

# TBI TODAY

News, Ideas, and Resources from the Virginia TBI Model System

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## Forgive or Accept?

By Rosemary Rawlins

Have you ever watched a child hold a helium balloon on a string and see how something so light can begin to feel so heavy? The child may need to have the string tied to his wrist because his fingers can no longer hold the balloon. When at last, the child must let go of the balloon, she cries, as she watches it weave and bob and drift out of sight. Think of that balloon as your anger, you hold it until your fingers turn blue, until the string digs under your skin, but it only hurts you. If you let it go, it still exists but it floats away like a useless bag of air.

In addition to suffering through a TBI, families have to deal with the trauma and emotional baggage of what caused the TBI. Was it an accident, an act of violence, a careless mistake? Who is to blame?

In our case, a woman hit Hugh while he was riding his bicycle home from an afternoon workout. She was charged with reckless driving at the scene. During the critical stage of Hugh's injury, many of Hugh's friends were furious at this woman, but I wasn't angry; I was too devastated at first. I focused solely on bringing Hugh back. My anger rose to the surface when Hugh was out of the danger zone. (contd. on p2)

## Adjustment and Resilience Brain Injury Study

If you have had a TBI, you may qualify for a research study At VCU. We are evaluating the helpfulness of an outpatient rehabilitation program to help people adjust to having a brain injury. Qualified volunteers will participate in seven education sessions. Study volunteers will be given information on brain injury, local resources, skills development, and positive coping strategies. Topics will include understanding changes that occur after brain injury, setting goals, problem solving, managing emotions and stress, and communicating well.

If you are interested in participating and 18 or older, please call Jenny Marwitz at 804-828-3704, or toll free at 1-866-296-6904, or by email at [jhmarwit@vcu.edu](mailto:jhmarwit@vcu.edu).

(*Forgive*, contd.) It flared as time went by and we never heard one word from the woman who hit him. My anger fully ignited when one of my daughters had a crying jag of frustration over how drastically our lives had changed while this woman was going about her normal day. I had not heard from the woman who hit him, not a single word. I realized that her lawyer probably told her not to call, so I called the police officer that was on duty the day Hugh was hit, and she told me that the woman who hit my husband showed little emotion at the accident scene, even as grown men cried and nine Firemen struggled to strap Hugh to a body board. My anger formed like a rock in my chest. How could people be so unfeeling? She had not only nearly killed my husband, but also hurt our daughters and me — she wrecked our lives.

In his article, “Anger, Forgiveness, and Healing,” Dr. Jeffrey Bernstein explains that it’s normal and healthy to be angry when we have been hurt or traumatized. He says that “anger needs to be acknowledged and processed,” and that “acknowledging revenge fantasies within oneself or with trusted others is integral to the process of freeing oneself from the shackles of anger.” This I could relate to. I had a few fantasies I’m ashamed to admit even now. Bernstein’s article goes on to show how, ultimately, people can forgive and move on. While forgiveness sounds nice, I felt something integral missing, so I kept researching and stumbled on something I had not seen before.

In an article called “Unforgivable Hurt; What Do You Do Now?” by Dr. Mark Banschick, suggests that it’s bad therapy and bad religious advice to insist that someone forgive another for a serious wrong when “bad things are done to good people.” Forgiveness means you stop feeling angry or resentful toward that person. Is that always possible? Is it possible to forgive someone who caused an accident that resulted in a lifelong disability? Worse yet, is it possible to forgive a violent criminal or abusive spouse that causes a TBI? Dr. Banschick does not feel it’s necessary. He opts instead for acceptance. “Acceptance,” he says “is a coming to terms with the random harshness of life.” No one is exempt from pain. He says that patients should not be made to “feel guilty because they cannot do something super-human (forgive the unforgivable).”

Back to the balloon. My family went through a phase of anger and blame, and I even thought I had forgiven the woman who hit Hugh on that day in April 2002, changing the course of our lives forever, but I realize I have not. I may never truly forgive her, because she never showed she cared. That said, I have accepted what happened. I accept it as I see that balloon fade to a dot on the horizon, as it drifts further into the distance with each passing day, and I hope one day, it will completely disappear.

