



Camp Bruce McCoy Training Guide 2022



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A Quick "Thank You"

Before you begin this training guide, we at BIAV wanted to take a moment to say thank you, very much, for committing your time and skills to being a member of the Camp Bruce McCoy team. This experience tremendously impacts a wide range of individuals, and it could not happen without you.



BIAV & Camp Missions

Brain Injury Association of Virginia (BIAV)

“The [mission](#) of the Association is to advance education, awareness, support, treatment and research to improve the quality of life for all people affected by brain injury” (Brain Injury Association of Virginia, 2018).



Camp Bruce McCoy

“Purpose and goals of camp:

1. To allow brain injury survivors opportunities to experience activities in a safe and supportive environment
2. To socialize with peers and get away from their normal, everyday existence
3. To provide caregivers some sorely needed respite
4. To broaden the professional’s realm of knowledge about the needs of brain injury survivors.” – Camp Operations Manual



The Voice of Brain Injury: Help, Hope & Healing

WHO WE SERVE



The Voice of Brain Injury: Help, Hope & Healing

THE IMPACT



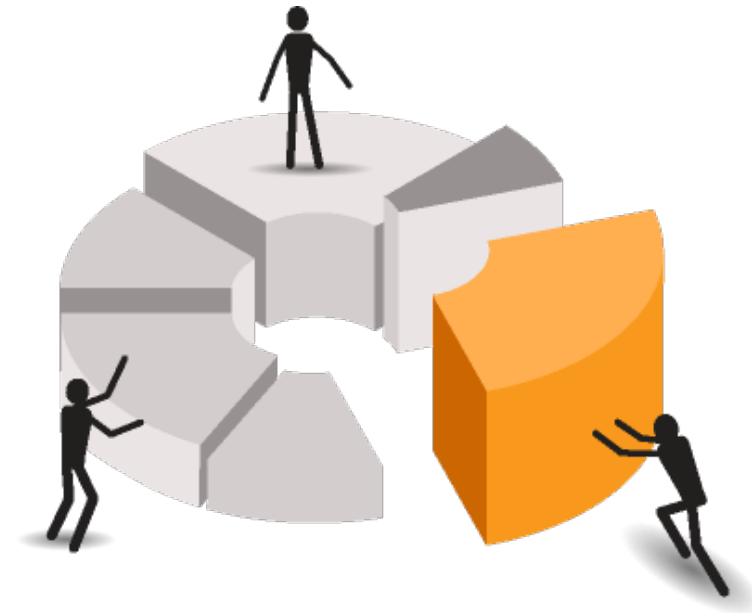
The Voice of Brain Injury: Help, Hope & Healing

THE REWARDS



Camp Bruce McCoy's Supports

- Run by: Brain Injury Association of Virginia – *biav.net*
- Located at: Triple R Ranch – *triplerranch.org*
- Financial Supports:
 - Sponsorships
 - Grants
 - Camper attendance fees
 - Public donations



Module 1

BRAIN INJURY “BASICS”



Brain Injury Types

- Nontraumatic Brain Injury (NTBI)
- Traumatic Brain Injury (TBI)



Created by Marek Polakovic
from Noun Project

Nontraumatic Brain Injury

- Occurs **without** a traumatic external force being exerted on the brain
- Common causes include:
 - Hypoxia – insufficient oxygen supply to the brain
 - Anoxia – complete lack of oxygen supply to the brain
 - Toxicity from drug overdose
 - Genetic medical disorder or disease (ex. Moyamoya, ALS, Huntington's)
 - Stroke or aneurysm
 - Brain hemorrhage
 - Nutritional deficiency
 - Chronic epilepsy- seizures
 - Dementia



Traumatic Brain Injury

Occurs when enough **PHYSICAL FORCE** is exerted upon the **BRAIN**, often through a **TRAUMATIC CIRCUMSTANCE** or event, that it causes **DAMAGE** to the brain tissue

OPEN HEAD INJURY

Skull has been broken, often by object penetrating the cranial cavity

CLOSED HEAD INJURY

Skull has not been broken, though damage has occurred to brain tissue

COMMON CAUSES:

