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Living without A Frontal Lobe: Thirty-eight Years Following a TBI

Glena Andrews

George Fox University, gandrews@georgefox.edu

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Living Without A Frontal Lobe: Thirty-eight Years Following a TBI

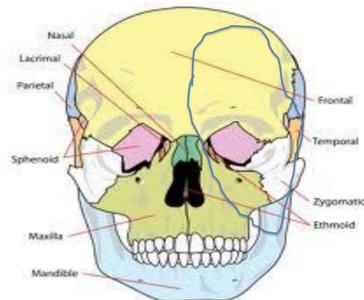
Glena Andrews

Northwest Nazarene University

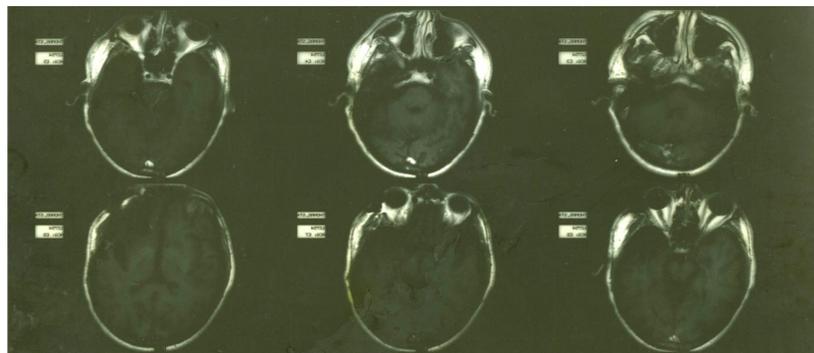
Injury

On August 8, 1973 while serving in the Peace Corp in Haad Yai, Thailand, TS was riding a motorcycle when he was struck by a truck. The truck collided with him with such force that he was propelled into the windshield, shattering it, and his head became lodged in the steering wheel. He was taken to a missionary medical clinic with expectations that he would die due to multiple injuries. According to his Peace Corp records his injuries included "fracture of middle third of left clavicle with marked displacement; fracture of posterior and left first rib with hemorrhage in left mid peri-helar area; ... views of skull and facial bones revealed multiple fractures of left maxillary, left orbit, left zygoma, and left frontal bones" (medical records 1973 Peace Corp).

TS remained in a comatose state for approximately 40 days after which he was transported to a hospital in Bangkok on September 19th, 1973 where his reconstructive surgeries began. His left orbital area was reconstructed and surgery was completed on his left clavicle to repair a break. His left leg was put in a cast. He was discharged from the hospital October 8, 1973.



In October 1973 he was flown to Washington DC with surgical recommendations for facial bone wiring, insertion of silastic sheet, clavicle reconstruction, and debridement and closing of knee laceration. He was later transported to San Diego, CA for further surgeries. Medical notes indicated that TS was suffering from some "problems with memory" but that his personality was intact. "Neurosurgical consultation and psychological testing" was recommended by the attending physician. He returned to Thailand where surgeries were completed in April 1975 on left clavicle (redone) and in June 1975 in Thailand. TS returned to Seattle in June 1975.



Early History

TS is the youngest of 3 children born to a couple in full-time Christian ministry. He is left-handed. Due to his father's profession, the family moved multiple times in TS's childhood. After graduation from high school, TS attended a liberal arts college. He graduated with a GPA of 3.94. He entered graduate school and earned a Master's degree. He joined the Peace Corp in May 1971 as alternate service to being drafted into the US military during the Vietnam War. He was in the medical program division. He was deployed to Afghanistan for his initial assignment. Due to illness (E. coli, Salmonella, possible cholera) he was treated and transferred to Thailand where he was assigned by the Peace Corp to be a teacher. During his time in Thailand he learned to speak fluent Thai.

Activities between 1975 and 1999

After returning to the US, TS earned a second Master's degree, married and was a pastor in several multi-ethnic, multi-language churches. In the early 1980s he divorced and later remarried. He was the pastor of one church before returning to Thailand and serving with missionaries. Between the late 1990s his daughter was born and he and his family have moved back and forth between the US and Thailand. He currently lives in the US and is the care provider for his aging parents. In 2009 he was involved in a car accident that occurred during a seizure. TS is very creative and has written much poetry. He is musically talented on piano and flute. He reads voraciously at times.

Treatment

No psychological treatment was provided until February 1998 when he was diagnosed with depression and began taking Prozac. His therapist retired in early 2001 and he was transferred to a second therapist. He has been in weekly appointments to the present except for approximately 15 months during which he lived in Thailand.

