Review of expectations and quotation	5 minutes
2. Between-session task review	10 minutes
3. Discuss beliefs and experiences related to TBI/SCI	35 minutes
4. TBI/SCI psychoeducation and meaning	35 minutes
5. Discuss between-session task	5 minutes

#### 1. Review of Expectations and Quotation (5 minutes)

*Begin the session by saying:* "Thank you for coming today. I would like to start by reminding you of the expectations and process of these sessions. It is important that this is a safe place in which everyone feels comfortable sharing his or her thoughts and feelings. Although it is normal to disagree with each other, our goal here is to work toward increasing understanding among family members. I believe that everyone's experience and voice is equally valuable. For that reason, I have created guidelines that we covered in the introductory session. If I observe an instance

in which an expectation is not being met or improvements can be made, I will simply extend my hand and ask you to stop speaking. I will then provide you with feedback and suggest more useful ways of interacting, as appropriate. I might also take notes from time to time to be sure that I am capturing your words accurately."

*Say:* "As we discussed in the initial session, we will begin each session by reflecting on a relevant quotation." *Provide every participant with a copy of the quote and say:* "Please read the following quotation." *Allow them sufficient time to do so.*

*The important thing is not what fate does to us, but what we make of it.*

—Florence Nightingale

*Say:* "I would now like for you to reflect on what this quotation means to you and how it might be relevant to your situation." *At this point, whoever wants to talk can talk. The facilitator should check in with those who do not respond to see if they would like to add anything. After participants are done reflecting on the quote, please state the following:* "As strange as it might seem, experiences and events in our lives are not inherently positive or negative. It is we who give them meaning. So no matter what the event is, it is we who hold the power over how it will affect our lives. Given that this is the case, it is possible that two people who live in the same household can have a different view of the same experience, including traumatic injury. Some might view it as a threat to their way of life, whereas others might see it as a challenge to be overcome. Results of research show that these perceptions are important to individual and family adjustment to TBI/SCI. Therefore, I would like to spend some time talking about how you make meaning of this experience."

#### 2. Between-Session Task Review (10 minutes)

*Introduce this review by saying:* "Last time we met, I asked you to bring in an object that best represents your experience with TBI/SCI. I would like for each of you to take one to two minutes to tell me about the object you brought and describe how it is representative of your experience." *During this time, the facilitator should use reflective*

**listening** (e.g., “So what I’m hearing you say is…”) and **validation** (e.g., “That must be difficult”), as well as take notes of participants’ exact wording, as appropriate.

### 3. Discuss Beliefs and Experiences Related to TBI/SCI (35 minutes)

In order to encourage participants to talk about their TBI/SCI-related beliefs, say: “I know that there are a lot of ideas out there about TBI/SCI. Some of these things you might have come across prior to the injury, some after. I’m wondering if you’d be willing to share them with me now. I’m specifically interested in your views about what other people think about individuals and families facing TBI/SCI.” Ask participants to write down their beliefs on the “TBI/SCI-Related Beliefs” worksheet and then open it up for discussion. Do not be judgmental and write responses down as participants are sharing using their exact words. Also continue using **reflective listening**. Follow up with the following question: “Which of these do you think are helpful to individuals and families facing TBI/SCI? Which do you think might be harmful?” Have participants indicate besides each meaning whether it is helpful or unhelpful. During this time, use **validation** (e.g., “I can’t imagine what that must be like” or “That sounds very difficult”) when participants discuss their experiences.

### 4. TBI/SCI Psychoeducation and Meaning Making (35 minutes)

Wrap up the discussion about TBI/SCI-related beliefs and lead it into the psychoeducational component by providing handout “The Myths about TBI” or “The Myths about SCI” and saying: “As you can see, some of the ideas that you mentioned are common misconceptions about TBI/SCI [normalization]. I am going to briefly go over each with you and discuss clinical and research findings that might paint a different picture for individuals and families living with TBI/SCI.” Discuss the findings of the handout in a conversational manner. Ask participants to share what they think fits or does not fit with their experience. Follow up with the following statement: “Now, I would like for you to

tell me about some experiences you’ve had that are consistent with the ‘truth.’” Make a note of these. Also, ask questions, such as “How did you manage to do that?” Also, express surprise by saying things, such as “Wow!”, when the individual with TBI/SCI and/or family member discusses ways in which they overcame the challenges of TBI/SCI.

Create a discussion about the meaning attached to the injury by saying: “I have one more question that I would like for each of you to answer: Why do you think that your family is dealing with TBI/SCI at this time?” (At this point, please take a note of participants’ responses in their own words.)

**Note:** If a participant states a meaning that seems critical or contemptuous, the facilitator should interrupt and have him/her rephrase it. During this process, the facilitator should write down participants’ responses using their exact words.

Say: “Whether you realize it or not, there is usually a ‘family meaning.’” Then, encourage participants to look for areas of agreement. If they are having trouble, help them. Examples include “God never gives us more than we can handle” and “This is punishment for previous sins.” Determine if any participant’s response deviates significantly from the family meaning. If so, ask the individual what that is like.

**Note:** There might be more than one person whose meaning deviates from the family meaning.

### 5. Discuss Between-Session Task (5 minutes)

Wrap up the session by thanking participants for their engagement and participation. Distribute the Between-Session Task worksheet and state: “Between now and the next time we meet, I would like you to observe, so that you can describe to me next time, what happens in your (family/marriage) that you want to continue to happen.” Ask them to make a list of these things on the “Positive Aspects of Family Functioning” worksheet to bring to the next session. Participants should focus on observing positive aspects of family functioning. Examples might include individual behaviors (e.g., saying “I love you” every day) or engaging in family activities (e.g., eating dinner together).

*The important thing is not what fate does to us, but what we make of it.*

—Florence Nightingale

**TBI/SCI-Related Beliefs**

What are some of your beliefs about people with TBI/SCI?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

What are some of your beliefs about families facing TBI/SCI?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

Look at the scale below. Beside each belief, write in the number that you believe best corresponds with how helpful you think the belief is to helping individuals and families cope with TBI/SCI.

0	1	2	3	4	5	6	7	8	9	10
Not at all helpful				Moderately helpful						Extremely helpful

## **The “Myths” About TBI**

1. People who have suffered a TBI will be disabled for the rest of their lives and will not be able to return to work or function independently and will need constant supervision for the rest of their lives.
2. People who have suffered a TBI are crazy and cannot control their emotions. They are not responsible for their actions and should not be held accountable for them.
3. People who have suffered a TBI will never be the same as they were prior to their accident, even after having or completing rehabilitation.
4. People who have suffered a TBI should be treated like a child.
5. When someone suffers a TBI it is because that person and/or his/her family deserved it.
6. People who have suffered a TBI will not be able to have or maintain intimate relationships and will never get married.
7. When a person who has suffered a TBI decides to have a child, the child will be born with some kind of problem.
8. One must strike one’s head in order to suffer a TBI.
9. Total recovery will take about a year.

## Responses to the “Myths” About TBI

### **1. People who have suffered a TBI will be disabled for the rest of their lives and will not be able to return to work or function independently and will need constant supervision for the rest of their lives.**

Whereas this may be true for some individuals who have suffered a severe brain injury, the majority of people who have experienced a TBI can and will go on to live a productive and fulfilling life. According to results of research, the rates of return to employment range from 12.5% to 71% for those with a severe TBI. But for those with mild TBI, up to 100% return to work (Vuadens, Arnold, & Bellmann, 2006). A lot of factors are important in determining whether the person is able to return to work, including familial support, culture, type of job, and levels of education and vocational training.

Individuals who experienced a severe TBI may experience difficulty with independent living and may need support. However, the majority of individuals who suffered a TBI can and will go on to live happy, independent, and productive lives. Results of a number of research studies have shown that individuals with TBI are more than capable of community integration and productive independent living, with high levels of satisfaction and few environmental supports (Harker, Dawson, Boschen, & Stuss, 2002).

### **2. People who have suffered a TBI are crazy and cannot control their emotions. They are not responsible for their actions and should not be held accountable for them.**

Depending on the location and severity of their injury, some individuals who have suffered a TBI can experience personality change, mood swings, reduced self-control, or difficulty with learning new information. Some of these symptoms may improve over time with treatment. However, serious psychiatric conditions are less common in people with TBI. Individuals with TBI need to be respected, supported, and understood, not shunned or ignored out of fear or due to lack of appreciation of the elusive nature of their injury.

Behavioral changes frequently occur as a result of TBI, and many brain injury programs offer treatment to persons with mild behavior problems. However, when the behavior problems are severe, the best setting is a residential program that is specifically designed to treat individuals with behavior problems following brain injury. These specialized behavioral programs have staff members with expertise in behavior management and the structure and array of services to help the individual to learn effective behavior.

### **3. People who have suffered a TBI will never be the same as they were prior to their accident, even after having or completing rehabilitation.**

It's not advisable to speak in absolutes. Some individuals who have sustained a severe TBI may indeed never recover to the level of functioning they had prior to the injury. However, most individuals with a TBI make significant improvements, with their fastest improvement in the first 6 to 12 months after the injury. During this time, many of them return to work and productive lives with their family or in the community.

### **4. People who have suffered a TBI should be treated like a child.**

Although it may seem that some persons behave in child-like ways after a TBI, the majority of individuals with a TBI have the capacity to make their own decisions, perform activities of daily living, manage their finances and affairs, and function independently. Having suffered a TBI does not reset the person's mind to a child-like state. Everyone, including individuals who suffered a TBI, should be treated with the same respect and consideration as any other person.

### **5. When someone suffers a TBI, it is because that person and/or his/her family deserved it.**

TBI can happen to anyone. Nobody is immune from it. How could one possibly insure oneself against a car accident, an unfortunate fall, a concussion while playing sports, or a random act of violence, all of which can lead to a TBI? Brain injuries affect individuals of all races, socioeconomic conditions, and ages. Injured individuals and their families need all of the support and understanding they can get. Feeling judged or punished is not helpful during recovery.

## **6. People who have suffered a TBI will not be able to have or maintain intimate relationships and will never get married.**

Contrary to popular belief, individuals with TBI can and do maintain intimate relationships and get married. Results of research have shown that 2 years after sustaining a brain injury, only 15% of the TBI patients' marriages ended in divorce (Arango-Lasprilla et al., 2008). Therefore, there is evidence that the rate of divorce after TBI is even lower than that of the general population! A lot of factors are important in determining the level of functioning after a TBI, but the injury itself is not an impediment to a healthy, happy, and productive intimate life.

## **7. When a person who has suffered a TBI decides to have a child, the child will be born with some kind of problem.**

A parent may have an acquired physical or mental disability, such as a TBI or an amputation, but he or she cannot pass it on to the child. That's counter to everything we know about genetics and inheritance of traits. It has been demonstrated time and time again that individuals with TBI are capable of having healthy and normal children.

## **8. One must strike one's head in order to suffer a TBI.**

Through movies and television, we have all come to expect that in order to suffer a brain injury, one must either strike his or her head or have his or her head struck by a foreign object. This is not so. The brain has the consistency of gelatin. Think of the brain and skull as being similar to a bowl of gelatin, except that unlike a bowl, the underside of the skull is rough with many bony protuberances. These ridges can result in injury to the temporal lobe of the brain during rapid acceleration.

When the head is struck or undergoes acceleration/deceleration forces, the impact causes the brain to bump the opposite side of the skull. Damage then occurs at the area of impact and on the opposite side of the brain. This is called coup contre coup.

## **9. Total recovery will take about a year.**

When a person has a brain injury, the concept of recovery may be misleading. Recovery typically means someone has lost abilities temporarily and will regain them, such as with a broken arm. For people with TBI, although they may look the same, the changes are most likely long-lasting, and adjustment is an ongoing process.

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## **REFERENCES**

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## **The “Myths” About SCI**

1. All people who have suffered an SCI become depressed.
2. All SCIs are the same.
3. Falls cause the majority of SCIs.
4. SCI can be cured, and people with SCI will be able to walk again.
5. An SCI can be prevented by immobilizing the spine after an accident.
6. Most SCIs occur among older adults.
7. People with SCI will not be able to work again.
8. People with SCI live in nursing homes.
9. People with SCI are not attractive.
10. People with SCI can pass their injury on to their children.



## **Responses to the “Myths” About SCI**

### **1. All people who have suffered an SCI become depressed**

A common belief is that after SCI people become depressed. Some call this the myth of hopelessness. The belief is similar to thinking: “If I cannot walk, I will never be happy again.” Part of this myth has to do with the definition of depression. It does not refer to the intense feelings of shock, loss, and sadness that often come in waves during the first days and weeks following an SCI. These feelings are common and normal. Depression refers to a persisting sad mood or loss of interest in life; changes in sleep and appetite; poor energy; difficulty concentrating or making decisions; feelings of worthlessness or guilt; withdrawal; inactivity; or recurring thoughts of death or suicide. When these symptoms are present for more than 2 weeks, it can be called major depression.

