

TBI TODAY

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

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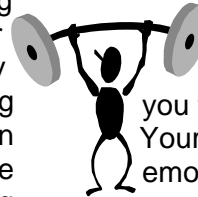
PART III: MANAGING INTENSE EMOTIONS

In the last issue of *TBI Today*, we discussed the importance of recognizing and talking about your emotions. After injury, many survivors and their family members experience a range of strong emotions. Strong emotions can weaken your ability to solve problems, handle challenges effectively, and get along with others. Handling your emotions may be challenging, but there are steps you can take to get them under control. In this issue of *TBI Today*, we will be talking about ways to manage intense emotions.

We've talked to lots of survivors and their families to find out ways they cope with strong feelings. Here are a few ideas and strategies that have worked for other people. Look over this list and pick out which ones you think will work for you:

- ▶ **Remember that ups and downs are normal parts of life.** Realize that your feelings are a common, normal response to your experience. Be kind to yourself and allow yourself time to adjust. Try to look forward to the ups!

- ▶ **Remember that you have the power to control your emotions.** You can choose to change the way you feel and the way you react. Your ability to control strong emotions will get better with practice.



- ▶ **Stop the cycle before your emotions get too intense.** Watch out for early warning signs of intense emotions. It's harder to calm down once they get out of control.

- ▶ **Be hopeful and positive.** Say positive things to yourself and others (e.g., "I will make it through this," "I'm trying my hardest," "I'm a good person"). Remember that persistence is the best way to solve your problems and avoid failure. Try to keep a good sense of humor.



- ▶ **Count your blessings.** Think about things you are thankful for. Recognize...

(Continued on page 2 - Understanding...)

HAVE YOU MET DEBORAH WEST?

Deborah West, Dissemination Coordinator of the Virginia TBI Model System, has worked in the Virginia Commonwealth University Department of Physical Medicine and Rehabilitation since 1988. Ms. West works as a psychologist

assistant in the office of Dr. Jeff Kreutzer, where she helps with neuropsychological evaluations. She also helps with developing resources for the National Resource Center for Traumatic Brain Injury and with keeping their Website running.

Ms. West grew up in East Tennessee, graduating with a BA from the University of Tennessee in Knoxville in 1978. Af-

ter working briefly as a public school speech language therapist, she and her husband, VCU researcher Dr. Mike West, embarked on an adventurous career path as managers of a group home for adults with developmental disabilities. Their journey took them to New Orleans, the Big Easy, where they

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(Continued from page 1...Understanding)

nize positive feelings, good things about yourself, and changes for the better.

► **Think about the future you want and the best ways to get there.** Take one step at a time — set small goals each day.

► **If you can't do something to make the situation better, don't make it worse.** Sometimes you may feel like there's nothing you can do to make the situation better. Try to avoid doing silly things that may make the situation worse. Doing nothing may be better.

► **Intense emotions often come in response to stress.** Monitor your stress level and take steps to control your stress. Some stress management strategies actually work well for dealing with intense emotions too. Stress management strategies to try include breathing slowly and deeply, doing something enjoyable, imagining yourself in a relaxing place, and taking a walk or bath.

► **Avoid thinking too much about your feelings.** Instead, focus on positive steps you can take to feel better.

► **Put yourself in the other person's shoes.** Try to understand their point of view. Think about how they will feel in response to your actions or

words. Remember that hurting others won't make your life better, make people like you, or help you get what you want.

► **Don't say or do the first thing that comes to mind.** Take a deep breath. Count to ten. Get into the habit of thinking about what you want to say or do before you say or do it.

► **Consider leaving the situation.** If you feel angry and can't calm down, leaving may be better than saying or doing something you'll regret. Develop new and constructive ways to deal with anger — go running, play a video game, scream into a pillow, write in your journal, or play a sport.

► **Remember that being kind is far better than scaring people with anger.** Acting in anger will likely make it harder to get close to other people and will make it harder to get what you want.

