

TBI TODAY

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

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I'D LIKE YOU TO MEET WHAT'S-HER-FACE: STRATEGIES FOR REMEMBERING NAMES, PART I

Understandably, people often feel embarrassed about forgetting someone else's name. After all, your own name is very important to you: it is part of how you define yourself – your identity. It's important to realize, though, that everyone has trouble remembering names from time to time. Also, it's unrealistic to expect that you will remember everyone's name. Some people have a hard time just learning new names to begin with, while others have trouble recalling names of people they already know. Try some of the following tips and see if those embarrassing moments become fewer and farther between.

REMEMBERING NAMES OF PEOPLE YOU MEET

- **Pay attention while being introduced.**
 - **Stop** what you're doing.
 - **Look** at the person.  What is it about the way this person looks that I will most likely remember? For example:
 - ◆ Size – Heavy, thin, tall, short
 - ◆ Hair – Curly, thin, short, long, color
 - ◆ Facial features – nose, mouth, eyes
 - **Listen** carefully to the name. If you don't catch their name when it was originally told to you, ask for it again. Saying it immediately will help you remember it when they walk away.
 - ◆ Realize that people are

flattered when you take an interest in them!

- **SAVE the person's name**
 - Say the name at least 3 times in conversation. When first introduced, use the person's name several times as you talk to them. For example, you might say:
 - ◆ "Hi, Jim, nice to meet you."
 - ◆ "So, what do you do for a living, Jim?"
 - ◆ "Do you have any kids, Jim?"
 - Ask a question about their name (e.g., "Is that Catherine with a "C" or with a "K"?") or about the person (e.g., "Mary, do you come here often?").
 - Visualize or try to picture in your mind something about the person you are most likely to remember (e.g., shape of their nose, color of their hair, height, weight).
 - End the conversation with their name. For example,
 - ◆ "Jim, it was great to meet you!"
 - ◆ "Thanks for the information, Terry."
 - ◆ "I enjoyed meeting you, Felicia."
- **To cue your memory for the person's name, try to associate the person's name with:**
 - Something or someone familiar to you:
 - ◆ Someone you know (For example, your aunt, your brother's girlfriend, your pet goldfish).

(Continued on page 2)

(Continued from page 1)

- ◆ Celebrity, famous person, or TV/cartoon character (For example, Bush, Wayne, Simpson, Bunker)
- ◆ An occupation (For example, Driver, Gardener, Cooke, Farmer, Baker)
- ◆ A thing or animal (For example, Booth, Hill, Snow, Moon, Wells, Falcon, Beard)
- ◆ Product brand name (For example, Singer, Ford, Webber, Dell, Decker, McCormick, Comet, Whittman)
- A rhyme
For example, Clark/lark; Puckett/bucket; Crump/slump; Blake/bake; Terry/merry; Teague/league; Blake/lake
- Familiar-sounding words
For example, Hightower = high + tower; Askew = ask + you; Starkey = star + key; Jackson = Jack + son; Mancuso = man + cue + sew; Andre = on tray
- A noteworthy physical feature or personality characteristic
For example, you might

think of someone with a big head of blonde hair as “Ryan the Lion”; a very tall girl might be “Tall Tiffany”; a lady with the gift of gab may be “Chatty Cathy.”

- A “mind” picture
The more outlandish and colorful the picture, the easier it will be to remember. Longer names may need to be broken down into syllables to create memorable pictures. The full name should create ONE picture. The person whose name you have made a picture of should be in the picture. For example, to remember the name “Pitchford” you could think of the person pitching something at a Ford Bronco.
A word of caution: You will find that the more “odd ball” your memory cues are, the easier they are to remember. It’s a good idea to keep the cues to yourself so as not to offend anyone.
- **Repetition. Repetition. Repetition. (Get the hint?)**
 - Say the name silently to yourself a few times.
 - Try to use the person’s name

in conversation repeatedly.

- Introducing the person to others can be an easy way to repeat the name without drawing attention.
- **When possible, make notes.** (e.g., in your memory book/organizer; on a calendar; note pad; program, business card; etc.). Include:
 - The person’s name and prominent features
 - What you talked about
 - The person’s interests, job, family, etc.
 - ◆ Review the name often until it is familiar. Try to use the person’s name in everyday conversation; even if you just say it to yourself.