Only about 22% of people with SCI experience major depression. Researchers found that during hospital rehabilitation, 20% of individuals with SCI were depressed long-term, 18% were depressed for a week and then recovered, and 62% were never depressed. Although major depression is more common after SCI compared to the general population (in whom 4%-7% have depression), the majority of people with SCI do not become depressed. However, for those who do become depressed, this is a real and serious problem.

### **2. All SCIs are the same.**

Not all SCIs are the same. SCIs can be complete or incomplete. In a complete SCI, there is no motor or sensory functioning below the injury. In an incomplete SCI, a person can have partial movement or sensory functioning.

### **3. Falls cause the majority of SCIs.**

Most SCIs are caused by (in order) traffic accidents; violence, including gunshot wounds; falls; and recreation or sports accidents. There are approximately 10,000 to 12,000 new cases of SCI each year, the majority of which occur in men between 16 to 30 years of age. After young men, older adults are more likely to sustain an SCI, possibly due to falls or the increased life expectancy following accidents.

### **4. SCI can be cured and people with SCI will be able to walk again.**

Unfortunately, there is no cure for SCI. Only intensive treatment, physical and occupational therapy, and long-term care can help to maintain physical health among patients. No treatment can help people to walk again.

### **5. An SCI can be prevented by immobilizing the spine after an accident.**

There is no proof that an SCI can be prevented by immobilizing the spine at the time of an accident.

### **6. Most SCIs occur among older adults.**

The majority of SCIs occur in men between 16 and 30 years of age.

### **7. People with SCI will not be able to work again.**

Thankfully, between 40% and 60% of people with SCI who worked before their accident return to work during the first year after injury, and this statistic in developing countries increases over time.

### **8. People with SCI live in nursing homes.**

About 88% of people with SCI return to a private residence or their own home. Certain physical modifications and accommodations as well as changes in mental attitude and coping style may be required to successfully transition and integrate to living at home. Almost 7% of people with SCI are cared for in nursing homes. The rest go to a residence/home or other facilities.

### **9. People with SCI are not attractive.**

This myth impacts the emotional and sexual quality of life of those who believe it, as these individuals then do not feel comfortable initiating or re-engaging in romantic relationships after injury. Many believe their bodies no longer meet the expectations of potential sexual partners or believe nobody will find them attractive because the societal ideal of beauty includes strong and muscular male bodies. However, this myth impacts women with SCI more than men, as it is more common to find men with SCI who are married or partnered than it is to find women with SCI in similar situations. Women appear to be less concerned about the wheelchair and more accepting of a male with SCI than men seem to be accepting of women with SCI as romantic partners.

### **10. People with SCI can pass their injury on to their children.**

This myth is unfounded, as SCI is the result of an accident or injury. That is, it is an acquired injury and cannot be genetically transmitted to offspring.

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## **RESOURCES**

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1. Bombardier C. Depression after spinal cord injury: Myths and facts. *Spinal Cord Injury Update*. Northwest Regional Spinal Cord Injury System. Department of Rehabilitation Medicine. University of Washington Medical Center and Harborview Medical Center. 2010;19(2). [http://sci.washington.edu/info/newsletters/articles/10\\_sum\\_depression.asp](http://sci.washington.edu/info/newsletters/articles/10_sum_depression.asp). Accessed August 25, 2013
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**Between-Session Task: Positive Aspects of Family Functioning**

Although I understand that we will be working to improve certain aspects of my family's functioning, I recognize that we are functioning well in some areas.

Below is a list of all of those things that I believe my family is doing well. These are the things that I want to continue to happen:

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## Session Three

### Shifting Focus

#### Materials

Handouts  
 Between-session task worksheet  
 Pens for family member to fill out the worksheets  
 Notepad and pen to take notes on participant responses

#### Summary

The goal of this session is to help participants to shift their focus from the negative to the positive aspects of their situation. Psychoeducation will be provided on evidence for positive changes following trauma. Through cognitive-behavioral therapy techniques, participants will learn to recognize the impact their thoughts have on their feelings. A structured approach to identifying and reframing thoughts will be provided.

#### Summary Outline

Content	Suggested timing (total 90 minutes)
1. Quotation	5 minutes
2. Between-session task review	15 minutes
3. Thriving in the face of TBI/SCI	20 minutes
4. Psychoeducation about strategies to shift focus	35 minutes
5. Discuss between-session task	15 minutes

#### 1. Quotation (5 minutes)

Say: “As we did last week, we will start this session by reflecting on a relevant quotation.” *Provide every participant with a copy of the quotation and say: “Please read the following quotation.” Please allow them sufficient time to do so.*

*The human body is the chariot, the self, the man who leads, the thought is the reins, and the horses feelings.*

—Plato

Say: “I would now like for you to reflect on what this quotation means to you and how it

might be relevant to your situation.” *At this point, whoever wants to talk can talk. Check in with those who do not respond. Please state: “In order to take control of your life, it is important to control your thoughts and emotions. As we discussed last week, experiences and events are inherently neutral. It is not until we assign some meaning to them that they become ‘good’ or ‘bad’. The same is true of thoughts and emotions; they are value-free. It’s what we do with them that matters.”*

#### 2. Between-Session Task Review (15 minutes)

Say: “Last time we met, I asked you to make a list of things that currently happen in your family that you want to continue to happen. I am excited to hear what you all came up with.” *At this point, whoever wants to talk can talk, but remember to check in with those who do not spontaneously respond. Also, take notes of the responses. Ask questions, such as “How did you manage to do that?” and express surprise by saying things, such as “Wow!”, when the individuals with TBI/SCI and/or family member discusses ways in which they overcame the challenges of TBI/SCI. Say something like, “It is impressive that you continue to do these things even after TBI/SCI has impacted your family.”*

*Then say: “I would imagine that it can be easy to focus on what is not going well in your family right now after such a serious injury. However, based on what you have told me today, it seems like a lot of things are going well, too.”*

**Note:** If a participant states that s/he was unable to come up with anything positive, ask the individual to recall the last time things were just a little better (**exception question**). If s/he still cannot come up with anything, ask the individual to describe the major challenge that the family is facing. Then, ask the person to rate the severity on a scale of 1 (not at all problematic) to 10 (very problematic) (**scaling question**). Then, ask him or her about a time when the problem was 1 point lower on the scale (**exception question**).

*Next, ask the participants to reflect on the experience of completing the between-session task by saying: “What did you do differently this week in order to shift your focus to what is going well in your family? How do you plan to keep it up?”*

### 3. Thriving in the Face of Serious Injury (20 minutes)

*Say:* “It is difficult not to focus on the losses associated with traumatic injury. It is easy to recognize that many things have changed within the individual with TBI/SCI and the family; these changes are frequently viewed as negative. However, there is evidence that traumatic events can sometimes have a positive impact on individuals and families. In addition, some aspects of family functioning stay the same in the face of a TBI/SCI, which is impressive.”

*Provide the handout entitled “Positive Changes Following TBI/SCI” and say:*

“Sometimes after living through traumatic events, individuals gain a great deal of information about self-reliance, which affects not only their self-evaluations of competence in difficult situations, but also the likelihood that they will choose to address difficulties in an assertive manner. Individuals coping with a traumatic event sometimes conclude that they are stronger. This confidence might generalize to other situations, including future traumas.

Many people facing trauma also report having closer family relationships with the realization of how quickly they can be lost. They also experience emotional growth and an appreciation for how precious their injured loved one is. The recognition of one’s vulnerability can lead to more emotional expressiveness, willingness to accept help, and, therefore, utilization of social supports that had previously been ignored.

Individuals and families facing trauma also sometimes report a change in their priorities, such as taking life easier and enjoying it more. Also, the struggle to understand the trauma can lead some to strengthen their religious and spiritual beliefs, which can lead to an increased sense of control, intimacy, and meaning making. This handout has some examples of positive changes.

The next question I am going to ask might sound a little strange. What has changed for the better since the injury? Please complete this worksheet by writing the changes you have noticed in yourselves and your loved ones.”

*Once all participants have completed it, take some time to have participants share some of their answers. Throughout this time, provide positive affirmations and compliment the participants. Examples include saying things like, “It sounds like you really grew stronger in your support for one another,” or, “I really admire how you were able to do that, it takes a lot of strength,” if appropriate.*

### 4. Psychoeducation About Strategies to Shift Focus (35 minutes)

*Say:* “We have been talking so far about different ways of looking at the same situation. We just spent some time talking about things that have gotten better in your family since the injury. As today’s quote implies, our experiences are not what shape our lives. It is how we think and what we feel that gives our experiences meaning. Our thoughts and feelings are very important, and I want to spend some time talking about how thoughts influence feelings.”

*Provide the handout entitled “The Importance of Thoughts.” Review it together by pointing out how thoughts, feelings, and behaviors are all related, as shown in the figure at the top of the handout. Then, explain the example situation and help participants to identify other thoughts, feelings, and behaviors that may arise. Have them write these down in the spaces provided. If, in the course of discussion, the following possible thoughts do not arise, please share:*

“She was in a hurry and must be very busy.” → neutral feeling

“She thinks she’s too good for everyone else.” → anger

“She was embarrassed for people to see her talking to me because I don’t dress as nicely as she does.” → shame

“She must not have seen me even though I thought she did.” → neutral feeling

“She is a jerk who treats everyone like dirt. I deserve to be treated better.” → anger, hurt

“She must be very distracted with work.” → neutral feeling about self, compassion

“I’m so unimportant that she can’t even wave back at me.” → sadness, hurt

*Help each family member to learn to identify their thoughts by saying:* “Sometimes, people can have

difficulty identifying their thoughts. There are three ways you can do this. One way is to identify how you feel and then think about why you feel this way. For example, you might say to yourself, 'I feel sad because she doesn't like me'. Many times, this explanation is the thought (e.g., 'She doesn't like me.'). The second way is to examine your behavior. Then, you can work backwards to explain your behavior, which can help you to identify your feelings and thoughts. For example, you may notice that you distance yourself from others. When you think about why you do this, you may realize that you are having thoughts about yourself, such as, 'I am not interesting enough.' And lastly, the third way is to identify any questions that run through your mind. For example, you may realize that you are asking yourself, 'What is wrong with me?' or 'Why can't I get people to like me?' Often, when you change these questions to statements, you have identified a thought that you are having about yourself (e.g., 'There is something wrong with me' or 'No one will ever be interested

in me').” Explain the rest of the handout, “What Can I Do About My Thoughts.”

Provide the handout entitled “Practicing Thought Reframing” and say: “Now, I want you to try this as a family.” Help to promote family discussion so that family members can help each other to identify the thoughts and emotions associated with them. Say: “You can think about our discussion last week about common TBI/SCI-related misconceptions or today’s discussion to remind yourself of some of the things you have been experiencing.”

#### **5. Discuss Between-Session Task (15 minutes)**

Wrap up the session by thanking participants for their engagement and participation. Distribute the Between-Session Task worksheet and state: “Between now and the next time we meet, I would like you to practice this thought reframing process. That is, the next time you experience a distressing thought or feeling, fill out this worksheet to help you to work through it.”

*The human body is the chariot, the self, the man who leads, the thought is the reins, and the horses feelings.*

—Plato

### Positive Changes Following TBI/SCI

Results of research suggest that people exposed to even the most traumatic events may perceive at least some good emerging from their struggle with tragedies, including TBI/SCI. Individuals and families facing TBI/SCI have sometimes perceived benefits in at least three broad categories:

<u>Self-Perception</u>	<u>Relationships</u>	<u>Philosophy of Life</u>
<i>"I feel stronger."</i>	<i>"I value my relationships much more now."</i>	<i>"I don't take life for granted anymore."</i>

Below, list the changes that you have noticed in yourselves or your loved ones.

Changes in self-perception:

Changes in relationships:

Changes in philosophy of life:

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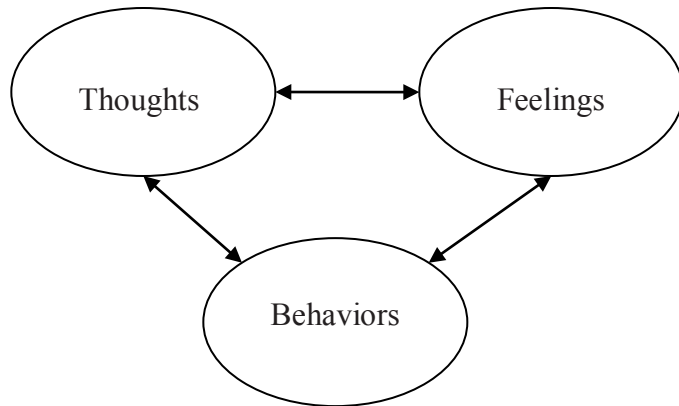
### RESOURCE

1. Tedeshi RG, Calhoun LG. The posttraumatic growth inventory: Measuring the positive legacy of trauma. *J Traumatic Stress*. 1996;9(3):455-471.



