Surviving INJURY

Mothers Against Drunk Driving

24-Hour Victim Help Line 877.MADD.HELP
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Helping Survivors Survive.®

The driver that hit us was sentenced to five days in jail served only on weekends, a year of probation, 40 hours of community service, and ordered to pay $100 to Crime Victim Compensation. I was driving home with my friend when he crossed the median and hit us head on. Before the crash I had never had a surgery or even broken a bone. Now, because of my injuries, I will probably always have some pain.

When the crash happened, I had just moved to the area and my family was too far away to provide the support I needed. I found support in a wonderful medical team, co-workers, friends and a MADD advocate who was there for me. I really think going to a therapist helped me too. I know some people see that as a sign of weakness, but I believe that knowing your limitations and asking for help is a sign of strength.

I missed my life as it was before the crash, doing things like swing dancing, working out, and being active. It took three years of my life to get back to doing the things that I love. Even though sometimes it feels like the struggles will last forever, looking back now I think I'm stronger and more resilient than I've ever been.

Fei-fei

Fei fei was 25-years-old when she was injured by a drunk driver with a BAC of .25.

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Substance Impaired Driving

Substance impaired driving is defined as the operation of a vehicle by a driver under the influence of alcohol and/or drugs that renders them unable to drive safely, posing a danger to themselves and others on the road. Substance impaired driving crashes cause hundreds of thousands of injuries each year to victims/survivors who, through no fault of their own, must now cope with the aftermath of a crash.

Complicated Feelings and Reactions

When you have been injured in a substance impaired driving crash, you may experience physical and emotional consequences that you never expected. You may experience physical pain beyond anything you have ever felt before. In spite of the pain, you may rejoice simply because you are alive. Or you may truly wish that you had died, feeling that an escape from pain would be a blessing.

Your feelings may change quickly, from hour to hour or day to day.

Your mood may vary and life may seem unbalanced. You may fluctuate on a daily basis between feeling angry and hopeless to remaining committed to getting better as soon as you are able. How you feel about your future may depend on your emotional and physical pain, success or failure on any given day, and the amount of hope you have for the future.

Physical Impact

After a crash, naturally the first thing people focus on are the physical injuries. There are many different kinds of physical trauma that can occur as a result of a substance impaired driving crash. Some crashes will cause non-permanent injuries, while others may have long lasting effects. If you have recently experienced a crash but haven't seen a physician, you should

consider being examined by a medical professional to make sure you haven't sustained injuries.

It's important to seek medical assistance after a crash.

The timeframe for your physical recovery depends upon the seriousness and permanence of your physical injuries. Physical recovery may never be complete. Even if your injuries are not severe, you may move a little slower than others or may experience intermittent pain.

If you sustained serious injuries after the crash you have probably already seen a number of doctors and may have spent a significant amount of time in a health care setting. You may have been released from a hospital and are now going through rehabilitation. At any point in the process, recovering to the best of your body's ability may depend on the hope and courage you have in following the advice of your physicians, no matter how tired and frustrated you get.

The healing process is different for each person.

Head and Brain Injuries

Many victims and survivors experience silent, unseen, and sometimes undiagnosed injuries to the brain. In fact, substance impaired driving crashes are a leading cause of traumatic brain injury (TBI). The crash can cause the brain to bounce back and forth within the skull. This bouncing back and forth causes bruising, bleeding, and even stretching or tearing of important brain structures.

Society in general, including some health care providers, believes that in order for a person to have traumatic brain injury, he or she must suffer from a coma, skull fracture, lacerations, or broken bones. This is simply not true.

Immediately after a crash, it is not unusual for a head-injured person to discuss what happened with law enforcement officers and emergency medical personnel, or even exchange driver's license and insurance information. When these things are

happening it may not be apparent that the person who was hurt has such an injury. Later, when the consequences of the head injury begin to interfere significantly with the person's life, neither the injured individual nor the family relates the problems back to the crash.

Brain injury may not be diagnosed immediately.

When the brain is deprived of air, a secondary injury can occur. If a victim/survivor's airway is obstructed in any way, the brain does not receive the oxygen it requires, killing brain cells in the process. Also complicating matters is the possible loss of blood, reducing both blood pressure and a fresh supply of oxygenated blood to the brain.

Trauma to the brain can happen several different ways.

Within the first 24-48 hours following a head injury, the brain is also at serious risk for swelling and bruising. As the brain swells, the skull in effect squeezes the brain, cutting off circulation. If this continues, brain swelling can cut circulation completely, causing the brain to die.

Most traumatic brain injuries will result in bruising of the frontal, occipital, and temporal lobes. However, even a wound that has been labeled a mild TBI can significantly impact family, personal relationships, employment, and general well being.

Classification and Diagnoses

Doctors classify brain injuries because these categories help the medical team determine the severity of the injury, course of treatment, and possible outcomes.

Mild brain injuries are the most common of all brain injuries. Unlike severe brain trauma, resulting in injuries that are obvious, mild traumatic brain injuries may not have noticeable medical problems. Although the term mild is sometimes used to describe the medical characteristics of the problem, the end result can be permanent and devastating.

Deep areas of the brain are frequently injured in crashes. These sections are called the subcortical areas and are essential for processing information and for communication between

different parts of the brain. Since the outer portion of the brain may be working normally, deficits in brain function may not be noticed until complex tasks are undertaken. Complicated tasks are usually not required when one is hospitalized, so deficiencies may not be discovered until the injured person returns home.

Deep areas of the brain are frequently injured in crashes.

An experienced physician or neuropsychologist, skilled in cognitive perceptual motor testing, is best to diagnose a mild closed head injury. Standardized neuropsychological tests evaluate the function of many areas of the brain and can show abnormalities that other medical tests cannot detect. These tests are very important in the evaluation and detection of mild traumatic brain injury.

Because some of the symptoms of head injuries are similar to those of depression, a head injury diagnosis is frequently overlooked. As a result, testing should be repeated to obtain accurate findings because many factors, including distraction, illness, or depression, can affect the outcome of testing.

