



THE VIRGINIA TBIMS TEAM

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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.

The Brain Injury Family Intervention Goes Global

By Emilie Godwin

The Brain Injury Family Intervention (BIFI), a mainstay of VCU's TBI research program, has been studied at VCU for nearly a decade. Findings have shown that families and patients experience improvement in many areas after finishing the BIFI, including a better ability to find help from community agencies, more family needs for health information and professional support being met, and decreased levels of patient depression. Also, participants say that the program is helpful and that they would recommend the BIFI program to others. These positive findings have resulted in a recent surge of interest in the BIFI from TBI practitioners around the globe. VCU researchers have been traveling both nationally and internationally to train other clinicians in how to use the BIFI in response to this interest.

Canadian practitioners in particular have requested BIFI information and training sessions. Dr. Jeffrey Kreutzer, the creator of the BIFI, and

Dr. Emilie Godwin, the Family Support Coordinator in VCU's Department of Physical Medicine and Rehabilitation, have travelled to Toronto, Halifax, and Montreal to train Canadian clinicians in the BIFI and to share general information on working with whole families after TBI. Additionally, Canadian Nurse and Marriage and Family Therapist Caron Gan has developed a program for teenagers called the BIFI-A – the "A" stands for "Adolescents" - which is modeled on the BIFI. This program is currently being offered at one of Canada's leading children's hospitals, Holland Bloorview Children's Hospital in Toronto.

While Canadian practitioners are particularly interested in the benefits of using VCU's BIFI, the interest in this program is not limited to Canada. Requests for BIFI kits or information about scheduling trainings have come from South Africa, Turkey, Italy, Finland, Australia, and New Zealand. In the United States, (contd on Page 2)

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

or

TBI Today

VCU P.O. Box 980542

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(BIFI contd. from Page 1) Dr's Kreutzer and Godwin have spoken to clinicians in many states about the BIFI, including California, Iowa, Michigan, Massachusetts, Louisiana, across Virginia, and others.

VCU is enthusiastic about this international interest in a program created and currently on-going here at VCU's Medical College of Virginia campus. As the BIFI is used in settings and with families around the world, researchers will have the opportunity to study whether the improvements in the lives of patients and families in Virginia will be found in other places as well. Researchers at VCU continue to enroll families in the BIFI, and will keep collecting information on how families respond to treatment. As international interest in this program continues, researchers hope to learn even more about how to best help whole families improve their lives after TBI.

JUST FOR FUN!

By Matthew Wetsel

Try to unscramble these words. HINT: They were all taken from articles in this issue! Answers on Page 7. No Peeking!

1. NIETNIREVTNO

6. INERSDCATEO

2. IEDOERPSNS

7. NPCETAEI

3. AOSNEDIG

8. UPEMIISVL

4. NASSITSTA

9. HEBOAIRV

5. UGEDRTHA

10. RORCTAINEE

Goodbye, Christine!

This month, we bid a fond farewell to one of our Research Specialists, Christine Trotta. She has been accepted to Wake Forest University in Winston-Salem, North Carolina, and will be working on her Master's in the Physician Assistant Program. We will miss her and wish her the best of luck!



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!

May 22-28, 2011 (Week One)

May 29 - June 4, 2011 (Week Two)

Event: Camp Bruce McCoy

- ◆ **Location:** Triple-R Ranch in Chesapeake, VA
- ◆ **Description:** The Brain Injury Association of VA hosts a week-long recreational program with activities adapted to everyone's ability. Weekend mini-camps at reduced rates available.
- ◆ **Contact:** <http://www.biav.net/camp-bruce-mccoy.htm> or call 1-800-444-6443

October 10, 2011

- ◆ **Event:** Brain Injury Association of VA's 7th Annual Golf Classic
- ◆ **Location:** Willow Oaks Country Club
- ◆ **Contact:** 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



Meeting People and Pursuing Your Interests after Brain Injury: An Introduction to Meetup.com

Katy Wilder Schaaf, PhD

Do you want to do more activities or hobbies, but are running into problems?

Nearly half of brain injury survivors report feelings of depression after their accident. Also, many survivors talk about losing friends or having less in common with friends. After a brain injury, psychologists often recommend getting involved in activities or hobbies. However, many survivors of brain injury report problems with trying to get involved after their injury.

Problem 1: I can't do the same activities or hobbies I used to do before my injury.