**The Importance of Thoughts**

Our thoughts, feelings, and behaviors are all related. Our thoughts influence how we feel, and our feelings influence what we think. Our thoughts and feelings impact how we behave, and our behaviors influence what we think and how we feel.



**Why are my thoughts so important?**

What you think about something can influence how you feel. Let’s use the following situation as an example:

*Imagine that you are at a party. You meet someone new and spend an hour talking to this new person. You really enjoyed talking to this person and you think he/she enjoyed talking with you. The next day, you are walking along the street and you see this person, so you smile and wave. You believe that this person sees you, but he/she does not smile or wave back.*

In the table below, list some of the thoughts that you might experience in this situation, along with their associated feelings and behaviors. An example is provided.

Thought	Feeling	Behavior
1. <i>I am not interesting enough for this person to remember me.</i>	<i>Sadness, embarrassment</i>	<i>Distance myself from others</i>
_____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Thoughts themselves are neither good nor bad. However, when you have some thoughts, you feel good. When you have other thoughts, you feel bad. Also, your behavior can change, depending on how you are feeling. When you become aware of the relationship between thoughts, feelings, and behavior, you realize the power you have to help yourself to feel better.

**What can I do about my thoughts?**

You must first learn to be aware of your thoughts and be able to determine how they influence your feelings and behavior.

When you become aware of a thought that is associated with a negative feeling, you can ask yourself three questions that will help you to reframe the thought and shift the feeling that goes with it. The questions are:

1. What is the evidence for this thought?
2. What is another way to look at this?
3. Even if it is true, is it as bad as it seems?

Let's return to the example of the person whom you met at the party who did not smile or wave back to you the next day. Once you identify the thought (I am not interesting enough for this person to remember me), you can ask yourself these three questions. An example follows.

Thought: *I am not interesting enough for this person to remember me.*

1. What is the evidence? *When I really think about it, I don't have any evidence that I am not interesting. Just because the person didn't wave back, it doesn't mean I am not interesting. Also, this person talked with me for a long time at the party. If s/he didn't find me interesting, s/he would have walked away sooner.*

2. What is another way to look at this? *Maybe this person didn't see me. Or maybe s/he was really busy and distracted.*

3. Even if it is true, is it as bad as it seems? *I guess not. Even if this person really doesn't find me interesting, I've gone my whole life without being friends with him/her. I'm not really losing that much. I can still be happy and have a good life if this one person doesn't find me interesting.*

After answering these questions, you might not be so quick to think that you are a boring person. You might not feel as bad.

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## RESOURCES

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1. Simpson G. *Suicide Prevention After Traumatic Brain Injury: A Resource Manual*.
2. New South Wales, Australia: Brain Injury Rehabilitation Unit, South Western Sydney Area Health Service; 2001.

### Practicing Thought Reframing

As a family, please think about a recent situation or event during which you felt emotional. Ideally, the situation will be one for which you were all involved and is not one that tends to elicit major conflict in the family. In one or two sentences, summarize the situation below.

Situation:

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Then, write down some thoughts you have about this situation or event. Also, write down what feelings and behaviors go with each thought.

	Thought	Feeling	Behavior
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

From your list, identify which feeling was the most distressing. Write down the thought associated with it below.

Thought:

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Then answer the following questions:

1. What is the evidence?

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2. What is another way to look at this?

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3. Even if it is true, is it as bad as it seems?

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**Now that you have answered these questions:**

What do you think about your initial thought?

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How do you feel now?

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How do you think your behavior might change as a result of reframing your thought in this way?

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Which of the thoughts above had the best outcome (in terms of your feelings and behavior)?

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**Between-Session Task: Practicing Thought Reframing**

For our next session, practice reframing your thoughts around a specific situation that is giving you trouble. The next time you feel emotional, please complete this worksheet in a similar manner as we did in session.

Situation:

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	<b>Thought</b>	<b>Feeling</b>	<b>Behavior</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Take the thought that is associated with the most distressing feeling and write it below. Then, answer the following questions:

Thought:

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1. What is the evidence?

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2. What is another way to look at this?

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3. Even if it is true, is it as bad as it seems?

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**Now that you have answered these questions:**

What do you think about your initial thought?

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How do you feel now?

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How do you think your behavior might change as a result of reframing your thought in this way?

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Which of the thoughts above had the best outcome (in terms of your feelings and behavior)?

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## Session Four

### Managing Emotions

#### Materials

Handouts  
 Between-session task worksheet  
 Pens for family member to fill out the worksheets  
 Notepad and pen to take notes on participant responses

#### Summary

The goal of this session is to identify the “warning signs” that indicate emotional escalation and practice techniques for managing emotions.

#### Summary Outline

Content	Suggested timing (total 90 minutes)
1. Quotation	5 minutes
2. Between-session task review	10 minutes
3. Separating emotions from thinking	10 minutes
4. Deciphering warning signs	30 minutes
5. Psychoeducation about managing emotions	30 minutes
6. Discuss between-session task	5 minutes

#### 1. Quotation (5 minutes)

*Say:* “As we did last week, we will start this session by reflecting on a relevant quotation.” *Provide every participant with a copy of the quotation and say:* “Please read the following quotation.” *Allow them time to do so.*

*When a feeling is exaggerated, the capacity to reason disappears.*

—Gustave Le Bon

*Say:* “I would now like for you to reflect on what this quotation means to you and how it might be relevant to your situation.” *At this point, whoever wants to talk can talk, but check in with those who do not respond. If participants do not address the following information, please work it in:* “When we allow our emotions to take control, it is impossible to use reason and communicate effectively. By

learning how to manage emotions, individuals can improve their relationships with others.”

#### 2. Between-Session Task Review (10 minutes)

*Say:* “Last time we met, I asked you to practice reframing your thoughts in the face of a distressing situation. I am excited to hear how that went.” *At this point, whoever wants to talk can talk. Check in with those who do not respond and take notes of the responses. Also, ask questions, such as, “How did you manage to do that?” In addition, express surprise by saying things, such as “Wow!”, when the individuals with TBI/SCI and/or family members discuss ways in which they reframed their thoughts. Then ask:* “What did you notice about the relationship between your thoughts and emotions?” *Use active listening and validation.*

*Say:* “Last session, we discussed how thoughts, emotions, and behaviors simultaneously influence one another. We focused much of the session on reframing our thoughts. This session, we are going to focus more on managing our emotions, as becoming overwhelmed by emotions can be counterproductive.”

#### 3. Separating Emotions from Thinking (Self-Differentiation) (10 minutes)

*Say:* “When individuals allow their emotions to overwhelm them, changes happen in their bodies that prevent them from thinking clearly. As a result, they might do or say things that they regret.”

*Provide every participant with the handout entitled “Physiological Changes in the Face of Emotional Escalation” and review it together. Say:* “This handout explains what happens when people perceive physical or emotional danger and their fight-or-flight response is activated. For example, you can see that their heart rate increases to deliver oxygen faster. These individuals might report that it feels as though their heart is racing.”

*Say:* “You can see that there are several ways that the body reacts to stress or perceived danger. The fight-or-flight response can be activated by different levels of stress or perceived danger. Frequently, it is activated when people become upset during an argument. When the fight-or-flight

response is activated and the body is undergoing these changes, it is difficult for individuals to use good judgment. Therefore, when people are in the middle of an argument and their bodies are experiencing all of these different sensations, it can be difficult to have a helpful discussion. For this reason, it is important to learn the warning signs of emotional escalation as well as ways to intervene early to prevent escalation.”

#### 4. Deciphering Warning Signs (30 minutes)

*Say:* “As we discussed last week, thoughts, emotions, and events are value-free. It is what we do with them that matters. To effectively manage your emotions, it is beneficial to first to identify the signs that suggest that your emotions are beginning to escalate. These are the first indicators to you or those around you that you are beginning to lose control of your emotions.”

*Distribute the handout titled “My Warning Signs” and say:* “I would like for each of you to think about the last time you let your emotions get the best of you.” *Read the directions aloud for the participants and explain that they should all draw their unique warning signs. Offer additional clarification by distributing the “My Warning Signs-Example” handout and saying:* “Here is an example. The first thing that this person notices when his or her emotions are starting to escalate is that his or her palms begin to sweat. Therefore, he or she drew sweaty palms on the person standing on the first step. After his or her palms sweat, his or her stomach tightens. So, on the next step, that is what the person drew.”

*Say:* “Now, as you think about the last time your emotions escalated, try to remember the very first sign that you noticed and illustrate it on the blank worksheet. Keep going until you’ve drawn the main signs that you notice about yourself when your emotions begin to escalate.”

*Have participants share their responses out loud. After each participant shares his or her warning signs, invite other family members to provide feedback.*

*Say:* “What do you all think about what [name of individual] just described? You may provide [name of individual] with feedback if you notice other warning signs. However, please remember to talk

about specific behaviors and do not to include any judgmental statements.”

*After every participant has described his or her warning signs and has received feedback from other family members, ask:* “What have you learned about what happens when you escalate? Write down your thoughts on the space at the bottom of the handout.” *Have the family members share their thoughts if they are comfortable doing so.*

#### 5. Psychoeducation About Managing Emotions (30 minutes)

*Say:* “You have each just identified your warning signs and have learned about each other’s warning signs. It is important for you and your family members to recognize them early before they get out of control. Now that you have identified them, the next step is to learn ways to intervene early to prevent escalation and more effectively manage your emotions. We will spend some time talking about different strategies that you can use to manage your emotions.”

*Say:* “If you notice a warning sign in a family member, point it out without assigning an emotion to it, which can be invalidating. For example, you might say, ‘I notice that you’re raising your voice, which you stated is one of your warning signs. I’m wondering how I can help you to stay calm.’ This is different than saying, ‘Why are you so mad? You need to calm down!’” *Have the participants practice pointing out warning signs to their family members in a helpful way. Intervene when necessary to reduce critical statements.*

*Say:* “One strategy for managing emotions after you or a family member notices a warning sign is to take a time out. This involves coming up with a signal that indicates that either you or a family member is starting to escalate emotionally based on the warning signs that you described. This signal might be a word or sound that has some special significance to you, or it might be novel. Please take some time to decide upon a signal now.”

*Once they have agreed upon a signal, say:* “It is important that you follow the guidelines of an effective time out.” *Provide them with the handout entitled “Guidelines for an Effective Time Out”*



and review it together. Say: “Now, we’re going to discuss several strategies that you can use during your time out or any other time to help you to deescalate.”

*Distribute the handout entitled “Exercises to Help You to Control Your Emotions.” Say: “There are two different exercises that you can do to help you to control your emotions. I am not saying that when you are upset or in the middle of a fight that you should simply relax, but these exercises will help you to become more in tune with the physical signs of emotional escalation. As you become more aware of your body, you will be more able to quickly detect when your emotions are escalating. Further, you will be more able to relax your body so that you feel calmer. Let’s take 10 to 15 minutes to practice these exercises now.”*

*Distribute the relaxation log and say: “Before we begin, I’d like each of you to give me a rating of how relaxed you feel right now on a scale of 0 to 10, where 0 means that you are not at all relaxed and 10 means that you are feeling the most relaxed that you have ever felt. Write your rating in the appropriate space in the log. OK, let’s begin with breathing. During these exercises, I will ask you to close your eyes so that you can focus only on yourself with no other distractions.”*

*Guide the participants through the exercise using the breathing script in the handout. At the end of the breathing exercise, have participants rate their level of relaxation and write it in the log. Discuss any differences that each participant reported. Also, distribute the “Breathing Card” handout, explaining that they can cut out the card and keep it to make it easier to practice the breathing exercise. Next, have participants practice the muscle relaxation exercise by playing the CD that leads them through the exercise.*

*Once the participants have their eyes open and are ready to speak, have them rate their level of relaxation on the handout.*

**Note:** Sometimes, participants feel more tension after doing the exercise in the session. Should this occur, help the participant to explore what may have been going on. Ask what thoughts and feelings the participant had during the exercise and explore the possibility that the participant felt self-conscious or thought the exercise was silly. Then, suggest that the participant try practicing privately at home to see if there is a difference.

