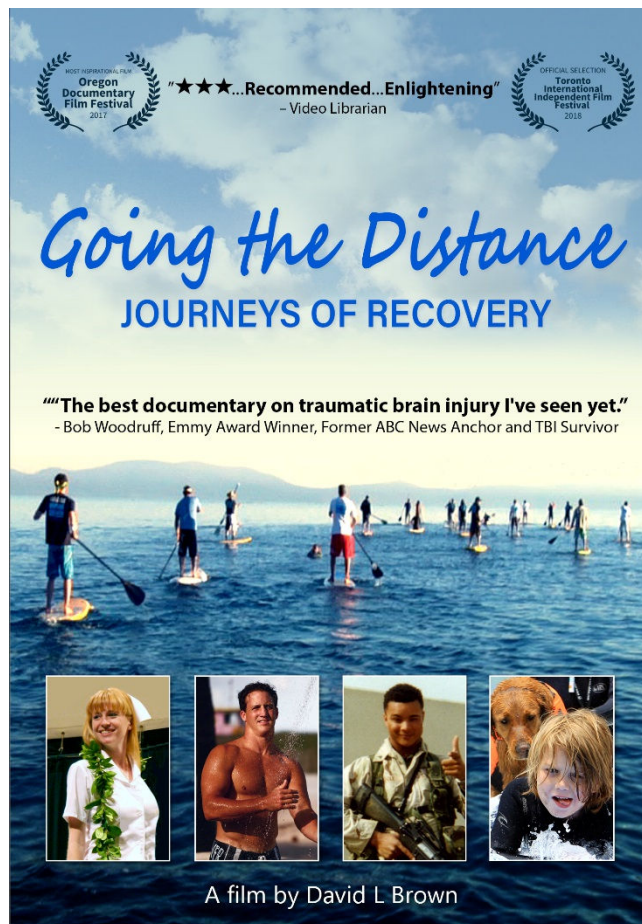




GOING THE DISTANCE: JOURNEYS OF RECOVERY



STUDY GUIDE

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Going the Distance: Journeys of Recovery

Synopsis

Going the Distance: Journeys of Recovery is an award-winning hour-long documentary in which four survivors take us inside the experience of traumatic brain injury (TBI) to reveal their personal stories of devastation, heroism and hope. Called the “Silent Epidemic,” TBI impacts 2.5 million Americans and costs society \$76 billion every year. **Going the Distance** focuses an intimate lens on the daunting, inspiring journeys of the survivors as well as the people who love and care for them. The film’s profiles in courage include: Jason Poole, an African-American Iraq War vet nearly killed by a roadside bomb; Kristen Collins, a nurse who was badly injured in a motorcycle accident; Jay Waller, a Yale graduate who was the victim of a savage road-rage beating; and Ian McFarland, who survived the auto accident that made him an orphan as a six-year-old.

Weaving cinema vérité scenes, interviews, home movies and archival footage, **Going the Distance** explores the physical, emotional and economic challenges of TBI and disability for these survivors as they reinvent themselves. The film was awarded “Most Inspirational Film” at the Oregon Documentary Film Festival. It will air nationally on PBS in the fall of 2018.

Director Statement

The origin of the documentary **Going the Distance: Journeys of Recovery** was the harrowing but inspiring story of Bob Woodruff, TBI survivor and former ABC News anchor who was badly injured with TBI by a roadside bomb while reporting in Iraq in 2005. After receiving the best care available anywhere, he experienced a recovery that many describe as “miraculous.” He actually returned to work reporting for ABC News fifteen months after his injury, becoming the embodiment (“poster guy”) of TBI recovery. In 2007, I was hired to direct a multi-cam video shoot to document the *Cross Lake Tahoe Paddle*, a benefit for the Bob Woodruff Foundation. There I met and interviewed Woodruff’s brother, Woody, several TBI survivors and their close friends. After filming the first interview with TBI survivor, Jay Waller, I realized this was an urgent public health issue and that a widely distributed broadcast documentary on the subject would be an invaluable resource for the entire TBI community. I quickly knew that I wanted to profile relatively successful recovery stories to convey hope and inspiration to all those impacted by TBI or traumatic injury. I acknowledge that our four survivors are relatively fortunate and lament that many media productions on the topic convey a limited sense of hope about recovery. Our extraordinary survivors, I believe, provide a model for the elements required for successful recovery. I feel very fortunate to have been able to tell their stories. They, their families and their support teams have inspired me deeply. I believe their stories will have a similar impact on audiences for this documentary.

