



THE VIRGINIA TBIMS  
TEAM

EDITOR

Matthew Wetsel, B.S.

PRINCIPAL INVESTIGATOR AND  
PROJECT DIRECTOR—  
FAMILY RESEARCH

Jeffrey Kreutzer, Ph.D.

CO-PRINCIPAL INVESTIGATOR

David Cifu, M.D.

PROJECT COORDINATOR

Jenny Marwitz, M.A.

PROJECT DIRECTOR — ACUTE  
CARE RESEARCH

Janet Niemeier, Ph.D.

PROJECT COORDINATOR—FAMILY  
RESEARCH

Emilie Godwin, Ph.D.

PROJECT COORDINATOR—CUL-  
TURAL COMPETENCY

Juan Carlos Arango, Ph.D.

MEDICAL DIRECTOR

William Walker, M.D.

BIostatistician

Jessica Ketchum, Ph.D.

PROGRAM EVALUATOR

Allen Lewis, Ph.D.

RESEARCH ASSOCIATES

Victoria Powell, B.A.  
Matthew Wetsel, B.S.  
Nancy Hsu, Psy.D.  
Lindsay Farrar, B.S.

DIRECT CORRESPONDENCE TO:

Matthew Wetsel  
P.O. Box 980542  
Richmond, VA 23298-0542  
(804) 828-3703  
Email: wetselme@vcu.edu

TBI Today is published by Virginia Commonwealth University's Dept. of Physical Medicine and Rehabilitation's Neuropsychology Service. This newsletter is a project of the Virginia Model System, funded by the US Department of Education's National Institute on Disability and Rehabilitation Research (NIDRR). The views, opinions, and information presented herein are those of the publisher and are not necessarily endorsed by the US Dept of Education.

## Announcing the Youth with Brain Injury Project

by Elizabeth Nicholls

Virginia Commonwealth University is pleased to announce the Youth with Brain Injury grant. The project is a partnership between VCU's Physical Medicine and Rehabilitation, the Department of Juvenile Justice, and the Brain Injury Association of Virginia. In collaboration with these groups, VCU's Jeffrey Kreutzer, Ph. D. and Juan Carlos Arango, Ph. D. will be developing a system and set of guidelines for screening incoming juvenile offenders for a history of brain injury. The grant is funded by the Commonwealth Neurotrauma Initiative (CNI) Trust Fund.

The CNI Fund was established in 1997 by the State Senate to ensure adequate treatment for Virginians with brain and spinal cord injuries. The Youth with Brain Injury project was born when a group of Virginia legislators voiced concern about the adequacy of brain injury screening and evaluation methods for youth in Virginia's correctional facilities. A recent report from the Centers for Disease Control has suggested that there is a high rate of brain injury in adult prison-

ers, but little is known about brain injury rates for juvenile offenders. Concerns have also emerged that current intervention programs may not be entirely adequate, because little is known about the special needs of juvenile offenders with brain injury and related disabilities. This grant will also allow the partnership to study and evaluate intervention programs for youth with TBI.

The Department of Juvenile Justice (DJJ) is dedicated to providing outstanding service to the young people in their care. They are enthusiastic to reformulate their screening system to make sure all juvenile survivors of TBI are being identified and cared for appropriately. The DJJ plans to work with VCU and the Brain Injury Association of Virginia to provide staff training based on the new guidelines. It is expected that identifying juveniles with brain injury early in their confinement will enable the Department of Juvenile Justice and other providers to offer better services related to their specific

(continued on page 2)

## VCU's Brain Injury Family Intervention Project

Virginia Commonwealth University has developed the Brain Injury Family Intervention (BIFI) program directed toward both TBI survivors and their family members. The purpose of this program is to promote long-term recovery and strengthen families after TBI. Regardless of how long it has been since the TBI, families are welcome to participate.



Many families have described the program as very helpful. A decrease in depression symptoms and an increase in the independence of the TBI survivor are just a couple of the positive outcomes some participants in the BIFI program have experienced.

The program is free and some funds are available for travel. If you would like to participate in the BIFI program or learn more, please contact Jenny Marwitz at (804) 828-3704 or toll free at (866) 296-6904. You can also email [jhmarwit@vcu.edu](mailto:jhmarwit@vcu.edu).

**(Youth w/ TBI continued)**

needs. We anticipate that the provision of appropriate, timely services will enable more children to live in home settings, make progress in education, and reduce rates of re-offense. Further, with more accurate brain injury prevalence data, the Department will have a far better understanding of service and resource needs to inform future funding decisions.

