

SEMTBIS Research Presented at the TBI Interagency Conference

Family Functioning and Quality of Life After TBI

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Brain injury is one of the most difficult situations to which a family must adjust. Multiple factors contribute to stress for family members in this situation, including the survivor's neurobehavioral disturbance, burden of care, loss of social connections, and disruption of common ways/patterns of relating within the family. Caregivers and families play an important role in the recovery and reintegration processes of individuals with TBI. Although it is well known that changes in the survivor of TBI can result in family system disruption after TBI, the reverse is also true, as life changes among caregivers and family members of persons with TBI may stress the entire family system, including the person with the injury. One of the major factors in good family functioning after TBI is the level of emotional support the family has, especially when there are neurobehavioral problems after TBI (e.g., impulsivity, acting out, verbalizations that are inappropriate). SEMTBIS is studying family functioning and quality of life after TBI in the context of: (1) The aspects of family functioning, both before and after injury, that contribute to quality of life among people who sustained TBI, and (2) the patient characteristics, or other factors, that influence quality of life in family members. Although this study is ongoing, data will be analyzed in the next year and we should have some findings to present in the next "Thinking Cap".

Peer-Mentoring for Survivors of TBI and their Significant Others: A Model of Social Support

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Mentor programs can assist in helping to meet the psychosocial needs of TBI survivors and their caregivers after discharge from inpatient rehabilitation. These interventions are especially compelling when the mentor is also a peer who shares similar characteristics with the person receiving support and services. SEMTBIS is currently investigating the benefits of this mentoring program to determine the relationship of this program as it relates to three main outcome areas: 1) knowledge and skills regarding access to resources and services; 2) quality of life; and 3) community integration. Moderators of successful peer-mentoring such as injury severity, co-existing physical disease, education, neuropsychological status of the survivor, coping style, and personality/emotional factors, are also considered. Although this study is ongoing as well, early findings indicate that people who receive mentoring are very satisfied with their experiences, enjoy the process, and may feel more positive about their life.

Driving following Traumatic Brain Injury

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Some of the main points at the conference included: 1) Driving a motor vehicle is an essential aspect of functional independence, and the possibility of facing driving restriction is of greater concern to TBI survivors than are any other functional limitations. 2) Forty to sixty percent of brain injury survivors return to driving after the injury; among these are survivors who return to driving despite safety risks, whereas other survivors do not return to driving but could do so safely or could become fit to drive again via retraining and adaptive devices. 3) Too few TBI survivors receive comprehensive driving evaluations. Education for clinicians, family members, and survivors is needed. 4) Extensive new research is needed to develop and evaluate valid methods for screening and assessing fitness to drive after TBI. Although new technologies in cognitive assessment and virtual reality (i.e., driving simulation) are emerging, the clinical application of these technologies for persons with TBI lags far behind and must be developed. 5) An essential goal of SEMTBIS research is to compare different methods of driving assessment and prediction, including on-road evaluation, cognitive assessment, and simulation (virtual reality) technologies. 6) Long-term goals include use of technologies in assessment and retraining of driving after TBI. The ultimate goal of research on assessment of fitness to drive is achieving the best balance of maximizing survivor independence and minimizing risk to survivors and the public.