*Summarize the strategies by saying: “You have learned several strategies for managing your emotions. You practiced them in session and have several tools that you can use. You have a handout with instructions for taking an effective timeout, have a breathing card that you can cut out to serve as a helpful reminder to breathe, and have a CD so that you can practice progressive muscle relaxation on your own.”*

## **6. Discuss Between-Session Task (5 minutes)**

*Wrap up the session by thanking the participants for their engagement and participation. Distribute the Between-Session Task worksheet and say: “Breathing and progressive muscle relaxation have been shown to be helpful for people experiencing stress. Between now and the next time we meet, I would like for you to practice at least one of them for as many days as you find useful. You can use this week to practice both strategies and see which works best for you. However, if you already prefer one over the other, you can focus on it. Please also complete the relaxation log before and after each time you practice, so that you can track how your body reacts to the exercises.”*

*When a feeling is exaggerated, the capacity to reason disappears.*

—Gustave Le Bon

### Physiological Changes in the Face of Emotional Escalation

When you become stressed or perceive physical or emotional danger, the fight-or-flight response is activated by your nervous system. This response is designed to help to prepare your body to protect itself by either fighting or fleeing. Many physiological changes are associated with this response:

Physical Effect	Purpose	Sensation(s)
Increased heart rate	Deliver oxygen faster	Racing heart
Redirection of blood flow away from skin, toes, and fingers and toward large muscles	Increase energy to major muscles for fight or flight	Tingling in hands and feet, pale skin, cold skin
Increased respiration	Deliver more oxygen to muscles and brain to provide energy	Faster breathing, dizziness, pain or tightness in chest, choking or smothering sensation
Increased sweating	Cool off the body to prevent overheating	Sweating
Pupil dilation	Increase visual field to scan for danger	Blurry vision, seeing spots, sensitivity to light
Suppression of digestive system	Redirect energy toward fight or flight	Decreased salivation, dry mouth, stomach cramps, diarrhea
Increased muscle activation	Prepare to fight or flee	Muscle tension, muscle cramps, trembling, sensation of weakness

When you are in the middle of the fight-or-flight response and are experiencing all of these changes, it is difficult to pay attention to what the other person is saying. It is impossible to maintain a discussion, and creative problem solving is rarely an option in these situations.

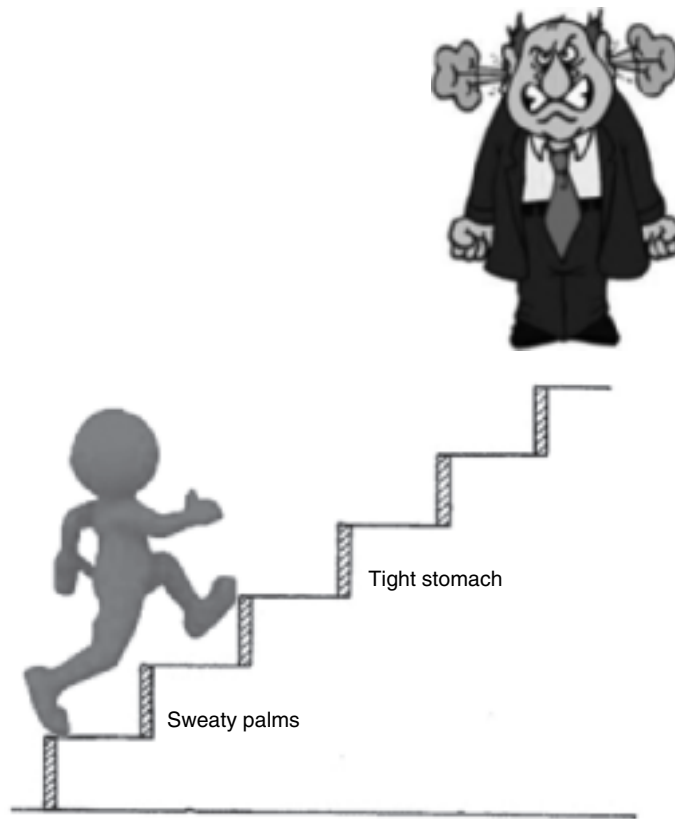
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### RESOURCE

1. Barlow DH, Craske MG. *Mastery of Your Anxiety and Panic: Client Workbook for Anxiety and Panic*. 3rd ed. New York: Oxford University Press, Inc; 2000.

**My Warning Signs: Example**

Below is a drawing of an emotional escalator. There is a person going up the escalator whom you can see at different steps. At the bottom of the escalator, the person feels calm. However, as he moves up the escalator, he feels increasingly more emotional. This person has drawn in the different things that happen as he becomes emotional.



### My Warning Signs

Below is a drawing of an emotional escalator. There is a person going up the escalator whom you can see at different steps. At the bottom of the escalator, the person feels calm. However, as he moves up the escalator, he feels increasingly more emotional. Thinking about the last time you let your emotions get the best of you, illustrate the things that you notice about yourself as you become more emotional.



After completing this exercise and hearing my family members' feedback, I have learned the following about my warning signs and my ability to manage my emotions:

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**These are warning signs. It is important for me to recognize them early, so that I can manage my emotions before they are beyond my control.**

## Guidelines for an Effective Time Out

A time out is a short break that allows you to calm down and regain perspective. The goal is to use the time out to change your state of mind, create space, self-soothe, and understand why you feel the way you do; it is NOT to avoid or control the situation. A time out allows you to think about how to express yourself in a positive way, try to think about the other person's feelings and perspective before you speak, and return to the discussion with the other person to resolve the issue calmly. A time out should be **at least 30 minutes long**, but **no longer than 24 hours**.

- 1. Communicate that you need a time out.** When you are feeling too overwhelmed to talk, clearly indicate that you need a break to calm down and think. Reassure the other person that you are not giving up and intend to work it out.
- 2. Make the time out short.** Come to an agreement before your next argument about how long time outs should be. If you take a time out and realize that you need more time, return to the discussion as agreed and indicate how much additional time you need.
- 3. Self-soothe and reflect.** Once you take a break from the discussion, use the time to soothe yourself. Focus on relaxing and take several deep breaths. Let go of any anger and negative thoughts that you might be experiencing. Ask yourself the following questions: What is the underlying emotion? Instead of angry, might you be feeling hurt? What do you need to feel better? How might your actions have contributed to the situation? What might you do differently when you return?
- 4. Return and repair.** Make sure that you return at the agreed-upon time and resume the discussion. You might realize that what you were fighting about was not that important. Apologize for any hurts caused in the process of the earlier argument. In addition, have a calm, objective discussion about why you both acted the way you did to promote mutual understanding of what each of you was feeling and avoid similar harmful exchanges in the future.

## Exercises to Help You to Control Your Emotions

There are two different exercises you can do to help you to relax and regain control of your emotions: breathing and progressive muscle relaxation. Both of these exercises help you to become more in tune with the physical signs of relaxation.

### Breathing

Deep breathing is a useful tool for helping you to relax your body and mind. Deep breathing involves slowly filling your abdomen and lungs with air and then slowly releasing the air.

*Instructions:* Find yourself a quiet spot where you will not be disturbed. Sit in a comfortable chair and allow yourself a few seconds to calm down. Close your eyes. Take a long, deep breath, as if you are filling your abdomen with air from the bottom all the way up to your chest. As you inhale, your belly should push out and away from your body. Hold your breath for as long as you comfortably can, then exhale slowly. Continue breathing slowly in this way. As you breathe, focus on your breath and try to visualize the fresh air entering your nose, filling your lungs, and leaving your body. Try to keep your breathing smooth and fluid. Think of the air as oozing and escaping from your nose, rather than being suddenly released when you exhale. Ideally, you should think of nothing but your breathing. However, it is normal for other thoughts to pop into your head. When this happens, do not get angry or give up. Simply allow the thoughts to pass through your mind and bring your attention back to your breathing.

### Progressive Muscle Relaxation

Progressive muscle relaxation involves systematically relaxing your body. You first tense the various muscle groups of your body, then release the tension so that the muscles relax. This helps you to learn what it feels like to be tense and what it feels like to be relaxed. As you become more aware of your body, you will be more able to quickly detect when your emotions are escalating. In addition, you will also be more able to relax your body so that you feel calmer.

*Instructions:* Use the CD provided to you in session and practice this exercise as much as possible.

*Exercises taken from the following resources:*

Barlow DH, Craske MG. *Mastery of Your Anxiety and Panic: Client Workbook for Anxiety and Panic*. 3rd ed. New York: Oxford University Press, Inc; 2000.

Clark L. *SOS Help For Emotions*. 2nd ed. Bowling Green, KY: SOS Programs & Parents Press; 2002.

**Breathing Card**

Cut out the card below so that you can carry it in your purse or wallet or place it somewhere you feel comfortable to practice breathing. Use it as a helpful reminder to take some time out during the day to relax and try to calm yourself.

Find yourself a quiet spot where you will not be disturbed. Sit in a comfortable chair and allow yourself a few seconds to calm down. Close your eyes. Take a long deep breath, as if you are filling your abdomen with air from the bottom all the way up to your chest. As you inhale, your belly should push out and away from your body. Hold your breath for as long as you comfortably can, then exhale slowly. Continue breathing slowly in this way. As you breathe, focus on your breath and try to visualize the fresh air entering your nose, filling your lungs, and leaving your body. Try to keep your breathing smooth and fluid. Think of the air as oozing and escaping from your nose, rather than being suddenly released when you exhale. Ideally, you should think of nothing but your breathing. However, it is normal for other thoughts to pop into your head. When this happens, do not get angry or give up. Simply allow the thoughts to pass through your mind and bring your attention back to your breathing.



## Between-Session Task: Relaxation Log

### In-session practice:

Date	Time	Exercise	Rating	
			Before	After
_____	<i>In-session</i>	Breathing	_____	_____
_____	<i>In-session</i>	Muscle Relaxation	_____	_____

For our next session, practice breathing and/or muscle relaxation as much as possible. Use the table below to track your progress.

Date	Time	Exercise	Rating	
			Before	After
_____	_____	[ ] Breathing	_____	_____
_____	_____	[ ] Muscle Relaxation	_____	_____
_____	_____	[ ] Breathing	_____	_____
_____	_____	[ ] Muscle Relaxation	_____	_____
_____	_____	[ ] Breathing	_____	_____
_____	_____	[ ] Muscle Relaxation	_____	_____
_____	_____	[ ] Breathing	_____	_____
_____	_____	[ ] Muscle Relaxation	_____	_____
_____	_____	[ ] Breathing	_____	_____
_____	_____	[ ] Muscle Relaxation	_____	_____

0	1	2	3	4	5	6	7	8	9	10
Not at all relaxed				Moderately relaxed						Most relaxed I've ever felt

## Session Five

### Communicating Effectively

#### Materials

Handouts  
 Between-session task worksheet  
 Pens for family member to fill out the worksheets  
 Notepad and pen to take notes on participant responses

#### Summary

The goal of this session is to learn techniques for effective communication.

#### Summary Outline

Content	Suggested timing (total 90 minutes)
1. Quotation	5 minutes
2. Between-session task review	10 minutes
3. Fighting fairly	15 minutes
4. Communication danger signs	15 minutes
5. Strategies for fighting off communication dangers	45 minutes
6. Discuss between-session task	5 minutes

#### 1. Quotation (5 minutes)

*Say:* “As we did last week, we will start this session by reflecting on a relevant quotation.” *Provide every participant with a copy of the quotation and say:* “Please read the following quotation.” *Allow them time to do so.*

*The most basic of all human needs is the need to understand and be understood. The best way to understand people is to listen to them.*

—Ralph G. Nichols

*Say:* “I would now like for you to reflect on what this quotation means to you and how it might be relevant to your situation.” *At this point, whoever wants to talk can talk, but check in with those who do not respond. If participants do not address the following, please work it in:* “Being able to communicate effectively is extremely important. Listening and speaking are the building blocks of effective communication.”

#### 2. Between-Session Task Review (10 minutes)

*Say:* “Last time we met, I asked you to practice some of the relaxation techniques that we covered in the last session. I am curious to hear about your experience.” *At this point, whoever wants to talk can talk, but check in with those who do not respond. Also, take notes of the responses and ask questions, such as “How did you manage to do that?” and express surprise by saying things, such as “Wow!” when participants describe what they learned from using the exercise. Then, ask:* “In what ways do you think you can incorporate these exercises into your life?”

#### 3. Fighting Fairly (15 minutes)

*Say:* “For the last few sessions, we’ve focused on how thoughts, emotions, and behaviors are interrelated and discussed some strategies that you can use to make positive shifts in these areas. As we discussed in previous sessions, thoughts and emotions are neutral. Whereas it is important to manage them effectively, it is also important to be able to communicate them to others because they are invisible. I’d like to talk with you today about how you can effectively communicate with your family members. We will discuss some strategies to promote healthy communication later in the session. Communication involves both speaking and listening. The goal is mutual expression and understanding, rather than agreement.

