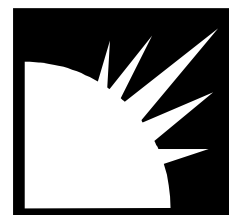


# TBI TODAY

NEWS, IDEAS, AND RESOURCES FROM THE VIRGINIA TBI MODEL SYSTEM



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## Four Steps to Rehabilitate your Mind at Home after a TBI

by Michael Cerreto

Your home is a place for you to receive the comfort, support, and enjoyment that sustains your life. After a brain injury, home continues to be an oasis from a world that is sometimes hard to navigate. It is also a wonderful place to continue your efforts to strengthen your mind and emotions in a safe, supportive area.

There are four steps you can take at home to rehabilitate your mind, emotion control, and life. They are listed below in an order that can give you the quickest results. For instance, making adjustments to your home environment can help you more quickly address certain cognitive struggles than cognitive exercises on a computer can. And, computer exercises that can take longer to show benefits.

### Follow the Four Steps

#### Step 1: Change Your Environment

The first step after a TBI is to make changes to your home environment so your senses, mobility, thinking, and emotions are not overwhelmed. This can include adjusting the lighting, sounds, temperature, furniture, and over-stimulating activities.

#### Step 2: Use Tools and Aides

You can give your mind concrete tools and aides to help perform daily memory, communication, and organizing tasks. You can become a master at using helpful technology, lists, written instructions, and reminders.

#### Step 3: Use Strategies

You can use mental strategies to improve your ability to pay attention, remember, control emotions, and communicate. Think of the strategies as mental routines you can follow when certain behaviors are needed.

#### Step 4: Retrain Your Brain

You can do mental exercises on a computer or tablet each day to strengthen different areas of your thinking, communication, and emotion control. These exercises can improve inconsistent mental abilities to enhance your life.

Whatever step you start with, remember to be consistent and don't be hard on yourself. It takes practice and patience to improve your life. You have come a long way already, keep up the great work.

Michael Cerreto, MS, CPCRT, CSC, LDR is a Certified Cognitive Rehabilitation Therapist with A Talented Mind Clinic in Richmond, Virginia. Learn more at [www.atalentedmind.com](http://www.atalentedmind.com).

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# Mark Your Calendar



**HAVE YOU MET MESA WILLIS?**



## BIAV 9th Annual Caregiver Forum

- ◆ **When:** November 22, 2019
- ◆ **Location:** Founder's Inn Resort & Spa, Virginia Beach, Virginia
- ◆ **Contact:** biav.net or 1-800-444-6443

## 19th Annual Making Headway Conference

- ◆ **When:** November 23, 2019
- ◆ **Location:** Founder's Inn Resort & Spa, Virginia Beach, Virginia
- ◆ **Contact:** biav.net or 1-800-444-6443

## Aphasia Support Group

- ◆ **When:** 2nd Thursday of the month, 6-7pm
- ◆ **Location:** Wells Coleman office building in Monument Corporate Centre office park, 5004 Monument Avenue, Richmond, 23230
- ◆ **Contact:** Susan Hapala at (804) 908-3261 or Jan Thomas at rva.aphasia@gmail.com

## Stroke/Brain Injury Survivor & Caregiver Support Group

- ◆ **When:** 2nd Wednesday of the month, 2-3pm
- ◆ **Location:** Sheltering Arms Rehab Hospital, 8254 Atlee Rd, Conference Rm C, Mechanicsville, 23116 OR 13700 St. Francis Blvd, 4th Floor Conference Rm, Midlothian, 23114
- ◆ **Contact:** Kate Lim at (804) 764-5290 or klim@shelteringarms.com

## Support Group for Adults with TBI, Family, and Friends

- ◆ **When:** 3rd Monday of the month, 6:15pm-7:45pm
- ◆ **Location:** Disability Law Center of Virginia, 1512 Willow Lawn Drive, Suite 100, Richmond, 23230
- ◆ **Contact:** Christine Baggini at (804) 355-5748 or christine@biav.net

## Supportive Survivors

- ◆ **When:** 2nd, 4th, and 5th Tuesdays, 6-8pm, Outings planned for the 1st and 3rd Tuesdays
- ◆ **Location:** Regency Mall Food Court, 1420 Parham Road, Richmond, 23229
- ◆ **Contact:** Ted Taylor at (804) 781-2144 or taylorted58@yahoo.com

## Women's Luncheon Group

- ◆ **When:** 2nd Tuesday of the month for lunch,

*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 (804) 828-3704 or email jennifer.marwitz@vcuhealth.org.*

Mesa Willis, MPH is a new Research Specialist in the Department of Physical Medicine and Rehabilitation at Virginia Commonwealth University (VCU). She is responsible for conducting follow-up interviews and collecting data relating to brain injury and outcomes of recovery for the TBI Model Systems Project.