Part II of “I’d Like You to Meet What’s-Her-Face,” with additional strategies for remembering names, will be published in the next issue of *TBI Today*.

With the authors’ permission, this article was taken from the new book *Memory Matters: Strategies for Managing Everyday Memory Problems* by Deborah West and Jan Niemeier. For more information about this book and other helpful resources, visit the National Resource Center for TBI Website at www.neuro.pmr.vcu.edu or call (804) 828-9055 to request a catalog.

VCU OUTPATIENT REHABILITATION SERVICES PROGRAM EXPANDS

The VCU Outpatient Rehabilitation Services Program was designed to test the benefits of support and education for survivors of TBI and their family members. With permission from the VCU Office of Human Research Subjects Protection, the program has expanded. Now, people with strokes, aneurysms, and anoxic brain injuries are also eligible to participate with their adult family members.

If you are interested in learning more about the program, please contact *Jenny Marwitz* by phone at 804-828-3704, toll free at 1-866-296-6904, or by email at jhmarwit@vcu.edu.

Research Volunteers Needed

VCU Acquired Brain Injury Outpatient Rehabilitation Services Program

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

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

FOR MORE INFORMATION ABOUT THE PROGRAM, PLEASE CALL:

JENNY MARWITZ

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

E-MAIL: JHMARWIT@VCU.EDU



HAD A BRAIN INJURY? FEELING DOWN OR SAD?



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

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

This study is conducted by the VCU Department of Physical Medicine & Rehabilitation. Contact Jenny Marwitz (see box at right) for more information.

JENNY MARWITZ

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

E-MAIL: jhmarwit@vcu.edu

USPS: VCU Department of Physical
Medicine & Rehabilitation
Box 980542
Richmond, Virginia 23298-0542

JUST FOR FUN FIRST-LETTER CLUES

1. S _ _ H _ _ _	5. D _ _ F _ _ _	9. W _ _ S _ _ _
2. F _ _ R _ _ _	6. M _ _ C _ _ _	10. T _ _ W _ _ _
3. M _ _ D _ _ _	7. P _ _ S _ _ _	11. C _ _ H _ _ _
4. L _ _ B _ _ _	8. C _ _ G _ _ _	12. H _ _ O _ _ _

MARK YOUR CALENDARS

FIRST FRI. OF EACH MONTH

(6:00 — 9:00 PM)

Event: T.G.I.F

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

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

Contact: Call (804) 501-7489 for more information.

SEPT. 10, 2005

Event: Getting Better and Better After TBI

Location: VCU MC, Richmond, VA

Description: Workshops for TBI survivors and their families addressing important information for enhancing recovery. Topics improving memory, building relationships, and managing stress.

Contact: Call (804) 828-9055 or e-mail Jenny at jhmarwit@vcu.edu to register for these FREE workshops.

SEPT. 17, 2005

Event: Wrightslaw IDEA 2004 Training

Location: University of Richmond. T.C. Williams School of Law

Description: Key provisions of IDEA 2004, history of special ed. law, Congressional Findings & Purposes, changes in legal requirements for evaluations & IEPs, & new procedural requirements.

Contact: Call 804-758-8400 or visit www.wrightslaw.com/speak/05.09.va.htm for more information.

OCTOBER 7, 2005

Event: Journey Toward Independence

Location: George Mason University's Johnson Center, Fairfax, VA

Contact: Contact Jack Kuhlman at KJBK49@aol.com for more information.

NOVEMBER 12, 2005

Event: Brain Injury Association of Virginia 5th Annual Conference

Location: Crown Plaza (formerly the Holiday Inn) Richmond (164 and West Broad).

Contact: Visit www.biav.net or call BIAV at 804-355-5748 for details.

NOVEMBER 19, 2005

Event: Getting Better and Better After TBI

Location: VCU MC, Richmond, VA

Description: Workshops for TBI survivors and their families addressing important information for enhancing recovery. Topics include improving interpersonal communication, assistive technology to help with memory problems, and medical issues.

Contact: Call (804) 828-9055 or e-mail Jenny at jhmarwit@vcu.edu to register for these FREE workshops.