Sometimes tests have to be repeated for diagnosis.

Symptoms of Brain Injury

Although every brain injury is inherently different, common symptoms of head injury include cognitive (thinking) problems such as:

- Difficulty paying attention and concentrating
- Problems making sense of what has been read or seen
- Forgetting things
- Finding it difficult to learn or complete tasks
- Confusion in finding places or following geographical directions
- Unclear thinking
- Inflexibility
- Diminished organizational skills

- Poor decision making, judgment, and reasoning

Brain injury can also cause physical problems such as:

- Fatigue
- Restless sleeping
- Dizziness
- Headaches
- Speech problems

Such symptoms may decrease a person's tolerance for stress. Everyday issues can be overwhelming and cause frustration.

Psychological problems that can also result from head injury include:

- Sadness and despair
- Denial of limitations
- Lack of interest in previous activities
- Intense or highly changeable emotions
- Acting impulsively
- Lack of self-awareness
- Increased or decreased sexual interest
- Lack of appropriate social behavior

Some people recognize the changes that have occurred; others do not. Few recognize their own inappropriate social interactions. Some resent others who attempt to control or change their behaviors, which can be very frustrating for family members and other caregivers.

With mild to moderate injuries, the symptoms may seem reasonably unimportant at first. Only when an individual attempts to resume normal activities at home, work, or school, do the symptoms become more noticeable and frustrating.

For more information about brain injury you can visit The Brain Injury Association of America at www.biausa.org

Burn Injury

Those involved in substance impaired driving crashes often suffer burn injuries. Burns can be both physically and psychologically devastating.

Despite removal from or extinction of the fire, the burn victim/survivor remains in immediate danger. Depending upon the size and degree of the burn injury there is now the risk of respiratory failure and shock. Shock is a physiological response to trauma and a life-threatening condition. Shock reduces blood flow to vital organs and affects a person's blood pressure, heart rate, respirations, as well as state of consciousness. Shock may also account for a victim/survivor's inability to recall details of a crash.

After a crash, shock is a secondary life-threatening situation.

Fortunately, survival and mortality rates have improved substantially as a direct result of medical advancements. However, these advancements often include painful and sometimes life-long medical procedures. With survival comes a need for support and information to cope with the physical, emotional, and psychological issues that remain with the physical scars.

Individuals involved in a substance impaired driving crash who have suffered burn injuries may not recall feelings of panic, fear, or anxiety. Many crash victims/survivors report recognizing the need to get out or away from the fire and after doing so, remember little else about the event. Some only remember vague details such as smells and images. Others may describe the experience as terrifying.

For more information about burn injury visit the American Burn Association at www.ameriburn.org

Classification and Diagnoses

Burns are generally caused when skin makes direct contact with flames, chemicals, electricity, or radiation. Thermal burns are burns caused by intense external sources of heat, such as flames, scalding liquids, or steam. Burns resulting from a

substance impaired driving crash are usually thermal burns.

Skin is the largest organ of the human body.

Skin is the largest organ of the body. It prevents infection from entering the body and it limits the loss of important fluids. Once a victim and survivor with burn injuries is identified and stabilized, the burn team begins to assess and classify the injuries. Burns are assessed by their size in relation to the entire body and by their depth. They are rated according to how many layers of skin are damaged.

A first degree burn involves the top layer of skin called the epidermis. First degree burns are labeled superficial and the body can heal itself quickly by creating new, healthy cells in a process called epithelialization. First degree burns are often caused by sunburn or scalds, appear pink to red, can be painful with swelling, and typically leave no scarring.

Second degree burns involve the epidermis and the second layer of skin called the dermis. The dermis contains blood vessels, lymph vessels, hair follicles, oil glands, and sweat glands. Second degree burns can range from superficial to partial thickness depending upon the extent of the damage. Skin takes on an intense red color with splotchy appearance and is accompanied by blisters, severe pain, and swelling.

The body can heal from second degree burns through epithelialization or a process called contraction. Contraction happens when the burn is deeper and the skin cannot heal with epithelialization. The body closes the wound by drawing on the surrounding skin, or contracting. Scarring and thickening frequently occur and healing can take up to six months. Because of these factors, doctors often recommend skin grafts for second degree burns.

Third and fourth degree burns involve all layers of the skin and are referred to as full thickness burns. Full thickness burns destroy all of the epidermis and dermis, as well as nerves, hair, glands, and vessels. Third and fourth degree burns may have a black charred appearance or look white and dry. Fourth degree burns extend into muscle and bone. Because of the nerve damage caused by third and fourth degree, burns may result in

limited or no physical pain. Third degree burns may require skin grafts and may or may not allow someone to have full function restored. Fourth degree burns may require amputation, and function in the area is typically lost or very limited.

The severity of a burn injury is not only determined by burn classifications, but also by the victim/survivor's age, previous health status, size of the injuries, how much of the injuries can be attributed to third degree burns, and other medical complications related to the fire. It is often difficult to accurately assess a burn at first glance as the injury may change over the next several days.

Severity of a burn can be affected by several factors.

As skin protects the body from contamination there is serious risk of infection. This risk remains until the burns heal or are completely grafted. Because a burn victim/survivor's health is compromised, there is legitimate and ongoing concern, even when it seems their health status is improving.

Along with infection, doctors and other medical personnel carefully monitor and treat pain. Burns can be very painful as well as the regimens required to treat them. Pain medications, anti-anxiety medications, and relaxation techniques are often utilized to address pain issues. Some medications interfere with organ functions so doctors dose accordingly.

Skin grafting is the next crucial step in treatment for some second degree burns and all third and fourth degree burns. First, the injured tissue is surgically removed if the destroyed skin does not separate naturally. Then a section of healthy, unburned skin (referred to as the donor area) is removed and attached to the area destroyed by the burn (referred to as the recipient area). Before this can be done, the area must be prepared to receive the donor skin.

Skin grafting is a common treatment for severe burns.

At times skin donated from other people, called homograft, allograft, or cadaver skin is used. Skin that is donated from other sources is used when donor skin is scarce. Depending on the extent of the injury, some victims and survivors require multiple surgeries.