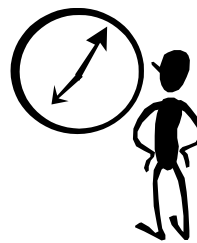
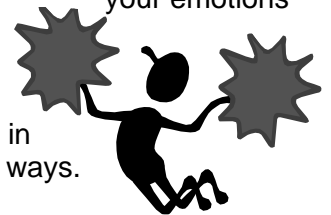
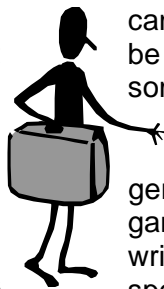
► **Think about situations that bring on strong emotions.** Plan ways to deal with these situations ahead of time. Sometimes, it helps to ask trusted family or friends how they would handle the situations.

► **Wait and deal with problems when you are calm.** Strong emotions will keep you from think-

ing clearly. Calm yourself down first - count to ten, take a break, or do something relaxing and fun. Then, think about the consequences and possible ways to solve your problems.

► **Remember that nobody can solve all their problems by themselves.** Talk to trusted family, friends, and professionals about your feelings and about how they cope with strong emotions. Ask for help when you need it. Doing so will let people know you value their support and offers chances to build relationships.

► **Recognize the difficulties and challenges you face, and how hard you are working to make things better.** Give yourself credit when you control your emotions and express your feelings in positive ways.



Sometimes people have trouble helping themselves feel better. Often, you can benefit from support and guidance from others. Talk with trusted family, friends, or professionals about your feelings. Also, consider joining a support group, so you can learn from others about how they've dealt successfully with similar emotions.

This column was written by Laura Taylor and Jeff Kreutzer from the VCU TBI Model System Family Support Research Program. For more information about the program, please contact Laura at 804-828-3703 or toll free at 1-800-296-6904 or by email at taylorla@vcu.edu.

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JUST FOR FUN!

FIRST LETTER HINTS

RESOURCES TO THE RESCUE

VIRGINIA DEPARTMENT OF REHABILITATIVE SERVICES (DRS)

The **DRS Brain Injury & Spinal Cord Injury Services Unit (BI/SCIS)** manages programs and services for people with brain injury. BI/SCIS staff assists the agency in planning and delivering services that enhance the quality of life and vocational goals of persons with acquired brain injury. The BI/SCIS Unit serves as a point of contact for DRS staff and external customers who need general information about brain injury and other acquired neurological impairment, as well as DRS services. Contact Patricia Goodall at (800) 552-5019, TTY (800) 464-9950, e-mail goodalpa@drs.state.va.us, or on-line <http://www.vadrs.org/cbs/biscis.htm>.

Some of the services that may be of interest to our readers include the following. Please note that some programs have long waiting lists and not all services are available in all areas of Virginia.

Vocational Rehabilitation Program Services: This program offers employment-related assistance to persons with disabilities including brain injury, through local field offices across Virginia. An applicant

must meet eligibility criteria to qualify for services. For eligible individuals, an Individualized Plan for Employment (IPE) is developed jointly by the vocational rehabilitation counselor and consumer. The IPE identifies an employment goal and services needed to achieve that goal. Services include, but are not limited to, evaluation of skills and abilities; help determining an employment goal; counseling and guidance; vocational training; and job seeking and job placement services. Based on the agency's financial guidelines, individuals may be asked to contribute toward the cost of services or may be placed on a waiting list for services. Contact DRS at (800) 552-5019, TTY (800) 464-9950, or on-line www.vadrs.org.

Woodrow Wilson Rehabilitation Center's Brain Injury Services Program: Woodrow Wilson Rehabilitation Center (WWRC) is the state-funded rehabilitation facility in Fishersville, Virginia operated by DRS. WWRC offers programs on a residential or outpatient basis ranging from a comprehensive rehabilitation therapy program to vocational training. Individu-

als with acquired brain injury may receive counseling/guidance; neuropsychological assessment and therapy; vocational evaluation/training; cognitive rehabilitation services; independent living/community re-entry skills; and physical, occupational, and speech/language therapies. Case management services are available to assist individuals during their stay. Contact Dane DeMoss at (800) 345-9972, Ext. 27043; TTY (800) 811-7893, e-mail demosdf@wwrc.state.va.us or on-line <http://www.wwrc.net/menuroot/VR-brain-injury-services.htm>.