FALLS • CAR ACCIDENT • SPORTS-RELATED INJURY •
ASSAULT OR ABUSE • MILITARY COMBAT



Brain Injury Levels

- Levels of Severity– dependent on length of time in coma and duration of post-traumatic amnesia*
 - **Mild**
 - Most common
 - Also called a concussion
 - **Moderate**
 - **Severe**



*Post-traumatic amnesia

- Length of time from the injury to the moment when individual regains ongoing memory of daily events.
- Best predictor of functional outcome

Prevalence and Incidence



- According to CDC, more than 5.3 million Americans live with a disability as a result of a TBI
- 2.8 million sustain a TBI per year, nationwide
 - 28,000 Virginians per year (not including military population)
- Nearly 220,000 Virginians will sustain a stroke this year
- More than 168,000 Virginians are currently disabled as result of a TBI
- More than 98,000 Virginians are currently disabled as result of a stroke
- 29% higher frequency of TBI in males than in females

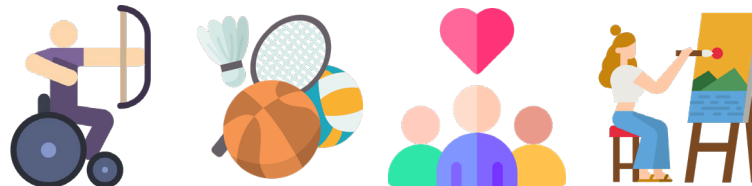
**Statistics from Centers for Disease Control and Prevention*

Progression & Outcomes

- Progression
 - Variable – “no two brain injuries are the same”
 - The recovery process is unique to the individual and usually ongoing for life.
 - Recovery speed affected by: injury severity, location, cause, prior level of function, health, age, intervention/resources, etc.
 - Window for *greatest* potential growth is often the first 6 months-year following injury
- Prognoses/Outcomes
 - Again, it's quite variable – usually based on length of time in coma, loss of consciousness, open vs. closed injury
 - Often, there is a lasting or life-long impact to some degree.
 - This reiterates why long-term community engagement for campers and respite for caregivers is so *valuable* and *necessary*.

Proctor & Best (2019)

- “Social and Psychological Influences on Satisfaction with Life after Brain Injury”
- Found **47.6%** of their participants, individuals with acquired brain injuries, reported moderate to severe levels of depression
- Also found that increased engagement in leisure activities, higher emotional stability, and higher sociability significantly predicted satisfaction with life
 - ***Leisure satisfaction*** was the best predictor of post injury life satisfaction!

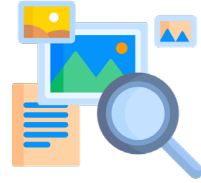


Module 1: To sum it up...



- Two types of brain injury: Non-traumatic and Traumatic
- TBI can be open or closed; both TBI and NTBI can be graded as mild, moderate, or severe
- BI affects millions of Americans long-term, with millions acquiring a new BI each year
- Males have a higher BI prevalence
- Progression and outcomes are both variable depending on a multitude of factors— especially level of severity, location of injury, quality of treatment
- Leisure satisfaction is a predominant predictor of post injury life satisfaction

References



<https://www.biav.net/statistics/>

<https://www.cdc.gov/mmwr/volumes/66/ss/ss6609a1.htm>

https://www.cdc.gov/traumaticbraininjury/data/rates_bysex.html

Proctor, C. J. & Best, L. A. (in press). Social and psychological influences on satisfaction with life after brain injury. *Disability and Health Journal*. doi: 10.1016/j.dhjo.2019.01.001

Pendleton, H. M. & Schultz-Krohn, W. (Eds.). (2013). *Pedretti's occupational therapy: Practice skills for physical dysfunction*. St. Louis, MO: Elsevier Mosby.

Module 1 Quiz

Please return to the training homepage to take the Module 1 Quiz and complete a couple of brief survey questions that will help us continue to improve the training program.