The area of a skin graft should not be moved for up to five days following surgery in order for the graft to become secure. Then exercise programs, tub baths, and other activities resume. Exercise helps manage swelling, helps the burn to heal, and promotes range of motion when contraction occurs.

Consequences of Burn Injury

For Victims and Survivors

Burn victims and survivors are often heavily sedated or are in shock when they reach the burn unit, and may have little knowledge of the gravity of their circumstances. The first several days or weeks can be hazy. Victims and survivors are quickly introduced to grueling treatment regimens with little time to think or feel. Later, after interacting with family, friends, and medical personnel, they begin to grasp the extent of their wounds and may begin to fear what will happen to them. They may even fear that they will die as a result of their injuries.

Because of the nature of the injuries and the treatment of burns, a victim and survivor may have relied heavily upon burn unit staff to meet his or her physical and emotional needs as not to burden their family. As a result, the hospital becomes a comfortable, protective, and insulated environment that is difficult to leave.

While in the hospital many victims and survivors experience feelings of fear and anxiety about their injuries.

As a burn trauma victim and survivor, you may recall spending the initial days and months after a burn injury fearing the unknown and the uncertainty of the future. You may remember being fearful of both physical and emotional pain. Depending upon the severity of the burn injury you may feel anxious, depressed, guilty, and/or worried when thinking about your future. Anger may follow after learning of the consequences of the burn.

Unlike many victims and survivors, those with burn injuries wear the scars of their trauma for the world to see. The reality of disfigurement or disability may not hit you until arriving home. You may be confronted with altered appearances, altered self-images, physical impairments, and psychological reactions, all of which can be frightening.

For the Caregiver

While in the burn unit, the medical team cared for the many needs associated with the burn injury. Upon returning home, victim and survivor family members must assume responsibility for burn care.

Here are some things to keep in mind:

- **Keep your loved one informed.** Receiving good, reliable information can be difficult. Nonetheless, a victim and survivor's adjustment is heavily dependent upon the love and support you offer them.

- **Be patient with the process.** Physical healing takes time. Burn victims and survivors may be subjected to painful treatments for weeks, months, or even years following a crash.

- **Understand physical limitations.** Recognize that a burn trauma victim and survivor may not be able to function in the same capacity that they once did. They may be dependent upon others or devices to complete tasks, making it difficult for them to fulfill their roles as wife, mother, husband, father, etc.

If the victim and survivor has a child or children, he or she may be separated from them for long periods of time. Keep in mind that if the burns have caused any kind of disfigurement, children might not recognize their parent or they may be fearful of their parent's appearance. They may have been instructed by other adults not to touch the victim and survivor because touch can be painful. Children might also be fearful and anxious about their parent's ability to care for them. As an adult caregiver it is important to provide children love and support as well as ongoing information that is accurate and age appropriate.

As a caregiver it's important to provide children of victims and survivors with support and information that is accurate and age appropriate.

Spinal Cord Injury (SCI)

The spinal cord is part of the most complex system of the human body, the central nervous system. A SCI is a result of a traumatic incident or disease, which subsequently causes injury to sensory and motor function. Sensory loss refers to the loss of sensations, such as pain, touch, or temperature. Motor loss refers to muscle weakness and the inability to use the body. Trauma to the spinal cord damages nerve fibers passing through the injured area and may affect all or part of the corresponding muscles and nerves below the injury site. Consequently, the injury interferes with communication between the brain and the rest of the body.

Spinal cord injury interferes with communication between the brain and the rest of the body.

A SCI is usually the result of damage to the vertebral column. The spine can be either fractured or dislocated. A person can have a "broken back," however, without sustaining a spinal cord injury. Because the spine is longer than the spinal cord, the level of the injury to the spine may be different from the SCI it causes.

The lasting effects of a SCI depend upon the level and type of injury. Just like individuals, no two spinal cord injuries are alike.

No two spinal cord injuries are alike.

Classifications and Diagnoses

The level of SCI determines what parts of the body might be affected by paralysis and loss of function. The level of injury refers to the lowest point on the spinal cord where there is a decrease or absence of motor and/or sensory function. Generally speaking, the higher the spinal cord injury, the more effect the injury has on movement and/or feeling. For example, an injury of the cervical spinal cord may result in full paralysis and make it impossible to breathe without a respirator, while an injury of the lumbar spinal cord may result in paralysis or

weakness in the legs and cause some loss of body function in the lower extremities.

Typically the higher the spinal cord injury, the more effect it has on the body's central nervous system.

Cervical Spinal Cord Injury

An injury of the cervical spinal cord (levels C1-C8, located in the top section of the spinal cord) causes quadriplegia (also called tetraplegia), which refers to paralysis or weakness in both arms and legs. All parts of the body located below the neck may be affected. Involuntary functioning, such as breathing, regulating body temperature, and sweating may be impaired, necessitating a respirator and other mechanical devices. A person with quadriplegia may not be able to sense touch (or other sensations) may lose bladder and bowel control, and may experience sexual dysfunction.

Thoracic Spinal Cord Injury

An injury of the thoracic spinal cord (levels T1-T12, located in the middle section of the spinal cord) causes paraplegia, which means paralysis or weakness in the legs. Depending upon where the injury is located on the thoracic spinal cord, an individual with this level of SCI may also experience weakness in their torso, although will generally possess good control of their hands. These injuries may also result in loss of sensation, loss of bladder and bowel control, as well as sexual dysfunction. Due to the rib cage, thoracic spinal cord injuries occur less often, as the rib cage offers protection from such injuries.

Lumbar Spinal Cord Injury

An injury of the lumbar or sacral spinal cord (L1-L5, located in the lower section of the spinal cord) causes paraplegia, again referring to paralysis or weakness of the legs. Because of the lower location of this injury, upper body functions are usually not affected. However, a person with a lumbar SCI may experience the loss of many sensory functions associated with thoracic spinal cord injuries.