What Is TBI?

The human brain is small—it weighs an average of 3 pounds, representing about 2 percent of a person’s entire body weight—yet it is impossible to live without the brain. It is extremely complex, with billions of nerve cells regulating the entire body. These cells and the connections between them control critical unconscious processes like breathing and digestion, and

conscious processes like moving, thinking, and feeling. Each human brain, and its cells and connections, is unique.

Unfortunately, the soft tissue of this important organ is also very delicate, and can be easily injured. The brain is protected by a hard covering of bone known as the skull, or cranium, and inside the skull, membranes and fluid provide further cushioning and protection. However, sometimes all of this protection is not enough to protect the brain from injury. It can be damaged by something inside the body, for example by a blood clot that prevents blood flow, or an infectious disease that attacks brain cells. This is known as an acquired brain injury.

Damage can also be inflicted by an external force. If the brain receives a hard blow, or is penetrated by something, or shaken around hard enough, its normal functions can be disrupted. This type of externally-caused injury is known as a traumatic brain injury (TBI).

When a TBI occurs, the brain can actually be damaged in two ways. The first type of damage occurs at the time of the injury, when something hits, shakes, or penetrates the brain and causes tearing, stretching, twisting, or other types of damage to the brain tissue. Following the initial injury, there can be further harm in the days that follow. This type of damage occurs as a result of swelling and chemical responses in the brain that happen because of the injury that has occurred. For instance, swelling from an injured brain can cause pressure inside the skull, which can cause even more damage to the brain tissue. Injury can also reduce the amount of oxygen that reaches certain parts of the brain, which can also cause damage, since the brain needs oxygen to stay alive.

Types of Traumatic Brain Injuries

Traumatic brain injuries range from mild to severe. The majority of TBI cases are mild, often referred to as concussions. With a concussion, a person might remain conscious, or only lose consciousness for a brief period of time. Other symptoms can include confusion, headache, lethargy, and dizziness. The Centers for Disease Control and Prevention (CDC) reports that about three-quarters of all TBIs that occur in the United States are classified as mild.¹ Mild TBIs are a very common type of injury. According to a 2016 poll conducted by NPR, 1 in 4 Americans say they have had a concussion.² Most people recover from a concussion within a few weeks, however researchers have found that even concussions can cause serious problems if they occur repeatedly over time.

While the majority of TBIs are mild, a significant number are classified as moderate or severe. Immediate symptoms can include vomiting, convulsions or seizures, slurred speech, loss of coordination, confusion, and agitation. Severe TBI can also cause a person to go into a coma or a vegetative state, and even cause death. The CDC reports that about 153 people die every day in the United States due to injuries that include TBI.

¹ <https://www.cdc.gov/traumaticbraininjury/outcomes.html>

² <https://www.npr.org/sections/health-shots/2016/05/31/479750268/poll-nearly-1-in-4-americans-report-having-had-a-concussion>

The long-term effects of TBI vary greatly depending on the part of the brain that is injured, and how bad the injury is. If the injury occurs in a part of the brain controlling cognitive function, things like memory and attention can be impaired. Some TBIs injure an area that controls motor functions, resulting in difficulties with things like coordination and balance. Other patients have trouble with sensations such as touch, vision, smell, and hearing. Finally, TBI can have significant emotional effects such as depression, anxiety, changes in personality, trouble with impulse control, and aggression.