Mesa attended Lynchburg College for both her undergraduate and graduate degrees. She earned a B.S. in Health Promotion and a Master's in Public Health (MPH). Throughout her time as a student, Mesa completed multiple internships at state and local health departments. Her work focused on various aspects of health of different populations and identifying strengths and areas of improvement for accessible resources within the community.

During graduate school, Mesa assisted with a research project focusing on the chronic impacts of patients with Lyme disease and its relation to patients' long-term health outcomes and conditions after diagnosis.

When not at work, Mesa enjoys playing volleyball, hiking in the mountains, and camping at the beach.

## Would you like to learn more about how to develop positive relationships & raise resilient children?

Attend a free 3-hour training for Virginia's civilians and veterans with TBI and their non-injured partners. Learn hands-on tools to assist couples in positively changing the way families deal with the stress associated with brain injury.

We invite partners who are co-parenting minor children living at home to attend. A gift card incentive worth \$200.00 for participants (one per couple) will be provided.

### Upcoming Dates:

- \* November 9th (morning) - VCU Campus, Richmond, VA (for veterans)
- \* November 16th (morning) - VCU Campus, Richmond, VA (for civilians)

To be screened for participation or to get more information, please contact: tbiparenting@gmail.com

## Survivor Story: Mary Ellen Schattman

I have Central Pontine Myelolysis (CPM) resulting from brain damage caused by malpractice in 2001. After about 5 years of rehabilitation I had a pretty good life for someone with a permanent disability. I can remember it vividly: the life, the career, the independence I used to have before the disability. But, I developed a new life as a grandmother. I even wrote an article about this for TBI Today in 2012.

Fast forward to 2016, to when I had surgery for stage 3 bilateral breast cancer followed by radiation, drug therapy, and lymphedema. In 2017, my husband's pacemaker developed a fractured lead and he endured a couple of cardiac arrests and 5 heart surgeries. In 2018, it became obvious that I was not doing well. I had double vision, balance problems, and sudden loss of hearing. My first fear was that the cancer had spread to my brain. Fortunately, it had not. I underwent numerous tests and asked each doctor I saw if these symptoms were similar to what is sometimes seen in post-polio syndrome (I've known several people with post-polio syndrome).

Finally, in July 2018, my daughter, Rita, took me back to the University of California-Los Angeles, where I was originally diagnosed with CPM. The doctor reviewed all my tests and agreed with my post-polio analogy. I was told that rehabilitation could no longer be an effective treatment option. I would not be able to get back all that I had lost in the last few months and furthermore each physical strain on my body, from cancer to the flu, could cause me to decline even more. The diagnosis was shocking. No one had warned me that the progress made by my painstaking work in rehabilitation was so fragile.

In November 2018, the cancer spread to my lungs. This time the treatment was harder on me. I read an article on cognitive rehabilitation for individuals with Alzheimer's and thought, "why not me?" My grand-

daughter has benefited from cognitive rehabilitation after suffering multiple concussions. Due my husband's repeated cardiac arrests and surgeries, he has Mild Cognitive Impairment (MCI). This has contributed to a lot of stress in our relationship as our impairments led to missed communications.

In a discussion with a therapist, my daughter, Rita, introduced the idea of "couples cognitive rehabilitation" for me and my husband. The therapist agreed and offered a therapeutic program in which each person in the couple is simultaneously both patient and caregiver. In back-to-back sessions, we started to work. Together we answered questions, kept lists of the things that bothered us that week, took a few tests, and created a routine schedule.