Used with permission from BrainLine.org, a WETA website.  
[www.BrainLine.org](http://www.BrainLine.org).

For more on Rosemary and her book, see page 6!



## Mental Fragmentation

by Edward Williams

Through a TBI Study I participated in, I have gained a greater understanding of the recovery process and learned strategies to help with my recovery. Experiencing the information from a clinical perspective, with the help of Nancy H. Hsu, PhD has been invaluable. This is why I am writing this article. The analogies that I use to communicate graphically may be of value to others that are recovering from TBI's. I have found this technique useful when communicating with others that do not understand TBI's.

This article addresses what I have come to describe as, "Mental Fragmentation." Within 60 days of my TBI, I developed a slow bleed on the brain that required surgery to remove a blood clot. Prior to the surgery, I was gradually losing motor skills and mental abilities. My initial concern was: Would I be disabled for the rest of my life? After the surgery, my concern was making a full recovery and resuming the life that I had had before the TBI. Or so I thought.

Prior to the TBI, I did not consider how I processed and stored information in my brain. The TBI disclosed the method that I used. Having worked with computers a lot, I've come to think about it like this: I stored information on "memory screens" that I could pull up when needed. After the TBI, I was no longer able to do this with ease. Most "memory screens" that I attempted accessing were fragmented. Some "screens" were destroyed beyond recognition. Connectivity between others was lost. The brain has restored function through rerouted connections; however, a great deal of repair work is still needed. Day-to-day life presents needed repairs.

In conclusion, I have experienced a great deal of frustration with the recovery process. My most pressing concern has been that it takes a great deal of time for me to carry out functions that are needed to maintain self-sufficiency. I spend an additional 25% to 50% more time to carry out daily functions. Higher level functions are not even on the table at this time. More importantly, I realize that the additional time that it takes is due to the fact that I am still "defragging" these "memory screens" as I go along. TBI is much like a computer that is running slow or has crashed. If the hardware and software are not damaged beyond repair they can be restored, and put back into use.

# Mark Your Calendar!



### Therapeutic Recreation Programs

- ◆ **When:** Varies, see schedule
- ◆ **Description:** Chesterfield County has a variety of therapeutic recreation events for adults with disabilities. It's a great way to get out of the house and connect with others in your community!
- ◆ **Contact:** Call (804) 748-1623 for details or to get a copy of the full guide of programs. You can also visit their website at:  
<http://www.chesterfield.gov/content2.aspx?id=3134>

### Richmond Area Support Groups

- ◆ **Location:** 2nd Monday every month at 6:30pm, Woodlake Methodist United Church, 15640 Hampton Park Drive in Chesterfield
- ◆ **Contact:** Liz Perry-Varner at 804-276-5761
- ◆ **Location:** 3rd Monday every month at 6 pm, Children's Hospital Auditorium, 2924 Brook Rd.
- ◆ **Contact:** Call the Richmond BIAV at 804-355-5748 for more info!

### Brain Injury Association of VA 2014 Conference

- ◆ **When:** March 15, 2014
- ◆ **Location:** Westin Hotel
- ◆ **Details:** Visit [www.biav.net](http://www.biav.net) or call 804-355-5748 for more info.

### 38th Annual Williamsburg Brain Injury Rehabilitation Conference

- ◆ **When:** May 1-2, 2014
- ◆ **Location:** The Doubletree by Hilton in Williamsburg, VA
- ◆ **Contact:** Call 703-451-8881, ext 224 or visit [www.tbiconferences.org](http://www.tbiconferences.org).

If you have an upcoming event of interest to the Brain Injury community in Virginia, we would be glad to consider including it here. Please contact Matthew Wetsel at 804-828-3703 or [wetselme@vcu.edu](mailto:wetselme@vcu.edu)

**DEAR PAT:** I was in a car accident that I considered to be a minor fender bender about a year ago. I didn't think it was a big deal. A car had rear-ended me because the driver couldn't stop the car in time for the red light. I hit my head on the steering wheel but didn't lose consciousness. I know you would want to know that since all the doctors asked me that question when I went to the hospital. Anyway, I had a bad headache and felt nauseous all the way to the hospital, but I felt better when I left. They kept me in the ER for a few hours and let me go with some meds for my headaches. The doctor said I had a concussion and gave me reading materials.

