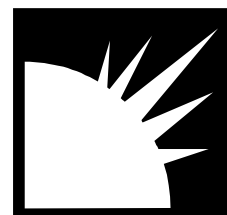


# TBI TODAY

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



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## Resources for Unemployment, Workforce Re-entry, and Vocational Rehabilitation for the TBI Community During the COVID-19 Pandemic

by Katherine Walker

COVID-19 has unfortunately affected the employment of millions of Americans and more than 800,000 Virginians have filed for unemployment since the beginning of the pandemic. Workers with special needs are also impacted. According to the US Labor Bureau of Statistics, nearly 1 million jobs have been lost by those with special needs. If you have suffered a TBI and are newly unemployed, currently seeking employment, or interested in vocational training, this is an especially challenging time to re-enter the workforce. Thankfully, there are many resources available to you to help navigate through this unprecedented situation. Here we will provide you with tools to help you continue on your journey with vocational rehabilitation and return to work.

If you are newly unemployed and have not already done so, you can apply for unemployment insurance at the following website: <https://www.vec.virginia.gov/>. Unemployment insurance temporarily pays people who have lost their job through no fault of their own. The website also provides resources such as information regarding job fairs, job openings, and recent changes in the unemployment insurance program as a result of the Federal CARES Act. Under this act, there may be other newly developed programs available to you, including Pandemic Unemployment Assistance (PUA), which provides emergency unemployment assistance to workers who usually are not covered by state unemployment insurance. PUA includes coverage for part time workers, so people with disabilities on SSI or Social Security benefits may be eligible if they have lost their jobs due to COVID-19. For more information, visit: <https://www.vec.virginia.gov/cares-act>.

Despite the current unemployment rate in Virginia, demand is projected to grow for jobs in the fields of technology, healthcare, and manufacturing/skilled trades. VA Ready is a new public charity that serves out-of-work Virginians who commit themselves to training for these in-demand jobs. Through its partnerships with FastForward (a short-term state-led workforce credential program) and the Virginia Community College System, VA Ready supports individuals' employment goals by setting up job interview opportunities with participating business partners. For more information on VA Ready, including how the recently unemployed can apply, visit [www.vaready.org](http://www.vaready.org).

The Virginia Department for Aging and Rehabilitative Services (DARS) provides resources for older Virginians, as well as individuals with disabilities and their families or caregivers. The DARS vocational rehabilitation program offers services to individuals with disabilities so that they can enter the workforce or return to work. To apply for the program or learn more information, visit <https://www.vadars.org/drs/vr/>.

Katherine Walker is a psychometrist in the Department of Physical Medicine and Rehab at VCU



# Mark Your Calendar

## 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

## 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

*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](mailto:jennifer.marwitz@vcuhealth.org).*

## Developing a Cultural Family Intervention after Brain Injury for African Americans (CFIaBI): Update by Kelli Williams Gary, Ph.D., MPH, OTR/L

The Cultural Family Intervention after Brain Injury (CFIaBI) will help African American families who deal with brain injury improve their lives. This project was supported by the National Institute on Disability, Independent Living and Rehabilitation Research (NIDILRR, grant no. 90SF0014-01-00). People who had TBI and those who care for them provided information using surveys and interviews that helped with the development. The input from both the survivor and caregiver will be used to create a guide to help survivors become more active in the community and caregivers have less worry and stress.



## Information about Survivors and Caregivers who Helped with the Study

A total of 35 survivors and caregivers provided feedback for development of the CFIaBI. See Table 1 for a simple breakdown of their basic information.

**Table 1:**

	Survivor	Caregiver
<b>Total Number</b>	18	17
<b>Average Age</b>	42 years of age	49 years of age
<b>Gender</b>	Male: 7    Female: 11	Male: 6    Female: 11
<b>Education</b>	High School or Less: 6 More than High School: 12	High School or Less: 3 More than High School: 14
<b>Current Marital Status</b>	Married: 5 Not Married: 13	Married: 8 Not Married: 7 Did not report: 2
<b>Current Employment Status</b>	Employed: 5 Not Employed: 12 Did not report: 1	Employed: 9 Not Employed: 8

What is different about this set of people when compared to well known facts about TBI is many of these survivors are female while in general, more people who have TBI are male. It is expected that caregivers may have higher education than survivors because there are some who had severe injuries before finishing high school and that may have made it a problem to continue school. It is also expected that caregivers had better marital and employment status than survivors because TBI makes relationships and employment more difficult to handle.

