

TBI TODAY

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

THE VIRGINIA TBI MS TEAM

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NURTURING THE RELATIONSHIPS YOU NEED AFTER BRAIN INJURY, PART II

The cognitive and emotional challenges persons with brain injury face can challenge their ability to find and keep new friendships and romantic partners. Some of the most common problems associated with TBI are:

- Impulsivity
- Memory Loss
- Communication difficulties
- Fatigue

All of the above problems can affect relationships.

WHAT CAN I DO?

Do's for Finding and Keeping Relationships:

- ♦ Mind your manners.
- ♦ Try to groom and dress yourself neatly.
- ♦ Make a mistake? Apologize, the sooner the better.
- ♦ Practice active listening—show interest by talking very little yourself, asking questions, and talking about what the other person is interested in.
- ♦ Remember the person's name and use it often.
- ♦ Take your time and go slow--- don't scare them off!
- ♦ Keep a respectful distance from the person and keep hands to yourself.
- ♦ Make good eye contact but don't stare, especially below the face!
- ♦ Breathe deeply, tell yourself "Relax" if you become irritated or excuse yourself for a moment to calm yourself down.
- ♦ Use memory strategies to keep track of dates, birthdays, favorites of your partner: calendars, post-it notes, notebooks, journals.

- ♦ Plan to get together when you are rested.
- ♦ Avoid alcohol and drugs.
- ♦ Start liking yourself.
- ♦ If depressed, seek professional help.
- ♦ Smile and say "Hello" when you see others.
- ♦ Be prepared to work at building a relationship.

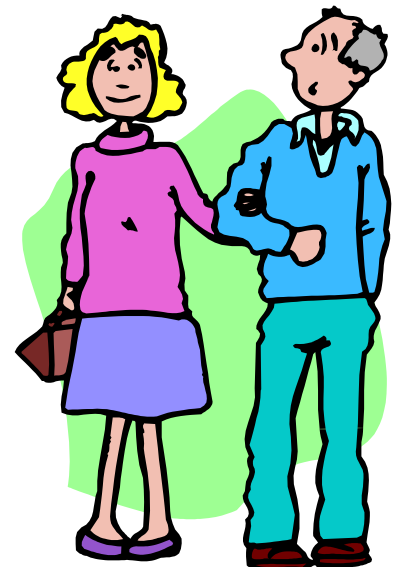
WHAT SHOULDN'T I DO?

Don'ts for Finding and Keeping Relationships:

- ♦ Interrupt.
- ♦ Argue when someone expresses their feelings.
- ♦ Talk, and talk, and talk.
- ♦ Ask personal questions or comment about appearance.
- ♦ Blurt out insulting or hurtful comments.
- ♦ Focus on what is wrong with your life.
- ♦ Scratch, pick, or rub anything!

Dr. Jan Niemeier

Look for Part III of Nurturing Relationships You Need After Brain Injury in the next issue of TBI Today.



RESOURCE TO THE RESCUE: VIRGINIA CLUBHOUSE VOCATIONAL TRANSITIONS (VCVT) PROGRAM

Working and earning income is one of the most difficult challenges faced by persons with brain injury. In fact, studies in Virginia suggest that most people with severe brain injury are unable to find and keep jobs. On a positive note, Virginia is not without community integration and vocational resources for survivors. Our state is home to the largest network of Clubhouse programs in the United States. Until now, the Virginia Clubhouse programs have had limited resources to help clients find and keep jobs.

On August 15, 2006, Virginia's Department of Rehabilitation Services announced the award of a grant to fund a community-based program for survivors with brain injury across the state. The program is called **Virginia Clubhouse Vocational Transitions (VCVT)**. Faculty of Virginia Commonwealth University in the Department of Physical Medicine and Rehabilitation are leading the VCVT program. The program offers survivors the chance to learn valuable work-related skills, enhance their productivity, and increase their employability. The program will run in Clubhouses across Virginia, starting at the Mill House in Richmond. The VCVT program will begin at Denbigh House in 2007 and then start at other Clubhouses in northern and western Virginia. The project will provide services to survivors through 2009.