For the next week or so, I didn't feel well. My head hurt really bad, I was still nauseous, and felt dizzy sometimes, almost like I was drunk. I couldn't take loud noise or bright light. I spent a lot of time in my room in the dark. I was tired and cranky, and preferred to be by myself to avoid taking it out on my boyfriend. Luckily, things gradually improved with time and I was able to return to my life before the accident. I went back to waitressing and school.

Well, that's when I realized something was wrong with me! I kept misplacing things, left and right. As soon as I put something down, I'd forget where I put it. Or, I'll forget the reason why I went to the living room or the kitchen. It feels like I'm losing my mind!! I get so distracted too. I can't concentrate on what I'm doing if someone tries to talk to me. I had to stop waitressing because I was getting

such headaches with all the chaters at the restaurant and me trying to take people's orders.

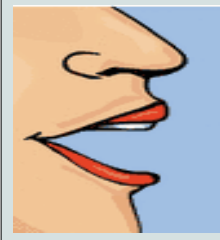
School is my priority anyway so I just tried to do well in my classes. Oh gosh. Is that a joke or what? It takes all my energy just to read one chapter. I have to read the same paragraph several times to understand what I'm reading. I may not be the smartest kid on the block but I was a decent student. Now, everything is just hard. I don't really understand what's going on. Am I going crazy?

Beth



Dear Beth,

It sounds like school has been unmanageable due to changes in your cognitive abilities. You're confused about all these unexplained changes and feel like you're going crazy. That is an understandable reaction. The challenges you have described are actually common cognitive changes after a traumatic brain injury or concussion. It is common for persons with a brain injury to have problems with attention, concentration, speech and language, learning, memory, reasoning, planning, and problem-solving. Dealing with these challenges is often frustrating and overwhelming.



## CHAT WITH PAT

**Pat answers your personal questions about brain injury with compassion and practical advice. However, advice from Pat's column should not be substituted for consultation with a doctor or rehabilitation specialist. The identity of individuals submitting questions to "Chat with Pat" is kept strictly confidential.**

Our brain is a very complex organ and controls many different aspects of our functioning. No wonder that when it is injured, many of our abilities are affected. We may not be able to think clearly, process information quickly, speak logically, or remember information well. People with a brain injury often complain of inability to multi-task, difficulty with word finding, and being easily distracted. The symptoms sometimes resolve spontaneously, improve with passage of time, or persist for a long time. Every brain injury is different; therefore, it is hard to predict the course of recovery.

Developing compensatory strategies is the best way to cope with cognitive challenges. For example, writing important information down, studying in a quiet room, developing a routine or schedule, and performing only one task at a time. It is also important to take frequent breaks to mitigate fatigue. Working with a mental health counselor who specializes in working with persons with a TBI to develop coping strategies should be considered. For a list of providers in your area, contact your local chapter of the Brain Injury Association. (contd on p.5)

(Pat, contd.) Seeking academic accommodations from your school to increase your chances of success should also be considered. If so, it will be necessary for you to undergo a neuropsychological evaluation to document the extent the injury has impacted your cognitive abilities. The evaluation could assess many domains such as attention/concentration, learning and memory, motor abilities, visual skills, and reasoning. A comprehensive neuropsychological evaluation will also help determine your strengths and weaknesses. Consult with your treating physician regarding a referral. Good luck!

## JUST THE FREQUENTLY ASKED QUESTION S

THE INFORMATION PROVIDED IN THE FAQ IS INTENDED TO FAMILIARIZE THE PUBLIC WITH ISSUES RELATED TO TBI. NO INFORMATION PROVIDED HEREIN SHOULD BE CONSTRUED AS THERAPEUTIC ADVICE OR AS A SUBSTITUTE FOR CONSULTATION WITH A COMPETENT MEDICAL OR MENTAL HEALTH PROFESSIONAL.