One way you can increase the likelihood that you correctly understand what your family members are saying is by using active listening. It involves demonstrating that you are focused on the speaker’s words through body language or brief vocal responses that emphasize your interest and concern. Active listening includes minimal encouragements, paraphrasing, and open-ended questions. Nodding your head or saying things, such as ‘I see’, are examples of minimal encouragements. You can use these as appropriate. Again, the goal should be understanding, not agreement. You might also use paraphrasing and open-ended questions as appropriate. If a loved one says, ‘I’m so frustrated with Jose because he won’t just get up and find a job,’ you might respond, ‘I’m hearing you say that you’re feeling frustrated because Jose has not found a job. What is that like

for you?’ Although it can be tempting to express your thoughts about how to fix the situation, some people can find that to be unhelpful.

We have been talking about healthy communication. Many people think that conflict is unhealthy or harmful in relationships. However, airing out grievances can be one of the healthiest things people can do in relationships. It is important that you follow specific guidelines to make sure that you voice a complaint in a way that your partner can hear.”

*Provide participants with a copy of the “Fighting Fairly” handout. Review each step.*

#### **4. Communication Danger Signs (15 minutes)**

*Say:* “At this time, I’d like to talk with you about some ways of communicating that can hurt your relationships. They are the communication danger signs.”

*Give the participants the “Communication Danger Signs” handout. Say:* “As you can see here, there are four types of communication danger signs and examples of what they sound like. Criticism involves attacking your loved one’s personality or character, rather than focusing on the specific behavior that bothers you. Contempt involves tearing down or insulting your family member. Defensiveness involves attempts to ward off a perceived attack by engaging in behaviors, such as denying responsibility, making excuses, or meeting one complaint with another. And stonewalling involves refusing to listen to the other person’s complaints (physically or emotionally). Take some time right now to read through these examples.”

*When participants are done reading the handout, provide them with the “Communication Danger Signs Scenarios” handout. Explain it by saying:* “On this page are four scenarios, one for each communication danger sign.” *Have participants read each scenario out loud. After each one, have participants discuss what they saw. Ask questions such as, “What did you see or hear that made you think this family was engaging in [communication danger sign]?” and/or “When [name] said [what was said], what communication danger sign was that?” to deepen the conversation and ensure*

*that all participants are able to identify all four communication danger signs.*

*Continue by saying:* “These danger signs are related to family dynamics that seek to bring your family down and ruin relationships. It is important to recognize the effects these communication dangers can have on your relationships with each other and unite to combat them.”

*Initiate a more personal discuss of examples by saying:* “Let’s talk about some times when you noticed these communication danger signs and you were able to prevent them from damaging your relationship?” *Remember to use **externalization** when talking about the danger signs (e.g., “When is contempt a problem?” or “How can you prevent defensiveness from hurting your family?”). Intervene when necessary to reduce unhelpful statements.*

#### **5. Strategies for Fighting off Communication Danger Signs (45 minutes)**

*Say:* “Sometimes, when people in close relationships are having a conversation about a hot topic, they respond back and forth negatively, continually upping the ante as the conversation becomes more volatile. In addition, they might communicate that the other person’s experience is not valid by saying things, such as ‘Stop feeling sorry for yourself’ or ‘It can’t be that bad.’ Although these types of statements can be attempts to soothe a loved one, they actually communicate the message that the person is not allowed to feel a certain way. Now, we are going to talk about strategies for healthy communication. For example, using ‘I’ statements and the speaker-listener technique can often be helpful when attempting to voice a complaint in a way that is helpful.”

*Give the participants the handout entitled “I Statements.” Say:* “Many times, the manner in which individuals bring up difficult topics can make a significant difference in whether they can achieve a successful resolution. You should attempt to explain your complaint, rather than blaming the other person. When individuals use a harsh start-up, such as, ‘You never tell me you love me’, the other person can become defensive, which makes it difficult for the two to resolve the issue. However, if the person uses a soft start-up,

such as, 'I feel sad when I'm not told that I'm loved, and I'd like for you to tell me you love more often', the focus is on the complainant's emotional experience, which is neutral. Also, the complainant is telling the other what he or she can do differently to change the situation. This makes it more likely that the other person will respond positively and change will occur."

*Distribute the "Using I Statements" handout and review. Have participants work on it and share their responses once they are done.*

*Give participants the "Speaker-Listener Technique" handout. Say: "The speaker-listener technique is another strategy that also allows individuals to voice complaints in a way that is more likely to lead to successful resolution of the problem. It involves structured communication between two people. The individuals take turns in the role of speaker and listener. There are also rules to follow to promote healthy communication." Review the handout in detail with the participants.*

*Then say: "At this time, I would like for you to pair with another individual and practice this technique. For this session, please select a topic that is relatively benign, as I am more interested in your becoming skilled at the process of the technique right now."*

**Note:** If there are an odd number of participants, have one group be comprised of three family members.

*Provide participants with 5-10 minutes to practice this technique. Go from group to group and monitor the exercises. If necessary, intervene in order to ensure that participants complete the exercise accurately. Socratic questioning can be a useful tool here. For example, if you notice that a listener does not accurately paraphrase, ask the speaker if the listener captured what he/she intended to convey.*

## **6. Discuss Between-Session Task (5 minutes)**

*Wrap up the session by thanking participants for their engagement and participation. Distribute the Between-Session Task worksheet and state: "Between now and the next time we meet, I would like for you to practice the speaker-listener technique on 3 different days for 30 minutes each time. After you complete the exercise, I would like for you to reflect on the experience and take notes to share in our next session. Specifically, I want you to focus on what you found to be easy and what you found to be difficult about the exercise. Based on that information, I would like for you to determine your communication strengths and growth areas."*

*The most basic of all human needs is the need to understand and be understood. The best way to understand people is to listen to them.*

—Ralph G. Nichols

## Fighting Fairly

1. **Take responsibility.** It only takes **one** person to end a conflict. Even if a family member does not agree to fight fairly, you can make a commitment to avoid intentionally harming your loved ones' feelings by committing to using the rules below. Then, if despite your best efforts, you notice that the fight is getting out of control, walk away using the suggestions in rule #4.
2. **Avoid escalation.** When people hurt us, it is natural to want to hurt them back. However, this starts an endless cycle of escalation as each person tries to hurt the other because he or she was hurt. To fight fairly, avoid escalating when your feelings are hurt. If either party continues to speak or act hurtfully, choose to walk away, rather than lashing out. Do your best to stay calm.
3. **Use I statements.** Talk about your own feelings. If you try to tell your family member what he or she feels, means, or is doing, the argument soon will involve who is right, rather than talking about the real issue.
4. **Learn when to walk away productively.** If despite your best efforts, hurtful speech or actions continue by either party, call a time out.
5. **Avoid and prevent hurtful speech.** This includes name calling, swearing, hurtful sarcasm, raising the voice, and other forms of verbal hostility or intimidation. When either party says something hurtful, agree with your family member to use a key phrase that indicates that he or she has hurt your feelings. If your loved one continues despite your warning, it may be time to walk away.
6. **Be as specific as possible with examples.** Do not make vague complaints. Try to give concrete examples — who, what, when, and where — of what you object to. Do not generalize by using words, such as *always* and *never*. There are usually exceptions to everything.
7. **Argue about only one issue at a time.** Many families store up a number of hurts and bring them up all in one major fight, which is confusing. Do not start new topics until the first one is fully discussed.
8. **Do not wait.** Try to deal with problems as they arise before hurt feelings have a chance to grow.
9. **Actively participate.** When one person becomes silent and stops responding to the other, frustration and anger can build. Positive results can only be attained with two-way communication.

## Communication Danger Signs

**Criticism** involves attacking your loved one's personality or character, rather than focusing on the specific behavior that bothers you. It includes making generalizations like "you always..." and "you never..."

Criticism: "You always leave your dirty laundry on the floor. You are so lazy."

Healthier: "I feel angry when I come home and your dirty laundry is on the floor."

**Contempt** involves tearing down or insulting your family member. It is an open sign of disrespect. It includes putting down your family member, rolling your eyes, or sneering.

Contempt: "If you think that your mother is such a good cook, why don't you go live with her, momma's boy. You're a pathetic excuse for a man."

Healthier: "I feel hurt when I hear you say that your mother is a better cook than I am."

**Defensiveness** involves attempting to ward off a perceived attack. When people are defensive, they often experience a great deal of tension and have difficulty hearing what is being said. It includes denying responsibility, making excuses, or meeting one complaint with another.

Defensiveness: "When exactly do you think I can find the time to help out more with household chores? I work all day!"

Healthier: "I'm hearing you say that you would like for me to help more with household chores."

**Stonewalling** involves refusing to listen to the other person's complaints (physically or emotionally). Rather than using active listening to validate the other person's experience, the person might leave the room, engage in another behavior, or simply say "uh huh" repeatedly.

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## RESOURCE

1. Gottman J. *Why Marriages Succeed or Fail... and How You Can Make Yours Last*. New York: Simon & Schuster; 1995.

## Communication Danger Signs Scenarios

The following scenarios are designed to illustrate the four communication danger signs (criticism, contempt, defensiveness, and stonewalling). Each of the scenarios depicts one of the four danger signs. However, even though the scenarios are separated by communication danger sign, they are meant to appear as continuous segments of the same story.

### Criticism

Jose and Alicia are both sitting quietly on a couch looking at each other. They appear to be frustrated and sad, as both have frowns and have their arms crossed. There is a newspaper on the couch next to Jose. In an exasperated and whiny tone, Alicia says, "I don't know how we got to this point. We used to be so happy. Now, it just feels like too much effort to try to get along. It shouldn't be this hard." Jose replies calmly, "I've thought about that a lot, too. It seems like we don't talk to each other anymore." Alicia becomes slightly more exasperated and says, "Well, have you come up with any answers? I haven't. It seems like we've tried everything." Jose says, "We used to be so happy." He pauses briefly and then continues, "I guess that things happened that we couldn't have predicted, which certainly hasn't helped. I just don't know what else we can do." Alicia is now angry and blurts out, "I wish things could just be the way they used to be!" Jose, feeling a little worried, softly asks, "What do you mean?" Alicia responds in an accusatory tone and is now speaking at a faster pace than before, "When we first started dating, we would go out dancing once a week. You'd take me to dinner and bring me flowers." She points to him in an accusatory way, adding, "You NEVER take me out or do nice things for me! It's like you don't even love me anymore!" Jose responds, "But I've really tried. I started doing the dishes at night." Alicia shoots back, "Please! Do you think doing a few dishes is going to make a difference? Besides, you do such a poor job that I have to rewash them anyway."

### Contempt

Jose and Alicia are still sitting on the couch. Alicia looks angry, whereas Jose looks surprised. Jose says, "I didn't know you felt that way." Alicia replies with indignant surprise, "Yeah, you used to show that you cared about me so much. Now, I think you've simply become lazy." Jose is surprised and says, "Truly, I had no idea." Alicia stands up and is visibly upset. She raises her voice, saying, "Are you kidding me? I can't believe I have to tell you this. Are you stupid? You used to take me out, bring me flowers, and tell me that you loved me. I feel like I've been tricked. I thought I was marrying a thoughtful and romantic man. What I got was a pathetic child." Jose looks up at her and says, "Wow." Alicia angrily continues, "I'm sorry, but you are a pitiful excuse for a man. I don't know why I married you. Honestly, you're worthless."

### Defensiveness

Alicia is still standing. Jose is still sitting on the couch, looking up at her with an angry look on his face. Jose stands up to meet her gaze and says angrily, raising his voice, "Yeah, but when we DO go out, you're complaining the whole time that you're too tired or your feet are hurting. Honestly, I just gave up." Alicia is now indignant. She places a hand on her chest and yells, "I never complain when we go out!" She points at Jose, "YOU'RE the one who is always complaining about how much everything costs when we go out!" Jose lifts his arms as if asking the ceiling a question and yells, "Well, why wouldn't I worry about money? I'm the one who has to work all day. All you want to do is spend all of my money. If you wouldn't spend so much money on other things, we'd be able to go out more!" Alicia is now irate and pushes Jose away with both hands. She says, "Don't try to put this on me. It's YOUR fault that it's come to this." Jose responds sadly, "Why are you picking on me today?"