Example: "I have always liked to run. I ran track in high school and college. Running has always been what I like to do after work or on the weekends. I hurt my right leg and knee badly in my accident. Also, my wife thinks I am going to get lost if I run around the neighborhood. I am not sure if I am going to be able to take up running again. What am I supposed to do now? I am tired of sitting at home and watching TV."

Problem 2: Sometimes it is hard to find another person to do activities or hobbies with. It has been a few months after my injury and I don't see friends or family as much.

Example: "Before my accident, I liked motorcycle riding on the weekends. I would get together with my buddies and we could ride every Saturday for 3-4 hours. Now my doctor tells me I should wait to ride for awhile. Or...maybe I won't ride again. I saw my riding group right after my accident, but haven't seen any of them in a few weeks...I feel like my friends aren't coming around anymore."

What should I do?

Many people find it very difficult to deal with the changes that come with an accident. Making sure that you do activities that you enjoy can help some of the losses you might be experiencing. There are many ways to meet people and to start new activities: volunteer with a group that you are interested in, join a support group, or make an effort to pick up a new hobby. However, we want to show you one idea, meetup.com, that you might not have known about in the past.

Meetup.com is a website designed to connect people and their hobbies or interests. Meetup helps people to search for local groups with people who have similar hobbies. There are too many interests to name, but include: eating out, martial arts, poetry, gaming, movies, and board games. According to the website, there are groups in over 45,000 cities across the United States. Meetup is helpful for people who are looking for new interests or want to meet people with similar interests.

How does it work?

1. Type meetup.com into your web browser and you will be at the home page.
2. Enter an interest you have and your city or zip code to begin searching for groups.
3. If you find a group you would like to join, Click "Count Me In." The website will ask you to provide some information to sign up for the group.
4. If you want to talk to people in the group or ask some questions, click "Join this meetup to participate in discussion." You will be asked for some information before you may post a message on the group page.
5. Once you have joined, you simply show up at the time and date listed, and enjoy a new adventure!

What if I want to start my own group on meetup.com?

[Meetup.com](http://meetup.com) has an option for this. If you want to start your own group, simply click "Start a Meetup Group" at the top of the page, and enter the requested information.

If you are struggling to find new activities or meet new people, we hope that meetup.com will be a good option for you. Getting involved in activities you enjoy with people who you like will make life more enjoyable and help you adjust to a new "normal" after brain injury.



JUST THE 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.

Q: It's been about a year since my daughter's car accident. Since then, her friends have stopped calling and visiting. Sarah is lonely and it's been so hard for me to watch her sad. She just stays home and hangs out with me all the time. How can I help my daughter to be social again?

A: Loneliness is difficult to overcome following a brain injury. You can help your daughter figure out what are some reasons that contribute to her feeling alone. For example:



- Not working or being involved in social or recreational activities?
- Not having the energy to do enjoyable activities?
- Feeling self-conscious, different, or less capable than others?
- Being irritable and saying or doing regrettable things?
- Friends and family being uncomfortable and not knowing what to say, how to act, or how to help?
- Not having transportation or money to pay for activities?
- Having physical problems that make it harder to travel and visit?
- Having neurological impairments that limit self-expression and the ability to understand others?
- Fears of being hurt or rejected by others?

Many survivors describe feeling alone and misunderstood after their injury. By understanding the reasons behind Sarah's isolation, you will be in a better position to help her. Sarah will appreciate your intention to understand her by initiating a discussion surrounding her behaviors. Then, you can help Sarah learn and implement some of the following suggestions to overcome loneliness and build and maintain relationships. Encourage Sarah to:

- ✓ Write, call, or e-mail family and friends even to just say "hi."
- ✓ Be polite kind, and considerate. Show care and concern for others.
- ✓ Stop and think before speaking.
- ✓ Be a good listener.
- ✓ Consider how her actions will affect others.
- ✓ Offer to help and do things for other people without expecting something in return.
- ✓ Think of others at least as much as she thinks about herself.
- ✓ Do volunteer work.
- ✓ Join a support group, club, fitness center, or sport's team.
- ✓ Be active in church.
- ✓ Be positive and work hard to show her best side.
- ✓ Adopt and care for a pet.



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





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: I was in a really bad car accident about 6 months ago. Luckily, no one else was involved. It was just me and the tree. I don't remember what happened at all and the police couldn't tell us either because there were no witnesses. It's really crazy because I don't even remember days before the accident or being in the hospital. I just remember doing exercises with my PT at the rehab hospital.