**Q:** How do I get better after a TBI?

**A:** Following a brain injury, most people do not know what to do to get better. Here are some tips to help you get started:

- ❑ Managing stress effectively – Find and master stress management techniques that work best for you. For example, listen to music, take a walk, see a movie, talk to someone, and breathe slowly and deeply.
- ❑ Set priorities and focus your energy to succeed – Make a “to do” list, number the items by priority, and work on the highest priorities first.
- ❑ Learn how and when to ask for help – Don’t let your pride get in the way of making your life easier. Seek help early on, before a problem becomes a crisis.
- ❑ Learn the art of patience – Count to ten, take slow deep breaths, or focus on accomplishments and improvements.
- ❑ Learn from your mistakes – Think of your mistakes as an opportunity to learn.
- ❑ Avoid being hard on yourself – Be kind to yourself.
- ❑ Be as concerned about yourself as you are about other people – Take time out for yourself each day, even if it’s just 15 minutes. Set limits and say “no” at least sometimes.
- ❑ Start with short-term goals – Focus on the most important things you need to accomplish today and tomorrow.
- ❑ Develop and maintain support systems – Caring, helping, and reaching out to other people is a good way to make progress and avoid feeling alone.
- ❑ Define success in your own terms – Everyone has the right to decide how to be successful and whether or not they are.



*Questions for Pat or the FAQ column are welcomed.  
Send them to: "ASK PAT" OR "FAQ"  
P.O. BOX 980542. RICHMOND, VA 23298-0542  
or e-mail: [jhmarwit@vcu.edu](mailto:jhmarwit@vcu.edu)*

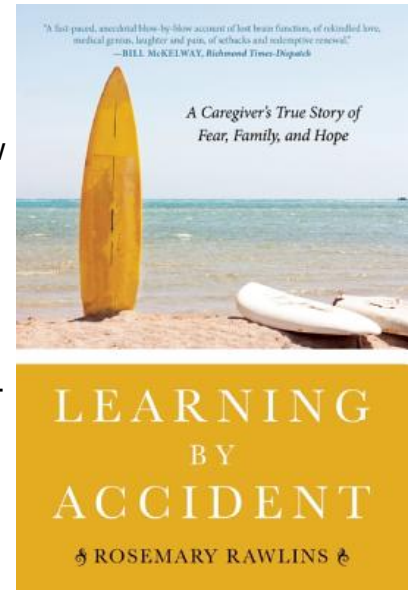


## Learning By Accident Launch Party

When a 2002 accident put Hugh Rawlins in the hospital with a traumatic brain injury, his wife Rosemary had no idea what the future would hold for their family. Even as Hugh slowly but surely recovered from his injury, Rosemary was struggling. *Learning by Accident* is an intimate look into how families are forever changed by TBI, but also a testament to the capacity for recovery when a patient's (and family's) needs are met.

A worthwhile read for anyone who has found themselves in the new position of caregiver for a loved one who has suffered a TBI, *Learning by Accident* is being re-released in a special hardcover edition from Skyhorse Publishing. Join Rosemary on Wednesday, March 12 at the Library of Virginia at 5:30pm for a special launch event.

For more on Rosemary, visit [www.brainline.org/rosemary](http://www.brainline.org/rosemary) or follow her on Twitter at [www.twitter.com/@RoRawlins](https://www.twitter.com/@RoRawlins).



## New Intervention for Couples After Brain Injury

Following the renewal of the TBI Model Systems grant at VCU, Drs. Kreutzer and Godwin have launched the Therapeutic Couples Intervention (TCI). The TCI is a continuation of our interest and commitment to family-focused research after brain injury.

Often, spouses or romantic partners take on a caregiving role when their partner suffers a brain injury. As such, the TCI is designed to assist couples after TBI. Topics covered in the TCI program include:

- \* What is normal for brain injury? Common problems after TBI
- \* How are we different now? Common relationship changes after TBI
- \* Communicating in a 'new' relationship
- \* Managing stress effectively
- \* Setting reasonable goals
- \* Solving problems effectively
- \* Establishing emotional intimacy
- \* Renewing physical intimacy
- \* Parenting 101: parenting education and skills (optional material for couples who are parents)
- \* Parenting after TBI: Common hurdles to effective parenting (optional material for couples who are parents)
- \* Taking care of yourself and your relationship
- \* Focusing on gains and looking forward

Participation is free, and study volunteers will be compensated for their time. If you are interested in participating, please contact Jenny Marwitz at 804-828-3704, or toll free at 1-866-296-6904. Or, send an email to [jhmarwit@vcu.edu](mailto:jhmarwit@vcu.edu).