With my original rehabilitation binder full of check lists as my starting point, we began to organize our life. We now display what to do every hour of the day on our wall and have alarms to keep us on schedule. This structure was particularly important for my husband, a retired lawyer. At 10am every day, he goes to his desk and conducts business until noon. Bills are organized to be paid 5 days in advance of their due date. He no longer writes checks anywhere else in the house. This avoids putting the wrong check in the wrong envelope. We purchased a steno notebook to list what tasks we need help with, as I often have someone come by to help for a few hours in the mornings.

Every week we fill in an agenda with what is happening that week, what things we need help doing, projects we're working on, and even any emails or texts that we may have forgotten to share with one another. Because we don't drive, it is crucial that we share one large "official" calendar that holds all of our appointments.

We also keep a binder with all sorts

of important information, in case we need home health help. In another binder we have information about our house, the appliances, filter schedules, and such. And we each have a manila envelope with medical, insurance, and drug information at the ready in case of an emergency.

All of these habits and strategies were developed with the therapist's help over 3 months. We would try something and then tweak it until both my husband and I were comfortable. Cognitive rehabilitation has made us calmer, and we now feel more in control of the things we can organize while recognizing areas where we may need outside help. Though I had gone through this program 17 years ago, this is my husband's first routine schedule since his retirement. I believe we both benefit from knowing what is expected of us each day. Our organized schedule can also help us identify areas where we each need more help.

My husband climbed Mt. Fuji. First he climbed up and then he climbed down. While our trip down is steeper and more difficult than I imagined, this is the only life we get, so we try to enjoy it every day.

### Join a Supportive Online Community for TBI Survivors and Families

The Comeback Project is a free, private online community for survivors of brain injury and their families to help you get your life back after a brain injury. You can join the community to share and get the support you need at: [atalentedmind.mightybell.com](http://atalentedmind.mightybell.com).

The community is provided by A Talented Mind Clinic in Richmond, Virginia, that provides cognitive rehabilitation therapy to brain injury survivors and families. For more information, you may also email Mike Cerreto at [cerreto@atalentedmind.com](mailto:cerreto@atalentedmind.com).

## ARE YOU TAKING AN OPIOID?

Opioids are medications used to relieve pain and are often prescribed after surgery, injury, or for certain health conditions. Researchers are beginning to study opioid use in people with brain injury. Recently, Virginia Commonwealth University (VCU) received a grant to look into this.

You may be taking an opioid and not know it. Below is a list of medications. Mark the ones you think are opioids.

Which of these is an opioid medication(s)?

- |                                     |                                     |                                  |                                    |
|-------------------------------------|-------------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Avinza     | <input type="checkbox"/> Percocet   | <input type="checkbox"/> Rezira  | <input type="checkbox"/> OxyContin |
| <input type="checkbox"/> Kadian     | <input type="checkbox"/> Exalgo     | <input type="checkbox"/> Lorcet  | <input type="checkbox"/> Hysingla  |
| <input type="checkbox"/> Tylenol #4 | <input type="checkbox"/> Methadone  | <input type="checkbox"/> Vicodin | <input type="checkbox"/> Co-Gesic  |
| <input type="checkbox"/> Dilaudid   | <input type="checkbox"/> Nucynta ER | <input type="checkbox"/> Ibudone | <input type="checkbox"/> Xodol     |

### Answer:

Actually, all of these medications are opioids. See if your medication is on our list of opioids below.

The “opioid epidemic” has gained much attention in the media over the past couple of years. This epidemic refers to a time in the late 1990’s and early 2000’s when pain medications, particularly opioids, were overprescribed. The thought was that unless doctors treated pain first, they would not be able to address underlying medical issues effectively. Unfortunately, doctors and providers did not fully understand the costs of overprescribing opioids.

Opioids are often used to treat acute and chronic pain, which are common concerns among people with TBI. While managing pain is important after a brain injury, many people may not realize which of their medications are opioids.

Taking opioids responsibly can be a key step in pain management during recovery and beyond. For example, many people with brain injury are also dealing with other injuries to the body. Opioids may be needed to treat the pain from these injuries or other necessary surgeries. Chronic pain is another common issue that may require opioids to manage pain in the long term. The responsible use of opioids can be helpful in the treatment of different concerns after brain injury.

