Survivor Spotlight: Debbie Drewniak

Hi! My name is Debbie. I am a Distracted Driving Survivor. In 2011, I was run over by a teenager Texting and Driving. I live in a VERY quiet 25mph residential neighborhood. I was by my mailbox, by my house, when she ran me over. Hit from behind, I broke her car windshield. Nearly every bone in my body was broken, including my neck. My pelvis was smashed. If I lived, doctors did not think I would ever walk again. I was in a coma. She killed my leashed Lab. I almost died, but she is lucky she did not kill me. Otherwise, she would have faced manslaughter charges.

She never knew what she hit until she got out of her car and saw me lying in the road, almost in my driveway. My leashed Lab was thrown into the neighbor’s mailbox. She never knew she ran him over until she was told. Colchester Rescue brought me to the UVMMC ER, where doctors saved my life. (continued on page 2)

Posttraumatic Stress Disorder After an Injury: What To Keep in Mind for Good Mental Health

Johanna Hidalgo, Matthew Price, PhD University of Vermont

Traumatic injuries take a psychological toll on the injured individual, their families, and their communities. All of those affected by these injuries are concerned about the recovery of the injured person with a focus usually on their physical health. Increasing awareness around mental health is important in aiding recovery. A lot of great research has shown that those with better mental health outcomes after an injury also have better physical health outcomes. Identifying and treating mental health concerns shortly after the injury can improve recovery and lead to better long-term outcomes. (continued on page 3)
Survivor Spotlight Continued

Four months and multiple surgeries in the hospital, I was in a wheelchair and initially could not walk. I went through extensive rehab at the hospital. Speech therapy taught me to speak again, such as it is. Physical rehab taught me to walk, although I will never be "right" again. My balance is always off, and I have extensive nerve damage to my arms, hands, and legs.

After leaving the hospital, I lived with my sister and her husband for one year. I became able to walk and not use the wheelchair. Back at the hospital several days a week for months of intensive speech therapy, I will never speak right again. Even though speech therapy has helped immensely, I have a hard time talking, and do as little as possible.

After 3 eye surgeries, I will never again see right. My eyes don’t line up, and I have double vision. I cannot drive due to vision and brain damages, but the State of Vermont also revoked my license. I had been driving since I was 15.

Texting and Driving has changed lives, forever. I worked about 60 hours a week and was very active before being run over. Now I barely leave my house. I will never walk, run, hike, bike, boat, or ski again. Living in Vermont, I love being outdoors. I used the bike path a lot.

While the young woman who ran me over spent 1 month in jail, I will live FOREVER with the result of what she CHOSE to do. Texting and Driving is NO ACCIDENT. It is deliberate, intentional, and AGAINST THE LAW.

I do not want this to happen to anyone. I lost a lot. I lost my dog, my job, my license, my car, my social life. I lost my independence.

Everyone in life is dealt a hand of cards. How you play your hand is what counts, so play your hand well! For me that means doing whatever I can to stop people from Texting & Driving. Telling my story is the only open avenue. The UVM Medical Center started the TXT U L8R program and thankfully have invited me to speak at the sessions they hold.

I will do this as long as I am able (and invited!). There has never been a thought for me about doing (or not doing) this. While I am still alive as the result of being run over, I have met people whose family members were killed. The results of Texting & Driving are disastrous, both for the texter and for the victims.

Every day I thank God for everything I have, and everything I can still do in my life.

Don’t be a Text-aholic. When your car is ON, turn your cell phone OFF. The distractions Are Not Worth It! Thank you.

Halloween: Tricks, Treats, or Triggers?

The shelves of my local grocery store are filled with colorful bags of candy and kits to carve your own jack-o-lanterns, which means Halloween is right around the corner. For survivors of traumatic injury, Halloween can be a mixed bag of tricks especially when it comes to fear-eliciting stimuli and triggers for traumatic stress or PTSD. If you find yourself struggling this spooky season, here are a few tips to help you enjoy the treats without the triggers.

1. Reach out to your support network. Your friends, family members, or other survivors can be there for you and

2. Plan for fun fall activities that don’t include potential triggers. If you are concerned about fake blood and gore-themed costumes among trick-or-treaters, plan to hang at a friend’s house where they don’t get many visitors or make sure your porch light is kept off. Instead of a horror movie, consider a festive comedy or mystery.

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Posttraumatic Stress Disorder After an Injury...

