

# TBI TODAY

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

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## Encouraging Research Findings:

### The Resilience and Adjustment Intervention (RAI)

by Dr. Herman Lukow

Resilience is a term we hear more and more in our everyday lives, but what exactly is it? Resilience is the process of positively adapting to adversity. Our current understanding is that resilience is formed throughout one's life as individuals negotiate various challenges by applying lessons and skills learned from dealing with previous challenges. We know that persons with brain injuries may not be able to easily tap into their previous lessons learned to solve the many challenges that brain injuries can lead to. So, clinical researchers at Virginia Commonwealth University Medical Center have developed a special program, the Resilience and Adjustment Intervention (RAI), to promote the development of resilience for survivors of traumatic brain injury.

The RAI is a seven hour program that gives survivors tools to better adapt and deal with the effects of their brain injury. Working one-on-one with a trained therapist, participants in the RAI discuss a variety of topics and skills relating to staying actively engaged in recovery, setting reasonable goals, problem solving, managing stress and anger, communicating effectively, and maintaining a positive attitude to name a few. Quizzes, questionnaires, and other materials are used to guide discussions, and participants are given a binder to keep materials in for use as a reference guide. The program has been running for about 18 months now and results obtained from the first set of participants are very (contd, p2)

## 2014 Williamsburg Brain Injury Conference a Great Success

On May 1 and 2, 2014, VCU, Brain Injury Services, and the National Resource Center for TBI hosted the 38th annual conference. Participants from six countries and twenty states attended lectures, workshops, and paper presentations, and feedback was highly positive. We are grateful to our primary sponsors, Tree of Life ([www.Tree-of-Life.com](http://www.Tree-of-Life.com)) and the Florida Institute for Neurologic Rehabilitation ([www.finr.net](http://www.finr.net)). Save the date – the 2015 conference has been scheduled for April 16 and 17, 2015. We hope to see you there. Visit [www.tbiconferences.org](http://www.tbiconferences.org) for up-to-date information.

(*Resilience*, contd) positive. Among the most encouraging findings is that measures of resilience improve for survivors who complete the RAI. This adds evidence that resilience can be promoted after brain injury! Other interesting findings show that participants in the RAI improve in both adjusting to life after injury and participating in their lives. For example, RAI participants have shown better awareness of their impairments and a greater likelihood to engage in self-care activities. Additionally, initial results show that depression and anxiety are reduced by participating in the RAI as well. This is truly good news!

It must be stressed that these results are only preliminary. At this early point in the study, though, almost three quarters of participants have rated the RAI as “very” helpful and 97% rate it as “very” or “moderately” helpful. More encouraging is the fact that 100% of participants to this point said that they would recommend this program to others with brain injuries. The RAI is an on-going project that is free and provides volunteers compensation for their time. If you or someone you know is interested in participating, or if you would like to learn more about this project, please contact Jenny Marwitz at (804) 828-3704 or toll free at (866) 296-6904. You can also email Ms. Marwitz at [jhmarwit@vcu.edu](mailto:jhmarwit@vcu.edu).

## Mark Your Calendar!



### T.G.I.F.

- ◆ **Location:** 1st Friday of each month, Belmont Recreation Center, 1600 Hilliard Rd, Henrico, VA 23228.
- ◆ **Description:** the local departments of recreation & parks host this monthly social event for survivors of brain injury, ages 18+
- ◆ **Contact:** Call Kariayn Smith, 804-501-5135, for more information and/or to be placed on the mailing list for monthly reminders.

### Richmond Support Group

- ◆ **Location:** 3rd Monday every month at 6 pm, Children’s Hospital Auditorium, 2924 Brook Rd, Richmond, VA 23220
- ◆ **Contact:** Call the Richmond BIAV at 804-355-5748 for more info!

