

# TBI TODAY

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

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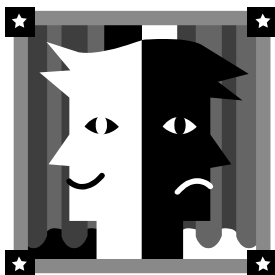
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## PART I: UNDERSTANDING YOUR EMOTIONS

After injury, survivors and their family members often experience a variety of strong emotions. Many people describe feeling frustrated, angry, or sad about changes following the injury. Others talk about feeling worried or scared about what will happen in the future. Some people notice that their emotions change quickly, "like a roller coaster." Feeling misunderstood is also common. Strong emotions can weaken your ability to solve problems, handle challenges effectively, and get along with others. Recognizing, understanding, and controlling your feelings can be very difficult.

In the next couple of newsletters, we'll present a series of articles focusing on intense feelings and how to manage them effectively. In this newsletter, we'll present Parts I and II. Part I covers understanding and identifying your emotions. Part II covers barriers to communicating about your feelings. Part III will be included in the next newsletter and will focus on ways to manage intense emotions effectively.

The first step in controlling your emotions is recognizing how you feel and noticing when your emotions get in the way. If you can figure out how you're feeling early on, you can get your feelings under control faster and more easily. Then you'll be able to feel better and reach your goals more efficiently.

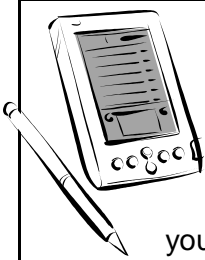
Take a moment to think about how you feel. Check off the boxes next to the sentences that describe you –

- I often feel frustrated.
- I get angry easily.
- I can't do much to make things better.
- I don't like much about myself.
- I worry a lot.
- I have made many mistakes.
- I worry about the future.
- I'm lonely.
- I believe I am at fault for many of my family's problems.
- I feel sad.
- I cry over the least little thing.
- People don't understand me.
- I feel overwhelmed.
- My feelings change from minute to minute.
- I get upset easily.
- Very few people care about me.
- I have many fears.
- I feel like I should be doing more.
- I'm disappointed in myself.
- I wish my life could be the way it was before.
- I am often grouchy.
- Sometimes I feel I'm on top of the world.

(Continued on page 2 - Understanding...)

## RESOURCES TO THE RESCUE

### CONSORTIUM FOR HANDHELD TECHNOLOGY



Do you forget your appointments or chores? Do you have trouble organizing and keeping track of your day? Do you lose phone numbers? If so, you may want to participate in a new project designed to teach you to use a handheld or wrist-worn computer as a reminder, address book and scheduler.

Established in 2003 through a grant from the Commonwealth of Virginia Neurotrauma Initiative (CNI), the Consortium for Handheld Technology is conducting community-based research on the use of portable computers as cognitive aids for individuals with acquired brain injury or autism.

If you meet enrollment criteria, a team member conducts an initial assessment in your home, then provides you with a handheld or wrist-worn computer. On subsequent home

visits, the team trains you and a caregiver how to use the device to manage everyday tasks and activities. You then use it for three months. At the end of that time, the team conducts a second interview to see how the device has worked for you. Whatever the outcome, you keep the device provided as your own.

Among other criteria, applicants to this program must live in Virginia, have a caregiver at home, be at least 14 years old, have a documented acquired brain injury or an autism spectrum disorder, and have functional deficits in activities of daily living. If you would like to participate, please contact program director Tony Gentry at (804) 828-7049 or by email at [logentry@vcu.edu](mailto:logentry@vcu.edu). To learn more about the program, see the website at [www.vcu.edu/partnership/pda](http://www.vcu.edu/partnership/pda).



(Continued from page 1...Understanding)

Review the items you've checked and the ones you haven't to better understand your feelings. The more items you've checked, the more likely it is that you are experiencing many different and strong emotions. Is there a pattern to the items you've checked? Show your checklist to someone you know and trust. Do you agree on the items that should be checked?

Once you recognize how you feel, you can take steps to help yourself cope with the emotions effectively. Talking about your feelings is an important first step to feeling better. But, many people have trouble talking about their feelings. In Part II (page 6), we'll talk about common barriers that keep people from talking with others about their feelings.