Brain Injury Direct Services Fund: The Brain Injury Direct Services (BIDS) Fund, which is administered by DRS, provides short-term specialized services to help people in their recovery from a brain injury. BIDS funds are typically used to provide services that assist individuals to live more independently. Funds may also be used for the purchase of equipment, assistive technology, or other goods when no other funding source is available. The BIDS Fund does not pay for in-

(Continued on page 5 - DRS)

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spent 6 years working in a large residential center, providing rehabilitation services for persons with severe disabilities. Ms. West's career took another new direction when she joined the staff development department, eventually working her way up to department manager. She enjoyed meeting and working with the diverse group of staff and residents, developing and teaching a variety of training pro-

grams and editing the center's monthly newsletter.

New Orleans was as hot and flat as it was fun, however, so when the Wests had a chance to move back up north, they took it. They landed in the small town of Bristol, Tennessee, working for another, smaller, rehabilitation center. Small town life was a big adjustment, but so was the baby that came 9 months after moving to Bristol! Just to make life even more interesting, they

moved again, soon after daughter, Sarah, was born. Richmond seems to have agreed with them, since they've been here ever since.

In her free time, Ms. West likes spending time with family, reading, and playing with Ludwig, the latest canine branch of the family tree, as well as feline friends Belle and Baby Girl. She also enjoys a variety of crafts, including "scrapbooking," pottery, and decoupage.

JUST THE

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Q. When I apply for a job, am I required to tell the potential employer that I had a brain injury? Even if it is not required, should I give them information about my injury? If so, when -- at the interview, when the job is offered, after employment is secured?

A. The Americans with Disabilities Act does not require applicants with disabilities to tell the potential employer. However, an employer is required only to make a reasonable accommodation to the known disability of the applicant. If the disability will require the employer to provide a reasonable accommodation, then it should be discussed. The applicant should explain the type of

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

accommodation needed and how it will impact job performance. If the disability is obvious and the employer has concerns as to how the applicant would perform the job functions, then the applicant should discuss how the functions would be performed. If the disability is to be discussed at all, then the appropriate time would be during the interview. As long as the applicant is qualified for the job, but may need an accommodation to do the essential functions of the job, then it is better to discuss this with the employer before you start working. If the applicant will not need accommodations and the disability is not obvious, then it should not be discussed.

Q. What are the options for people with severe disabilities who may not be able to work in a competitive setting?

A. Supported employment is a vocational service to assist persons with disabilities with going back to work. Job counselors meet with individuals who want to go back to work. Job counselors find out

about your interests and help you to identify your strengths and weaknesses. They may decide more training is needed to help you be able to work a new type of job. Once the job counselor decides you are ready to go back to work, they explore the community to find an existing job or to create a job that plays on your strengths. Contact Department of Rehabilitative Services (1-800-552.5019) to learn more about supported employment.

Volunteer work is another option. Many survivors get involved in their communities. Often, volunteer work provides an opportunity to develop new skills, to build stamina, and to try out new interests. In addition, you help people in your community.



Questions for the FAQ column are welcomed.

Send them to "ASK PAT" OR "FAQ"

*P.O. BOX 980542
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or e-mail:

ddwest@vcu.edu

TRAUMATIC BRAIN INJURY ENDOWMENT FUND ESTABLISHED

VCU's Department of Physical Medicine and Rehabilitation recently announced the establishment of the Brain Injury Rehabilitation Endowment Fund. The purpose of the fund is to support traumatic brain injury education, research, and clinical programs. VCU's Traumatic Brain Injury Model System Program and the department of Physical Medicine and Rehabilitation have taken great pride in developing a variety of helpful materials and programs for survivors, family members, and professionals. If you are interested in making a contribution to the fund, please contact Mary Beth King at (804) 828-9055, email mbking@vcu.edu or write Mrs. King at the Department of Physical Medicine and Rehabilitation, VCU Box 980542, Richmond, VA 23298-0542.

(DRS- Continued from page 3)

patient medical rehabilitation or residential services. Individuals must be at least one year post-injury and meet other specific criteria to be considered for funding. Contact Patricia Goodall at (804) 662-7615, (800) 552-5019, TTY (800) 464-9950; e-mail goodalpa@drs.state.va.us or on-line <http://www.vadrs.org/cbs/biscis.htm>.