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 contact Debbie West at 804-828-8797 or ddwest@vcu.edu.

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Q. Why would someone need a guardian? How do you go about becoming a guardian? What does guardianship involve and require once established? Are there alternatives to guardianship that should be considered?

A. A guardian is a person who has the legal responsibility for providing the care and management of a person who is not capable of managing their own affairs (e.g., financial and/or health care decisions), either due to age or to some other physical, mental or emotional impairment. Following brain injury, some survivors are not able to manage their own finances or make good choices about their health care. In these situations, a guardian may be appointed by the court system. The court supervises the guardian. Guardians are required to appear in court to give periodic reports about the status of the person and their financial situation.

In some situations, the appointment of a guardian may not be necessary. For example, when only Social Security benefits are involved, family members may only need to have someone named by the Social Security Administration to serve as the "representative payee" of those benefits. A "representative payee" is not permitted to make health care decisions for an incapacitated adult. When medical decisions are involved, a guardian should be appointed.

To have a guardian appointed, family members or significant others should consider filing a petition with the court. In the pe-

tion, you can make suggestions about individuals to serve as the guardian. Since the legal aspects of guardianship vary from state to state, in most instances an attorney who is familiar with these procedures should be consulted.

Deciding to have a guardian appointed for a loved one can be difficult. Consider talking to trusted friends, family members, clergy, or professionals to get their feedback and advice.

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



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: I have a friend who had a serious brain injury last year. She fell off the horse she was riding and was knocked completely out. I'm glad I was riding with her that day so I could go find help. We got her to the hospital right away. They said she was in a coma from her injury. She spent several weeks at the hospital and slowly got better. When she went home, we threw a big party for her, but it

didn't seem to cheer her up much. It's been months since the injury, and she still seems sad all the time. Whenever I ask her to do things with me, she puts me off mostly. I have to insist before she'll even go out to see a movie or eat lunch with me. This isn't like her at all to be so isolated and down. What can I do to help my friend when she won't even talk to me about what's wrong?

PAT'S RESPONSE: After brain injury, people often have a hard time dealing with life changes that may follow like seeing different doctors, going to physical therapy appointments, being unable to drive, or missing work. Changes in brain functioning after an injury may also play a role in emotional difficulties. The physical wounds of a brain injury often heal much more quickly than the emotional ones. You are a good friend to notice that she needs help feeling better. Unfortunately, despite your best efforts to cheer her up, your friend remains in a slump. Sometimes it takes help from professionals to start feeling positive again after brain injury.

The Brain Injury Association of Virginia (BIAV), located in Richmond, has information about services for persons with brain injury in the state. The friendly staff at BIAV would be happy to share their resources for persons after brain injury. For example, BIAV has a list of local brain injury service providers (doctors, psychologists, and counselors), information about support group meetings, educational materials about brain injury, and other resources in the community. You and your friend may consider attending a support group to learn about coping with brain injury first hand from people with brain injury and their family members or friends.

Perhaps, you can invite your friend for an early supper then go to a support group together!

To learn more about support groups in Virginia for survivors of brain injury and their family members or friends, contact BIAV by phone (804-355-5748 or toll free 800- 334-8443) , e-mail (info@biav.net), or send a letter to the address listed below:

Brain Injury Association of Virginia
3212 Cutshaw Avenue
Suite 315
Richmond, VA 23230

For people with brain injuries having a difficult time adjusting, there are a number of studies going on at Virginia Commonwealth University (VCU) Medical Center in Richmond which may be helpful. There are two studies which may be of interest to your friend. One study helps identify symptoms of depression after brain injury. The other study provides treatment to persons with depression following brain injury. To learn more about options for people with brain injury to volunteer in a study (or two), read on!

In one study, researchers are trying to figure out the best way to identify emotional changes after brain injury. People volun-

teering for the study will talk with someone about emotional changes they've noticed since their injury. A short test of mental functioning will also be given. They will be interviewed on two occasions -- once as soon as a visit can be scheduled, then again three months later. If a serious emotional problem is found or the person is interested in treatment, options that may help him or her feel better will be discussed. People without clear signs of emotional difficulties after brain injury can also volunteer for the study if they like.