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Daniel W. Klyce, Ph.D., is a licensed clinical psychologist and assistant professor in the Department of Physical Medicine and Rehabilitation (PMR) at VCU. Dr. Klyce works primarily in the Rehabilitation and Research Center at VCU Medical Center where he provides psychological services on the Brain Injury Rehabilitation inpatient unit.

**HAVE YOU  
MET DANIEL KLYCE,  
PH.D.?**

Before joining the department of PMR at VCU, Dr. Klyce completed a postdoctoral fellowship in Rehabilitation Psychology in the Department of Rehabilitation Medicine at the University of Washington School of Medicine and Harborview Medical Center in Seattle, WA. At Harborview, the only Level I Trauma Center in a five state region, Dr. Klyce worked with patients of all ages from diverse backgrounds, all along the spectrum of recovery from traumatic injuries—from as early as waking up in the ICU to years after they were discharged from the hospital. Working with patients with brain injury and the rehabilitation team on the Inpatient Rehab units during this training was a particularly rewarding experience, highlighting just how resilient patients can be when working with a strong team to make the most out of recovery.

Dr. Klyce completed his doctorate in clinical psychology at Purdue University in West Lafayette, IN, in 2012. During his training, he focused on several lines of research, including coping/adjustment among young children and supporting caregiving families for individuals with traumatic and acquired brain injuries. Dr. Klyce has worked in various clinical settings, including inpatient psychiatric hospitals, outpatient anxiety clinics, Veterans Administration hospitals, early childhood education classrooms, and childhood behavior disorder clinics. Dr. Klyce completed his internship in clinical psychology at the Vanderbilt University – Veterans Affairs Consortium in Nashville, TN, with an emphasis on behavioral medicine. He also supported research programs at Vanderbilt University Medical Center related to cognitive outcomes after critical illness and treatment in the ICU.



Dr. Klyce was born and raised in east Tennessee where his family still lives. He enjoys a diverse range of music, including the blues, hip-hop/rap, and classical genres. Growing up in the foothills of the Smoky Mountains, he enjoyed kayaking and looks forward to getting to know the rivers, lakes, and shores of Virginia. Since moving to Richmond, Dr. Klyce has enjoyed playing club dodgeball with co-workers in the Rehabilitation and Research Center, despite being really terrible at it. Having an undergraduate degree in Psychology from the University of Tennessee, Dr. Klyce has the unfortunate luck of being a fan of the Tennessee Volunteers. He looks forward to better luck cheering for the VCU Rams.

## Survivor Stories Wanted!

Recovering from a brain injury can be very difficult. Sometimes, one of the most helpful and inspiring things is simply hearing from other survivors who have gone through recovery and faced the same challenges. Are you a survivor with a story you'd like to share? If so, then we'd like to hear it, and it might get into a future issue of TBI Today!

Submit to: [jhmarwit@vcu.edu](mailto:jhmarwit@vcu.edu)

or

TBI Today, VCU P.O. Box 980542  
Richmond, VA 23298-0542



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TRAUMATIC BRAIN INJURY MODEL SYSTEM

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RICHMOND, VA 23298-0542

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Founded in 1983 by families and concerned professionals, the Brain Injury Association of Virginia is the only statewide non-profit organization in Virginia exclusively devoted to serving individuals with brain injury, their families, and those that care for and about them. Over 10,000 people find help from BIAV each year.

BIAV is a chartered state affiliate of the Brain Injury Association of America and exists to be the voice of brain injury through help, hope and healing for Virginians with brain injury and their families. We educate human service professionals and the community on the risks and impact of brain injury and advocate for improved medical and community-based services. Many of our staff members are Certified Brain Injury Specialists (CBIS Certified).

To find out more information about BIAV, contact us at 1-800-444-6443 or 804-355-5748. Or visit our website at [www.biav.net](http://www.biav.net).



The Voice of Brain Injury: *Help, Hope & Healing*