Causes and Prevalence

The Centers for Disease Control and Prevention (CDC), provides statistics about the prevalence and causes of TBI. It reports that falls are the most common cause of TBI, accounting for 47 percent of U.S. cases every year. Next most common is being struck by an object. Third is car accidents. The CDC also reports that children and older adults are at a higher risk of TBI.³ According to its most recent data, in 2012 more than 300,000 children were treated for sports and recreation-related injuries that included TBI. According to the American Association of Neurological Surgeons (AANS), there are also gender differences. It finds that about 79 percent of traumatic brain injuries happen to males, and only about 21 percent to females.⁴ Overall, whether they happen to men, women, children, or older adults, traumatic brain injuries affect a significant number of people each year. AANS estimates that there are 1.7 million cases each year in the United States.⁵

In fact, many experts believe that these statistics actually understate the extent of TBI. This is partly because a significant number of cases of TBI are thought to go unreported. In addition, CDC statistics do not include TBI cases that happen to military personnel. Those statistics are collected by the Defense and Veterans Brain Injury Center (DVBIC). DVBIC reports that in 2017, there were 17,707 total cases of TBI in the U.S. military.⁶ As with CDC numbers, the majority of TBI cases in the military are classified as mild. Like CDC numbers, they are also believed to be an underestimation of the real number of cases.

Public Awareness of TBI

In recent years, three things have been responsible for increasing public awareness of TBI. One is the Traumatic Brain Injury Act of 1996. This Act, which has been reauthorized a number of times since 1996, authorized funding for research, surveillance, prevention, and public awareness of TBI. It has played an important role in increasing understanding and treatment of TBI in the United States.

Another major turning point in public awareness of TBI has been the U.S. wars in Iraq and Afghanistan. Operation Enduring Freedom, conducted mainly in Afghanistan, began in 2001 and ended in 2014. In Iraq, Operation Iraqi Freedom lasted from 2003 to 2010. Improvised explosive

³ https://www.cdc.gov/traumaticbraininjury/get_the_facts.html

⁴ <http://www.aans.org/Patients/Neurosurgical-Conditions-and-Treatments/Traumatic-Brain-Injury>

⁵ <http://www.aans.org/Patients/Neurosurgical-Conditions-and-Treatments/Traumatic-Brain-Injury>

⁶ <http://dvbic.dcoe.mil/dod-worldwide-numbers-tbi>

devices (IEDs) were extremely common in both conflicts, and have caused a large number of traumatic brain injuries among U.S. military personnel. TBI in Iraq and Afghanistan has been so common that it has been called the “signature injury,” and the “silent epidemic,” of these wars. The Defense and Veterans Brain Injury Center explains that IEDs can cause TBI in multiple ways. One is through the pressure caused by the blast. Another is when shrapnel hits or penetrates the head. Yet another is when a person is thrown by the blast and hits his or her head against a hard surface such as the ground or a wall.⁷ Further, research has shown that soldiers often suffer from brain injuries that go unrecognized, and they are sent back out into combat where they are exposed to additional blasts. Exposure to multiple blasts, even if none of them are severe, is also thought to be a cause of TBI. According to a 2015 report by the U.S. Congressional Research Service, between 2000 and the end of 2012, there were more than 250,000 cases of TBI among U.S. troops.⁸

A third turning point in public awareness of TBI is the issue of TBI suffered by professional football players. Recent research studies provide strong evidence that the repeated blows to the head that occur in football games may cause long-term damage to the brain. For instance, in 2017, a study was published by the Journal of the American Medical Association, where researchers examined the brains of deceased former football players. 110 out of 111 had CTE, a degenerative brain disorder associated with repetitive head trauma. In 2016, an NFL official publicly acknowledged the link between football and CTE, significantly increasing public awareness of the issue.