Research and planning meetings have begun with representatives from all three organizations. In the future, they will include a representative from the Department of Correctional Education. The first goal is to establish the state of current research on juvenile offenders with brain injury, including several studies currently underway in other states. The committee is working on a national survey of other juvenile justice organizations to determine if there is an existing standard of care for these youth. The group will solicit input from organizations, agencies, professionals, and consumers to identify best practices for brain injury screening, evaluation, and intervention for incarcerated juveniles. As a team, there is confidence in the ability to accurately identify the prevalence of brain injury among incarcerated juveniles, their needs, and best practices likely to reduce re-arrest and to maximize opportunities for independent and adaptive community living. Having the support of elected Virginia legislators, DJJ, BIAV, and the Department of Correctional Education provides VCU with an excellent opportunity to improve the lives of these very vulnerable young people.

**JUST FOR FUN!**

*By Matthew Wetsel*

Try to find the following words! They can be horizontal, vertical, or diagonal! Answers located on the back page.

AID      DEPARTMENT      FAMILY      INJURY  
 METHOD      PSYCHOLOGY      QUESTION      RECOVER  
                     REHAB                      TIMER

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

**Mark Your Calendar!**



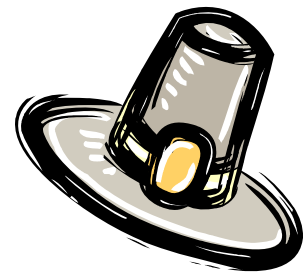
- ◆ **Event:** T.G.I.F.
- ◆ **Location:** Belmont Recreation Center, 1600 Hilliard Road in the Lakeside area of Henrico Co. every 1st Friday of each month
- ◆ **Description:** the local departments of recreation & parks host this monthly social event for survivors of brain injury, ages 18+
- ◆ **Contact:** Call Kariayn Smith, 804-501-5135, for more information and/or to be placed on the mailing list for monthly reminders.
  
- ◆ **Event:** Richmond Chapter and Support Group
- ◆ **Location:** 3rd Monday every month at 6 pm, in the Children's Hospital Auditorium at 2924 Brook Rd.
- ◆ **Contact:** Call the Richmond BIAV at (804) 355-5748 for more info!

**March 10-14, 2010**

- ◆ **Event:** International Brain Injury Association's Eighth World Conference on Brain Injury
- ◆ **Location:** Washington, DC
- ◆ **Contact:** [www.internationalbrain.org](http://www.internationalbrain.org) for more information.

**March 27, 2010**

- ◆ **Event:** Brain Injury Association of VA's 9th Annual Conference "Opening Doors"
- ◆ **Location:** Richmond, VA
- ◆ **Contact:** [www.biav.net](http://www.biav.net) for more information.



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 Matthew Wetsel at 804-828-3703 or [wetselme@vcu.edu](mailto:wetselme@vcu.edu)

# Low-Tech and High-Tech, Plan-Ahead Memory Strategies

by Dr. Janet Niemeier


Persons living with TBI commonly list problems with memory as one of their biggest challenges. Rehabilitation therapies thankfully teach some quick and easy strategies that help with recall of facts and names we need for our day-to-day lives. As individuals begin to plan for returning to work or to start increasing their daily activities, they find that they need to remember more information, and that this information is becoming more and more complex. Often the simple memory strategies are just not enough to fully do the job. The following are some plan-ahead strategies, mostly low tech, that are designed to help with recall of more complex experiences, information, and ideas.

## The Oven Timer Method

If you want to remember to do something on time, and you are working on something else, plan to set a simple oven timer and put a post-it note on it to remind yourself why you set it. When the alarm goes off, you read the post-it note, and chances are you will remember to do this task even though you might have been busy doing something else. For example, if you have a casserole in the oven, and you are working on balancing your check book, you can set the timer for correct removal of the casserole but still be focused on your check book.

## Memory Logs

Many readers may already use Memory Logs. This article does not recommend that our method is the best. However, we have learned that use of a Memory Log is another plan-ahead strategy and that the Log has some essential parts. Based on our evidence, Memory Logs must have the following to be useful:

- 
- ✓ A calendar that has month pages with spaces for writing each date
  - ✓ Information you need regularly tucked in some pocket, like important phone numbers
  - ✓ To-do lists
  - ✓ Daily pages with headings like "Date," "Day of the Week," on the top of each page and headings like "Hour," "Who I was with, Where I was, or What I was doing" at the beginning of each page with actual hourly times down the left side of each page.