**IMAGINE...  
TBI TODAY  
UPDATES  
E-MAILED TO  
YOUR  
COMPUTER!**



Sign up for our List Serve and receive the latest information and findings from the TBIMS. Contact *TBI Today* editor, Debbie West at [ddwest@hsc.vcu.edu](mailto:ddwest@hsc.vcu.edu) (804-828-8797) for information.



## THE COMMONWEALTH NEUROTRAUMA INITIATIVE

The Commonwealth Neurotrauma Initiative (CNI) Trust Fund was established in 1997 when legislation was put forward by the late Senator Emily Couric. The purpose of the fund is to offer grant opportunities that focus on improving the treatment and care of Virginians with traumatic brain and spinal cord injuries.

The CNI is a special fund in the Virginia state treasury collected through a \$30 fee paid to restore driver's licenses for individuals convicted of dangerous driving

offenses such as DUI and hit and run. Monies in the Fund are used to support grants for Virginia-based organizations, institutions, and researchers for (1) research on the mechanisms and treatment of neurotrauma and (2) community-based rehabilitative services.

The Fund is administered by the Commonwealth Neurotrauma Initiative Advisory Board, in cooperation with the Commissioner of the Department of Rehabilitative Services (DRS). As of the Spring

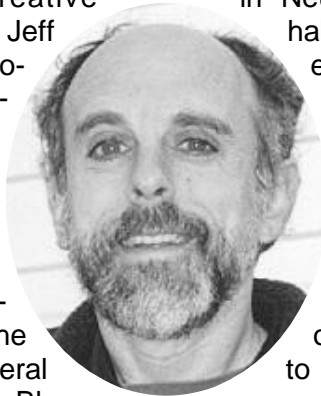
of 2004, the CNI Advisory Board has awarded grants totaling \$9.6 million to 28 research and community based services grantees. At this time, all monies in the CNI Trust Fund have been encumbered through 2006.

In April, the CNI Advisory Board hosted the inaugural *Tri-Annual Emily Couric Research Colloquium* at the J. Sargeant Reynolds North Run Corporate Center in Richmond. The "*Couric Colloquium*" provided an opportunity

(Continued on page 7...Neurotrauma)

## HAVE YOU MET JEFF KREUTZER?

Jeff Kreutzer, Project Director of the Virginia TBI Model System, has been on the Virginia Commonwealth University faculty in the Department of Physical Medicine and Rehabilitation since 1983. Jeff grew up in New York where he completed a Bachelor's Degree at the State University of New York (Binghamton), majoring in Psychology and Creative Writing. Afterward Jeff moved to North Carolina where he completed a Master's Degree in Clinical Psychology, studying at Appalachian State University. While there, he enjoyed living in the mountains, in several small towns including Blow- ing Rock, Banner Elk, and Vilas. Jeff enjoyed living and studying in North Carolina, and his experience there helped him to decide where he later wanted to settle.



After completing his Master's degree, Jeff moved to Bowling Green, Ohio, a small town about 20 miles south of Toledo. There, he attended Bowling Green State University, completing the requirements for a doctoral (Ph.D.) degree in Clinical Psychology. For three years there, he took courses, learned about neurological disorders in different clinical settings, and carried out research for his dissertation on alcohol use and judgment. In July 1981, Jeff moved to Portland, Oregon to complete a Clinical Psychology internship. His clinical training was centered at Portland's Veteran's Administration Medical

Center, where his mentor was Muriel Lezak, an outstanding clinician and researcher who wrote the book, Neuropsychological Assessment. Jeff also had an important learning experience at the Portland's Morrison Youth Family Services Center. There he worked with abused children and troubled families. After completing his internship in August 1982, Jeff was awarded a doctorate in Clinical Psychology.

In August 1982, Jeff moved to Richmond, Virginia for a year of training as a Postdoctoral Fellow in Neuropsychology and Rehabilitation. He especially enjoyed working with people having neurological disorders during the course of his clinical training. He also enjoyed working with families. Working at the Medical College of Virginia enabled him to commit his time and energy to serving people with brain injury and other neurological disorders and their family members. Jeff has been on the VCU faculty since October 1983, he holds the rank of Professor and he was granted tenure more than ten years ago. He says that he really enjoys working at VCU Medical Center where he has an opportunity to work with families as well as survivors.