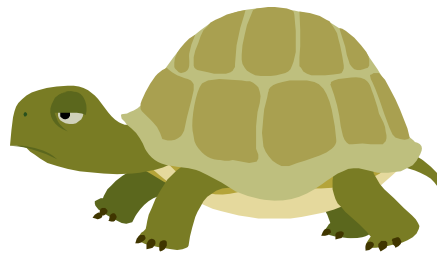
I know I could have died. My mom told me how bad it was to watch me in a coma for days and I'm grateful that I came out of it in one piece. Since getting out of rehab, I have quit drinking. I learned my lesson. Drinking got me in a lot of trouble and put me in the hospital. I knew it would destroy my life if I didn't quit.

Anyway, I'm happy that I sur-

vived and everyone tells me that I have come a long way. I was in a wheelchair when I got out of the hospital and now I'm walking with a cane. I had a hard time speaking when I returned home and now people can understand me if I talk slowly. I can do more things for myself, as before my mom had to do a lot for me.

So, is it wrong for me to be frustrated? Things seem to be happening really slowly. Some days I don't even feel like I'm getting better. Things still aren't the same for me. I just want my life back to normal. I want to put this accident behind me. What can I do to make this process go faster so I can go back to work and live on my own?

Thanks a lot,
Jim



Dear Jim,
It is obvious that you have worked really hard so far and would like to see the fruits of your effort. Therefore, it is understandable that you feel frustrated when things do not seem like they are happening fast enough for you. Many people become frustrated and disappointed when problems do not

clear up within a year or two after injury. It is also common for people to feel like time has slowed down during this process. A week probably seems like a month to you. For a "typical" brain injury recovery, rapid improvement normally takes place in the first three to six months following injury. However, many remaining symptoms will not go away for months or years. Even with the best treatment, many severe injury survivors face a lifetime of memory, concentration, and fatigue problems. Slowness in moving, thinking, reading, writing, and learning are also common.

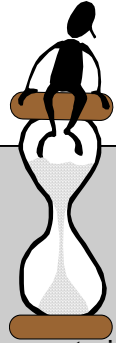
During the recovery process, it is important to build patience. Impatience is one of the most common after-effects of neurological injury. Try to remember that neurological problems are far different from other kinds of health problems. Getting better often takes years. Persistence and working hard are ultimately the best ways to improve your life. Getting irritated or angry with lack of progress or the time you spend waiting makes your bad feelings worse. Perhaps even worse, a negative emotional response can scare off people whose help and support you need.

(contd on page 6)



(Pat contd. from Page 5)

Luckily, patience is a skill that can be learned. Tips for remaining patient:



Pat's Patented Plan for Practicing Patience:

- ✓ Remember that you can choose to be patient or impatient.
- ✓ Try not to allow yourself to feel pressure to speed up the process. Remind yourself that you are trying your best to get better and that recovery takes time.
- ✓ Don't get angry. Getting angry with yourself or your family member won't make things better. In the end, it will probably make you feel worse.
- ✓ Be persistent. We've found that the most successful survivors keep picking themselves up and they fail, learn from their mistakes, and try again.
- ✓ Remember that success is relative. Instead of comparing the person to how they were pre-injury, focus on more recent experiences. Think about progress that's been made since the injury.
- ✓ Recognize your limitations. Be kind to yourself about these limitations and remember that you are doing your best.
- ✓ Focus on accomplishments not failures. Try to focus on progress and accomplishments. Keep a list of gains you notice yourself making from day to day. Monitoring progress will help you feel more positive and hopeful.
- ✓ Celebrate small steps forward. Give yourself credit for the small steps toward reaching your goals.
- ✓ Avoid becoming overloaded. Taking on too much can lead to frustration and impatience, especially if you take on too much too soon.
- ✓ When you start becoming overloaded and impatient, take a time out to clam down. Count to ten. Breathe slowly and deeply 10 times. Then try to remind yourself to remain calm and patient.
- ✓ Ask for help. Ask for help from family, friends, and professionals. They'll appreciate knowing what they can do to support you. Being able to take a break from solving the problem yourself will allow you the time to slow down and find a better solution.

Support groups are a great way to get feedback from others, if you wish to recruit more people to help you. Your local Brain Injury Association of American likely has a list of support groups. To contact BIAA, you may call their family helpline (1-800-444-6443) or send them an e-mail at familyhelpline@biausa.org. The website for BIAA (www.biausa.org) provides links to state chapters and additional brain injury resources. You may also write BIAA for more information at 1608 Spring Hill Road, Suite 110, Vienna, VA 22182.