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One of the most common mental health diagnosis after a traumatic injury is posttraumatic stress disorder or PTSD. This disorder is often associated with combat and soldiers, however, anyone who experiences a traumatic event - such as an injury - can develop symptoms of PTSD. Recent estimates suggest that more than 1 in 5 people who experience a traumatic injury will go on to develop PTSD. PTSD is characterized by having certain symptoms in 5 different areas. The first is experiencing an event that results in serious injury or death. The second is having intrusive thoughts about the event. These can take the form of thoughts throughout the day, nightmares, or having a strong negative reaction when something reminds them of the event. The third is avoiding thinking about the event or specific things that may remind them of it. For example, someone who was in a bad car crash may find themselves avoiding the street on which the accident happened. The fourth is a negative shift in their thinking about the world or having strong negative feelings throughout the day. An individual may start to think that the world is a dangerous place or that they aren’t a good person anymore. The fifth is being extra alert about their surroundings or doing risky activities without thinking about the consequences. When someone is experiencing a range of symptoms in each area, they may be struggling with PTSD.

Our recent research and that of others has shown that these symptoms do not appear at all at once. Instead, they appear one at a time and often feed into each other. For example, the person who experienced a car crash may become very nervous when they have to get behind the wheel again. This feeling leads them to avoid driving. Their avoidance then makes them think they are no longer competent to drive and have negative feelings about themselves. They then have transportation difficulties, which contributes to other challenges in their daily living. The exact progression can vary from person to person, but we have found that this progression makes PTSD sometimes hard to recognize as it develops. It is important to take stock of how someone who experienced an injury is changing or has changed after the event.

Being aware of how these symptoms can present and progress is helpful in empowering someone to deal with PTSD. There are a range of effective treatments that can address these symptoms and PTSD. If you suspect that you or a loved one may be experiencing these symptoms, then they should seek help from a clinician who is trained in working with those who have experienced trauma. Talk to your trauma care team or your primary care provider for advice a referral. There are several excellent websites that provide directories of trauma-focused clinicians who are trained in evidence-based treatments for PTSD that include: cptforptsd.com, www.med.upenn.edu/ctsa/find_pe_therapist.html, and www.emdria.org/find-an-emdr-therapist/. You can also refer to Psychology Today to find therapists in your area: www.psychologytoday.com/us/therapists. Effective treatments can include medications and cognitive behavioral therapies. Tackling these symptoms early in the process can help prevent them from becoming chronic. There are many treatments, such as Prolonged Exposure Therapy and Cognitive Processing Therapy, that are highly effective at treating chronic cases. Treatment is available for anyone who is struggling with PTSD or a related condition.

Having good mental health after an injury is extremely important to the overall recovery process. The mind and the body are connected, after all.
Meet the Trauma Team
Jennifer McFaul, RN, Pediatric Trauma Coordinator

I have been with the Trauma department for 12 years. I started as a case manager and now I am the Pediatric Trauma Coordinator and the Performance Improvement Coordinator for both adult and pediatric trauma services. As a level one adult trauma center and level two pediatric trauma center, there are many requirements to maintain our verification. My role is in collaboration with a multi-disciplinary team to ensure quality care. One aspect of my role is to follow our patients until they are discharged to monitor for any complications or opportunities for improvement in their care. I also assist with education to nursing and the surgical residents on various topics. Working with our providers to improve the care of our patients is both rewarding and gratifying.

Facebook Support Group
A Supportive Place for Traumatic Injury Survivors

As a new Trauma Survivors Network, we know that there is a lot we still need to do to support our survivors of traumatic injury. One of the biggest gaps in support is the lack of support groups available in our region. In fact, having virtual support groups was the most commonly identified need by our survivors! With the support and guidance of Mariah Mitchell, a survivor, a new resource is now available!

The UVM Medical Center virtual Facebook support group for Trauma Survivors is a place for you to connect and share your experience with other survivors. The group is private and moderated by Mariah and Abby. You can join at any point in your recovery!

Join today at uvmmed.hn/Trauma SurvivorsFB or by scanning the QR Code.

Upcoming Event
Vermont's 33rd Annual Brain Injury Conference

Brain Injury Association of Vermont is hosting their annual conference from October 11th to 13th. The first day of the conference is designed as a survivor and family track.

Learn more or register to attend at pheedloop.com/BIConference/

Halloween: Tricks, Treats, or Triggers?
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3. Practice mindfulness to manage your stress and promote emotional wellbeing. It may be impossible to avoid decorations in yards and store fronts, but mindfulness may be able to limit their impact on your mental health.

4. Consider temporary social media blocks if you notice accounts posting images that you prefer not to see. For instance, some social media accounts will begin posting makeup images and tutorials for creating realistic looking wounds and injuries that may remind you too much of your own injuries and recovery.