The main goal of the **VCVT program** is to enable Virginia's Clubhouses to improve consumers' work-related skills so they may successfully join the work force. To find out what skills were viewed as highly relevant and important for persons wanting to work, survivors were asked to rate

topics they thought were related to successfully finding and keeping a job. The following list was developed with consumers' help and included in the VCVT training project:

VCVT Program Training Topics:

1. The interview and how to market yourself.
2. Organizing yourself for success.
3. Knowing and finding the right job for you.
4. Taking good care of yourself.
5. Tips for successfully starting a new job.
6. The keys to effective communication.
7. Avoiding and learning from mistakes.
8. Overcoming obstacles to going back to work.
9. Energize and fight fatigue.
10. Managing strong feelings effectively.
11. Effective stress management.
12. Mastering the art of patience
13. Self-awareness—know what your strengths are.
14. How to improve memory.
15. The art of negotiation and compromise.
16. Resources to help you reach work and activity goals.
17. Setting reachable and meaningful goals.
18. Effective approaches to solving problems.

Participating in the VCVT program may help you or someone you know improve their productivity and enhance their transition into the workforce. The program is offered free of charge for eligible persons. To learn more about the VCVT program, you may contact Lee Livingston by phone (804-828-3706) or e-mail (lilivingston@vcu.edu).



HAD A BRAIN INJURY? FEELING DOWN OR SAD?

If so, then you might qualify to participate in a study of depression medications for people with traumatic brain injury (TBI) from a car accident, fall, assault, or sports injury.

Researchers are comparing Effexor (a medication to help with depression) to a placebo (sugar pill). If you qualify to be in this study, you will be seen by a doctor regularly for 12 weeks. There are no charges for the doctor's visits or the study medications, and you will receive up to \$55 for your time and effort. You must be 18 years or older to participate.

This study is conducted by the VCU Department of Physical Medicine & Rehabilitation. Contact Jenny Marwitz for more information. Phone: (804) 828-3704 or (866) 296-6904 (TOLL FREE); **E-MAIL:** jhmarwit@vcu.edu; **USPS:** VCU Department of Physical Medicine & Rehabilitation, Box 980542, Richmond, Virginia 23298-0542

HAVE YOU MET DR. WILLIAM WALKER?



Dr. William Walker is the project director for the TBI Model System research on depression. He received his bachelor's degree in chemical engineering from the University of Virginia and completed medical school and his residency training at VCU. Dr. Walker has worked as both a physician/medical doctor and a researcher at VCU since 1991.

Dr. Walker treats patients with brain injury while they are in inpatient rehabilitation at VCU and in his VCU outpatient clinic. He also consults on patients with brain injury at Retreat Hospital Complex Care Unit and Hunter Holmes McGuire Medical Center. In addition to working as a project director for the TBI Model System, he is the Principal Investigator for the Defense and Veterans Brain Injury Center at the McGuire Medical Center.

Dr. Walker is author of 21 journal articles and has lectured extensively on the topics of headache, pain, coma, and return to work after brain injury, as well as cardiopulmonary and cancer rehab. His current research interests include how to better predict long-term outcome in persons with brain injury, how to best measure pain in persons with brain injury, and how medications might improve rehabilitation gains for persons with brain injury.

In his spare time, Dr. Walker enjoys running, hiking, gardening, golf, reading history, and spending time with his family. He also coaches for YMCA youth basketball. He and his wife have two children, Corinne and Matthew, and two pet children, a golden-doodle dog named Ginny and a cat named Maggie. They all enjoy taking evening walks in their neighborhood, including Maggie who usually follows and prowls right along.

A little known fact about Dr. Walker is that growing up in a military family inspired his interest in working with the Defense and Veterans program.



Research Volunteers Needed

VCU Acquired Brain Injury Outpatient Rehabilitation Services Program

VCU Researchers are seeking adults with acquired brain injuries (such as stroke, aneurysm, traumatic brain injury, anoxic brain injury) and their families to be part of a research study. We are evaluating the helpfulness of an outpatient rehabilitation program. During the course of 5 sessions, participants will be given information on brain injury, local resources, skills development, and positive coping strategies. Qualified volunteers will also be asked to complete several questionnaires. All participants must be at least 18 years old.

Rehabilitation services will be provided at no charge at the Medical College of Virginia Campus. Volunteers will be reimbursed for their time and effort in completing questionnaires.