Sacral Spinal Cord Injury

An injury of the sacral spinal cord (S1-S4, located at the bottom of the spinal cord) is rare and generally causes loss of bladder and bowel function as well as sexual dysfunction. Some sacral injuries can result in weakness or paralysis of the hips and legs.

Complete or Incomplete Injury

Spinal cord injuries are categorized as complete or incomplete along with the level of injury.

While the level of injury tells us where the damage is, the type of injury describes the degree of damage to the width of the spinal cord. Spinal cord injuries are therefore categorized as complete or incomplete in conjunction with the level of injury.

Complete injury indicates that there is severe damage to the spinal cord and consequently there is no motor or sensory function below the level of injury. An incomplete or partial injury indicates that there is some evidence of motor and sensory function. The brain is able to send and receive some messages. The incomplete or partial injury manifests itself in a variety of ways. Someone who has an incomplete SCI may have feeling, but little or no movement. Another person may have feeling and movement on one side of their body, but not on the other.

Often the first medical intervention in an emergency is to immobilize the spine to prevent further damage.

Spinal cord injuries are not always easily detectable. First responders to crashes are trained to treat trauma victims and survivors with head and neck injuries as if they have a spinal cord injury. Therefore, the first intervention is to immobilize the spine in order to prevent injury or to deter further damage.

Consequences of SCI

Many victims and survivors require surgery in the first several days following the initial injury. Surgery helps to decompress the spinal cord and stabilize the vertebral column. The level of injury indicates the specific interventions or treatments that follow.

Cervical Spinal Cord Injury

In the event of a cervical SCI, treatment includes measures to decompress the spinal cord and stabilize the spine. First, two metal braces are attached to the skull with a pin on each side. Next, weights are connected to the braces with a pulley system: the weight is gradually increased to decompress and realign the cervical spine. This procedure is called traction. Long-term stability of the spine requires surgery or bracing because of the

neck's inherent flexibility.

Thoracic Spinal Cord Injury

As mentioned previously, thoracic SCIs are not as common because of the protection the rib cage offers. Although surgery may be required for decompression, traction is not usually necessary. Bracing may be required to provide additional stability to the rib cage.

Lumbar or Sacral Spine Injury

Lower back injuries tend to involve the cauda equine, the group of nerve roots that extend beyond the spinal cord, not the spinal cord itself. This type of injury may require surgery and external bracing for stabilization.

Other Medical Concerns and Complications

The spinal cord is an essential component in our body's functioning. It is imperative that a victim and survivor receives care by those familiar with SCI because the injury can affect so many life-sustaining functions.

For more information about SCI visit The National Spinal Cord Injury Association at spinalcord.org

Doctors and other medical personnel are also careful to monitor and treat pain. Pain may be associated with the original injury to the spine, or it can be neurogenic pain. Neurogenic pain is caused by the spinal cord, not by an external stimulus, so it is very difficult to treat. This pain is described as burning or tingling. Some classes of antidepressant medications are successful in treating neurogenic pain. In addition, relaxation, meditation, and imagery are techniques often applied to treat pain that does not respond well to medication.

Some injuries do not respond well to medication and other techniques are needed.

Complications associated with SCI:

- Lung and breathing problems
- Bowel and bladder management issues
- Pressure sores
- Deep vein thrombosis and pulmonary embolism
- Increased risk for stroke or seizure

- Weight control issues
- Sexual dysfunction

Mental Impact

You may struggle with direct, personal memories of the crash. You may recall that you seemed to be moving in slow motion, believing you were going to die, while somehow reviewing much of your life and thinking of those you love.

Even though you don't consciously choose to think about it, you may re-experience the crash in unanticipated flashbacks or nightmares. You may have night terrors – violent dreams – from which you awaken but remain frozen, unable to speak or move, even though you are aware that you are in your bedroom and awake. Although frightening, these are normal reactions after a traumatic event.

It's common to experience vivid dreams, even if you don't remember the crash.

You may experience moments of amnesia. Perhaps you became unconscious at the point of impact, or trauma to your brain may have affected your memory. You may not remember crash details. Sometimes a wall of denial, a protective device, takes over to keep you from remembering painful details before you are ready.

Emotional Impact

You may be experiencing feelings that seem foreign to you. You may be frustrated that you are having such a difficult time coping with your injuries, especially if you were a strong, independent person who usually saw crises as challenges. Feelings of helplessness and powerlessness may continue long after the crash.

You may not only feel angry, but enraged. Your anger may focus on the substance impaired driver for having made the unthinkable choice to drive impaired. You may have vengeful thoughts and wishes about the driver that trouble you, even

though you know you wouldn't act on such fantasies.

Try not to push loved one's away as you experience emotions related to the crash.

Your anger can spill over onto others who may or may not deserve it – your family and friends, doctors and nurses, insurance agents and attorneys. You may be angry with yourself for not being able to avoid the crash; even though you know you did everything you could to prevent it.

If you are feeling anger, give yourself permission to feel it. You will benefit from learning to accept and express what you feel to those people who are willing to try to understand. Bottling up your feelings only increases your frustration.

It is far better to express your anger when you feel it, cry (even wail and moan) when you hurt or are frustrated. If you do, you will probably find that you then can think more clearly. Share your feelings with those who are willing to be in your presence.

Share your feelings with those who care and will listen.

It's important that you know that feeling guilty for being alive, especially if someone you love was killed in the crash is common. You may feel that the death was your fault, even though you know it wasn't. You might be feeling guilty for being a burden on others or for not carrying out your normal responsibilities.

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

It can be helpful to express your feelings by writing in a journal. Some people benefit from attending support groups with those who are also recovering from injury. Pain clinics often have such groups. Others find professional counseling helpful and say they could not have survived emotionally without it.

Each person grieves in their own way and on their own time table. Some victims and survivors withdraw, turn inward and cut off their social contacts because they are embarrassed or depressed about their injuries. They can't accept what has happened to them: their appearance, their changed abilities, their new realities. Even though there may be resources to assist you, you can find yourself focusing only on the despair you sometimes feel.

Seeking support is critical to the process of healing.