## Task Analysis

A Task Analysis is a plan-ahead strategy that saves Cognitive Fatigue and helps you remember to do all the parts of a task by breaking the task down into steps. For example, "Getting Dressed for Work" sounds like one task. But it has lots of steps. If you have a checklist that includes each step, you check them off as you do them. That way you will be less likely to leave out a step. (Continued on page 4)

**(Memory Strategies continued)****Task Analysis Example:  
“Getting Dressed for Work”**

Steps:

- \_\_\_ 1. Pick out clean clothes the night before.
- \_\_\_ 2. Lay clothes out together.
- \_\_\_ 3. When you get out of the shower, brush your teeth, etc, put on underwear.
- \_\_\_ 4. Now put on top.
- \_\_\_ 5. Now put on bottom.
- \_\_\_ 6. Put on socks.
- \_\_\_ 7. Put on shoes.
- \_\_\_ 8. Check self in mirror. Double check zippers, buttons, and snaps.

**Electronic Memory Aids.**

Electronic memory aids are often helpful and range in price from minimally to very expensive. Their use often require plan-ahead strategies because you may need someone else to help you put or program in information like your schedule, appointments, and important dates or tasks. Some electronic aids, like beepers or data recorders, are less expensive. Personal data assistants, like the Palm line, can be more expensive.

**Other electronic memory aids include:**

- ✓ Pill keepers
- ✓ Small pocket-sized recorders
- ✓ Audiotape recorders, voice activated
- ✓ Telememo watches – Casio
- ✓ Talking watches
- ✓ Flash drives
- ✓ Memory Jogger
- ✓ GPS for cars

**Several websites to explore for potential electronic aids:**

[www.activeandable.com](http://www.activeandable.com)  
[www.smarter.com](http://www.smarter.com)  
[www.abledata.com](http://www.abledata.com)  
[www.maxiaids.com](http://www.maxiaids.com)

**JUST THE FREQUENTLY ASKED QUESTION S**

**Q:** How can I control my temper better? Ever since my car accident, I get frustrated and angered easily. Unfortunately, I tend to take it out on my family.

**A:** Anger and frustration are common reactions due to changes following a brain injury. It is understandable that you would feel overwhelmed by many problems that occurred as the result of your accident. In addition, the injured brain has less ability to control emotions and becomes more sensitive to stress.

Here are some suggestions to help you to better manage your anger:

- Don't say or do the first thing that comes to your mind. Counting to ten can help you get into the habit of thinking about ways to respond and people's reactions before you speak or act.
- Consider leaving the situation. Doing so may be better than saying or doing something you'll regret.
- Tell yourself to relax; breathe deeply and slowly.
- Explain yourself calmly. Be positive and sensitive to other peoples' feelings. Doing so will make it easier for others to understand you.
- Develop new and constructive ways to deal with anger. For example, go running, play a video game, scream into a pillow, or hit baseballs.
- Think about situations that often bring on your anger. Plan ways to deal with these situations ahead of time.
- Talk to a trusted friend, family member, or counselor about other ways to cope with and express your feelings.
- Recognize that you have the power to control your emotions.
- Controlling your emotions is a skill. Practice and you'll get better.

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.



Questions for Pat or the FAQ column are welcomed.  
 Send them to: "ASK PAT" OR "FAQ"  
 P.O. BOX 980542, RICHMOND, VA 23298-0542  
 or e-mail: [jhmarwit@vcu.edu](mailto:jhmarwit@vcu.edu)







## CHAT WITH PAT

***Pat answers your personal questions about brain injury with compassion and practical advice. However, advice from Pat's column should not be substituted for consultation with a doctor or rehabilitation specialist. The identity of individuals submitting questions to "Chat with Pat" is kept strictly confidential.***

**DEAR PAT:** My 21-year-old son was in a bad car accident over a year ago. He was driving home from college for the summer. It was late at night and I think he fell asleep at the wheel. John cannot tell you what happened that night at all. He just remembers packing up his stuff in the apartment and then waking up in the hospital. Luckily, no one else was involved in the accident and he was the only person in the car.

It was amazing that he survived the crash. The pictures taken of the car and the scene were horrific. I cannot even look at them myself. Apparently, John's car flipped in the air several times before landing on the side. I was thankful that he wore his seatbelt. Despite that, John had broken some ribs and his right arm. He also had lots of scratches and bruises on his face and across his body.