TS becomes extremely fatigued when dealing with the stresses of daily life, parenting, and managing his own emotions. He requires sleep at these times. He has suffered from seizures (absence) since approximately 1975. He needs to sleep after seizures. He becomes extremely depressed approximately 3 times each year. He experiences high levels of distrust, betrayal, and existential sadness toward institutions (e.g. church, medical organizations) and individuals.

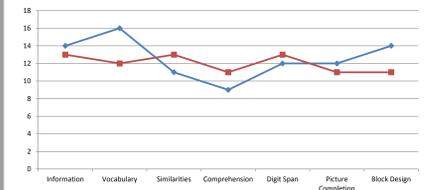
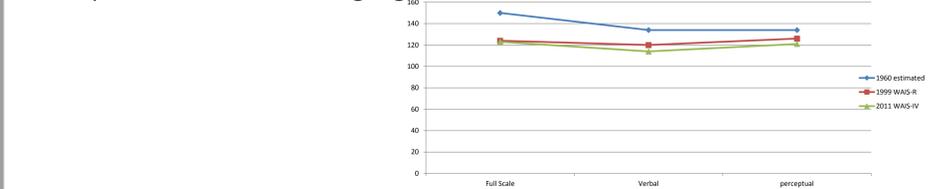
TS attempted to secure part-time employment several times in the US, but has been unsuccessful since approximately 2001. He becomes bored. TS tries to keep some building or gardening project going in order to have something to keep him occupied. He struggles with making and maintaining friendships. His desire for friends has increased in the past 10 years. He has been very overt in his attempt to make friends with men his approximate age. He often finds them to be rejecting. He has met bi-weekly with three men for the past year. This gathering has been successful for TS.

TS has recently undergone treatment of a DO naturopath who prescribed medication for thyroid and skin tears. His skin improved including the healing of scabs. His hunger is satiated, and his colon functioning has improved. He has only had two seizures in the past 4 months. He was diagnosed (November 2011) with celiac disease. He has changed his diet to exclude wheat and other grains. He has been primarily a semi-vegetarian for the majority of his adult life preferring an Asian diet.

MMPI-2 scores from 1999 and 2011 show similarities in struggles with physical symptom concerns, mood lability, and struggles within the family due to managing the effect of his TBI.

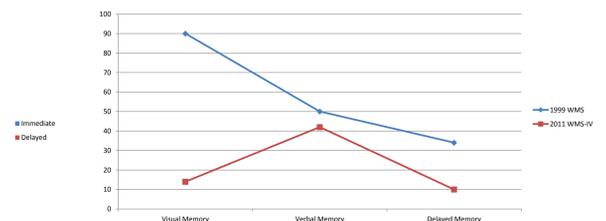
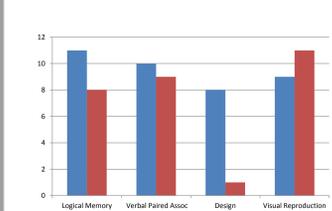
Results

TS's overall intellectual functioning suffered minimal decline. Based upon estimated intellectual levels (1999 report) TS fell from superior levels of cognitive functioning to above average for overall IQ, Verbal and Perceptual indices. Even with severe frontal lobe atrophy his overall intellect seems to remain intact. The preservation of his verbal skills support the hypothesis that he is right hemisphere dominant for language.

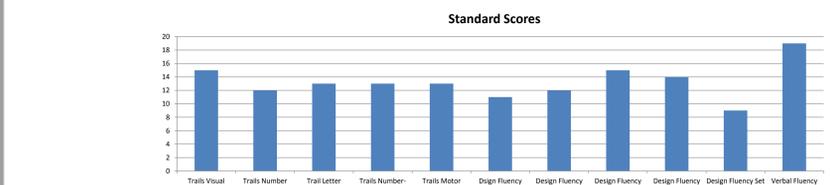


When intellectual subtest scores are evaluated, some specific changes can be seen including decreases in vocabulary skills and block design scores (left frontal).

One of the areas in which declines can be seen over the past 22 years is in memory. TS suffers from significant declines of his visual memory skills overall and delayed memory abilities, especially in visual memory.



Current executive functioning scores indicate many strengths in the visual and verbal abilities for planning, problem-solving, and fluency.



Conclusions

Thirty-eight years following the loss of the left frontal lobe in a significant TBI accident, a left-handed male has experienced minimal overall intellectual loss, and significant memory loss, but his executive functioning has basically been preserved. The TBI has taken more of an emotional toll on him than an intellectual toll.

glandrews@nnu.edu