## Stonewalling

Now, Jose and Alicia are both standing up facing each other with angry looks on their faces. In an exasperated, but firm tone, Alicia says, "I'm just being honest. Things need to change." Jose folds his arms over his chest and replies, "Mmmmmhmmmm." He stands there for about 10 seconds in silence. He sighs. Alicia extends both her hands towards him and pleads, "If both of us just tried a little harder..." Jose interrupts her in a dismissive way, saying, "Yeah, ok." He physically turning away from her and says, "Whatever." Alicia waves her arms at him, trying to get his attention. She says, "Um, hello? Are you going to talk to me?" Jose doesn't turn to face her. He says, "It doesn't matter what I say." He picks up the newspaper and sits down. Alicia throws her arms up and mutters angrily as she storms off, "Well, obviously, you don't want to talk about this anymore." Jose stays on the couch and just shakes his head.

## I Statements

I statements are an effective form of communication that maintain respect and prevent the person receiving them from feeling attacked. They have a very specific structure with four parts that are said in order:

1. I feel (*describe your emotions*)
2. when (*describe the behavior that is associated with your emotions*)
3. because (*the impact that the behavior has on you*).
4. I'd like (*describe the behavior change you would like to see*).

For example, let's say you prepared a nice meal, but your family member arrives home late without calling to let you know in advance. You had been expecting to eat at a certain time. When your family member did not arrive, it disrupted your plans. It would be easy to say the following to your family member: "I am mad at you because you didn't call. It's your fault that dinner is ruined. You're a selfish jerk!" However, that sentence automatically sets up the other person to feel defensive and does not offer any solution.

Consider using an I statement, such as:

I feel *disappointed* when I *don't get a call from you when you will be late* because I *worry that you don't value me*. I'd like *you to call me to let me know if you will be late*.

## Remember the formula:

I feel (*emotion*) when (*behavior*) because (*impact on you*).  
I'd like (*behavior change*).

**Using I Statements**

Please rephrase the following complaints into I Statements:

1. You always take your mother's side. You're such a mama's boy.
2. I can't believe that you didn't call me to tell me you'd be late for dinner. You're so inconsiderate.
3. How many times do I have to tell you to put your dirty clothes in the hamper? I swear, it's like I'm talking to a 4-year-old.
4. You never tell me you love me anymore. How can you be so unappreciative?
5. I wish you were more like Juan. He went to school and has a great job. I just don't understand how you can sit around here all day doing nothing.

## Speaker-Listener Technique

The speaker-listener technique is a useful tool that counteracts destructive styles of communication. The structure helps to make it safe to communicate openly and clearly, which can bring you and your loved one closer together. When you regularly use rules and techniques for dealing with the issues in your relationships, you can also develop an increased sense of confidence.

### Rules for the Speaker:

1. *Speak for yourself.* Use I statements and talk about your feelings.
2. *Don't go on and on.* To help the listener, keep your statements brief and to the point.
3. *Stop and let the listener paraphrase.* Allow the listener to say in his/her own words what s/he thinks s/he heard. If the paraphrase was not quite accurate, politely restate what was not heard the way it was intended to be heard. Your goal is to help the listener to hear and understand your point of view.

### Rules for the Listener:

1. *Paraphrase what you hear.* Briefly repeat back what you heard the speaker say using your own words if you like and make sure that you understand what was said.
2. *Focus on the speaker's message. Don't rebut.* In the listener's role, you may not offer your opinion or thoughts. Wait until you are the speaker to make your response. As the listener, your job is to speak only to understand your partner.
3. *Use the LDD method. Listen, Don't Defend.*

### Rules for Both:

1. The speaker has the floor.
2. The speaker keeps the floor while the listener paraphrases.
3. Share the floor.
4. Use the LDD method: Listen, Don't Defend.

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## RESOURCE

1. Stanley SM, Blumberg SL, Markman HJ. Helping couples fight for their marriages: The PREP approach. In: Berger R, Hannah M, eds. *Handbook of Preventive Approaches in Couple Therapy* (pp. 279-303). New York: Brunner/Mazel; 1999.

**Between-Session Task: The Speaker-Listener Technique**

Before our next session, practice the speaker-listener technique on 3 different days for 30 minutes each time. Use the space below to reflect on your experience and take notes to share in the next session. Please focus on what you found to be easy and what you found to be difficult. Based on that information, what are your communication strengths and growth areas?

Date: \_\_\_\_\_

Experience:

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Date: \_\_\_\_\_

Experience:

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Date: \_\_\_\_\_

Experience:

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## Session Six

### Materials

Handouts  
 Between-session task worksheet  
 Pens for family member to fill out the worksheets  
 Notepad and pen to take notes on participant responses  
 Large easel with paper or a white board  
 Markers

### Summary

The goal of this session is to teach participants to formulate solutions to problems. They will transition from problem talk to solution talk. Psychoeducation will be provided regarding formulating goals and tracking progress on those goals. Time will be provided in session for practice.

### Summary Outline

Content	Suggested timing (total 90 minutes)
1. Quotation	5 minutes
2. Review between-session task	10 minutes
3. Moving from problem talk to solution talk	20 minutes
4. Formulating goals	5 minutes
5. Finding solutions	10 minutes
6. Tracking progress	10 minutes
7. Putting it all together	25 minutes
8. Discuss between-session task	5 minutes

#### 1. Quotation (5 minutes)

*Say:* “As we did last week, we will start this session by reflecting on a relevant quotation.” *Provide every participant with a copy of the quotation and say:* “Please read the following quotation.” *Allow them sufficient time to do so.*

*You can never solve a problem on the level on which it was created.*

—Albert Einstein

*Say:* “I would now like for you to reflect on what this quotation means to you and how it might be relevant to your situation.” *At this point,*

*whoever wants to talk can talk. Check in with those who do not respond to see if they would like to add anything. After participants are done reflecting on the quote, please state the following:* “When faced with problems, we often feel stuck. Trying to see things from a different perspective often is helpful in finding new solutions.”

#### 2. Between-Session Task Review (10 minutes)

*Say:* “Last time we met, I asked you to practice the speaker-listener technique on 3 different days for 30 minutes and to take notes on your experiences each time. I would like to hear about those experiences now, specifically what you learned about how effectively you communicate.” *At this point, whoever wants to talk can talk. Check in with those who do not respond. Also, take notes of the responses using their exact words. Ask questions, such as, “How did you manage to do that?” When the individuals with TBI/SCI and/or family member discusses ways in which they overcame the challenges of TBI/SCI, express surprise by saying things, such as “Wow!” Then, ask:* “What was better when you communicated in this way? What do you plan to continue?”

#### 3. Moving from Problem Talk to Solution Talk (20 minutes)

*Say:* “You are now equipped with tools that will allow you to communicate more effectively to express your thoughts and feelings. In addition, these skills will also allow you to work with your family members and others to find solutions to problems. It can be overwhelming for individuals and families when they believe that they have done everything possible to solve a problem to no avail. One reason that they have difficulty finding effective solutions is that they are overly concerned with the problem. As a result, they engage in problem talk. Examples of problem talk include:

- searching for the cause of the problem,
- trying to determine who is to blame,
- focusing on what else has gone wrong,
- trying to reconstruct how the problem could have happened, and
- trying to find out why it has not yet been solved.

When people participate in these conversations, blame and defensiveness can impede their abilities to work together to find solutions. In such cases, pessimism builds and the problem can become solidified or even intensified.

Although it might seem as though you have tried everything to solve a problem, in actuality, many individuals and families try only a few of the available solutions. Sometimes, the most logical solution to a problem can be ineffective; therefore, individuals and families must come up with creative solutions to overcome challenges. These solutions might be completely unrelated to the problem and even seem irrational.

Frequently, the problem is not the problem; the solution is the problem. Sometimes, a family denies the real problem, such as ignoring the substance abuse of a family member. In such cases, the solution should involve action. A family might also try to solve a nonexistent problem, such as punishing a family member for masturbating alone in his or her room. In such cases, the solution should involve inaction. Finally, a family might take the wrong action, such as buying gifts for a family member, rather than giving him or her attention. In such cases, the solution should involve a different action.

We sometimes think that because problems seem so overwhelming or because they took so long to develop, the solutions must be difficult and time-consuming. However, this might not be true. In many cases, the family is already using some solution that is at least partially effective, although it might not be obvious because the problem seems too overwhelming.”

*Write the following on a large sheet of paper: “If something doesn’t work, stop doing it. If something does work, do more of it.”*

*Say: “It is important for families to be able to shift solutions when they are no longer working. In addition to avoiding using ineffective solutions and continuing to use effective solutions that you tried in the past, it is helpful to replace problem talk with solution talk. Solution talk involves focusing on what you want to happen instead of the problem. This then becomes your goal. One way to start to do this is to respond to the miracle question.” Give the “Miracle Question” handout to*

*participants and read the miracle question out loud. Have participants complete the handout to think about their goals.*

*When everyone has completed the handout, say: “I would like for you to continue to practice engaging in solution talk.” Distribute the handout entitled “Problem Talk vs. Solution Talk” and explain how the first two items are already completed and serve as examples. Allow time for the family to complete it.*

**Note:** If participants have difficulty engaging in solution talk, provide the following examples:

All we ever do is fight, I’ve tried everything I can think of to improve the

situation, but nothing works. → *I want us to get along.*

I can’t exercise because I have to take care of too many things and nobody

helps me. → *I want to make time during the week so that I can exercise.*

My child always ignores me and acts like I’m not there. He never listens to

me. → *I want my child to listen to me and respect me.*

Our marriage is not what it used to be. I am afraid that we will end up

getting divorced. → *I want our marriage to be healthier.*

I am such a pushover. I constantly let people walk all over me. → *I want to*

*be more assertive and prevent others from taking advantage of me.*

My romantic relationships never work out. → *I want to improve my abilities*

*to maintain successful romantic relationships.*

Because of my injury, I’ll never have a normal life. → *I want to work, go to school, and have a family.*

I always feel sad and stressed. → *I want to feel happy and relaxed.*

#### 4. Formulating Goals (5 minutes)

*Say: “You may have noticed that when you change problem talk into solution talk and focus on what you want to happen instead of the problem, you are able to more easily identify goals. Formulating effective goals is a crucial first step in finding solutions.”*

*Distribute the handout entitled “Formulating Useful Goals” and review it with the family.*

### **5. Finding Solutions (10 minutes)**

*Tie BAMS [Behavioral, Achievable, Measurable, Specific] goals to solution finding by saying: “As I’ve mentioned, formulating useful goals is a crucial first step to finding solutions. Once you’ve converted problem talk to solution talk and formulated goals, it is easier to come up with potential solutions. The following approach provides additional structure in finding solutions.”*

*Give participants the “Finding New Solutions” handout and review. Then distribute the “Finding New Solutions - Example” handout and review.*

### **6. Tracking Progress (10 minutes)**

*Say: “As we just discussed, it is important that goals are specific, behavioral, measurable, and achievable. These characteristics allow you to determine how much progress you are making on your goals using **scaling questions** on a scale of 1 (not at all) to 10 (completely).” Distribute handout entitled “Tracking Progress” and review.*

*Say: “One way to approach this exercise is to start with 10. This should represent complete fulfillment of the goal. Then, move to 1. This should be the complete lack of fulfillment of the*

*goal. Then, move to the 5, which should be the midway point between not reaching the goal at all and reaching the goal fully. Finally, return to 1 and add small steps for each point up the continuum, using 1, 5, and 10 as guides. Once you have completed this handout, you will have a step-by-step guide that you can use to achieve your goal over time. Also, it allows you to see that your goal is less overwhelming than you might think. When you see that you are making progress toward your goal, you might be more likely to continue working on it.”*

### **7. Putting It All Together (25 minutes)**

*Distribute the worksheet entitled “Practice: Goals and Solutions” and say: “Now, it is time to put it all together. As a family, think about a challenge that you are currently facing. Complete this worksheet to practice these strategies.”*

### **8. Discuss Between-Session Task (5 minutes)**

*Wrap up the session by thanking participants for their engagement and participation. Distribute the Between-Session Task worksheet and state: “Between now and the next session, I’d like you to practice everything we’ve learned. Over the coming week, think about a challenge that you are facing and complete this worksheet.”*

*You can never solve a problem on the level on which it was created.*

—Albert Einstein



## Miracle Question

Suppose for a moment that a miracle occurred overnight, and the problem that your family is facing is solved. However, because you are sleeping, you do not know that the miracle happened.

1. When you wake up tomorrow morning, what will be the first sign you will notice that will let you know a miracle must have happened?
2. Who in your life will notice this change?
3. What is the first step you can take that will move you in the direction of reaching this miracle?
4. What pieces of this miracle are already occurring?

## Problem Talk vs. Solution Talk

Below is a list of statements using problem talk. Beside each problem-talk statement, write in a solution-talk alternative statement. Two examples are provided.