Community Rehabilitation Case Management Services Program: The Community Rehabilitation Case Management (CRCM) Program, administered by DRS, offers case management services to individuals with brain injury. Case managers assist individuals statewide in identifying needs and coordinating resources to increase independent living and community integration. Contact Carolyn Turner at (800) 552-5019, TTY (800) 464-9950, e-mail turnercc@drs.state.va.us or on-line <http://www.vadrs.org/cbs/ltrcm.htm>.

Personal Assistance Services: In 1997, DRS began administering a consumer-directed Personal Assistance Services Program for People with Brain Injuries (PAS/BI). PAS/BI provides personal assistance to people with brain injury who experience significant functional limitations due to a physical disability and who are ineligible for attendant care services available through other sources. The consumer, or a representative designated by the consumer, is responsible for recruiting, hiring,

scheduling, and managing the services of the personal assistant. Services may include, but are not limited to, assistance in getting in / out of bed, dressing, bathing, meal preparation, and housework. Priority is given to individuals residing in, or at risk of placement in, a nursing facility. Applicants may be placed on a waiting list. Contact Shirley Ferguson at (800) 552-5019, TTY (800) 464-9950, e-mail fergusss@drs.state.va.us or on-line <http://www.vadrs.org/cbs/pas.htm>.

OCTOBER

BRAIN INJURY AWARENESS MONTH

To commemorate Brain Injury Awareness month the Brain Injury Association of America is offering awareness kits on "Living with Brain Injury." The kits include three new booklets, written by nationally recognized experts, for persons with brain injury on the following topics:

- self-image/awareness and coping
- employment/return to work and return to school
- substance abuse

Visit: www.biausa.org/Pages/biam2004form.html to order your free kit.

VCU SPEAKERS FEATURED AT OCTOBER 9 JTI CONFERENCE

For many years, the Northern Virginia Brain Injury Association has welcomed survivors, family members, friends, rehabilitation professionals, and students to learn about brain injury and share experiences. This year's conference will be held on Saturday, October 9, 2004 at the George Mason University's Johnson Center in Fairfax. We are especially pleased to tell you that this year's conference will feature two speakers, Dr. Jeff Kreutzer and Dr. Laura Taylor, both from VCU's Traumatic Brain Injury Model System Program.

Helping people discover practical solutions to common

problems after brain injury is a major goal of the 2004 conference. Within this framework, a number of interesting topics will be presented and discussed including:

- ▶ The challenges of living with brain injury: Factual information for survivors, families, and friends
- ▶ The greatest challenges faced by survivors after brain injury and how to overcome them
- ▶ Family reactions and change after brain injury
- ▶ Working and living a productive life after brain injury
- ▶ A guide to strengthening families after brain injury
- ▶ Practical strategies for successful recovery

Conference registration fees are intended to be affordable and range from \$15 for survivors to \$45 for family members. The registration fee for professionals is \$55 and students can register for \$25. The registration fee includes a Saturday luncheon and reception. Limited scholarships are available for survivors who are NVBIA members. For more information about the conference please call the Northern Virginia Brain Injury Association (703) 569-1855; or contact ICON Community Services at (703) 548-4048 or email nancy@iconservices.org.

VCU TBI REHABILITATION PROGRAM SHOWS POSITIVE RESULTS

Research on traumatic brain injury has shown that survivors are often affected long after their initial injury. Many survivors describe lingering problems with fatigue, slowness, memory, concentration, and coordination for five or ten years afterward. Research has also shown that family members play an important supporting role in survivors' lives. We know that brain injury can make life hard for family members too. Unfortunately, there is little scientific research available to tell us what kinds of programs are most helpful to families.

Traditional rehabilitation programs have several major shortcomings. First, traditional programs often focus just on the needs of survivors. Second, traditional programs often end within two to three months after injury though problems often continue, sometimes for years.

Recently, Virginia Commonwealth University Medical Center (VCUMC) developed an outpatient rehabilitation program that centers on the long-term needs of family members as well as survivors. The VCUMC program is unique in several ways. Help is directed toward the family (including the survivor) and not just the survivor alone. The "Brain Injury Family Intervention Program" or **BIFI**, for short, is designed to strengthen families and promote long-term recovery. The program is available to help people after they leave the hospital, whether two months, two years, or twenty years have passed since the injury.