Rehabilitation

Rehabilitation is the process of helping an individual to achieve the highest level of functioning, independence, and quality of life following an injury. While rehabilitation does not fix the damage, it can help an injured victim and survivor work toward recovery and adjust to any physical changes that may occur. Many victims and survivors of substance impaired driving crashes experience major physical changes that produce real challenges. As a victim and survivor, you may find that you need to learn how to do things a little differently, or change your daily activities all together.

You may need to learn how to do things differently.

After a crash, injured victims and survivors are often admitted to acute care facilities before transferring to sub-acute facilities for continued rehabilitation. Rehabilitation may begin in the hospital and can continue for years following the crash. The best outcomes occur when acute care and rehabilitation are initiated as early as possible.

An interdisciplinary team consisting of physicians and nurses, physical, occupational, and speech therapists, dietitians, and social workers can coordinate a victim and survivor's medical treatment. Although the attending physician writes orders for any rehabilitative therapy, the doctor may rely upon the assessments of individual therapists to determine the course of a particular therapeutic intervention.

Following treatment in an acute-care setting, a victim and survivor will be transferred to one of four treatment programs based upon recommendations from the interdisciplinary team: inpatient rehabilitation, sub-acute rehabilitation (care that does not require a hospital setting but needs intensive skilled nursing care), outpatient rehabilitation, or home rehabilitation. When a victim and survivor begins sub-acute rehabilitation, a new team assumes responsibility for his or her treatment plan.

Each victim and survivor has different needs, which are reflected in a plan of care or treatment plan. The success of rehabilitation is dependent upon many variables, including: the nature of the injury, the severity of any resulting impairments and disabilities, the overall health of the victim and survivor and his or her support system. It is essential for family members and caregivers to be aware of treatment goals and objectives so that they can provide adequate support.

Individual needs should be reflected in the care or treatment plan.

Equally important is understanding how medical insurance plays a role in continued rehabilitation treatments. Although most insurance companies cover some rehabilitation costs, the coverage is limited in type of treatment (approved therapies, such as physical, occupational, or speech therapy) and duration (which is often calculated in number of visits). Family members and caregivers can often advocate for injured victims and survivors to maintain continuity of care if they understand what insurance covers and what the treatment plan is.

Caregivers can often advocate for injured victims and survivors to maintain continuity of care.

There are many types of rehabilitative therapies, all of which employ a variety of methods to achieve specific goals. Traditional therapeutic approaches include physical, occupational, speech, and recreational therapy. Less traditional therapies include music, art, massage therapy, and acupuncture, etc.

If you are a victim and survivor of a substance impaired driving crash, you have the opportunity to take part in your rehabilitative plan of care. Work closely with your rehabilitative team to enhance your healing experience.

Physical Therapy

Physical therapy (PT) is a skilled intervention that focuses upon the assessment, diagnosis, and treatment of disabilities that limit motion and the ability to perform activities of daily life. PT is also implemented to prevent illness or disease associated with loss of mobility through fitness and wellness training. Sometimes referred to as physiotherapy, physical therapy is practiced by physical therapists.

As with most medical interventions, PT begins with an assessment process. Initially, the physical therapist speaks with the victim and survivor to document medical history. The second portion of the assessment involves a physical examination. During the examination, the physical therapist may test range of motion, balance, muscle strength, motor function, and muscle performance. The assessment process is intended to identify potential problems, establish functional limitations, refine the diagnosis, and establish a baseline for monitoring progress.

Physical therapy begins with an assessment process to develop a treatment plan.

Following the assessment, the physical therapist develops a treatment plan. The plan identifies goals and specific interventions to meet each goal. Treatment plan goals might include enhanced mobility, pain reduction, function restoration, and prevention of further injury. The physical therapist may also recommend the use of adaptive equipment and completion of prescribed exercises.

Once a treatment plan is established, the physical therapist schedules a number of weekly visits depending upon the needs

of the victim and survivor. For example, a victim and survivor may engage in five hours of physical therapy a day in an acute-care setting, while averaging one hour every three days at home. During the visits the therapist may use a variety of modalities to deliver therapy such as heat, cold, electricity, or sound to decrease pain and improve mobility. Additionally, a physical therapist may use adaptive equipment in therapy sessions, equipment that a victim and survivor may continue to use indefinitely.

Some victims and survivors may use adaptive equipment indefinitely.

Treatment plans are reviewed on a regular basis to maintain their integrity. The hope is that physical therapy continues until the goals of the treatment plan are achieved. However, there are times that insurance impedes this process by denying coverage.

Occupational Therapy

Occupational therapy (OT) is a skilled intervention focused upon the assessment, diagnosis, and treatment of disabilities limiting fine motor skills that make it difficult for individuals to achieve independence in all activities of daily living. Occupational therapy is designed to help injured victims and survivors by modifying the environment so that they have the opportunity for independence.

Like its therapeutic counterparts, OT is framed around a process of assessment, treatment planning, and intervention. During the assessment phase, an occupational therapist interviews the victim and survivor to develop an accurate history. They also assess a victim and survivor's abilities and problems related to activities of daily living, such as grooming, dressing, bathing, and eating.

Results of an assessment define short-term and long-term goals.

Results of the assessment define the short-term and long-term goals of intervention. The goals are driven by the needs of the victim and survivor and may change over the course of treatment. Occupational therapists may conduct visits to the victim and survivor's home and place of work to see if interventions need to be implemented in the two different environments. Interventions may include teaching techniques

for using adaptive equipment for personal care, reducing environmental barriers, and providing resources to reduce stress. When a skill or ability cannot be improved through standard therapy, an occupational therapist uses creative alternatives to foster independence.

Speech Therapy

Speech therapy (ST or SLT) is the third skilled intervention of the three most widely offered rehabilitation treatments, along with physical therapy and occupational therapy. Just as its name implies, speech therapy aids in a victim and survivor's ability to communicate through speech and language. What many people do not know is that speech therapy also addresses issues with swallowing.

Speech therapy also addresses issues with swallowing.