FOR MORE INFORMATION ABOUT THE PROGRAM, PLEASE CALL:

JENNY MARWITZ

PHONE: (804) 828-3704 OR (866) 296-6904 (TOLL FREE)

E-MAIL: JHMARWIT@VCU.EDU

JUST THE FREQUENTLY ASKED QUESTIONS

Q: I am 21 years old and I suffered a traumatic brain injury earlier this year following a car accident. After months of recovery, I have been cleared to return to work on a part-time basis. I am concerned about what I should and should not tell my colleagues about my injury. Any suggestions?

A: Your question is a good one and is often asked by survivors of TBI and/or their family members. It is great that you are thinking ahead about your return to work and the challenges you may face. Questions that you may hear include:

- ◆ How did the accident happen?
- ◆ How long were you in the hospital?
- ◆ What are your doctors saying about when you'll be back to normal?
- ◆ You seem so tired all the time. What's wrong?

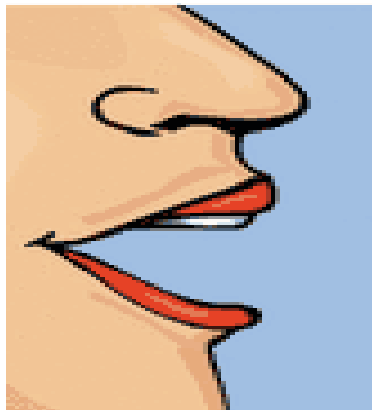
Questions such as these may make you feel uncomfortable and self-conscious. You may think that you "owe" others an explanation as to why you have been out of work. Questions can also bring back painful memories for you about the time you spent in the hospital and remind you of those difficult initial days, weeks, and months of recovery.

You may want to be cautious when talking about your brain injury. First of all, most people don't know much about disabilities including brain injury,

and they may have negative stereotypes as a result. Another reason to be cautious telling others is that you may worry that other people will not keep your personal information private. Before sharing information about your injury, ask yourself the following questions:

- ◆ Is this the right time or place to talk about my injury?
- ◆ How well do I know this person and what's my relationship to them?
- ◆ What do I feel comfortable with them knowing?
- ◆ How much information should I share?
- ◆ Do I trust this person with my personal information?
- ◆ Will this person use the information in a way that could hurt me?
- ◆ How would I feel if this person told other people I'm not very close to?
- ◆ What is this person really trying to find out about me?
- ◆ Will I look bad if I share details about my recovery?
- ◆ Could the information I share affect my job?

People are very curious beings and there isn't a way to prevent people from initially asking about the injury. However, you have control over the type and amount of information you communicate and how you communicate it.



First, keep in mind that you can make choices about what you tell others about your injury. You should only tell what you feel comfortable sharing. Keeping answers short, simple, and to the point is another good rule of thumb. Second, know how to answer questions without becoming upset or making the person asking the question uncomfortable. Or, you can politely decline answering questions if you feel uncomfortable. For example, you could say, "I appreciate your concern, but I'd rather not talk about it right now." Talking to other survivors about how they deal with difficult questions may be helpful. Also, disclose only the most personal information to people you really trust such as family members, close friends, doctors, and therapists. Finally, practice answering questions about your injury (role playing) with trusted family members and friends. This can give you additional confidence in how to address the situation with your colleagues. Best of luck in your return to work and continued recovery.

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.

CHAT WITH PAT

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

DEAR PAT:

It has been over a year since my husband was involved in an accident at work. While on a job as a construction worker, he fell off the roof about 13 feet. He was 32 when he had the accident. The doctors told us that he had suffered a severe brain injury. He also had some fractured ribs and broken arms and legs. He was in pretty bad shape. I was so scared. I didn't think he was going to survive the fall. Luckily, he survived and has recovered from most of his injuries. He is walking on his own without any assistance and is back to exercising. My husband was very active before the accident and it was hard for him when he couldn't do all the things he used to do. He was depressed for quite a while when he was wheelchair-bound. Anyway, once he was able to move around, his mood improved. Physically, I think my husband has recovered 95% of his functioning. He has gained most of his strength back. However, his memory and thinking is still not the same. It is very upsetting to see him struggle to get the right words out and say what he wants to say. He forgets things too, and I have to remind him to take his medica-

tions. He just doesn't seem to be able to get it together to complete simple tasks. I can see that he gets frustrated and just withdraws.