### Hopewell Tri-Cities Support Group

- ◆ **Location:** 2nd Tuesday every month at 6:30 pm, Nelson Library 209 East Cawson St, Hopewell VA 23860
- ◆ **Contact:** Call Mary Wallace at 804-355-5748 or email at [mary@biav.net](mailto:mary@biav.net)

### Chesterfield Support Group

- ◆ **Location:** 2nd Monday every month at 6:30pm at the Woodlake United Methodist Church, 15640 Hampton Park Drive, Chesterfield VA 23832
- ◆ **Contact:** Call Elizabeth Perry-Varner at 804-276-5761 or email [eperryvarner@verizon.net](mailto:eperryvarner@verizon.net)

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 call 828-3703 or email [wetselme@vcu.edu](mailto:wetselme@vcu.edu).

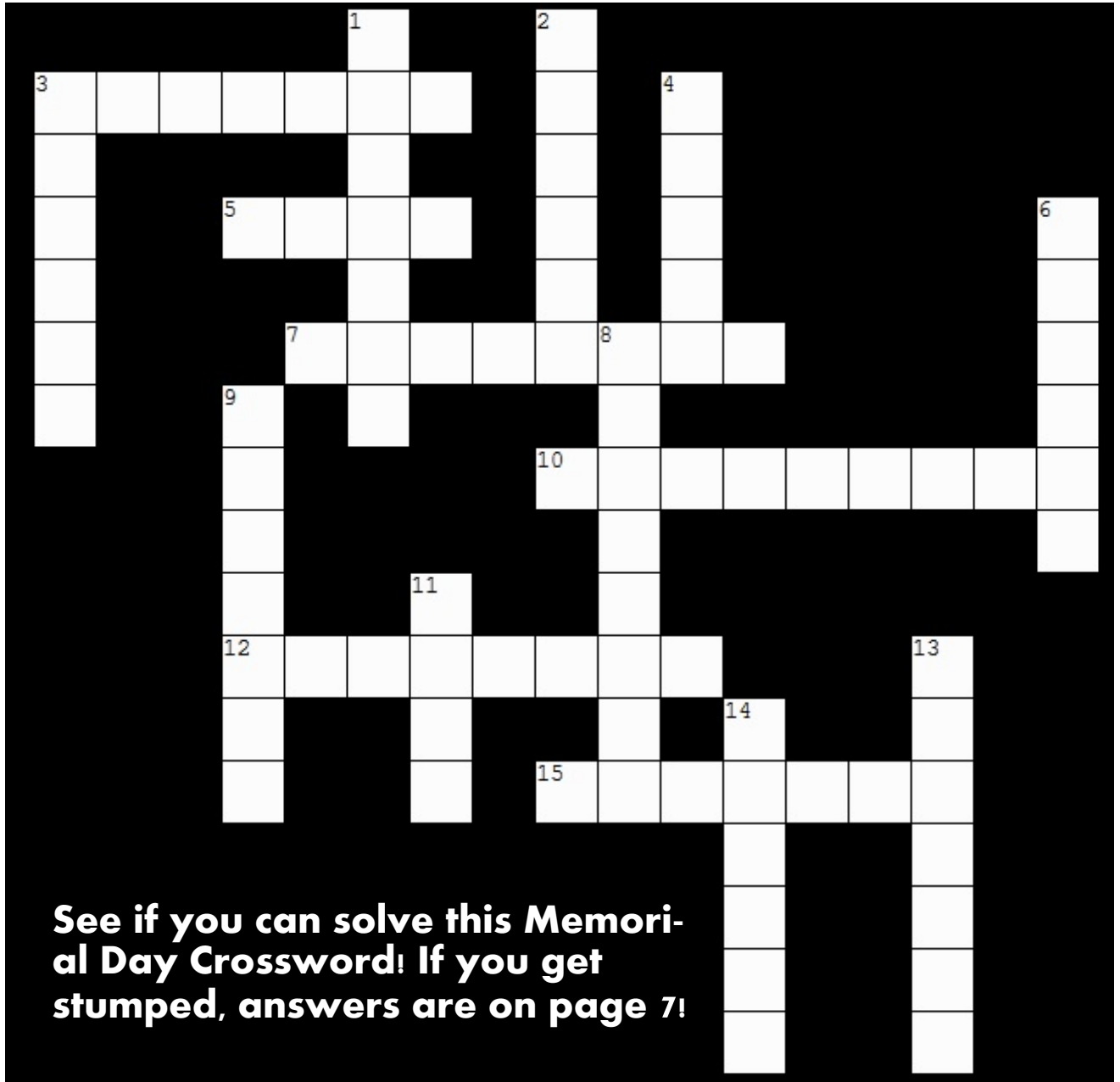
## Intervention for Couples After Brain Injury