Jeff now splits his time between providing clinical services and conducting research. He has published more than a hundred papers relating to neurological disorders and their treatment. He is also co-Editor-in-Chief of two international journals, *Brain Injury* and *NeuroRehabilitation*. Jeff says that his best days are the ones when he has an opportunity to "make a difference" in the lives of people with neurological disorders and their family members.

## MEMORY-WISE

Having trouble remembering where you put things? Maybe some of these tips can help:



- ◆ Always put important items (your wallet, keys, etc.) in the same place, close to where you use them (next to the door, for example).
- ◆ Use clear plastic boxes to store things.
- ◆ Put labels on boxes and folders. A label maker makes things look neat and could be a wise investment!
- ◆ Make a list of where you put important items. Keep the list somewhere you will be sure to see it (on the refrigerator, for example).
- ◆ Ask others to help you remember where you put something.
- ◆ Try not to store things when you are tired or distracted. You will have more trouble remembering later on.

He also takes great pride in the fact that he was a founding member of the Virginia Head Injury Foundation (now known as the Brain Injury Association of Virginia). In 1994, Jeff received the Brain Injury Association's (national) Clinical Service Award. Jeff and his wife, Kathy, live in rural Chesterfield. He explained that he was born in New York City, but now prefers to live way outside of the city. He and his wife have four children between the ages of 2 and 14. They enjoy the company of their four cats and one dog.

## JUST THE

### FREQUENTLY ASKED QUESTIONS

**Q:** Is a person more likely to develop psychiatric dysfunction after a traumatic brain injury? Are there certain psychiatric illnesses that show up more often than others in the population of brain injury survivors?

**A:** Psychiatric conditions seem to be more prevalent among patients after brain injury compared with the general population. Depression and anxiety problems seem to be the most common. Depending on the research studies, depression and anxiety problems occur in 50-60% of patients with brain injuries, compared to up to 20-25% of the general population.

**Q:** What is *emotional lability*? Are there prescription drugs to treat it?

**A:** Emotional lability refers to sudden, often frequent, and unexpected mood changes that can occur after brain injury. Many people describe the mood changes as feeling like they are on a roller coaster ride. In its milder forms, it can be seen as more irritability, but in its more severe forms can require formal treatment.

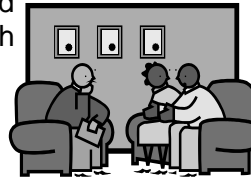
When the main emotional symptom is crying, the patient needs to be further evaluated for clinical depression. Other psychiatric conditions that involve emotional lability are manic depression (Bipolar illness), delirium, and dementia.

Medications are often prescribed to stabilize mood. The most commonly used medica-



tions to treat emotional lability are antidepressants. Other medications include buspirone (Buspar), carbamazepine (Tegretol), valproate (Depakote or Depakene), benzodiazepines and antipsychotics. Opinions about the length of treatment are varied. However, once the lability is under control, physicians may decide to try tapering off the medications to see if the symptoms return. If they do, prolonged medication management may be required.

Psychotherapy is also quite helpful in treating emotional lability. Psychologists and counselors teach skills to manage intense emotions and deal with mood changes. Family treatment is often used to help family members understand survivors' reactions and learn to deal with mood changes.



## 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 authors submitting questions to "Chat with Pat" will be kept strictly confidential.**

**DEAR PAT:** Our 26-year-old daughter was badly hurt in a motorcycle accident 3 years ago. She broke a leg and both arms, had bruises from head to toe, and had a massive brain hemor-

rhage. There was a time when we didn't think she would make it. Luckily, she had great surgeons that literally saved her life. We were filled with hope during her quick physical recovery. What has been most difficult has been watching her mental struggle with the effects of a brain injury. Even after all this time, she still forgets everyday things, has trouble keeping up with conversations, and gets tired so fast.

Since she was discharged from the hospital and finished treatment, my husband and I have been taking care of her at home. We love our daughter very much and would do anything to help her get better. I have noticed, though, that her temper is much shorter since the accident. She argues with my husband about everything. In her defense, my husband likes to tell her what to do and how to do things. I think he has a hard time letting her make her own decisions and mistakes. I know my daughter is growing more angry and resentful about the way she is being treated. What can I do, Pat, to keep the peace at home between my daughter and husband?