Dear Pat, will my husband ever return back to "normal?" You know, the way he used to be before the accident. I know he made a lot of progress, but I think he can still improve. I would like to see him return to work. What kind of expectations should I have? Am I being unrealistic to think that he would go back to the person he used to be?

PAT'S RESPONSE: Feelings of frustration are common when you see your loved one struggle and experience difficulties. It is obvious that you care about your husband and want him to feel better. You wish you could do something to help him. Most people wish improvements could occur overnight; yet, things don't seem to happen fast enough. Recovery from brain injury varies from person to person. Depending on the severity of the injury, the location of the injury, and age, the recovery process can range from months to years. Most physicians will tell you that the "greatest" recovery takes place in the first one to two years after the injury. However, it is difficult to predict *exactly* when things are going to happen.

You probably felt disappointed when your husband's problems persisted beyond one year. Then, the fear of not knowing if it will get better sets in. There are things you can do to help your husband continue to make progress. Keep working to help him develop more effective strategies for doing things. For example, create a calendar to keep track of all his appointments and events. Learning

from others who have had similar experiences will provide you with ideas of what works for other people and what doesn't. Support groups are generally a good place to gather this information. Also, give your husband constructive feedback and ask others for feedback.

"Successful" recovery is relative and means different things to different people. It may mean returning back to work/school. Or, it may mean being able to manage your finances by yourself. Continually judging your husband in comparison to how he was before the injury can bring on disappointment. Also, if you focus too much on what the two of you still need to do, you can easily lose sight of what has been accomplished. However, like you said, your husband was wheelchair-bound when he returned from the hospital. As time passes, progress can be slow and slow changes are harder to recognize. Progress also requires effort from both the individual and the family. Sometimes, you take one or two steps back when you take two steps forward. Regularly, you and your husband should assess the progress he has made. Celebrating progress, whether big or small, is essential to building your husband's sense of accomplishment.

If you wish to get involved with your local support group, the Brain Injury Association of America has a list of groups you and your husband may attend. Following is their contact information:
Phone, 1-800-444-6443.
E-mail, familyhelpline@biausa.org.
Website, www.biausa.org.
Address, 8201 Greensboro Drive, Suite 611, McLean, VA 22102.



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: jcmenzel@vcu.edu



TAKING CARE OF YOURSELF: 10 TIPS FOR SURVIVORS AND FAMILY MEMBERS

After brain injury, survivors and family members often describe having trouble adjusting to life changes and losses. Survivors are oftentimes faced with post-injury challenges that make recovery difficult. They may have trouble paying attention, communicating, or maintaining their balance. Going to doctors' appointments, dealing with financial issues and insurance problems, and coping with family conflict can seem to take up the majority of a survivor's time. To make matters worse, difficulties handling stress are quite common and survivors may feel easily overwhelmed.

It is not uncommon for family members to describe giving the majority of their energy to the survivor and others. Family members often find that they don't have enough time or energy to take care of themselves. Others feel guilty if they take time away from being a caregiver to do something fun. Many people put others' needs way ahead of their own. They neglect their own needs and don't nurture themselves. Striking a balance between what you need for yourself and what others may need is very important for family caregivers. Realize that you need to be at your 100% best to deal with the many injury-related challenges.

Why is taking care of yourself so very important?

- ◆ You'll be able to take better care of others.
- ◆ You'll be able to manage daily responsibilities more effectively and efficiently.
- ◆ You'll be happier and healthier – and the rest of your family will be too.
- ◆ Your stamina, insight, and thinking abilities will be better.

- ◆ You'll get along with others more effectively.
- ◆ You'll be better able to think up solutions to your problems.

How well are you doing at taking care of yourself? To find out, answer the True False questions below. Circle **T** for True and **F** for False next to each sentence.

- T F I try to get enough sleep at night.
- T F I have a fitness or exercise program.
- T F I take time out to rest and relax.
- T F I eat things that are good for me.
- T F I ask others for help when I need it.
- T F I avoid alcohol and drugs.
- T F I have hobbies or other activities that I enjoy on a regular basis.
- T F I talk to people I trust about my worries and concerns.
- T F I get together with friends/family regularly.
- T F I set small goals for myself that are meaningful.
- T F I monitor my stress level and emotions and seek support when I need it.
- T F I monitor my health and seek medical care when needed.
- T F I ask others to take on responsibilities when I am not able to handle them.
- T F I give myself credit for reaching my goals and taking small steps forward.
- T F I avoid taking on new responsibilities when I feel overwhelmed or stressed.
- T F I recognize my limits and adjust my activities accordingly.
- T F I let others help me.