John was sent by medflight to the hospital. He was in a coma for a week which was a really scary time for me. I wasn't sure if he was going to come out of it. There was a lot of pacing and sleepless nights for me. The doctors told my husband and me that John has a severe head injury. So, I read a lot about brain injury during that time so I know what to expect if he comes out of the coma.

John did really well after he woke up

and was stable enough to be transferred to the rehab unit a few days later. His injuries healed nicely. He completed all the therapies and was discharged from the hospital after two weeks. I couldn't believe how much improvements he made during that time.

Of course, I expected things to go as smoothly after he came home. I imagined him returning to doing the things he had planned with his friends. Boy, was I wrong! I Yes, he did get stronger, had better balance, and was doing more things on his own without any help. However, John struggled with remembering day-to-day things, coming up with the right words, and organizing. He just couldn't get it together. It was quite painful for me to watch him get frustrated over things that used to come easy for him. He also became more withdrawn.

Now, 18 months later, John has taken this past semester off college and continues to have the same problems. He is now very isolated. His friends no longer call or come to visit. I think they just have given up on him. I have tried to encourage John to stay connected with his friends. He knows he's welcome to invite his friends over to the house. But John just stays in his room and watches T.V. I don't understand how he has become such a different person. He used to be so outgoing, social, and enjoyed entertaining others. What can I do?

### **PAT'S RESPONSE:**

Many changes occur after a brain injury, including relationships. Many survivors often feel like no one understands them or that they cannot relate to others. Social situations can be overwhelming for people with a brain injury. They may have a hard time following conversations, listening to multiple people talking at the same time, be sensitive to loud noise, and be easily fatigued. Many survivors also feel self-conscious after their injuries because they are concerned about being different. They worry about what others think of them. For John, he may worry about what to talk about since he is not in school and has less in common with his friends. It just seems easier to be alone than to deal with all the challenges.

Helping your son build positive relationships can help with his recovery. Sharing a list of benefits may help him to realize the importance of having social interactions. For example, when faced with new challenges, it is important to be able to talk about thoughts and feelings with others. Friends can help sort out the new and difficult problems. They may even be able to help figure out solutions to the problems. Friends can also give John feedback about how he is doing. They can provide encouragement that would help John to do things for himself. Talking with a close friend is a great way to cope with and come to accept injury-related changes. John may feel less isolated and alone by having positive relationships in his life. Ask John to think about the reasons mentioned above.

The next step is building and maintaining relationships, which can be hard. Here are some strategies that John may find useful on how to cope with feelings of loneliness and build relationships.

### **Show a commitment to helping yourself:**

People will be more supportive and respectful if you do.

### **Do volunteer work:**

By helping others, you are likely to meet people with a kind and giving heart.

### **Don't lose track of your faith:**

You may meet understanding and kind-hearted people with similar interests and values at your house of worship, if you have one.

**Take care of your appearance:** Feelings of helplessness and discouragement can lead some people to stop taking care of themselves. No matter how you feel, don't let the basics go undone. Wear clean clothes, brush your teeth, and comb your hair. You will feel better about yourself.

### **Be careful not to be overcome by your problems and the challenges you face:**

Avoid being too quick to share negative thoughts and feelings with others. Talk about things that are good in your life and the world around you.

**(continued on page 6)**

**(Chat with Pat, continued)**

Lastly, getting involved with a local support group would help John to feel less alone and misunderstood. John will have the opportunity to meet others who may be struggling with the same challenges. If you wish to get involved with your local support group to share your experience, Brain Injury Association of America has a list of support groups you and your son may attend. To contact BIAA, you may call their family helpline (1-800-444-6443) or send them an e-mail at [familyhelpline@biausa.org](mailto:familyhelpline@biausa.org). The website for BIAA ([www.biausa.org](http://www.biausa.org)) provides links to state chapters and additional brain injury resources. You may also write BIAA for more information at 8201 Greensboro Drive, Suite 611, McLean, VA 22102.

## Survivor Stories Wanted!

Recovering from a brain injury can be very difficult. Sometimes, one of the most helpful and inspiring things is simply hearing from other survivors who have gone through recovery and faced the same challenges. Are you a survivor with a story you'd like to share? If so, then we'd like to hear it, and it might get into a future issue of TBI Today!