## What We Learned from the Interviews

The African American survivors with TBI and caregivers had some similar feelings when they talked about dealing with the injury. Some of the similar thoughts that came from the interviews from both the survivor and the caregiver were the following:

### **HAVING THE NEED FOR FAMILY SUPPORT.**

A strong feeling for the survivor is that they really had to rely on the support of their close family members. Caregivers felt that caring for their family member is their primary responsibility instead of hiring or asking others outside the family to help. Below are some of the quotes from the interviews:

- Survivor: *"Because, I have been blessed with my Mom. I have a blessed Mom. Yes, she has been a blessing to me. And my Dad, he was very good and helped my Mom help me."*

Caregiver: *"...well, helping me as a caregiver. There was always someone [in the family] taking care... willing to take care of someone and they would do shifts if they needed to or, you know, and so somebody was cared for...there was no isolation, you know, no family member that was in need was left or a caregiver was left to do it all by themselves. So, that tradition of pitching in and helping...that community is pretty strong on both sides. Both my mother's side as well as my father's side, and just physically being there; in terms of my care."*

### **RELYING ON RELIGION FOR SPIRITUAL SUPPORT.**

A majority of survivors and caregivers said that they really rely a lot on their religious services to help support them. Going to the church and prayer was used to help them deal with the problems of the injury.

- Survivor: *"I believe the church that I go to is a good church. I use prayer and I read my Bible."*

Caregiver: *"I pray every day, daily. Each day it's a different prayer. And I read it. And it fixes my soul that I can make it that day. Even though the devil be trying to start off a bad day."*

### **HAVING LESS CONTACT WITH PEOPLE WHO CAN BE FRIENDS AND SHARE INFORMATION.**

Survivors said that they were not able to talk to and make friends like they did before the injury. Caregivers agreed that their friends would not be around as much.

- Survivor: *"I won't socialize...well, I socialize with one or two other people. Where I used to have tons of friends, but I choose not to socialize with them and they choose not to socialize with me either."*

Caregiver: *[After her injury] "We stay to ourselves, we don't go out and intermingle. She now has a small circle of friends, but we mostly be with her aunties and other family members."*

### **HAVING LESS OF AID THAT HELP PEOPLE DEAL WITH THE INJURY.**

Many of the survivors and caregivers believed that because of their skin color and where they lived, they received less services or it was harder to get things to help them deal with the injury.

- Survivor: *"I'm living in a low poverty development, also known as the projects, also known as the hood, also known as the ghetto, so it's a lot of resources they have out there [in Richmond], but they're not applicable to me...So, what is there to care about, if it's not there for me?"*

Caregiver: *"And the access of resources. There are absolutely none in the tri-cities: Petersburg, Colonial Heights, Hopewell, Prince George area because of the fact of living in areas where there's not a lot of money. Petersburg at the time of the accident was where we lived. It's one of the poorer cities in the state of Virginia and, predominantly, a Black city. So, therefore, I feel like the dynamics of where you live play a big factor in what resources are available. So, if you live in a poor place, then you're not going to have a whole lot of options. So...and I know that for a fact, because I've tried".*

These are just a few statements about experiences some African American families have after a TBI. The entire study has provided information to develop a guidebook that will help to deal with the injury within the community and to offer suggestions for better recovery of the injury and emotional stability of the family.

The interviews and quotes reflect the thoughts and feelings of the interviewees and do not necessarily reflect the experiences of all African Americans after a TBI. If you have any questions or comments related to this article, please contact Laura Albert at [Laura.Albert@vcuhealth.org](mailto:Laura.Albert@vcuhealth.org).

# DEAR PAT,

I am a 46-year-old brain injury survivor following a fall at work nearly 10 years ago. I slipped while running after a student down a hallway, hit my head on the concrete floor, and lost consciousness for several minutes. After completing numerous sessions of physical, speech, and occupational therapies, I was able to return to my profession as an elementary school teacher. At this time, lasting effects of my injury still include mild attention difficulties, trouble with multi-tasking, forgetting information I have read, and trouble holding new information in mind. I also developed fluctuating anxiety following my injury. To compensate, I have instilled several habits, including note-taking during meetings, setting timers and reminders in my phone calendar, and checking my to-do list several times per day in order to stay on top of my daily demands as a wife, mother, and teacher. I have three children of my own, and my children's ages are 16, 13, and 10. My husband is employed full-time as a computer systems analyst and while his job is demanding, he is able to work from home.