Another study at VCU Medical Center hopes to find out whether medication for depression helps people with brain injury feel better. The survivor will be seen by a doctor and research staff every one or two weeks for three months while on medication to check the person's response. Volunteers are not charged any fees to take part in these studies. To learn more about these research projects, you, a family member, or another friend may call Jenny Marwitz (804-828-3704 or toll free at 866-296-6904).

Your local chapter of the Brain Injury Association of America (toll free at 800-444-6443 or

internet www.biausa.org) may provide information about ongoing studies or support services for persons with brain injury in your area. Other national organizations with information about brain injury research and recovery include:

- National Institute on Disability and Rehabilitation Research (NIDRR)

400 Maryland Avenue, S.W.
Washington, DC 20202-7100
(202) 245-7640
TTY: (202) 245-7316
www.tbindc.org

- National Institute of Neurological Disorders and Stroke (NINDS)

NIH Neurological Institute
P.O. Box 5801
Bethesda, MD 20824
(800) 352-9424 or
(301) 496-5751
TTY: (301) 468-5981
www.ninds.nih.gov

THE INFORMATION PROVIDED IN THE FAQ AND CHAT WITH PAT 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.

JUST FOR FUN! *****

Word games can help keep your mind sharp. "Just for fun" see if you can solve the following word riddles. Use the clues to come up with the answer: a pair of rhyming words. First-letter Hints are on page 3 and answers are on page 6, "just in case." We'd love to have your contributions. To submit your "Just for Fun" word riddles contact Debbie West at ddwest@vcu.edu or call her at 804-828-8797.

Example 1 : An automobile saloon? C A R + B A R ; Example 2: Rodent abode? M O U S E + H O U S E

- 1. Wash your dream? _____ + _____
2. Enjoyable jog? _____ + _____
3. Satellite sand hill? _____ + _____
4. Smoked fish container? _____ + _____
5. Hard drive pat down? _____ + _____
6. Cheerful bag? _____ + _____
7. Rose-colored basin? _____ + _____
8. Chilly 1st place medal? _____ + _____
9. Combat tally? _____ + _____
10. Skinny victory? _____ + _____
11. Policeman's dance? _____ + _____
12. That man's exam? _____ + _____

HOW TO CLEAN UP STINKING THINKING AND COPE BETTER WITH NEGATIVE EMOTIONS AFTER BRAIN INJURY

After brain injury, people often find themselves having a hard time feeling hopeful. Feelings of sadness and nervousness are common. Thinking positively about the future can be challenging. Following injury, a person or family member may find the following statements familiar:

- 🗣️ “I will always have problems and will *never* be the same again.”
- 🗣️ “This is so *unfair*. The driver that hit me was reckless and didn’t even get hurt.”
- 🗣️ “My friends don’t return my phone calls. *Nobody* likes me anymore.”
- 🗣️ “I’ll *never* be able to get or hold down a job with a brain injury.”
- 🗣️ “The brain injury happened 3 years ago. He *ought to* be doing better by now.”

Are you concerned about how you or a family member with brain injury is coping? You may be wondering how you can tell if emotions are getting in the way. To help you better understand

common symptoms of depression or anxiety, read the list of words in the “Are Emotions Getting in My Way?” Questionnaire, below. Check off the words that describe you or someone you know with brain injury.

Think about the items you checked and the ones you did not. The more items you checked off, the more unhappy you or a loved one may be.

These types of statements are warning signs of **Stinking Thinking**. Several examples of Stinking Thinking you may recognize are:

- ◆ *All-or-None Thinking* (or *Black or White Thinking*). Thinking about things as extremes – either all good or all bad.
- ◆ *Over-generalizing*. Using words like “always” and “never.”
- ◆ *Mental Filtering*. Looking only at the negatives while ignoring the positives.
- ◆ *Labeling*. Putting negative labels on yourself, others, or things in your life.
- ◆ *Jumping to Conclusions*. Believing you know the facts

without proof.

- ◆ *Emotional Reasoning*. Thinking your emotions are facts or reality.
- ◆ *Should Statements*. Using statements with the words “should”, “ought to”, or “have to.”