When a victim and survivor meets with a speech language pathologist for the first time, it is likely that he or she will be evaluated with written and oral tests for assessment purposes. Speech-language therapists may also use special instruments to diagnose and analyze specific disorders. From these test results they develop a plan of care tailored to the victim and survivor's individual needs.

Speech-language problems can be a result of a variety of causes, including but not limited to traumatic brain injury and stroke. Victims and survivors may have difficulty speaking, understanding language, or hearing, or they may have difficulty processing information due to cognitive impairments. Whatever the issue, a speech-language therapist works with victims and survivors by teaching alternative communication methods; helping develop or recover communication skills or assisting them with swallowing disorders.

Speech therapists can work to teach alternative communication methods.

Recreational Therapy

Another type of rehabilitative therapy is recreational therapy, or TR for therapeutic recreation. Recreational therapy is designed to improve the physical, cognitive, emotional, social,

and leisure aspects of a victim and survivor's life. Recreational therapists achieve this by helping victims and survivors develop skills that enhance their everyday lives.

Recreational therapy helps victims and survivors develop skills that enhance their everyday lives.

The goal of recreational therapy is very much like the goals of other rehabilitative therapies—to improve functioning and the quality of life. However, the ways in which they achieve these goals differ from other therapies.

By using activities such as sports, gardening, arts and crafts, social interaction, nature study, games, aquatics, and expressive arts, recreational therapists meet the victim and survivor's needs, capabilities, and interests. Family members and caregivers are also an integral part of the treatment planning process. Recreational therapists tailor treatment plans based upon a victim and survivor's past, present, and future interests and lifestyle.

Alternative Therapies

Music Therapy

Music therapy has been present in the United States for more than fifty years and has received growing support from the medical community. Music therapy is a clinically based intervention designed to help individuals with motor skill development, social/interpersonal development, cognitive development, personal growth, and spiritual enhancement.

Music therapy has received growing support from the medical community.

Art Therapy

Another type of therapeutic intervention that is growing in popularity is art therapy. Art therapy can help victims and survivors achieve developmental, emotional, and cognitive growth. Art therapists believe that the process of creating and talking about art provides victims and survivors with tools for self-awareness, coping, and stress management.

Art therapists seek to provide people with tools for self-awareness, coping, and stress management.

Vocational Therapy

Following a crash, victims and survivors may find themselves unable to work. As part of the rehabilitative regimen, many rehabilitation facilities offer vocational therapy or vocational counseling. Many people mistakenly believe that occupational therapy provides victims and survivors the skills they need to re-enter the workforce. Although occupational therapists may offer some vocational-oriented interventions, vocational counselors specialize in assisting injured victims and survivors to re-enter the workforce.

Vocational counselor can be key to assisting injured victim and survivors with re-entry into the workforce.

Complementary and Alternative Medicine Therapy

Generally, complementary and alternative medicine refers to those medical interventions that are not recognized by traditional schools of medicine. Many alternative therapies are not taught in medical schools, nor are they used to treat injury or illness. Frequently they are not reimbursed by insurance companies. However, recent trends indicate that this may be changing.

Alternative therapies are not always covered by insurance.

Complementary and alternative therapies include a wide range of healing approaches, therapies, and philosophies. Complementary therapies are those interventions that are implemented to compliment more traditional interventions. Alternative therapies are those treatments that are implemented when traditional interventions do not work.

Tips for Injured Victims in Rehabilitation

Rehabilitation does not "fix" an injury, per say, but the hope is that rehabilitation offers tools that will help you either recover fully or adjust to your circumstances. Here are a few tips to enhance your rehabilitation experience:

• **Create your treatment plan with your rehabilitative team.** Rehabilitation treatment plans are goal focused. While rehabilitation specialists develop and implements a plan of care, the plan should include your valuable input as the victim and survivor. After all, no one knows your body better than you,

and no one fully understands your lifestyle better than you. Be prepared to answer questions regarding your physical condition, and have a list of questions ready for your therapists. Set realistic short-term, intermediate, and long-term goals.

• **Follow the treatment plan.** Frequently, rehabilitation therapists will provide you with exercises or "homework" that you can do in the evenings, mornings, or during your free time. The treatment is only as good as the goals and objectives set forth. If you do not follow the treatment plan by practicing or completing exercises, your progress may be slow. Additionally, it is important to keep in mind that insurance companies keep an eye on treatment plans and expect to see results. Set a regular schedule for completing exercises and other therapeutic tasks and ask your family to help you with your treatment plan.

• **Understand your injury.** Knowledge is power. Ask a lot of questions of your treating physician and rehabilitative therapists. The more you know about your injuries and physical limitations, the better prepared you can be in the rehabilitation process. Sometimes it helps to speak with other victims and survivors who are coping with the same or similar injuries.

• **Don't give up hope.** Rehabilitation can be a long, difficult process. Sometimes it can be painful. There will be days when you feel down or defeated. Keep a journal to reflect on your progress, so when you experience a difficult day or week, you can read about and remember how far you have come. Talk with family or friends about how you are feeling. Some victims and survivors seek the help of professional social workers, counselors, or therapists if feelings of sadness and/or helplessness persist.

Don't give up hope.

Injured Victims Coping with Injury

There are many things that you can do that will help your mind and body heal. You may have setbacks that frustrate or challenge you, but continue to focus on the things that will help you get better.

Coping Tips

- Take things one day at a time
- Set simple goals
- Develop a routine
- Learn to accept responsibility for your physical, emotional, and mental healing
- Allow others to help you as you learn
- Follow the instructions of your doctors and therapists
- Attend regularly scheduled appointments for therapies and follow-up
- Keep the lines of communication open between friends and family
- Acknowledge your feelings by sharing them with people you trust
- Consider writing your thoughts and feelings in a journal
- Pursue the professional help of a mental health provider if your feelings of sadness, anxiety, and/or anger persist

What does it mean to heal from the mental, emotional, and physical pain caused by a substance impaired driving crash? It means continuing to seek medical treatment until you are as pain-free and mobile as possible. It means coming to grips with new limitations. And finally, it means doing the perfectly ordinary things you did before the crash such as:

- Feeling good when something positive happens
- Feeling hopeful about your future
- Giving attention and energy to everyday life
- Laughing and being cheerful
- Feeling at peace with yourself
- Finding ways to socialize with others

These things may not be achieved completely, depending on the seriousness of your injuries, but they can be achieved to a large extent. None of it will be easy or quick. Healing takes patience and hard work. But you owe it to yourself, and to those who need

You owe it to yourself to recover as much as possible.

you and love you, to try to recover as much as possible.