**PAT'S RESPONSE:** Wanting the members of your family to be happy and to get along is a natural response. I bet your motherly instincts about conflicts between your daughter and husband are right on target. The trick, however, is to avoid *being* the target! In other

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

words, when family members argue, some unlucky person may find herself caught in the middle. During stressful times, you may also feel extra pressure to help everyone in the family get along.

Realizing that your family has been through a series of stressful events since your daughter was injured is important. First, you and your husband were faced with the possibility that she might not survive the accident. Second, you were concerned about her mental recovery once her physical health was restored. Lastly, you have seen signs of lingering cognitive and emotional problems that are worrisome.

You and your husband may also be under stress because of the responsibilities of taking care of your daughter. Assuming she was living on her own before the accident, you and your husband had probably just gotten used to having an "empty nest" when she moved back home. Having an adult child in the home after a period of absence would be a significant change for any couple. Also, the strain of caregiving should not be overlooked. Relatives providing care to persons with brain injury may find the responsibility rewarding but burdensome. Adjusting to these life-altering changes is understandably difficult for your family.

Following a brain injury, survivors are more vulnerable to the stress of daily hassles as well as major life changes. That's one reason why people with brain injury often have trouble controlling frustration and anger. There are a number of constructive ways to cope with anger problems that survivors and their families have shared with

me over the years. To help your daughter increase her self-control, try the following ideas other survivors and their families have found helpful:

- ▶ Encourage her to be positive and sensitive to others' feelings. Remind her to explain herself calmly. Doing so will make it easier for others to understand and help.
- ▶ Help your daughter remember that controlling anger will improve relationships with family and friends.
- ▶ Encourage your daughter and husband to take a "time out" and try to relax when angry feelings start to build. Helpful strategies include breathing deeply and slowly or counting to ten before speaking or acting.
- ▶ Identify trouble situations, people, and places that bring out your daughter's anger. Make a plan to deal with trouble situations and practice the plan ahead of time.
- ▶ Be a good role model and encourage your husband to do the same. Teach good anger management skills by using them yourself.

Patients and families may need additional help during especially stressful times. Talking to extended family members, friends, or professionals can benefit families with complex and challenging issues such as the ones you have described. For example, you may consider asking others for help in caregiving. A short break or chance for respite often makes it easier for family caregivers to cope over the long term. You

may also wish to contact the Brain Injury Association of America (BIAA). BIAA offers a telephone helpline for families (1-800-444-6443) as a nationwide source of information and referral services. For emotional support, participating in a local support group for persons with brain injury and their families is another possibility. The Brain Injury Association of Virginia (BIAV; 804-355-5748 or 1-800-334-8443) provides information about support groups and other useful services for survivors of brain injury and families.

If you are seeking individualized help, you may wish to consider counseling for yourself or your family. BIAV has a list of mental health professionals with brain injury experience throughout Virginia offering individual and family counseling. Another source of treatment may be found in the Department of Physical Medicine and Rehabilitation at Virginia Commonwealth University (VCU). The family support program at VCU provides education, counseling, and referral services addressing the unique needs of persons with brain injury and their families. Laura Taylor may be contacted to learn more about this program and to see if you are interested in participating (phone: 804-828-3703/1-866-286-6904 or email: [taylorla@vcu.edu](mailto:taylorla@vcu.edu)).

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*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:*

***ddwest@vcu.edu***

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## PART II: COMMON COMMUNICATION BARRIERS

Talking about your feelings may be difficult. People often say they worry about what others will think of them. Others say they don't know who to turn to or who they can trust. Think about what gets in the way of talking to others about your feelings. The questionnaire below will help you figure out the answer. Circle T (True) or F (False) to figure out

- |   |   |     |  |
|---|---|-----|--|
| T | F | 1.  | My feelings change from day to day.                        |
| T | F | 2.  | Nobody understands what I am going through.                |
| T | F | 3.  | I feel uncomfortable around other people.                  |
| T | F | 4.  | I'm worried about what others think of me.                 |
| T | F | 5.  | Nobody cares about me.                                     |
| T | F | 6.  | I have a hard time describing my feelings.                 |
| T | F | 7.  | I don't want to burden people with my feelings.            |
| T | F | 8.  | I feel uncomfortable talking about my feelings.            |
| T | F | 9.  | I don't know where to turn for help.                       |
| T | F | 10. | I can't hide my feelings like I used to.                   |
| T | F | 11. | I'm afraid to show my true feelings.                       |
| T | F | 12. | I don't want to upset people by talking about my feelings. |
| T | F | 13. | I'm afraid to let my guard down.                           |
| T | F | 14. | I keep my feelings bottled up.                             |
| T | F | 15. | I don't know how I'm feeling.                              |
| T | F | 16. | I don't feel anything anymore.                             |

the challenges you face in talking about your emotions.