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: communicating in relationships, managing stress effectively, establishing emotional intimacy, renewing physical intimacy, and more.

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).

JUST FOR FUN!



**See if you can solve this Memorial Day Crossword! If you get stumped, answers are on page 7!**

**Across**

3. a person who serves in the armed forces  
 5. admired for courage or noble qualities  
 7. the armed forces of a country  
 10. national military cemetery  
 12. marching or fighting on foot; foot soldiers collectively  
 15. a person who has had long experience in a particular field, esp. military service

**Down**

1. person newly enlisted in the armed forces and not yet fully trained  
 2. to enroll or in the armed services

3. a gesture of respect or homage, esp. one made to or by a person when arriving or departing  
 4. give an authoritative direction or instruction to do something  
 6. member of a body of troops trained to serve on land or at sea  
 8. branch of a nation's armed services that conducts military operations in the air  
 9. action of helping or doing work for someone  
 11. branch of a nation's armed services that conducts military operations at sea  
 13. commander of an army, or an army officer of very high rank  
 14. to protect or keep safe



## 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.*

**Dear Pat:** I am a 52-year-old married man. My wife and I have been married for over 30 years. She's been by my side through thick and thin. This was particularly the case these past two years. I was in a pretty bad motorcycle accident, and broke almost every bone in my body. It's amazing that I survived the crash. I have no memories whatsoever of what happened to me, and I was pretty much dazed the entire time I was hospitalized. It was all a big blur to me until I came home. Looking back, the hardest part is to imagine what it must have been like for my wife, seeing me in such rough shape. I still feel very guilty about what I put her through.

I've been told that my recovery was a miracle. No one expected me to be where I'm at today. I wasn't supposed to live let alone be able to walk and talk normal again. For me, I wasn't surprised at all. I knew God would take care of me, and I have my wife and I know she

wouldn't let me give up. I can't tell you how thankful I am for the people in my life. Sometimes, it takes a crazy accident for you to open your eyes and see what is important in life. I totally see life differently now. I have been having more fun than ever in my life.

However, not everything is perfect. I don't know who to talk to about this problem. The thing that's been really bothering me is that I haven't been able to have sex with my wife since my accident. Of course I wasn't expected to perform at all initially since I couldn't even bathe on my own. And then I wasn't sure if she was even attracted to me after having to help feed and change my clothes. I sure wouldn't have wanted to have sex with me. But as I got better over time, we decided to give it a try. I wanted to be a husband again, instead of someone she was taking care of. I wanted to feel like a man too. Well, the whole thing was a disaster. She had planned a romantic evening for us and cooked my favorite dish. I was feeling like myself and like our life was back to normal. We enjoyed each other's company and laughed the whole evening. It wasn't until we went to our bedroom that things fell apart. I just couldn't get excited, you know what I'm saying? Anyway, we've tried a few more times after that, which all ended the same way. My wife has been really understanding about it. She tells me not to worry about it, but how can I not? What is wrong with me? I need to fix this problem so I can make my wife happy.

**Pat's Response:** First of all, congratulations on all the progress you have made in your recovery. It sounds like you have come a long way in this journey. It is nice to have the support of your loved ones in helping to get better. Secondly, it is obvious that you care deeply about your wife and want to improve your intimate relationship.