Accepting Limitations

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

You may need to plan your time and energy carefully until you are able to do more.

As you grow to accept the limitations stemming from your injuries, try to be in touch with both your feelings and rational thinking. Feel what you feel. It is okay to be overwhelmed by your feelings sometimes, as long as you are not overwhelmed all the time. But try to base most of your behavior on rational and appropriate thinking.

At some point it is critical to accept that you are a person who has survived a terrible trauma, that you are changed and that you are moving on with your life. It will not be easy; however, it will get easier over time. You must set goals for yourself. Spend time with people who accept you as you are and find a way to do meaningful work. Keep your goals realistic. Work on them one at a time so that you don't overwhelm yourself.

Your interests, concerns, and values may be different now. Your life may be divided into two segments: before the crash and after the crash. You will probably discover strengths you never knew you had. As much as possible, move your focus from what you lost to what you can do now.

Often life is segmented as before the crash and after the crash.

Helping Family and Friends Cope

You may find that your family and friends avoid discussing certain components of the crash or your injuries with you. They may talk down to you, as if you were a child. Strive for honest

communication about what your needs are and how you are feeling.

Marriages and significant relationships can be stressed by injury. Some stress comes from financial worries. Simple fatigue from working so hard to keep life functioning is stressful. Relationships suffer when people hide too much of what they feel and think from each other.

Talk with your spouse or partner about your concerns.

Some partners may try to protect their injured loved one by not talking and sharing important things. They may believe they are making life easier for a loved one, who may instead feel left out. Resentments may arise. If it is difficult to talk honestly about concrete circumstances and feelings resulting from injuries, consider inviting a trusted friend, clergy, or counselor to facilitate such conversations.

Children in the home will need special attention. They are vulnerable and can be shaken by the fact that someone who is supposed to take care of them is now injured and unable to do so. They may be scared by physical changes they see or experience. They may be forced to grow up too quickly by assuming more responsibilities. Children are sometimes overlooked because so much of the family's resources and energies are focused on the one who has been injured.

Kids and teenagers may need special attention to help them cope with changes in the family.

Observe carefully to see if a child begins to withdraw, becomes noticeably more noisy or quiet, receives poor school grades, or stops spending time with friends. Teenagers may act out their frustrations by running away, using alcohol and other drugs to soothe themselves, or engage in other disruptive behaviors.

These warning signals indicate a need for you to encourage them to speak out about their fears and frustrations. Counseling may be needed. Talking with someone outside the family offers a healthy and constructive outlet for them. Many find it helpful to ask another family or adult to take their children on special outings or just invite them to spend time in a less stressed home environment.

Information for Friends and Family

Family and friends can help provide the support injured victims need to aid in their healing. Here are some suggestions for family and friends of injured victims and survivors:

- Understand that you too have been traumatized. You probably experienced shock, anxiety, and terrible dread. Seek the help and support you need in order to cope.

- Accept that the recovery of your loved one will rarely be complete. Even if the physical injuries totally heal, emotional scars will remain.

- Try to empower your loved one rather than be a caretaker or rescuer. Be someone that encourages the victim and survivor to take care of himself/herself as much as possible and then assist with the rest. Try to be aware of the needs of the victim and survivor and offer your assistance without insisting on it.

- Work toward normalizing the victim and survivor's experience, not minimizing it. Making light of the seriousness of their injuries or intensity of the pain can be cruel. Helping the victim and survivor understand that others with similar injuries have the same difficulties helps them feel normal.

- Learn to be comfortable with rage and despair, and encourage expression of these feelings. Understand that talking about the darkest of human emotions is far healthier than stewing about them inside. Understand that vengeful fantasies and wishes are harmless, and can even be therapeutic. Remove the phrase, "You shouldn't feel that way" from your vocabulary.

- Expect guilt, especially if someone else was killed in the crash. Gently encourage the victim and survivor to approach his or her feelings of guilt with rational thinking. If there are components of the crash for which the victim and survivor may legitimately be guilty, help him or her understand that this component is only a small part of the complexity of the crash.

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

- Allow the victim and survivor to tell and re-tell the story of

what happened. Telling the story helps one come to grips with it and also helps bring to the surface forgotten memories.

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

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

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

- Give honest, reasonable recognition at signs of healing. Don't give excessive praise or label the individual as "an inspiration." The duty to be an inspiration or to be strong can be a burden. However, do notice each small achievement.

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

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

Helping Children and Teens Cope with Their Injuries

The love a parent has for his or her child is special. Parents want to care for their child, to solace them, and to help them find happiness. Parents feel their child's joy and find it almost intolerable to see their child in pain yet unable to help. In no other relationship is the protective urge as intense or compelling as in the parent/child relationship.

It can be almost intolerable for parents to see their child in pain and be unable to help.

When a child sustains an injury, it is not

uncommon for parents to feel extremely guilty for what has happened. Feelings of guilt, sadness, anger, and rage are all to be expected. However, if parents harbor inappropriate feeling of guilt, they may inadvertently encourage helplessness and dependence in their child. When a child experiences a traumatic event, he or she is likely to regress or exhibit other undesired behaviors. When parents establish limits while offering love and support, the child victim and survivor is empowered to thrive, in spite of periodic setbacks.

Children who have injuries experience feelings of grief. Some kids show signs of difficulty coping, while others seem to take their injuries in stride. Children rely on their parents to model adaptive coping behavior that will carry them through their treatments and subsequent healing. The key seems to be the unconditional acceptance of family and friends in the wake of something that is life changing.