Submit to: [jhmarwit@vcu.edu](mailto:jhmarwit@vcu.edu)

or

TBI Today

VCU P.O. Box 980542

Richmond, VA 23298-0542



Victoria Powell, B.A. is a research specialist and psychometrist in the Department of Physical Medicine and Rehabilitation at VCU. She is involved with a variety of projects including the Brain Injury Inpatient Educational Intervention for Families and Caregivers, a series of information sessions intended to improve families' knowledge and understanding of life after brain injury. She also works with the Bridge project, a pilot program designed to be part of multi-disciplinary assessment of community readjustment in individuals diagnosed with HIV and recently released from incarceration. In addition, she assists with neuropsychological evaluations. She greatly enjoys interacting with patients and their families and listening to their stories and experiences.

**HAVE YOU  
MET VICTORIA  
POWELL?**



Victoria grew up in Greensville County, VA in a rural, farming community. She graduated from the University of Virginia in 2007 with a major in neuroscience. While at UVA, she was first introduced to neuropsychology when she worked in a research lab studying cognitive problems in Parkinson's disease. After graduating, she worked at the Ernest Gallo Clinic and Research Center at the University of California, San Francisco as a research associate studying rodent models of drug and alcohol addiction. When she lived in Oakland, CA, she volunteered at a homeless shelter for youth and became very interested in issues facing the homeless and underserved people. She is interested in psychiatry and issues involving access to mental health care in rural populations. She hopes to continue research while in medical school and throughout her career. In her spare time, she enjoys keeping up with various blogs and news sites online, being outdoors, and most recently, learning to play the setar, a classical Persian stringed instrument similar to a lute. Victoria has recently been accepted to medical school starting August 2010. Congratulations, Victoria!

# JUST FOR FUN!

By Matthew Wetsel

Working puzzles can help keep you sharp! Just for fun, see if you can unscramble the letters in each word or phrase taken from this issue! If you need a hand, look through the issue again and see if you can find them. Answers are at the bottom - try to peak only when you're stumped.

1. MEOMYR \_\_\_\_\_
2. YSNISAAL \_\_\_\_\_
3. GNIOVCEIT \_\_\_\_\_
4. NTOOSMEI \_\_\_\_\_
5. IMCTMTMENO \_\_\_\_\_
6. STPORPU \_\_\_\_\_
7. NTEIAITIV  
\_\_\_\_\_
8. JIEENUVL \_\_\_\_\_
9. NBIROAATHELITI  
\_\_\_\_\_
10. GSYTAETR \_\_\_\_\_

<b>JUST FOR FUN!</b>	
<b>ANSWERS</b>	
1. MEMORY	4. EMOTIONS
2. ANALYSIS	3. COGNITIVE
3. JUVENILE	2. REHABILITATION
4. SUPPORT	1. STRATEGY
5. COMMITMENT	
6. INITIATIVE	
7. INITIATIVE	
8. JUVENILE	
9. REHABILITATION	
10. STRATEGY	

## Introducing Dr. Richard Kunz!

Dr. Richard Kunz was born and raised in Los Angeles, California. He studied psychobiology as an undergraduate at the University of Southern California and then stayed at USC to pursue a Master's degree in Psychology (behavioral neuroscience). He also worked as a psychometrist at the Los Angeles County + University of Southern California Medical Center for a few years during graduate school, performing neuropsychological test batteries at the 5P21 HIV/AIDS clinic.

In 2001, Dr. Kunz relocated to Richmond, VA where he attended medical school at VCU. It was during this time that he met Dr. Dave Cifu, Dr. William Walker, and Dr. William McKinley and became a founding member of the Physical Medicine & Rehabilitation (PM&R) student interest group. In his 4th year of medical school, Dr. Kunz did an acting internship with Dr. Walker on the North 2 (N2) Brain Injury Rehabilitation Unit, solidifying his interest in brain injury rehabilitation. After a year of internship in the VCU Department of Medicine, Dr. Kunz relocated to Philadelphia for his PM&R residency.



He trained at Moss Rehab/Drucker Brain Injury unit through the Temple University residency program. During his time at Temple University, Dr. Kunz developed a particular interest in spasticity management. He returns to VCU now as a junior attending for fellowship-level spasticity management training under Dr. Walker. He will continue as an Assistant Clinical Professor in the Department next year, developing a spasticity management clinic for VCU Health Systems as well as working on the N2 Brain Injury Rehabilitation Unit with Dr. Walker. Dr. Kunz and his wife are both happy to be back in Richmond and are expecting their first child at the end of this year.