Sex can be a sensitive topic if you do not feel comfortable talking about it. Yet, it is such an important topic for everyone, regardless of whether you are in a relationship or not. Changes in sexual function are common after a traumatic brain injury, though often unaddressed. I am sure that you were not worrying about your ability to be intimate with your wife when you were learning how to walk and talk during the inpatient rehabilitation stay. Your wife was also probably feeling pretty overwhelmed with helping you transition home and was not questioning your sexual functioning ability.

The cause for the changes in sexual functioning could be related to your TBI. Specifically, the damage could have occurred to the parts of the brain that control sexual functioning. Or, the damage to the brain could have affected the production of hormones, which impacted sexual functioning. Other potential reasons for changes in sexual functioning following TBI include negative side effects of medication, fatigue, and self-esteem problems.



Adjusting to life after a TBI can be a stressful process. In all, there could be multiple factors that contribute to your sexual problem. As such, I would recommend that you discuss your concerns with your treating physiatrist who will likely conduct a comprehensive medical exam. I would also encourage you to consider individual and/or marital counseling to address this problem area. Don't feel embarrassed to bring up the topic with your rehabilitation professionals. They are trained to discuss and address this common change post-TBI.

Lastly, getting involved with a local support group might help you to feel less embarrassed or isolative in dealing with this issue. You will have the opportunity to meet others who may be struggling with the same challenge. If you wish to get involved with your local support group to share your experience, Brain Injury Association of American has a list of support groups you and your family may attend. To contact BIAA, you may call their family helpline (1-800-444-6443) or send them an e-mail at [familyhelpline@biausa.org](mailto:familyhelpline@biausa.org). The website for BIAA ([www.biausa.org](http://www.biausa.org)) provides links to state chapters and additional brain injury resources. You may also write BIAA for more information at 1608 Spring Hill Road, Suite 110, Vienna, VA 22182.

## JUST THE FREQUENTLY ASKED QUESTIONS

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:** My coworker told me you can develop PTSD after a car accident. I think my son has it, but I don't know for sure. I've only been told that he has a brain injury. So, how can I tell if he also has PTSD?

**A:** PTSD stands for Posttraumatic Stress Disorder. It is common to develop posttrauma reactions following a traumatic experience. These reactions often decline gradually with time; however, for some, these symptoms persist and continue to cause marked distress. Because there are overlapping symptoms with TBI and PTSD, it is important that your son be evaluated by a mental health professional who has experience treating both TBI and PTSD.

Please consider taking your son to see a specialist if he has the following symptoms of PTSD:

- Intrusive or traumatic memories (memories which cause stress or anxiety)
- Nightmares about the trauma
- Avoiding thinking or talking about the trauma
- Emotional numbness
- Super-alert/"On guard"
- Worries about a shortened future
- Flashbacks

The following symptoms of PTSD are also symptoms of TBI:

- Irritability
- Confusion
- Easily distracted
- Restless
- Trouble with sleep
- Trouble making decisions
- Frustration



*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)*



## Survivor's Corner: Improvement Through Motivation

by Bill Jarvis

The Jarvis Rehabilitation Method (JRM) is designed to complement traditional therapies. Although primarily for TBI, it can be used for other acquired brain injuries or disability where thinking has been compromised and there is a need to develop an internal motivation to improve. The JRM is based on my experience of more than thirty years in education and my knowledge of methods of how to motivate an individual to learn.

It was Maria Montessori who believed, "The Learning Becomes the Motivation." This was the basis for her well known Montessori Schools where children would be encouraged to learn through active participation in the learning experience. In the same way, when a person learns and experiences that they are improving, they are motivated to do more. Much of the previous research would indicate that addressing all dimensions, i.e. social, cognitive, physical, and psychological simultaneously would synergize an overlapping benefit among each other. The ability to create motivation to improve one dimension may automatically improve a person in other dimensions.