How does the BIFI program work? Each family meets with an experienced clinician at VCUMC five times over a ten-week period. Each family includes an adult survivor of traumatic brain injury (aged 18 or older), and most families have also included a parent or spouse (wife or husband). Typically meetings average around 90 – 120 minutes. During the meetings, clinicians give the family information about the common effects of traumatic brain injury, normal recovery patterns, strategies to get better, and finding community resources. Discussion also centers on improving problem solving, goal setting, and communication skills. The meetings provide a chance for family members to improve their relationships by discussing their ideas and feelings about how their lives and plans for the future have changed. At the end of each meeting, family members are given homework assignments that include short readings and requests to discuss important topics at home before the next meeting (e.g., mastering the art of patience, how to focus on the positive).

How is the BIFI a research program? The BIFI is a clinical treatment program in the sense that the main goal is to promote recovery and meaningfully improve family members' lives. The program is also a research program because efforts are underway to see if (and how) family members feel that their lives are better after they complete the program. Before starting the program, family members fill out a series of standardized questionnaires that give information about their emotions, life satisfaction, needs, and access to services. The same questionnaires are given when the treatment program ends, allowing researchers to make scientific comparisons.

What do the early results say about the BIFI? Results from the first nine families that completed the program were recently analyzed. Researchers compared their scores before and after completing the program, and the early findings suggest that the BIFI helped in many ways. The results showed higher quality of life afterward and lower levels of emotional distress. After completing the program, family members also reported that more of their needs were met and that family members were working together better.

Researchers asked the family members themselves about how helpful they thought the program was. Each of the participants described the program as helpful and said they would recommend the program to others. Here are a few comments offered by participants:

Researchers asked the family members themselves about how helpful they thought the program was. Each of the participants described the program as helpful and said they would recommend the program to others. Here are a few comments offered by participants:

- ≥ "The program began open discussions. We learned new techniques for dealing with problems, proactive ways to address concerns." (Family member)
- ≥ "Provided a mechanism for coordinating our family's efforts (recovery) and provided a source of hope and encouragement." (Survivor)
- ≥ "I think it helped open the lines of communication. It helped my family realize some of what I go through on a daily basis." (Survivor)
- ≥ "The sessions gave us time to vent and understand each other. Our communication and stress control is better now." (Family member)
- ≥ "It helped to know that my symptoms are common after

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- brain injury.” (Survivor)
- ≥ “I wish this program had been available at the beginning after my husband’s injury instead of years later.” (Family member)
- ≥ “We were introduced to many coping mechanisms and are learning to apply them. I feel more hopeful about our future than before.” (Family member)
- ≥ “Giving us positive methods to cope and deal with the troubles we have in our life. Helping us to chart a course to achieve happiness.” (Survivor)
- ≥ “Helped my family to learn

about my problem and how to deal with it.” (Survivor)

- ≥ “We opened up and discussed items we would not have on our own. It helped me to realize that it’s okay to have the feelings I’m having and it’s okay to ask for help and take a break.” (Family member)

We have learned a great deal about helping families and promoting recovery over the last 18 months and expect to learn more in the future. The BIFI research is still underway and more families are being invited to participate. The data will be analyzed again after many more families have completed the program, and hopefully the positive trends

will continue. Right now, we are not sure how long the treatment benefits last. We are interviewing families and asking them to fill out questionnaires three months after they finish the program to find out. Stay tuned for more information about the BIFI program.

This column was written by Laura Taylor and Jeff Kreutzer from the VCU TBI Model System BIFI Research Program. If you have questions about the program, please don’t hesitate to contact Laura by phone at (804) 828-3703, toll free at (866) 296-6904, or by email at taylorla@vcu.edu.

Portions of this article were also printed in the recent issue of the Brain Injury Association of Virginia’s newsletter, Headway.