When the schools shut down due to COVID-19, I struggled to maintain my professional schedule of virtual meetings with my co-workers and students, as well as stay on top of the numerous demands for each of my own children and their respective virtual school schedules. Sometimes we would have as many as 10 virtual meetings in a single day. We encountered technological obstacles on nearly a daily basis due to having multiple individuals in the same household vying for access to the laptops for class and meeting attendance. Last year, the children and I were all in a position where virtual class participation and assignment completion were encouraged but not mandated, and we were instructed to do the best that we could to attend all virtual meetings. Grades were not assigned for work completed, and the emphasis was placed on participation and practice of previously learned concepts, rather than the introduction of new concepts.

As the return to school approaches, there are still many unknowns. The plan for the return to school has yet to be decided upon by the local school system, but will likely be a hybrid plan that includes some days of virtual instruction and some days of in-class instruction with differing schedules for each of my three children and myself. I am concerned about how to navigate the conflicting schedules of a high school, middle school, and elementary school, in addition to managing my own elementary school class. There also is the added challenge of mastering new graded material virtually for each of my children and students. I worry that they will find it difficult to learn in this new way, and struggle to navigate an educational system that is vastly different from the one they previously knew.

What tips can you provide to help my family and I navigate the coming school year while my husband and I are simultaneously working full-time?

- Anna

## PAT'S RESPONSE:

Dear Anna,

Firstly, I want to say to you that your concerns are valid and the way that you are feeling about the uncertain future of education during the pandemic is completely okay. A positive aspect of this current situation is that while we are separated, we are all navigating this together. As an educator and parent, your unwavering dedication and concern for the continued growth of your students and children is an inspiration. You already have a number of strong organizational habits in place, and I encourage you to read through these additional strategies which may be of benefit to your family and students as you enter the new school year:

- \* At home, you may wish to set up dedicated learning spaces that are free from distractions for each family member so that all necessary materials are readily accessible for virtual learning. Request for a laptop to be assigned to each student through the school system, or you may wish to investigate purchasing a refurbished laptop for each of your kids. You can recommend the same set-up to your students' families.
- \* Help your children and students to set up a daily school schedule on a dry erase board or Excel document in order to help them to recognize expectations for classes. It may be helpful to set up a daily schedule for yourself as well.
- \* Set up a daily transportation schedule with your husband to help your family navigate differing needs and mitigate related stress.



*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.*



- \* Keep all passwords for recurrent virtual class meetings on the Excel document or board for ease of access.
- \* Have a set check-in time each day with your kids to ensure that all assignments are completed and submitted.
- \* Encourage your children and students to advocate for themselves and ask for clarification as often as needed via email or virtual meetings with their teachers. Communication is key to avoiding misunderstanding as new material is introduced.
- \* In addition to the strategies you have been relying on to help yourself stay organized, aim to accomplish one task before beginning another, take short breaks as needed throughout the day to reset, and check over your work to correct any mistakes.
- \* Engage in self-care activities on a daily basis in order to allow yourself time to relax and recharge. How you spend this time each day is completely up to you and depends on what you enjoy doing. Possible activities might include attending virtual exercise classes, practicing virtual yoga or meditation, or taking walks outside in nature.
- \* Virtual psychotherapy is an accessible option that may be beneficial in order to assist you in the development of coping skills for your intermittent anxiety symptoms. Your therapist would also be able to consistently support you as you navigate life's many challenges.
- \* If symptoms of attention difficulties or anxiety become unmanageable, it may be beneficial to speak with your doctor regarding potential treatment options.



# JUST FOR FUN

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**TROPIC  
BEACH  
SUMMER  
HOLIDAY  
SAND**

**BALL  
TAN  
RELAX  
FUN  
SUN**



# 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:

I sustained a TBI in a car accident several years ago, and ever since I have found it difficult not to blurt out what I am thinking. It's not as bad as it once was, but I still can't always control myself. As you can probably imagine, this issue has put a strain on my relationships at home, work, and with friends. I also find it hard to control my temper, and little things set me off. I feel like people are uncomfortable around me. What can I do to control my urges to speak my mind, and better manage my anger?