When thoughts are twisted by negative emotions, **Stinking Thinking** is the result. Survivors of brain injury and their family or friends may think they can’t win at life or they are a victim of life when twisted thoughts take hold. With mounting difficulties related to living with brain injury, Stinking Thinking can become a habit that is hard to break.

Stinking Thinking often leads people to feel sad, worried, and hopeless. To feel better, try to “freshen up” your thinking. Here are a number of ideas that survivors and their families find helpful to change negative thoughts after brain injury:

- ◆ **Remember, life is not painted black or white.** Much of life takes place in the gray areas. Most things in life are not all good or all bad, but somewhere in between.
- ◆ **Misery is optional.** Feeling miserable keeps you stuck in the past. The past is something no one can change. Focus on changing the things you can and accepting what you have no control over.
- ◆ **Emotions are not facts.** Just because you feel a certain way, does not make it true. Notice when emotions are getting the best of your thoughts and check out the facts first.

Are Emotions Getting In My Way? Questionnaire

- | | |
|---|--|
| <input type="checkbox"/> Feeling down, blue, hopeless, or tense | <input type="checkbox"/> Can’t stop thinking about problems |
| <input type="checkbox"/> Crying spells | <input type="checkbox"/> Low energy |
| <input type="checkbox"/> Irritability or restlessness | <input type="checkbox"/> Appetite increase or decrease |
| <input type="checkbox"/> Feeling guilty or worthless | <input type="checkbox"/> Avoiding others |
| <input type="checkbox"/> Getting frustrated easily | <input type="checkbox"/> Not enjoying things |
| <input type="checkbox"/> Difficulty falling or staying asleep, or sleeping too much | <input type="checkbox"/> Difficulty making decisions, concentrating, or remembering things |

RESOURCES TO THE RESCUE

NEW TBI RESOURCE NOW AVAILABLE FROM CDC

- ◆ **The future is not set in stone.** You cannot be certain about what tomorrow will bring. Try to avoid making negative assumptions about the future.
- ◆ **View “mistakes” as life lessons.** Life is full of opportunities to learn new skills, make new friends, and try new activities. Learn from mistakes and do better next time.
- ◆ **Avoid seeking perfection.** Instead, pay attention to progress made after injury. Remember, recovery from brain injury is a life-long journey for survivors and their families and friends.
- ◆ **Practice new ways of thinking** to help you feel more positive during the process of recovering from brain injury.

If you or someone in your family is having trouble with negative emotions, individual or family counseling may help. Psychologists at Virginia Commonwealth University (VCU) Medical Center in Neuropsychology and Rehabilitation Psychology Services provide therapy to persons with brain injury and their family members as part of standard care and research. In addition, researchers at VCU are looking at the best ways to identify coping and adjustment problems after brain injury. Another study at VCU is available for persons with brain injury and their families to treat common post-injury problems. Individuals with brain injury and their family members are encouraged to call for more information about research VCU has to offer.

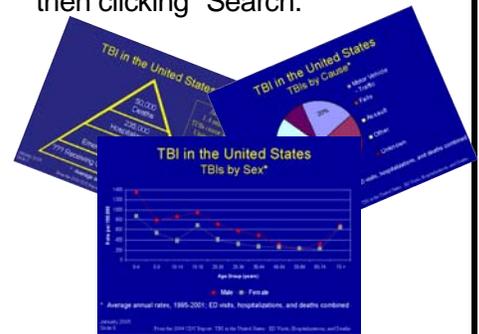
The Centers for Disease Control (CDC) and Prevention's Division of Injury and Disability Outcomes and Programs (NCIPC), within the National Center for Injury Prevention and Control, recently released a new TBI resource - a set of slides highlighting important points from the latest TBI report from CDC. Last November, CDC released the report, "Traumatic Brain Injury in the United States: Emergency Department Visits, Hospitalizations, and Deaths." A 19-slide presentation, highlighting important points from the 68-page report, is available at www.cdc.gov/ncipc/tbi/SL/TBI_in_the_US.htm. The slide presentation, which can be viewed online in either graphic or text format, is available for downloading in both PowerPoint and Adobe PDF file formats. Presentation notes are accessible after downloading in PowerPoint format.