Problem Talk	Solution Talk
1. José never helps with any household chores or tasks.	⇒ <i>I would like for José to be more helpful around the house.</i>
2. Because Julia needs so much supervision, we can never have fun.	⇒ <i>I would like for us to have more fun as a family.</i>
3. All we ever do is fight. I've tried everything I can think of to improve the situation, but nothing works.	⇒
4. I can't exercise because I have to take care of too many things and nobody helps me.	⇒
5. My child always ignores me and acts like I'm not there. He never listens to me.	⇒
6. Our marriage is not what it used to be. I am afraid that we will end up getting divorced.	⇒
7. I am such a push-over. I constantly let people walk all over me.	⇒
8. My romantic relationships never work out.	⇒
9. Because of my injury, I'll never have a normal life.	⇒
10. I always feel sad and stressed.	⇒

## Formulating Useful Goals

Useful goals have the following characteristics:

**BEHAVIORAL:** Useful goals are those that you can describe in terms of behavior.

- Stating “I want to stop being unhealthy” does not provide any description of what you will actually do, making it more difficult to attempt.
- You can make this goal more behavioral by including *what* you can do to be healthy. For example, if you want to cut sodas from your diet, you might say:
  - “I want to drink water at every meal.”

**ACHIEVABLE:** Useful goals are those that you can actually achieve or complete.

- Stating “I want my life to be just as it was before” may not be achievable.
- You can make the goal more effective by modifying it to something more achievable:
  - “I want to be able to cook my own meals.”

**MEASURABLE:** Useful goals are those that you can measure. If you cannot measure it, it is difficult to know if you have reached your goal.

- Stating “I want to feel happier” is difficult to measure because it is so general.
- You can make the goal more measurable by including ways you will know if you are happier:
  - “I want to laugh at least once everyday.”

**SPECIFIC:** Useful goals are those that are not vague.

- Stating “I want to spend more time with my children” is not specific because there is no note of *how much* time you want to spend or *by when*.
- You can make the goal more specific by adding these elements:
  - “I want to spend at least 1 hour a day with my children beginning tomorrow.”

Although the examples above focus on each characteristic separately, useful goals are those that include all four characteristics.

Remember, when you formulate goals, you want them to be **BAMS** goals! BAMS goals help make it easier to actually measure your progress toward them.

### **Finding New Solutions**

1. Use **solution talk** to determine what you want to happen instead of the problem and **formulate goals**.
2. Collectively or individually, **brainstorm** as many different potential solutions as possible. It does not matter how illogical or silly they may seem. Remember, they do not have to be directly related to the problem.
3. **Evaluate** the possible solutions. Make a list of pros and cons for each possible solution. Use those lists to determine which solution might be the most effective.
  - Which is the most practical?
  - Which has the fewest cons and most pros?
4. **Try** the new solution.

### Finding New Solutions - Example

Below, you can see how this problem-solving approach can be used.

Problem Talk: *I'm too fat.*

1. Solution Talk: *I want to exercise more.*

2. Potential Solutions:

1. *Talk to coworkers about starting a walking group*
2. *Do 100 jumping jacks every 3 hours*
3. *Walk 30 minutes around the neighborhood 3 times per week*
4. *Sleep 9 hours every night*
5. *Train for a marathon*
6. *Buy a treadmill to use every day for 20 minutes*
7. *Begin every day by telling myself that I am a beautiful person*
8. *Take stairs at work, rather than the elevator*

3. Evaluate the possible solutions (as a start, choose 2 possible solutions to evaluate)

Solution #1: *Walk 30 minutes around the neighborhood 3 times per week*

Pros: *I can do it easily.*

*I have all the necessary equipment.*

*It would be nice to have some fresh air.*

*I might see more of my neighbors.*

*I can easily incorporate this into my weekly routine.*

Cons: *The weather might not be nice.*

*I might become bored.*

Solution #2: *Buy a treadmill to use every day for 20 minutes*

Pros: *It would be convenient to exercise in my home, rather than having to drive to the gym.*

*The weather would not prevent me from exercising.*

Cons: *A treadmill costs a lot of money.*

*I do not have space for a treadmill in my home.*

*It might be boring.*

4. Try a solution: *Walk 30 minutes around the neighborhood 3 times per week.*

### Tracking Progress - Example

BAMS Goal: *I want to praise my child twice this week when he makes his bed.*

You can ask yourself the following questions to help you to evaluate your progress on your new goal:

On a scale of 1 to 10, with 1 being not at all and 10 being completely, how fully have I met this goal at this point:

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

What would a 1 look like? *I did not notice whether my child made his bed any day this week.*

What would a 2 look like? *I noticed whether my child made his bed 1 to 4 days this week, but did not respond positively or negatively in any way.*

What would a 3 look like? *I noticed whether my child made his bed every day this week, but did not respond positively or negatively in any way.*

What would a 4 look like? *I noticed that my child made his bed at least one day this week and wrote him a note of encouragement, but did not give it to him.*

What would a 5 look like? *I noticed that my child made his bed at least one day this week and left him a note of encouragement that same week.*

What would a 6 look like? *I noticed that my child made his bed at least one day this week and left him the note of encouragement that same day.*

What would a 7 look like? *I noticed that my child made his bed at least one day this week and left him the note of encouragement, verbally praised him, and hugged him that same week.*

What would an 8 look like? *I noticed that my child made his bed at least one day this week and left him the note of encouragement, verbally praised him, and hugged him that same day.*

What would a 9 look like? *I noticed that my child made his bed at least two days this week and left him the note of encouragement, verbally praised him, and hugged him that same week.*

What would a 10 look like? *I noticed that my child made his bed at least two days this week and left him the note of encouragement, verbally praised him, and hugged him that same day.*

In the next 7 days, what one thing can I do to move up this scale  $\frac{1}{2}$  point?

*Right now, I'm at a 3. To get to a 3  $\frac{1}{2}$ , I would have a pen and a notepad placed in his room so that I can immediately write a note of encouragement to him when I notice that his bed is made.*

**Practice: Goals and Solutions**

As a family, please think about a challenge that you are currently facing. Ideally, the challenge is one that involves every family member in some way and is not one that tends to elicit major conflict in the family.

Challenge: \_\_\_\_\_

What I want to happen instead: \_\_\_\_\_

BAMS goal: \_\_\_\_\_

Possible solutions:

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

Evaluate the possible solutions (as a start, choose 2 possible solutions to evaluate).

Solution #1: \_\_\_\_\_

Pros:	_____	_____
	_____	_____
	_____	_____

Cons:	_____	_____
	_____	_____
	_____	_____

Solution #2: \_\_\_\_\_

Pros: \_\_\_\_\_  
\_\_\_\_\_

Cons: \_\_\_\_\_  
\_\_\_\_\_

Choose a solution: \_\_\_\_\_

Track your progress:

On a scale of 1 to 10, with 1 being not at all and 10 being completely, how fully have I met this goal at this point:

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----



**Between-Session Task: Goals and Solutions**

For the next session, think about a problem you are currently having. Briefly summarize the problem below and complete the exercise.

Challenge: \_\_\_\_\_

What I want to happen instead: \_\_\_\_\_

BAMS goal: \_\_\_\_\_

Possible solutions:

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

Evaluate the possible solutions (as a start, choose 2 possible solutions to evaluate).

Solution #1: \_\_\_\_\_

Pros: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Solution #2: \_\_\_\_\_

Pros: \_\_\_\_\_  
\_\_\_\_\_

Cons: \_\_\_\_\_  
\_\_\_\_\_

Choose a solution: \_\_\_\_\_

Track your progress:

On a scale of 1 to 10, with 1 being not at all and 10 being completely, how fully have I met this goal at this point:

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

## Session Seven

### Boundary Making

#### Materials

Handouts  
 Between-session task worksheet  
 Pens for family member to fill out the worksheets  
 Notepad and pen to take notes on participant responses  
 Large easel with paper or a white board  
 Markers

#### Summary

The goal of this session is to understand the importance of appropriate family boundaries and learn how to clarify them to improve individual and family functioning.

#### Summary Outline

Content	Suggested timing (total 90 minutes)
1. Quotation	5 minutes
2. Review between-session task	15 minutes
3. Externalizing the problem	30 minutes
4. Creating appropriate boundaries	25 minutes
5. Importance of self-care	10 minutes
6. Discuss between-session task	5 minutes

#### 1. Quotation (5 minutes)

*Say:* “As we did last week, we will start this session by reflecting on a relevant quotation.” *Provide every participant with a copy of the quotation and say:* “Please read the following quotation.” *Please allow them sufficient time to do so.*

*To know when to go away and when to come closer is the key to any lasting relationship.*

—Doménico Cieri Estrada

*Say:* “I would now like for you to reflect on what this quotation means to you and how it might be relevant to your situation.” *At this point, whoever wants to talk can talk. Check in with those who do not respond. Say:* “It is important to have healthy

boundaries in relationships with others. Knowing how to set healthy boundaries is a key to having lasting relationships.”

#### 2. Between-Session Task Review (15 minutes)

*Say:* “Last time we met, I asked you to think of one challenge that you were facing. Then, I asked you to practice translating problem talk into solution talk, coming up with a BAMS goal, and brainstorming potential solutions. I am excited to hear about your experiences and any insights that you gained.” *At this point, whoever wants to talk can talk. Check in with those who do not respond. Take notes of the responses. Also, ask questions, such as “How did you manage to do that?” In addition, when the individual with TBI/SCI and/or family members discuss ways in which they overcame the challenges associated with the condition, express surprise by saying things, such as “Wow!”*

#### 3. Externalizing the Problem (25 minutes)

*Say:* “One reason that you found so much success using the speaker-listener technique is that the focus is on feelings and behaviors, which reduces the likelihood that blame and defensiveness can get in the way of your achieving your goals. Last session, I asked you to use solution talk as much as possible; however, there are times when you need to talk about the problem. As we discussed last week, talking about a problem as though it is deeply rooted within an individual can be unhelpful. This includes saying things, such as ‘He is depressed’, rather than ‘He has depression’ or ‘He is feeling depressed’. Saying that someone is depressed suggests that depression is a permanent state, whereas saying that someone has depression or is feeling depressed indicates that he or she is a person first who is experiencing a temporary state of depression. Such statements create greater possibilities for solutions because they suggest that the individual’s state can change. They are also empowering, as they imply that the individual has some degree of ownership or control over his or her condition.

Therefore, sometimes it is beneficial to externalize the problem. When you externalize the

problem, you think about, talk about, and attempt to solve the problem as though it is separate from or outside of the individual. The first step in this process involves giving the problem a name and depicting it in an illustration. So, I'm wondering if you could tell me about one problem that is impacting your family that is related to the TBI/SCI. It can be the same one that you used in your exercises from last week."

**Note:** Everyone should be allowed to speak. Assist the family in coming to a consensus about which problem to use in this exercise.

*Say:* "Now, I would like for you to give this problem a name. It can be something that sounds like the problem. For example, if the symptoms of arthritis are posing significant challenges for a couple, they might refer to the problem as 'Artie'. However, the name can also be completely unrelated to the problem. Whatever you decide to name the problem, it is only important that you all know what it means." *Give the participants time to come up with a name on their own.*

*Say:* "Now, I want you to draw (say the name of the problem that the family came up with) on this sheet of paper. Please take some time to discuss your responses to the questions on this handout." *Give the participants the handout entitled "Externalization Questions" and provide them with a sufficient amount of time to complete the drawing. Encourage them to interact while completing the drawing.*

*Say:* "By focusing on problems as challenges to be overcome, rather than as being located within individuals, distance is created between people and problems. This **externalization** of a problem makes it easier to investigate and evaluate the problem's influences on individual and family functioning and allows individuals to unite to overcome the problem. In your family, (say the name of the problem that the family came up with) is trying to make your lives difficult. It is up to each one of you to work together to not allow this to happen."

#### 4. Creating Appropriate Boundaries (20 minutes)

*Give participants the handout entitled "Family Boundaries."* *Say:* "Whereas it is important to create separation between the problem and the individual as we discussed a few minutes ago, it is also important to create an appropriate level of separation between

family members. When certain sequences of interaction are repeated, enduring patterns or unspoken rules can be created that determine how, when, and to whom family members relate. Families are systems that are made up of smaller systems called subsystems, which include individuals and groups of individuals. For example, there might be a parent/spouse, sibling, and parent-child subsystem in a family. Individuals and subsystems are differentiated by boundaries, which are invisible barriers that surround them and regulate the amount of contact they have with others.

Boundaries are described on a continuum ranging from the extremes of rigid to diffuse. At one end of the continuum, rigid boundaries imply low levels of connection and engagement. They are characterized by limited communication, support, and adaptability. On the other end of the continuum, diffuse boundaries imply high levels of connection and engagement. They are characterized by family members being overinvolved in one another's lives. In such cases, no one and everyone is taking charge. Moreover, effective guidance during times of change is rare.