<p>FIRST FRIDAY OF EACH MONTH (6:00 — 9:00 PM) Event: T.G.I.F Location: Typically at Belmont Recreation Center, 1600 Hilliard Rd. in the Lakeside area of Henrico Co. Description: Henrico, Hanover, and Chesterfield County Departments of Parks and Recreation host monthly social events for adult survivors of brain injury Contact: Call 501-7489 for more information.</p> <p>OCTOBER 18 Event: Richmond BIAV Speaker Meeting Location: Children’s Hospital, 2924 Brook Rd. Description: Speaker and topic are to be</p>	<p>arranged Contact: BIAV at 355-5748 for more information</p> <p>OCTOBER 24 — 25 Event: 18th Annual Journey Toward Independence Location: Johnson Center at George Mason University, Fairfax, VA. Description: A conference for brain injury survivors, family members, and medical and rehabilitation professionals, JTI provides opportunities to discover creative ways to improve survivors’ “quality of life” and highlights positive aspects of recovery, medical advancements, and legislative initiatives for needed services at the federal, state, and local levels Contact: Call Alice Dunlap at 703-360-5712</p>	<p>or NVBIA – 703-569-1855, email nvbia@aol.com, or FAX 703-451-4504.</p> <p>NOVEMBER 13 Event: Brain Injury Association of Virginia conference: “New Answers for a New Era” Location: Holiday Inn Richmond (I-64 and West Broad St.), Richmond, VA Description: This one-day event provides professionals, survivors and caregivers an opportunity to learn more about current issues and resources for those involved with the brain injury community. Contact: Michelle Ward (michelle@biav.net) or Theresa Alonso (theresa@biav.net) or call 804-355-5748).</p>
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JUST FOR FUN!

Working word puzzles can help keep you sharp. Try your hand at the word puzzles below. Use the clues to solve the riddle, forming a rhyming word pair. For example, an automobile saloon would be a “car bar.” First letter hints are at the bottom of page 2. Answers are on page 8. The first 6 are all one syllable words. The last 3 are all two syllable words. Good luck!

1. Rodent’s cap? _____ + _____
2. Pleasant side dish? _____ + _____
3. Show the money? _____ + _____
4. Primary ache? _____ + _____
5. Potato snack bath? _____ + _____
6. 10 cent citrus? _____ + _____
7. Game talk? _____ + _____
8. Move milk? _____ + _____
9. Tiny 1 cent coin? _____ + _____

BOOK REVIEW

Second Life, Second Chance! A Teacher's Chronicle of Despair, Recovery, and Triumph © 2003

by Anthony Aquan-Assee
www.anthonyaquan-assee.com

In this 118-page easy-to-read book, Anthony Aquan-Assee describes his experiences as a survivor of TBI. *TBI Today* readers may find his book helpful. Mr. Aquan-Assee tells the story of his motorcycle accident and his efforts in recovery, stating, "A new journey was beginning, a second life and a second chance, where I would find myself challenging many of my previously held beliefs."

Aquan-Assee states, "We all experience short circuits in our lives. Things inevitably go wrong, making it necessary for

us to regain control of ourselves, find a positive direction in our lives, and adapt to the changed social environment." The author provides a message of hope and a belief that we can all improve our circumstances.

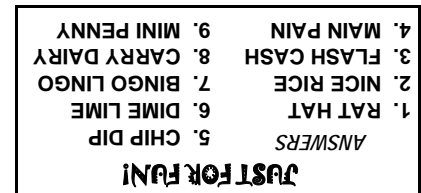
As many *TBI Today* readers know, the road of recovery is not an easy one. The author describes feelings of powerlessness; others made important decisions for him when he was not yet capable of doing so. Readers will be able to relate to the ever challenging, and sometimes embarrassing, memory, organizational, and emotional challenges depicted.

Volunteering was an important step in returning to a more meaningful life for the author. He relates his efforts trying to talk with teachers at the school where he volunteered. One helpful tip offered was to write

down some topics to discuss. Reviewing the list and rehearsing topics helped break the ice. Bringing his notes with him to the school helped him begin having conversations with some of the teachers over the lunch break.

Overall, the book is an enjoyable read. Viewing the injury as a "second chance on life" was especially helpful. The author concludes, "I continued to push myself forward on my climb up the ladder of life."

Jennifer Marwitz



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