Look over your answers, count up the number of *Trues* and the number of *Falses*. The more *Trues* you have circled, the better you are doing at taking care of yourself. If you have marked many items false, you may need to take better care of yourself.

What can you do to take better care of yourself? We've talked to many successful survivors and families to find out ways they take care of themselves. Here are a few strategies that have worked for other people. Look over this list and pick out which ones you think will work for you:

Set aside alone time. We all need time alone to re-charge our batteries. Take a little time out each day to do something alone – take a bath, go for a walk, write in a journal, meditate.

Take time out to do things you enjoy. Read a book, go dancing, watch a movie, etc. You'll be happier and better able to cope with life's stresses if you take time to do things you enjoy!

Keep track of your stress level and emotions. Monitor them regularly, so you can get help and support as needed.

Protect your health. Eat a balanced diet. Get enough sleep. Exercise regularly. Avoid alcohol and drugs. Follow up with your doctors regularly and take medications as prescribed.

Give yourself credit for things you accomplish. Everyone likes to be recognized for their successes. Don't wait for others to praise you. Reward yourself when you take positive steps or reach a goal.

(continued on next page)

Remember no man is an island. Ask for help when you need it.

Everyone needs help at times in their lives, especially when facing new challenges. Let trusted family and friends help carry the load.

Don't overload yourself. When you take on new responsibilities, drop some of your old ones. Ask others to step up to the plate and help.

Remember that no one can do everything. Recognize your limitations. Try to take on activities that make the most of your strengths. Ask for help with tasks that are difficult for you.

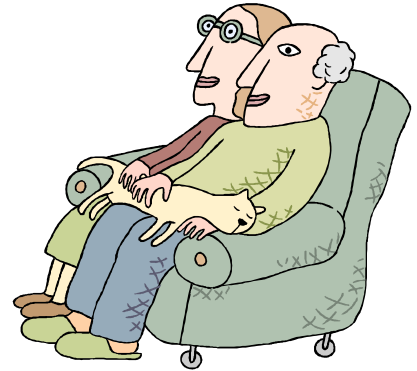
Ask others how they've coped with similar problems. You can learn a lot from people who have had similar experiences. Find out how others deal with problems. They may be able to save you time and pain.

Be kind to yourself. You have been through a number of very difficult situations. Give yourself credit for doing your best.

Remember, you must take care of yourself to help others who are important to you. Sometimes, it's hard to figure out where to start. If you aren't sure where to begin, consider talking with and getting ideas from someone you know and trust. They may be able to help you get headed in the right direction. Going to a support group is often helpful because you get the chance to hear from others who have been through similar experiences and learn about what worked for them.

Survivors and their family members may also be interested in a post-injury family support program at VCU Medical Center. The VCU TBI Model System Family Support Research Program was designed to address the needs of survivors, their family members, and other persons close to the survivor. Participants in the program learn about what to expect after brain injury and important skills for adjusting and extending the recovery

process. For more information about the program, please contact Jenny Marwitz by phone at 804-828-3704, toll free at 1-866-296-6904, or by email at jhmarwit@vcu.edu



JUST FOR FUN!

By Amy Riddick

CAN YOU SEE THE HIDDEN WORDS IN THIS WORD FIND?

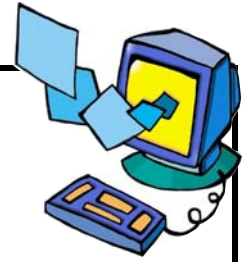
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TRUST
 CONCENTRATION
 COMMUNICATE
 FRIEND
 FAMILY
 DOCTOR
 RELATIONSHIP
 TBI
 CHANGES
 RESPECT
 NURTURE

JUST FOR FUN Puzzle answers
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T	R	U	S	T	Q	W	E	R	T	C	Y
U	I	O	P	B	A	S	D	F	G	O	H
J	K	F	R	I	E	N	D	L	Z	N	X
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Contact Jenny Marwitz at

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