Recovering from TBI

Recovering from a traumatic brain injury is a long process for most people; for many it is lifelong. In the weeks following the injury, as brain swelling decreases and blood flow and brain chemistry improve, patients often experience substantial improvement. In addition, the brain has the ability to make new and different connections to make up for those that have been damaged. This is known as neuroplasticity. However, most people need numerous types of therapy to help them re-gain physical and/or mental skills that have been affected as a result of the injury. Physical therapy helps with strength, flexibility, and physical coordination. Speech therapy can help with communication. Cognitive therapy is focused on improving cognitive processes such as memory, attention, judgment, learning, and planning. Finally, occupational therapy helps individuals learn how to perform daily tasks such as getting dressed, bathing, or cooking. According to the Model Systems Knowledge Translation Center, the fastest improvements in TBI patients usually occur within the first six months following the injury, and noticeable improvement generally continues until the two-year point. After that, the pace of improvement often slows substantially.⁹

While people with TBI do usually experience significant improvements in the years following their injuries, many also face lasting challenges. In addition to difficulties with physical coordination, it is common to experience memory impairment, irritability, anger, and disinhibition. Many TBI survivors also struggle with the feeling of a loss of identity due to the way their brains have

⁷ <http://dvbic.dcoe.mil/article/blast-injuries>

⁸ <https://fas.org/sgp/crs/natsec/RS22452.pdf>

⁹ <http://www.msktc.org/tbi/factsheets/Understanding-TBI/The-Recovery-Process-For-Traumatic-Brain-Injury>

changed. According to the CDC, of those people who are hospitalized after TBI, 43 percent have a related disability one year later. Overall, the CDC estimates that 5.3 million Americans live with a TBI-related disability.¹⁰ The Model Systems Knowledge Translation Center looked at a group of people who had suffered a moderate to severe brain injury and also found lasting challenges. It reports that after two years, only 33 percent of those studied were employed, and 34 percent required some level of supervision during the day and/or night.¹¹ Recovery from TBI is also financially costly. According to the CDC's most recent estimate, in 2010 the direct and indirect costs associated with TBI were approximately \$76.5 billion.¹² In many cases, patients do not receive therapies that could improve recovery, because these therapies are too expensive, and are not covered by insurance.

Prevention

While head injuries often occur due to accidents or other factors out of an individual's control, there are some things people can do to reduce their chances of a brain injury. The CDC recommends always wearing a seatbelt when riding in a motor vehicle, and always wearing an appropriate and properly-fitting helmet when playing sports. It also recommends regular physical activity to improve strength and balance, and taking action to improve the safety of one's surroundings, for example removing trip hazards, and installing handrails on stairs. For children, it recommends that playgrounds always be made of shock-absorbing material, and that parents install window guards and stair safety gates. However, despite increased awareness and prevention efforts, TBI remains a significant issue that affects many people in the United States and around the world.



¹⁰ <https://www.cdc.gov/traumaticbraininjury/severe.html>

¹¹ <http://www.msctc.org/tbi/factsheets/Understanding-TBI/The-Recovery-Process-For-Traumatic-Brain-Injury>

¹² <https://www.cdc.gov/traumaticbraininjury/severe.html>

Glossary

- **amnesia:** Loss of memory about events that occurred during a certain period of time. Some TBIs cause amnesia.
- **brain stem:** The lower part of the brain, where it connects to the spinal cord. The brain stem controls the flow of messages between the brain and the rest of the body, and also controls a number of important body functions including breathing and heart rate.
- **closed brain injury:** A brain injury that occurs as a result of stretching, smashing, or twisting of brain tissue, but without a foreign object breaking through the skull.
- **cognition:** The mental process of knowing, learning, or understanding something.
- **cognitive therapy:** Therapy that helps a person manage and improve cognition problems.
- **coma:** A state of unconsciousness, where a person does not respond to his or her environment, and cannot be woken up.
- **concussion:** Mild TBI is often referred to as a concussion. Concussions are usually not life-threatening, but can still have lasting effects.
- **diffuse brain injury:** An injury that affects many areas of the brain.
- **disinhibition:** The inability to suppress emotions and behavior.
- **intracranial pressure (ICP):** The pressure inside the skull. A brain injury can cause an increase in ICP.
- **neuroplasticity:** The ability of undamaged brain cells to take over the function of damaged brain cells. Adult brains have less plasticity than children's brains.
- **neuropsychologist:** A psychologist who specializes in evaluating the relationship between the brain and behavior, and helping a TBI survivor return to normal functioning.
- **occupational therapy:** TBI can limit the ability of a person perform daily activities such as bathing or cooking. Occupational therapy helps patients re-learn and adapt so that they can perform these activities again.
- **physical therapist:** A physical therapist helps TBI patients regain physical functions such as muscle strength and movement.
- **rehabilitation therapy:** Therapy that helps TBI patients return to normal functioning and compensate for impairments.
- **U.S. Department of Veterans Affairs (VA):** The VA provides care and benefits to U.S. veterans and their dependents.
- **vegetative state:** When a person is completely unconscious and unaware of his or her surroundings.