Diagnosis of Depression After TBI

By Matt Wetsel

Welcome to the next entry in a series of articles summarizing research findings based on the TBI Model Systems project. If you have participated in doing follow-ups post-injury with us through Model Systems, you may have asked, "What's all this research finding out?"

The following is a brief summary of a research paper which came directly out of the Model Systems. The paper is titled "Clinical Considerations for the Diagnosis of Major Depression After Moderate to Severe TBI" and was published in the Journal of Head Trauma Rehabilitation in March 2010.

Survivors of TBI often deal with emotional problems after their injury. When the brain is injured, sometimes it no longer regulates emotions and feelings the way we are used to. The most common psychiatric problem for TBI survivors is depression. Some studies have found as many as 77% of TBI survivors may experience depression, and up to 36% may experience major depression (MD).

Unfortunately, diagnosing depression, especially MD, in TBI survivors can be difficult. Many of the symptoms of MD, such as slowed thinking, sleep problems, poor concentration, (contd. on Page 7)



Lillian Flores Stevens, Ph.D. is a postdoctoral fellow with the Department of Physical Medicine and Rehabilitation at Virginia Commonwealth University. Clinically, she works with survivors of brain injury in individual therapy and conducts comprehensive neuropsychological evaluations with adults with brain injury and other health concerns. Dr. Stevens' research interests include examining racial and ethnic minority differences in rehabilitation outcomes. As she is originally from Honduras and speaks Spanish fluently, she has a special interest in evaluating rehabilitation outcomes for Latinos.

Dr. Stevens lived in England, Honduras, New York, and Maryland before moving to South Carolina for college. She received her B.S. in Psychology from the College of Charleston. She then came to Virginia to complete a M.A. in Psychology from the University of Richmond and a Ph.D. in Clinical Psychology from Virginia Commonwealth University.



Outside of work, Dr. Stevens enjoys spending time with family and friends, cuddling with her dog, reading, traveling, cooking, and playing guitar. She is also involved in the planning of yearly medical relief trips to rural Honduras (and she goes on these trips as a translator whenever she can).

(*Depression contd. from Page 6*) and decreased energy levels, can also be associated with the TBI itself, side effects of medication, or other factors such as substance abuse. While common thought might expect someone with MD to appear sad, tearful, or otherwise unhappy, persons with TBI often express depression through irritability, anger, or hostility.

Other factors which can contribute to or worsen depression can be divided into three categories: biological, behavioral, and social. Biological factors are things like trouble sleeping or changes in brain activity. Behavioral factors are things like aggression, anxiety, negative thinking, or substance use. In fact, major depression in TBI survivors was highly associated with heavy drinking at one year post-injury. Social factors include financial problems, a lack of close friends or intimate partners, and unemployment.

Diagnosing depression post-TBI can be difficult. Associated risk factors can and often do occur in moderate to severe TBI cases, but that does not necessarily mean the patient will develop depression. There are other psychiatric and emotional problems which have similar or overlapping symptoms. These include apathy, anxiety, and emotional dysregulation. Emotional dysregulation is a condition where people are prone to moodswings, outbursts, and act impulsively. It is not uncommon for someone to suffer from any of these conditions in addition to depression, and there is overlap in symptoms for each.

For this reason, doctors must be very careful and thorough as they evaluate patients to ensure a correct diagnosis. Self-report questionnaires are helpful for ruling out depression, but a variety of tools are sometimes necessary to make a proper diagnosis. Sometimes there are pre-existing conditions from before the injury which can influence a patient's feelings and behavior after TBI. In complicated cases, the Diagnostic and Statistical Manual, Version 4, contains a structured interview to help doctors make the correct diagnosis. At present, more research is needed to further understand the complexity of emotions and behaviors following TBI which can lead to major depression.



- | |
|-----------------|
| 10. RECREATION |
| 9. BEHAVIOR |
| 8. IMPULSIVE |
| 7. PATIENCE |
| 6. CONSIDERATE |
| 5. DAUGHTER |
| 4. ASSISTANT |
| 3. DIAGNOSE |
| 2. DEPRESSION |
| 1. INTERVENTION |
- Just For Fun Answer Key



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.



The Voice of Brain Injury: *Help, Hope & Healing*

VCU, PM&R

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