Hydrocodone	Oxycodone	Fentanyl	Morphine	Methadone	Hydromo-	Oxymorphone	Other
Hycet Hycodan Hydromet Hysingla Ibudone Liquicet Lorcet Lorcet Plus Lortab Maxidone Norco Reprexain Rezira TussiCaps Tussionex Vicodin Vicodin ES Vicodine HP Vicoprofen Vituz Xodol Zohydro ER Zolvit Zutripro Zydolone	Oxaydo Oxycontin Percocet Percodan Roxicet Targiniq ER Xartemis XR Xtampza ER	Duragesic Fentanyl	Embeda Kadian Morphabond Morphine sulfate MS Contin Oramorph	Dolophine Duramorph Methadone-hydrochloride	Exalgo Palladone	Dilaudid Oxymorphone-hydrochloride	Butrans Demerol Nucynta ER Tylenol #3 and #4 Codeine Tramadol

**Resources:**

If you want to talk to someone about your relationship with opioids or have questions about your opioid use, talk with your doctor or reach out to the following programs:

<http://curbthecrisis.com/>

<http://dbhds.virginia.gov/behavioral-health/substance-abuse-services/revive>

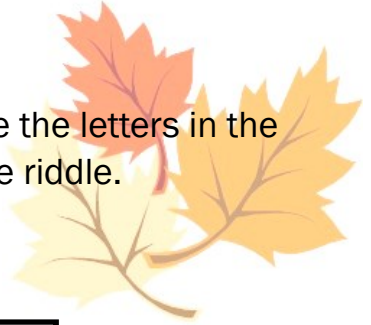
<http://www.vdh.virginia.gov/richmond-city/opioids/>

<https://www.cms.gov/About-CMS/Agency-Information/OMH/resource-center/hcps-and-researchers/Opioid-Resources-Page.html>

## Fall Word Scramble

Unscramble the words and write the letters in the boxes. Use the letters in the shaded boxes to form a new word that answers the riddle.

You can find the answers on page 7!



JUST FOR FUN

1. ULQIT

--	--	--	--	--

2. LAVEES

--	--	--	--	--	--

3. VREMONBE

--	--	--	--	--	--	--	--

4. SVRTAEH

--	--	--	--	--	--	--

5. UNPIKMPS

--	--	--	--	--	--	--	--

6. AUMUTN

--	--	--	--	--	--

7. ATOLFLOB

--	--	--	--	--	--	--	--

8. DRGUO

--	--	--	--	--



Q: What do you get when you drop a pumpkin?

A:

--	--	--	--	--	--



# 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.

**QUESTION:** My boyfriend and I were high school sweethearts. I've known him since we were 14, and we're 21 now. He was in a bad car accident last year and he is different now. I think it's because of the brain injury. He used to be an easy going, laid back guy, and now he gets mad at the smallest thing. Is that normal?

**ANSWER:** Personality change is a common occurrence after brain injury. Family members and their loved ones often describe survivors as "different," and typically have a difficult time coping with the personality change. It is important to allow yourself time to adjust to the change. Avoid thinking about and making comparisons to how your boyfriend was before and after the injury. Get to know this "different" person your boyfriend has become and try to do fun things together.

Here are some suggestions to help him manage his anger:

- Discourage your boyfriend from saying the first thing that comes to mind. Teach him to think about other people's reactions before he speaks or acts.
- Encourage your boyfriend to be positive and sensitive to others' feelings. Remind him to explain himself calmly.
- Encourage your boyfriend to take a "time out" and try to relax when he recognizes that anger is building. Helpful strategies include breathing deeply and slowly or counting to ten before speaking or acting.
- Help your boyfriend develop new ways to release anger and manage stress in the long-term. Examples include exercising, writing, and talking to someone he trusts.
- Identify trouble situations, people, and places that bring out irritability, anger, and frustration. Make a plan to successfully deal with trouble situations and practice the plan ahead of time.
- Give praise when he controls his anger and expresses his feelings in positive ways.

**DEAR PAT,** I'm 26 years old and I live by myself. I recently slipped and fell on wet floor at a store, and got a concussion. Although all my symptoms have gone away, I don't feel like going out. Every day, I go to work and then come straight home. I have lost interest in being around people, and have turned into a homebody. I get nervous now when I'm out because I worry that something might happen to me. It's crazy, I know. I also worry about what to say and am afraid of saying something wrong around my friends. I'm not depressed. At least, I don't feel depressed. Anyway, it's just easier for me to stay home and not deal with all of this! I feel safe at home. Oh, and another thing, I can't fall asleep at night because my mind keeps racing. I lie there awake thinking about "what if this and what if that" and I get so mad at myself. What can I do to stop all this worrying?