The report and slides provide detailed information about traumatic brain injury-related deaths, hospitalizations, and emergency department visits in the United States for the years 1995 through 2001. This report is intended to be a reference for policy makers, service providers,

educators, researchers, advocates, and others interested in knowing more about the impact of TBI in the United States.

A digital PDF file of the original report is available at the NCIPC's Publications web site: www.cdc.gov/ncipc/pub-res/TBI_in_US_04/TBI-USA_Book-Oct1.pdf. Free printed copies of the report may also be ordered from NCIPC's web site: webapp.cdc.gov/IXPRESS/PUBSPROD/NCIPC+BOOK/NCIPC.DML

This set of slides and similar items can also be found at TBI Collaboration Spaces (TBICS), at: www.tbitac.nashia.org/tbics by clicking on "Products and Resources" on the red bar; clicking "Product/Resource Look up"; and enter "deaths" (or anything from the title) in the keyword field; and then clicking "Search."



Sample of slides now available for download from the CDC.

This column was written by Lee Livingston and Jeff Kreutzer from the VCU TBI Model System Program. For more information about outpatient rehabilitation services and VCU research programs, please contact Jenny Marwitz by phone at 804-828-3704, toll free at 1-866-296-6904, or by email at jhmarwit@vcu.edu.

HOT OFF THE PRESS

GET THE LATEST *TBI TODAY* E-MAILED STRAIGHT TO YOUR COMPUTER !!!

Contact Debbie West:
ddwest@vcu.edu
804-828-8797

to sign up for our *TBI Today* mailing list.

JUST FOR FUN ANSWERS

1. SOAP HOPE	4. LOX BOX	7. PINK SINK	10. THIN WINK
2. FUN RUN	5. DISK FRISK	8. GOLD GOLD	11. COP HOP
3. MOON DUNE	6. MERRY CARRY	9. WAR SCORE	12. HIS QUIZ

“GETTING BETTER AND BETTER AFTER TBI” WORKSHOPS SCHEDULED FOR SEPTEMBER AND NOVEMBER

To help meet the needs of survivors and their loved ones, the VA Commonwealth University Medical Center (VCU MC) Traumatic Brain Injury Model System (TBIMS) provides informative workshops focusing on common challenges and concerns expressed by survivors and their families. The “Getting Better and Better after TBI” workshops provide practical information, ideas, and suggestions by experienced rehabilitation professionals from the VCU Medical Center. Workshop participants will be encouraged to ask questions and discuss their concerns about physical and emotional recovery.

WHEN AND WHERE ARE THE WORKSHOPS SCHEDULED?

The workshops will be held on Saturdays, Sept. 10th and Nov.

19th at the VCU Medical Center, in the Learning Center on the first floor of the Main Hospital. Workshops start at 10:00AM and finish at 3:30PM.

WHAT TOPICS WILL BE COVERED ON SEPT. 10TH?

- ◆ Improving Memory after Brain Injury — *Jan Niemeier, PhD*
- ◆ Building Relationships and Overcoming Loneliness — *Jeff Kreutzer, PhD*
- ◆ Riding Out the Roller Coaster: Managing Stress and Intense Emotions *Laura Taylor, PhD*

WHAT TOPICS WILL BE COVERED NOV. 19TH?

- ◆ Communication Issues — *Jeff Kreutzer, PhD*
- ◆ Gadgets to Help Your Memory — *Tony Gentry*

- ◆ Ask the Doctor — Nathan Zasler, MD, FAAPM&R, FAADEP, DAAPM; CEO & Medical Director, Concussion Care Centre of VA and Tree of Life

HOW MUCH DOES REGISTRATION COST AND HOW CAN I REGISTER?

Registration is **FREE!** thanks to our co-sponsors. To register, or for more information, simply call 804 828-9055 and ask to speak with Mary Beth King or Jenny Marwitz. You can also email your questions to jhmarwit@vcu.edu. Please register early; seating is limited.

WHO SPONSORS THESE WORKSHOPS?

A partnership including VCU MC, the Brain Injury Association of Virginia, and the National Resource Center for TBI.

**VCU, PM&R
TRAUMATIC BRAIN INJURY MODEL SYSTEM
P.O. BOX 980542
RICHMOND, VA 23298-0542**