Overly rigid or diffuse boundaries make it difficult for families to effectively adapt in the face of serious injury, such as TBI/SCI, because the family system either lacks flexibility in the case of rigid boundaries or has too much flexibility in the case of diffuse boundaries to permit the successful readjustment of all family members, subsystems, and the larger family system. Therefore, families should work to create clear boundaries between members and subsystems and around the family as a whole.

Also related to boundaries, after a TBI/SCI, families can sometimes organize around the injury. That is, family dynamics are altered by injury-related factors, such as symptom presentation and medication administration. In this way, the injury and the injured person take on a great deal of power in families. Also, the message is sometimes conveyed that family members should not do or talk about certain things related to the injury. In addition, some family members might become excessively close to other family members while neglecting other relationships and even their own health.

In these cases, boundaries are unclear because the family members either do not recognize the

distinctiveness of individuals or confuse their roles. That is, boundaries are excessively rigid or diffuse. Although the goal is to have a balanced level of closeness and separation in families, it can be difficult in the face of TBI/SCI. Ideally, boundaries should be flexible, allowing family members to be close to one another while maintaining a sense of separateness. Overly rigid boundaries might constrict family relationships and limit family members' access to one another, whereas overly diffuse boundaries might lead to confusion between the generations. For families to function in the healthiest way possible, boundaries should be clear.

It is also important to create healthy boundaries between the family and other individuals and institutions. Due to the stigma and myths surrounding some of the associated symptoms, many families facing TBI/SCI tend to isolate themselves. As a result, they cut themselves off from important formal and informal support systems."

*Give participants handout entitled "Unhealthy Family Dynamics."* Say: "This handout depicts some unhelpful ways that families can be organized. It is possible that one of them reminds you of your family."

*After reviewing the handout, say:* "In addition to using solution talk as we discussed last week, potential alternatives can be put into action if individuals begin to act in another subsystem or if the nature their participation in a subsystem changes.

Another issue that relates to family boundaries is family membership. When family members do not know who is in and who is out of the family system, it is referred to as 'ambiguous loss'. The family may perceive a physically absent member as psychologically present. For example, the family might still set a place at the dinner table for a child who was kidnapped and never located years earlier. On the other hand, a family may perceive a psychologically absent member as physically present. For example, the husband of a person with severe dementia might state that, although he is still married, his wife is a stranger. In both cases, family boundaries are unclear or ambiguous. In the case of TBI, although the individual who sustained the injury survived and may even look the same, he or she might act very differently. For this reason, a loss is experienced, but not in the traditional sense.

Many individuals with traumatic injury and their families are told that the survivor is lucky to be alive. Although the death of a family member is a stressful event, it is validated through social and cultural processes that allow families to grieve the loss and move forward. However, when a family member disappears, such as a soldier who is missing in action, which is a physical loss, or has a serious illness or injury, which is a psychological loss, remaining family members can experience a significant amount of uncertainty. Without verification of the loss and, consequently, family membership or social processes, unresolved ambiguous loss creates the condition of boundary ambiguity within the family system. For this reason, families can find it difficult to work through their grief and loss because they are unable to renegotiate their new boundaries. As a result, they can become paralyzed and unable to grieve and heal.

Based on clinical observations and research, there is often an overtly or covertly agreed-upon family perception of who is in and who is out of the family. However, sometimes individual members will perceive family membership and boundaries differently."

## **5. Importance of Self-Care (10 minutes)**

*Say:* "As we just discussed, sometimes individuals in families facing TBI/SCI become overly involved in one another's lives. This can be especially true among caregivers and TBI/SCI survivors. Although caregivers often must devote a great deal of time and effort to assist their family member with TBI/SCI, it is important that they remember to participate in activities that they enjoy and take care of their physical and mental health." *Give participants the handout entitled "Self-Care Activities."*

## **6. Discuss Between-Session Task (5 minutes)**

*Wrap up the session by thanking participants for their engagement and participation. Distribute the Between-Session Task worksheet and state:* "I'd like you to select one activity on your self-care list and take time between now and the next time we meet to do it."

*To know when to go away and when to come closer is the key to any lasting relationship.*

—Doméxico Cieri Estrada

**Externalization Questions**

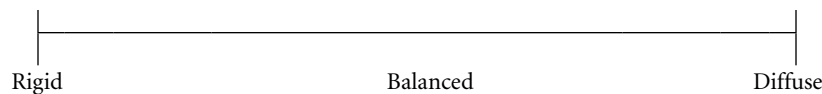
These questions are intended to help you to begin the process of externalizing the problem. Simply insert the name of the problem that you came up with in the blank.

1. What does \_\_\_\_\_ look like?
2. When does \_\_\_\_\_ come around?
3. With whom does \_\_\_\_\_ hang out?
4. When were you able to resist the influence of \_\_\_\_\_?

## Family Boundaries

When certain sequences of interaction are repeated, enduring patterns or unspoken rules can be created that determine how, when, and to whom family members relate. Families are made up of subsystems, which include individuals and groups of individuals, such as parent/spouse, sibling, and parent-child dyads. Individuals and subsystems are demarcated by interpersonal boundaries, which are invisible barriers that surround them and regulate the amount of contact with others.

Boundaries are described on a continuum from rigid to diffuse. Rigid boundaries imply disengagement between family members or subsystems. They are characterized by limited communication, support, and adaptability. Diffuse boundaries imply enmeshment. That is, family members are overinvolved in one another's lives. In such cases, no one and everyone is taking charge. Moreover, effective guidance during times of change is rare.

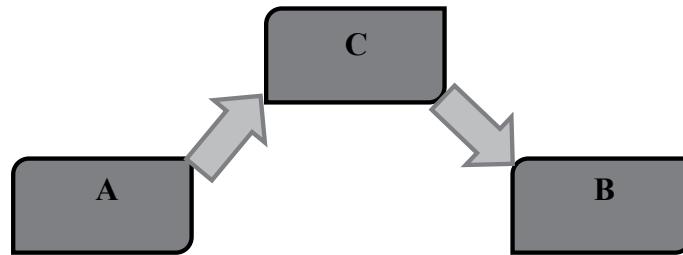


Overly rigid or diffuse boundaries make it difficult for families to attain optimal adaptation because the family system either lacks flexibility (in the case of rigid boundaries) or has too much flexibility (in the case of diffuse boundaries) to permit the successful readjustment of all family members. Therefore, families should work to create clear boundaries between members and subsystems and around the family as a whole.

Boundaries are reciprocal. That is, if a person is in one relationship that is characterized by diffuse boundaries, it usually means that the same person is in another relationship that is characterized by rigid boundaries. **Potential alternatives can be put into action if individuals begin to act in another subsystem or if the nature their participation in a subsystem changes.**



## Unhealthy Family Dynamics



**Triangulation** occurs when two people bring a third person into the relationship to maintain stability and avoid addressing a problem. This usually occurs during times of stress during which it is too anxiety-inducing for the two people to communicate directly.

Looking at the diagram above, imagine that person A is upset that person B keeps borrowing his things without asking first. Instead of using an I statement to voice his complaint directly to person B in a helpful way, person A complains to person C. In this scenario, person A feels better after venting, but person C might feel uncomfortable because he is now caught in the middle. Person B remains unaware that his actions are problematic.

*Detouring* and *coalitions* are two types of triangulation described by Salvador Minuchin, a famous family therapist.

- Detouring occurs when two people, rather than directing anger or criticism toward each other, focus the negativity on a third person. For example, in an attempt to avoid addressing their marital problems, two parents might concentrate their attention on their child's academic difficulties, even though his teacher has said he is performing adequately in school. The parent-child conflict then serves to distract them from the tension in their marriage, thus stabilizing the family system. The child may then become identified as the problematic member of the family.
- Coalitions develop when one or two individuals in a relationship try to enlist the support of a third person against the other. They also exist when one family member responds to another family member's needs with excessive concern and devotion (*enmeshment*) while another family member withdraws and becomes less responsive. In this situation, the attention to the family member is supportive, rather than critical or conflictual.

**Emotional Cutoff** refers to an excessive form of distancing that represents an attempt to resolve emotional attachments by removing oneself from the emotional system. As a result, the person is still reactive and tends to make decisions that are overly influenced by emotions and anxiety.

**Self-Care Activities**

In order for you to have the physical, mental, and emotional capacity to overcome the challenges associated with TBI/SCI and maintain clear family boundaries, it is important to engage in activities that promote your well-being. Remember, when you do things to take care of yourself, you are indirectly caring for your family members as well.

The following is a list of things that I can do to take care of myself:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

## Session Eight

### Wrap-Up and Celebration

#### Materials

Packets of post-intervention measures  
Handouts  
Notepad and pen to take notes on participant responses

#### Summary

The goal of this session is to summarize the skills participants have learned, re-administer psychosocial questionnaires, and obtain feedback on the intervention.

#### Summary Outline

Content	Suggested timing (total 90 minutes)
1. Quotation	5 minutes
2. Review between-session task	5 minutes
3. Summarize what we learned and provide feedback	5 minutes
4. Complete psychosocial questionnaires	75 minutes

#### 1. Quotation (5 minutes)

Say: “As we did last week, we will start this session by reflecting on a relevant quotation.” *Provide every participant with a copy of the quotation and say: “Please read the following quotation.” Please allow them sufficient time to do so.*

*For changes to be of any true value, they’ve got to be lasting and consistent.*

—Anthony Robbins

Say: “I would now like for you to reflect on what this quotation means to you and how it might be relevant to your situation.” *At this point, whoever wants to talk can talk. Check in with those who do not respond. Say: “This quote really highlights the importance of practice, practice, practice. You have learned many valuable skills and tools and have made changes in your family. In order for these changes to continue being valuable, you need to be consistent and keep using them over time.”*

#### 2. Between-Session Task Review (5 minutes)

Say: “Last time we met, I asked you to select one activity on your self-care list and take time to do it. How did that go?” *At this point, whoever wants to talk can talk. Check in with those who do not respond. Take notes of the responses. Also, ask questions, such as, “How did you manage to do that?” In addition, when the individual with TBI/SCI and/or family members discuss ways in which they overcame the challenges of the condition, express surprise by saying things, such as “Wow!” If anyone did not complete the assignment, explore the reasons using questions, such as “What kept you from doing the assignment?”*

#### 3. Summarizing What We’ve Learned (5 minutes)

Say: “As you know, this is our final session. We have met 7 other times to discuss problems you have been facing and you have begun practicing with new tools that you can now use to be your own therapist and be able to better face future problems. We don’t expect you to never have problems again. However, by learning how to handle different issues, you now have general tools you can apply to other kinds of problems you may face in the future. In our sessions, we have covered topics, such as how you make meaning of events in your life, how thoughts influence emotions, how to manage your feelings, how to communicate more effectively, how to solve problems, and how to manage relationships. What have you learned?”

*At this point, encourage each member to share something about what they have learned or how they have changed throughout the intervention. If members are struggling to come up with anything, it will be helpful to have ideas you can raise. Examples (if applicable) can include your observations on how family members are communicating now, how you’ve seen them work through their problems more effectively, positive changes they have made toward each other, the hard work they have put in to completing assignments, etc.*

*Wrap up discussion by saying: “I am so excited to see the progress that you have made. You have worked really hard. And remember, the more you practice these tools at home, the more they will become a new habit for you.”*

#### **4. Complete Psychosocial Questionnaires (75 minutes)**

*Say: “Now, as a way to more objectively measure the changes you have made, we are now going to have you complete the same questionnaires you completed on your very first day here. We will use the rest of today’s session to give you time to fill out the questionnaires.” Distribute the packets of questionnaires, ensuring each member receives the correct packet based on if he/she is the individual with TBI/SCI or a family member.*

*Once all questionnaires have been collected, members are free to leave. To end, say: “Again, you have done a great job. You have learned a lot of new skills and have worked hard to practice them. This is the last time we will meet, but this is not the end of your recovery as a family. The problems you have now may never completely*

*go away, and new problems may come up, but now you have the tools to be able to handle them better. By continuing to practice these skills every day, you will be able to maintain your progress and continue improving.” The facilitator should have developed a handout with a list of community resources available to participants (e.g., local injury associations, support groups, outpatient counseling services, etc.). Distribute the handout and say: “Here are some additional resources available to you should something come up in the future that you feel you need additional support around. So, you are leaving armed with many tools and resources to continue growing together as a family. It has been a pleasure working with you and seeing the progress you have made. I wish you all the best in the future.”*

*For changes to be of any true value, they've got to be lasting and consistent.”*

—Anthony Robbins