Look over your answers with family, friends, or trusted professionals. Think about the main things that are getting in the way of talking about your feelings.

- ▶ Is it that you feel like other people don't understand you or don't care?
- ▶ Do you feel uncomfortable around other people or uncomfortable talking about feelings?
- ▶ Do you have trouble recognizing how you feel or describing your feelings to other people?
- ▶ Do you worry about being able to trust others with personal information?

Each of these issues may get in the way of you talking to others about your feelings. Remember that talking to others about your feelings is a big step toward feeling better. Often, you need support from others to be able to deal with difficult emotions, so you can handle your responsibilities effectively. Asking for help lets people know that you value their support and involvement and offers chances to build relationships. Talk to trusted family, friends, and professionals about your feelings and about ways to cope with strong emotions. They may be able to give you some good ideas about ways to cope with your feelings.

We've talked to lots of survivors and their families to find out ways they cope with strong feelings. 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 and your family:

- ▶ **Remember that ups and downs are normal parts of life.** Realize that your feelings are a common, normal response to your experience. Try to look forward to the ups!
- ▶ **Stop the cycle before your emotions get too intense.** Watch out for early warning signs of intense emotions. It's harder to calm down once they get out of control.
- ▶ **Intense emotions often come in response to stress.** Monitor your stress level and take steps to control your stress. Some stress management strategies actually work well for dealing with intense emotions too.
- ▶ **Be hopeful and positive.** Say positive things to yourself and others (e.g., "I will make it through this," "I'm trying my hardest," "I'm a good person"). Try to keep a good sense of humor.
- ▶ **Recognize the difficulties and challenges you face, and how hard you are working to make things better.** Give yourself credit when you control your emotions and express your feelings in positive ways.

Stay tuned for the next issue of *TBI Today* when we'll talk about even more ideas for managing intense emotions!

This column was written by Laura Taylor and Jeff Kreutzer from the VCU TBI Model System Family Support Research Program. The program teaches families how to deal with stress and intense emotions. For more information about the program, please contact Laura at (804)828-3703 or toll free at 866-286-6904 or by email at [taylorla@vcu.edu](mailto:taylorla@vcu.edu).

**FIRST FRIDAY OF EACH MONTH**

(6:00 — 9:00 PM)

Event: T.G.I.F

Location: Typically at Belmont Recreation Center, 1600 Hilliard Rd. in the Lakeside area of Henrico Co.

Description: Henrico, Hanover, and Chesterfield County Departments of Parks and Recreation host monthly social events for adult survivors of brain injury

Contact: Call 501-7489 for more information.

**JULY 19**

Event: Richmond BIAV Speaker Meeting

Location: Children's Hospital, 2924 Brook Rd.

Description: Richmond Police and Hanover Fire Departments on "Personal Safety and Security Issues"

Contact: BIAV at 355-5748 for more information

**AUGUST 16**

Event: Richmond BIAV Speaker Meeting

Location: Children's Hospital, 2924 Brook Rd.

Description: Game night—Bring a favorite board game and enjoy an evening of fellowship and fun with group members.

Contact: BIAV at 355-5748 for more information

**SEPTEMBER 20**

Event: Richmond BIAV Speaker Meeting

Location: Children's Hospital, 2924 Brook Rd.

Description: Dr. Nathan Zasler will be speaking (topic to be determined).

Contact: BIAV at 355-5748 for more information

**OCTOBER 24 — 25**

Event: 18th Annual Journey Toward Independence

Location: Johnson Center at George Mason University, Fairfax, VA.

Description: A conference for brain injury survivors, family members, and medical and rehabilitation professionals, JTI provides opportunities to discover creative ways to improve survivors' "quality of life" and highlights positive aspects of recovery, medical advancements, and legislative initiatives for needed services at the federal, state, and local levels

Contact: Call Alice Dunlap at 703-360-5712 or NVBIA – 703-569-1855, email nvbia@aol.com, or FAX 703-451-4504.