## ANSWER:

After a TBI, people will sometimes display *disinhibition*, that is, inappropriate social behaviors that might be described as insensitive or lacking discretion. As you mentioned, this side effect of severe brain injury can negatively impact social relationships and cause lasting damage to the lives of brain injury survivors. Here are some tips to help you manage your behavior:

- \* When you are feeling irritated or as though there is something that you wish to say that may not be appropriate, practice patience by counting to 10 before speaking.
- \* If you make a mistake and say something inappropriate, you can apologize. Try to remember that your behavior is linked to your injury, and do not be too hard on yourself.
- \* Remove yourself from situations that are exacerbating symptoms of frustration. You might say, "Time" to whomever you are interacting with before leaving the situation and allowing yourself as long as you need to cool down.
- \* When engaged in conversations, before you speak, **THINK** to yourself, "Is it **T**rue? Is it **H**elpful? Is it **I**nspiring? Is it **N**ecessary? Is it **K**ind? If you can answer yes to one of these 5 questions, then go ahead and say what you were thinking.
- \* Create a daily routine and stick to it. Knowing what to expect throughout the day can provide a source of comfort and help to lessen symptoms of frustration.
- \* When a disagreement arises, use words that are not accusatory to explain your point of view. For example, say, "When you do X, it makes me feel this way."
- \* Speak with your doctor about your symptoms. There may be treatment options available to you that would help to manage your symptoms.
- \* Make a list of things that happen on a consistent basis that are upsetting to you. Share this list with family members and trusted friends. Together you can work together to avoid those situations or find ways to navigate through them in a constructive manner. For example, if it is bothersome to be reminded of tasks that you need to complete, you could ask for a to-do list to be written on a dry-erase board in the home.
- \* Initiation of care with a mental health provider who specializes in working with individuals recovering from brain injury would support the continual development of healthy coping skills to address feelings of irritability and disinhibition.



**Questions for Pat or the FAQ column are welcomed.**

**Send them to:**

**"ASK PAT" OR "FAQ"**

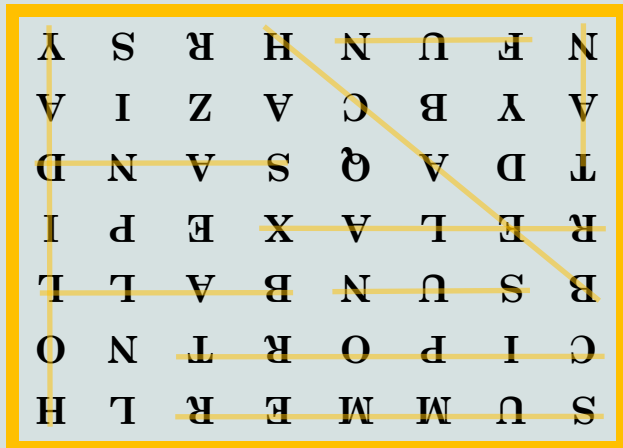
**P.O. BOX 980542. RICHMOND, VA 23298-0542**

**or e-mail: [jennifer.marwitz@vcuhealth.org](mailto:jennifer.marwitz@vcuhealth.org)**



### Update on VCU research looking at pain and opioid use after TBI

The Virginia Department of Aging and Rehabilitative Services (DARS) provided funds to VCU to learn how many people with TBI in Virginia have problems with pain and/or opioid use. First, we read as much as we could about research that others have done. Second, we designed a questionnaire for people to complete to tell us about their experiences with pain and pain medications. Third, we shared information about the survey with DARS, the Brain Injury Association of Virginia, and others in the brain injury community. Now, we are getting responses to our survey. So far, 200 people with TBI living in Virginia have answered the survey. Below is more information about the survey:



KEY

### 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



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Email [Jennifer.Marwitz@vcuhealth.org](mailto:Jennifer.Marwitz@vcuhealth.org) to be added to the list!

### PAIN AND OPIOID USE SURVEY

**Do you live in Virginia?  
Have you had a traumatic brain injury (TBI)?  
If yes, we want to hear from you!**

Virginia Commonwealth University researchers are seeking adults with traumatic brain injuries who live in Virginia to answer a 5-minute survey regarding pain and opioid use. All participants must be at least 18 years old.

The survey will not identify you in any way and all information will be kept confidential.

To answer the survey, please go to:

[go.vcu.edu/tbi-and-pain](http://go.vcu.edu/tbi-and-pain)

If you would like more information or if answering the survey questions over the telephone or by regular mail would be easier, please contact:

Laura Albert at (804) 828-2377  
[Laura.Albert@vcuhealth.org](mailto:Laura.Albert@vcuhealth.org)

This study is funded by the Virginia Department of Aging and Rehabilitative Services (DARS), award number A262-80504

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Go to [tbims.vcu.edu](http://tbims.vcu.edu) to access back issues!



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*