- Karen

**PAT'S RESPONSE:** Dear Karen, It sounds like you are feeling frustrated by this change from your injury. From the symptoms you described, it is most likely that you suffer from an anxiety disorder. Anxiety is a common problem after a concussion or TBI. It is a reaction to experiencing an unexpected event as well as the consequence of the injury itself. Persons with a brain injury also sometimes experience word-finding difficulties or problems following conversations with multiple people, which often leads to avoidance of social situations. In addition, survivors often feel "different" after their injury and become self-consciousness; again, leading them to avoid interactions with others.

It is important to see a healthcare professional in order to receive a proper diagnosis and appropriate treatment. Anxiety disorder is a treatable condition. Studies have shown that anti-anxiety medications, counseling, or a combination of both can help most people who have anxiety. If you are not currently under any physician's care, I would recommend contacting your primary care physician who could either prescribe the anxiolytic or refer you to a specialist (e.g., psychiatrist or physiatrist).

Taking to someone could also help you feel better. Survivors have benefitted from seeing a mental health counselor/therapist who specializes in working with persons with a TBI. The therapist could help you identify thoughts and behaviors that trigger anxiety symptoms. They could also teach you relaxation techniques, such as deep breathing, guided imagery, or muscle relaxation to reduce the anxiety level. Further-

(Continued on page 7)



*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.*

(Continued from page 6)

more, they could assist you in exploring reasons behind this change in personality. You could contact your local chapter of Brain Injury Association for a referral.

For information, you may call BIAA directly at (800) 444-6443 or send them an e-mail at [info@biausa.org](mailto:info@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.



**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: [laura.albert@vcuhealth.org](mailto:laura.albert@vcuhealth.org)**



### 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: [jennifer.marwitz@vcuhealth.org](mailto:jennifer.marwitz@vcuhealth.org)

or

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



### RESILIENCE AND ADJUSTMENT STUDY FOR ADULTS WITH TRAUMATIC BRAIN INJURY PARTICIPANTS INVITED!

**Have you had a traumatic brain injury (TBI)?  
You May Qualify for an Ongoing Research  
Study!**

Virginia Commonwealth University researchers in the Department of Physical Medicine and Rehabilitation are seeking adults with traumatic brain injuries to be part of a research study. 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 rehabilitation and education sessions and possibly three additional sessions. Study volunteers will be given information on brain injury, local resources, skills development, and positive coping strategies. Volunteers will also be asked to complete several questionnaires. Participants must be at least 18 years old. There is no charge for services and volunteers are compensated for their time.

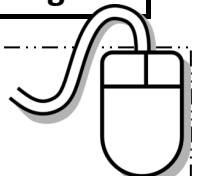
**If you are interested in participating,  
please call Jenny Marwitz at  
804-828-3704  
or toll free at 866-296-6904 or email  
[jennifer.marwitz@vcuhealth.org](mailto:jennifer.marwitz@vcuhealth.org)**

Q: What do you get when you drop a pumpkin?  
A: SQUASH

- |             |             |
|-------------|-------------|
| 1. QUILT    | 5. PUMPKINS |
| 2. LEAVES   | 6. AUTUMN   |
| 3. NOVEMBER | 7. FOOTBALL |
| 4. HARVEST  | 8. GOURD    |

KEY

**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! Just email Jenny Marwitz at [jennifer.marwitz@vcuhealth.org](mailto:jennifer.marwitz@vcuhealth.org).



VCU, PM&R

TRAUMATIC BRAIN INJURY MODEL SYSTEM

P.O. BOX 980542

RICHMOND, VA 23298-0542

RETURN SERVICE REQUESTED

Contact Jenny Marwitz at [jennifer.marwitz@vcuhealth.org](mailto:jennifer.marwitz@vcuhealth.org) to subscribe by email!



*Get involved and be part of something  
that changes lives.*

**Call us. Chat us.  
We're here to help.**

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