**NOVEMBER 13**

Event: Brain Injury Association of Virginia conference: "New Answers for a New Era"

Location: Holiday Inn Richmond (I-64 and West Broad St.), Richmond, VA

Description: This one-day event provides professionals, survivors and caregivers an opportunity to learn more about current issues and resources for those involved with the brain injury community.

Contact: Michelle Ward (michelle@biav.net) or Theresa Alonso (theresa@biav.net) or call 804-355-5748).

# JUST FOR FUN!

Working word puzzles can help keep you sharp. See if you can find the words from the word list hidden in the puzzle below. All the words are taken from articles in this issue. Answers are on page 8. Try not to peek unless you have to! Good luck!

- |             |          |              |
|-------------|----------|--------------|
| ANGRY       | HAPPY    | RELATIONSHIP |
| BETTER      | HELP     | SAD          |
| COMMUNICATE | HOPEFUL  | SUPPORT      |
| COPE        | LABILITY | TALK         |
| EMOTIONS    | MOOD     | UPSET        |
| FEELINGS    | POSITIVE | WORRY        |

S	T	V	Y	R	R	O	W	W	Q	R	U	P	C	X	E	Z
M	H	J	P	Y	L	K	J	G	T	Y	P	F	C	Z	M	R
O	P	W	A	L	A	B	I	L	I	T	Y	Z	O	X	O	C
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B	N	D	D	S	W	A	Q	S	A	D	V	Z	C	O	P	E

(Continued from page 2...Neurotrauma)

for CNI Research Grantees to highlight their projects and share results. It also provided a unique forum for Virginia researchers to meet and discuss possible future collaborations. A similar "Community Colloquium" featuring the community-based services grant recipients is being planned tentatively for Fall 2004.

For more information on the Commonwealth Neurotrauma Initiative, please visit the CNI website at <http://www.vacni.org> or contact Kristie Chamberlain, CNI Program Administrator at [chambekl@drs.state.va.us](mailto:chambekl@drs.state.va.us), 804/662-7154 or Patti Goodall, Director of DRS Brain Injury & Spinal Cord Injury Services at [goodalpa@drs.state.va.us](mailto:goodalpa@drs.state.va.us), 804/662-7615.

## EMOTIONAL ADJUSTMENT PROJECT



VCU's TBI Model System includes a research project to better understand how to look at emotional adjustment after brain injury. Emotional changes can be a big problem for people after brain injury. Understanding how to tell whether the problems are from depression, the brain injury, or adjusting to losses can be hard. Participants for this study need to have had a traumatic brain injury and be at least 18 years old. If you have questions about the project or would like to be involved, please call *Jenny Marwitz* at: (804) 828-3704 or toll free (866) 296-6904, or email her at [jhmarwit@vcu.edu](mailto:jhmarwit@vcu.edu).

S	T	V	Y	R	R	O	W	W	Q	R	U	P	C	X	E	Z
M	H	J	P	Y	L	K	J	G	T	Y	P	F	C	Z	M	R
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O	W	H	A	P	P	Y	P	Y	T	G	K	J	M	L	T	D
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Z	D	H	O	P	E	F	U	L	B	E	I	G	I	A	S	B
C	Z	G	S	V	F	T	G	A	F	S	L	D	C	S	M	N
S	S	D	I	N	C	Y	H	T	D	W	E	F	A	E	N	A
V	B	E	T	T	E	R	G	I	C	W	E	E	T	Q	L	N
E	E	W	I	S	Z	U	T	O	S	E	F	F	E	E	J	G
R	R	Y	V	D	Q	K	Y	N	E	W	Q	D	Y	X	K	R
T	P	L	E	H	S	I	U	S	U	P	P	O	R	T	P	Y
Y	N	N	Q	C	E	Y	I	H	R	R	D	B	R	C	R	Q
H	M	D	W	E	D	H	I	I	Y	U	P	S	E	T	D	E
T	A	L	K	C	V	K	O	P	R	F	B	M	R	P	A	D
B	N	D	D	S	W	A	Q	S	A	D	V	C	C	O	P	E

VCU, PM&R  
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