Like adults, children who have injuries experience feelings of grief.

Children of different ages have different concerns. Younger children take their cues from their parents. Older children and teens are heavily influenced by input from their peers. Teens, in particular, struggle with self-esteem and body image under the most normal of circumstances. Helping kids with injuries identify things that are special about them may help to rebuild and strengthen their self-concepts. Creating an environment of normalcy is important so that the child/teen victim and survivor will not feel so different from his or her peers.

Going back to school can be a source of fear and anxiety for a child who has been injured. It may be helpful to reintroduce them to their peers by asking a few close friends for a visit before returning to school. As teens rely so much upon their peers, teen victims and survivors may benefit from support groups with other teens.

Teens rely on their peers for influence and support.

For the first months and perhaps the first couple of years following an injury, both children and parents will naturally struggle with treatments, rehabilitation, and healing. Healing is therefore an enduring and ongoing process. When parents

foster independence but balance this with an appropriate level of support, their children seem to respond positively and adjust to their new lives.

Resources for Injured Victims and Their Loved Ones

To reach out to talk with someone about what you are going through, to find resources, or to get involved, call the MADD Victim Services Help Line at 1-877-MADD-HELP or 1-877-623-3435 to be connected to a MADD Victim Advocate who is ready and willing to listen and help. You are not alone.

A local MADD chapter can help connect you with other injured victims and survivors of substance impaired driving crashes. If you do not have family or close friends to depend on for support, regular phone contact with other injured victims and survivors and a MADD Victim Advocate can be a lifesaver. You may be helped by sharing common feelings and coping strategies.

You are not alone.

MADD can also connect you with resources that might be available. Finances are often devastated after a substance impaired driving crash causing injuries. The struggle to deal with insurance companies, find resources, or pay the bills is a common occurrence. It's important to try to identify what resources are available to you and your family; however, that can be especially difficult when trying to focus on healing after a crash. MADD Victim Advocates can provide information on programs available for victims of crime or aid available through local emergency assistance programs.

Later on, if you begin to feel that you have enough energy to volunteer with MADD, you might decide to visit other recently injured victims and survivors to give them hope and share what you have learned. Many people find that it helps them a great deal to do something constructive to stop substance

Help may be available, find others who can connect you with resources.

impaired driving. Others are not interested in that at all. It will be up to you to decide if and when you want to get involved.

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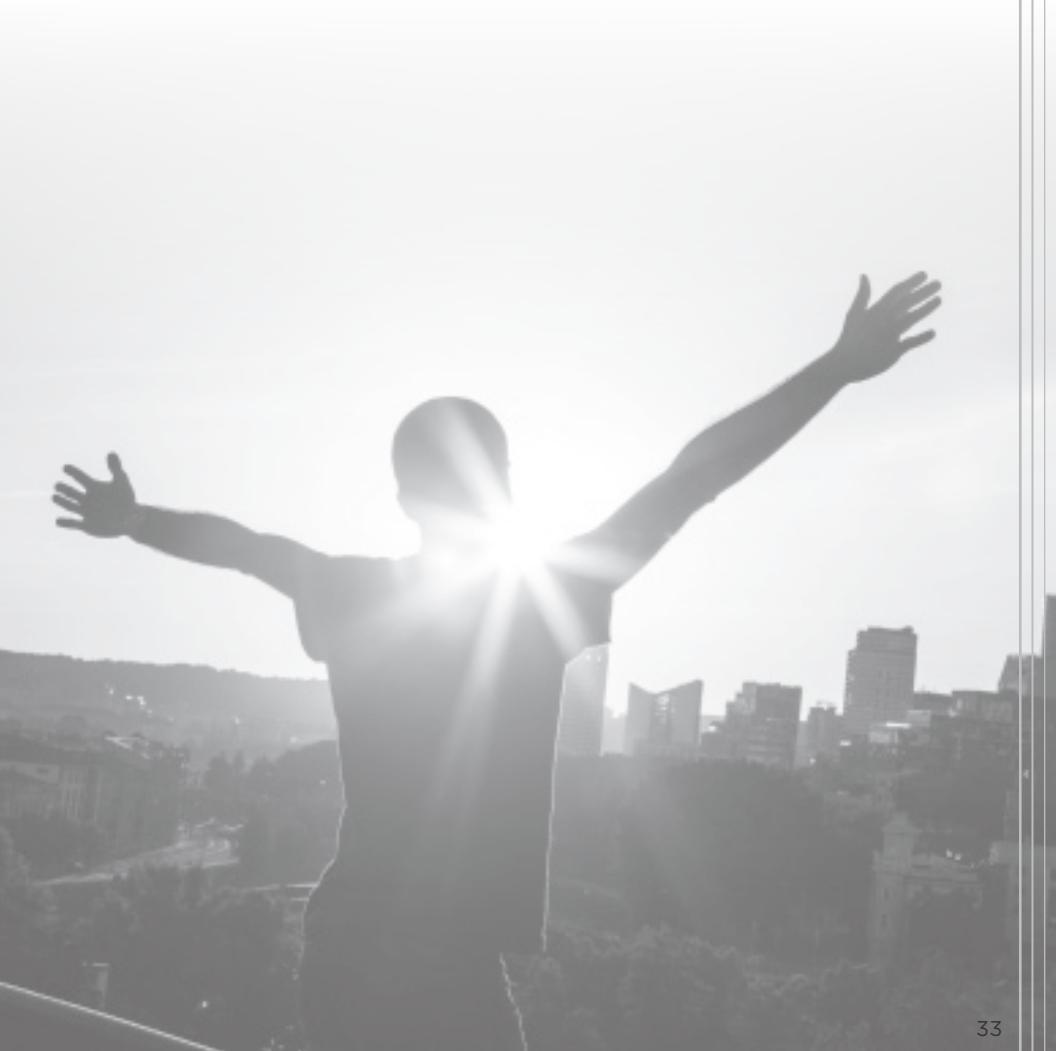

24-Hour Victim Help Line
877.MADD.HELP

madd.org/help

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