Additional Resources

Books

- Mark J. Ashley and David A. Hovda, eds. (2018). *Traumatic Brain Injury: Rehabilitation, Treatment, and Case Management*. Boca Raton, FL: CRC Press.
- Blessen C. Eapen and David X. Cifu, eds. (2017). *Traumatic Brain Injury Rehabilitation*. Philadelphia, Pennsylvania: Elsevier.
- Carrie M, Farmer et al. (2016). *Understanding Treatment of Mild Traumatic Brain Injury in the Military Health System*. Santa Monica, CA: Rand Corporation.
- Joseph B. Healy (2016). *Traumatic Injury Handbook: How a Near-Death Fall Led Me to Discover a New Consciousness*. New York, NY: Skyhorse Publishing.
- Bennet I. Omalu (2018). *Brain Damage in Contact Sports: What Parents Should Know Before Letting their Children Play*. Stockton, CA: Neo-Forenxis.
- Elise Rosenhaupt (2015). *Climbing Back: A Family's Journey Through Brain Injury*. San Francisco: Peninsula Road Press.
- Richard C. Senelick (2013). *Living with Brain Injury: A Guide for Patients and Families*. Birmingham, AL: Healthsouth Press.

Articles

- Caroline Alexander, "The Invisible War on the Brain," *National Geographic*.
<https://www.nationalgeographic.com/healing-soldiers/blast-force.html>
- Brainline. "Personal Stories & Blogs." <https://www.brainline.org/personal-stories-blogs>
- Alexander Sifferlin (July 25, 2017). "Degenerative Brain Disease Found in 87% of Former Football Players: Study," *Time*. <http://time.com/4871597/degenerative-brain-disease-cte-football/>
- **Websites**
- American Association of Neurological Surgeons.
<http://www.aans.org/Patients/Neurosurgical-Conditions-and-Treatments/Traumatic-Brain-Injury>
- Brain Injury Association of America. <https://www.biausa.org/>
- Centers for Disease Control and Prevention. <https://www.cdc.gov/traumaticbraininjury/>
- Defense and Veterans Brain Injury Center. <http://dvbic.dcoe.mil/>
- Model Systems Knowledge Translation Center. <http://www.msktc.org/tbi>
- National Institute of Neurological Disorders and Stroke.
<https://www.ninds.nih.gov/Disorders/All-Disorders/Traumatic-Brain-Injury-Information-Page>

Discussion Questions

1. What are the most memorable moments in the film? Discuss your feelings about the various scenes captured and depicted.
2. What are the main challenges faced by the survivors on their journeys of recovery? What about their caregivers/families?
3. Discuss the key aspects of each survivor's relatively successful recovery. What therapies and support did they receive?
4. How do you define "disability," and what is your experience with this word? In what ways can you relate to the TBI survivors and their families?
5. How is accepting one's limitations from TBI different from giving up and admitting defeat? Is it possible to transform one's limitations into advantages? If you've experienced "failure," or a "setback," how did you redefine your goals and redirect your passions?
6. The film acknowledges that the four survivors profiled have been relatively fortunate. Discuss the advantages that the film's four survivors have had in their treatment and recovery compared with the typical TBI survivor.
7. Discuss the four stories in terms of the family love and support the survivors received. Talk about love as a transformative component of recovery from any type of traumatic injury.
8. Many of the family members of the TBI survivors in the film received very negative prognoses from their physicians on their injured family member. What are your thoughts on this? Do you think it is common for physicians to be somewhat pessimistic in presenting prognoses? Is this practice overly-cautious or not?

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