Improvement in the JRM is measured in four dimensions: Social, Cognitive, Physical, and Psychological. These four dimensions address the major areas that are necessary to adequately function in the community. Improvement after a TBI is measured by the JRM by "engagement" with life in these four dimensions. A baseline score is established prior to implementing the strategies. This gives a reference point as to a person's participation in activities that promote healing. After a period of time, the survivor is reassessed as to his increase in ability to implement the strategies. These strategies promote internal motivation to improve because a person has something specific by which to measure improvement.

Personal experience in having a brain injury gives a person a unique perspective into the recovery process. I sustained a TBI on December 26, 2000, from a car collision and was not expected to sur-

vive the accident. My injuries included being in a coma for five weeks, experiencing a brain stem twist, breaking all ribs, puncturing a lung, having a lacerated liver, and fracturing C1-C4 vertebrae.

I eventually was taken to Hartwyck Center for Head Injuries in Edison, New Jersey. Hartwyck had a Cognitive Rehabilitation program. I resided at the hospital for one year in its Transition Living Program. This program was for survivors who were not ready to go home. I had therapies during the day and participated in various activities, such as cooking, chores, and going into the community at night.

Cognitive therapy was beneficial to my recovery. I developed ideas to increase internal motivation to improve throughout many years. Physicians and therapists are amazed at my recovery. This was my motivation to document the ideas in this method.

There is a certain amount of healing that will automatically happen to the body. The extent of that healing depends on several factors: the severity of the injury, the length of time in rehabilitation, therapy intervention in the hospital, the ideas a person uses for recovery at home, and a person's motivation to follow through with all aspects to promote healing. This program addresses the two latter factors.

Research in TBI says that healing will take place. A person wants to maximize that healing. If content (JRM Method) has shown to be effective, and it creates internal motivation to improve, then a person will maximize his/her improvement. This is not to say there may not be other ways to improve, but does affirm that the JRM is beneficial.

*Bill Jarvis Currently works with individuals with TBI and stroke. He has written two books and developed the JRM improvement program.*

**HAVE YOU MET JEONG HAN KIM, PH.D.?**

Jeong Han Kim, Ph.D., CRC is a certified rehabilitation counselor and assistant professor at the Department of Rehabilitation Counseling. He received his B.A. in psychology, and his M.S and Ph.D. in Rehabilitation Psychology at the University of Wisconsin-Madison. Dr. Kim has experience with several rehabilitation agencies, including state/federal vocational rehabilitation programs, long-term health care, veterans hospitals, and independent living centers.

His primary research interests focus on virtue and character traits in terms of psychosocial adaptation to chronic illness and disability. Virtue is a form of excellence that an individual pursues in their everyday life. This includes traits like wisdom, humanity, courage and so on. It is a learned behavior to consistently act in accord with one's values, turning values into action. A wise person therefore may be characterized by a variety of strengths such as openness, love of learning, perspective, judgment, curiosity, and creativity. As such, in current psychology, character traits are viewed as behavior indicators of virtues. Although there exist many different virtue perspectives, Dr. Kim's work places more emphasis on the identification of one's way of integrating character traits to navigate chronic illness and disability.



Virtue is an area of inquiry examining how one's virtuous pursuit of excellence enhances one's well-being. Although, it is a relatively new area, Dr. Kim believes the implication of virtues and character strengths in the field of rehabilitation is very important.

## 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



Here are the answers to the crossword on page 3!  
How did you do?

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x											e													
e											F													
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**Did you Know?** You can subscribe to *TBI Today* by email and get every issue sent directly to your computer, tablet, phone, or any other device that supports PDF. Best of all, it's free! Go to <http://model.tbinc.com> and look for 'Join Our Mailing List' on the lower right. We also have back issues available.

In addition to the newsletter, the website is host to a variety of materials and fact sheets about recovery from brain injury which you can download for free!



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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*