

TBI TODAY

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

THE VIRGINIA TBIMS TEAM

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The Brain Injury Family Intervention Shows Positive Results

Research on traumatic brain injury (TBI) has shown that survivors and family members alike are often affected long after the initial injury. Many survivors report lingering problems with fatigue, memory, concentration, and coordination. In addition, family members often report feelings of frustration, stress, confusion, anger, disappointment, and anxiety in response to their loved one's injury. Further, after brain injury, many families have difficulty with communication and problem solving. Unfortunately, there is little available scientific research on what kinds of programs and services are most helpful to families.

In 2000, Virginia Commonwealth University (VCU) in Richmond developed the Brain Injury Family Intervention (BIFI) program or BIFI for short. The program is directed toward *both* the injury survivor and his or her family members. It was designed to strengthen families and promote long-term recovery. The program is available to families after injury whether the TBI happened recently or 20 years ago.

Many people have now participated in the program. We have analyzed the data and compared the information families provided before and after participating in the program. The findings suggest that VCU's program is helpful to survivors and their family members in many ways. First, before enrolling in the program many families report that they have not received important information about rehabilitation and community-based services. After participating in the BIFI, families report that more of their service needs are met. Second, after brain injury, many families cite obstacles that keep them from getting the services they would like to receive. After participating in the BIFI, families

report significantly fewer obstacles to receiving the services they need. Third, we found that survivors are able to increase their level of independence after participating in the program. Fourth, family members report that survivors display fewer symptoms of depression. Finally, family members find that they receive increased emotional and community support.

Given that the program has such positive results for survivors and family members, you may want to consider enrolling. Each family meets individually with an experienced clinician at VCU for five two-hour sessions over a ten-week period. Families include the survivor (over the age of 18) and at least one family member. During the meetings, the clinician gives the family information about common effects of TBI, normal recovery patterns, strategies to get better, and community resources. Discussions also center on improving problem-solving, goal setting, and communication skills. The meetings provide an opportunity for families to improve their relationships by sharing their ideas and feelings about how their lives and plans for the future have changed. At the end of each meeting, families are given educational material to take home.

Many types of families can participate in the BIFI program, and the program is free. If you would like to participate in the BIFI program, please use the contact information below.

This column was written by Taryn Dezfulian and Jeff Kreutzer from the VCU TBI Model Systems BIFI Research Program. If you have questions about the program or would like your family to participate, please do not hesitate to contact Taryn by phone (804) 828-3701 or toll free at (866) 296-6904.

Life and Work After TBI

Managing Stress After Brain Injury

Stress is part of working and being active in the world. It comes from two sources. One cause of stress is things that happen. The other cause of stress is how we react to the things that happen. The big challenge is to be in control of stress instead of letting stress control you.

Managing stress can be challenging after brain injury. Your fuse might be shorter, you might anger easily, or you might be less patient. The consequences of getting angry or upset in a public way can cause more stress, especially if you are trying to hold down a job or accomplish other goals. Good management of stress is something important to achieve. Managing stress helps us:

- ❖ Accomplish goals
- ❖ Stay healthy
- ❖ Feel proud and in control
- ❖ Feel calmer

Managing stress effectively involves four important things:

1. Understanding your own stressors
2. Making good choices
3. Using helpful self-talk
4. Staying as calm and relaxed as possible

"What Stresses Me Out?" Survey

Rate Yourself from 1 to 5 on the Following:

1 – Never, 2 – Not often, 3 – Sometimes, 4 – Often, 5 - Always

1. I get stressed out by crowds.

1 2 3 4 5

2. Public speaking is stressful for me.

1 2 3 4 5

3. I am stressed out by deadlines.

1 2 3 4 5

4. I worry a lot about money.

1 2 3 4 5

5. I am stressed by relationships.

1 2 3 4 5

6. I worry about how I am doing on tasks.

1 2 3 4 5

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Mark Your Calendar!



FIRST FRIDAY OF EACH MONTH (6:00 PM– 8:00 PM)

- ♦ **Event:** T.G.I.F.
- ♦ **Location:** Usually at Belmont Recreation Center, 1600 Hilliard Road in the Lakeside area of Henrico Co. (as of January 2008 Belmont Recreation Center will be under construction and the location will change from month to month)
- ♦ **Description:** the local departments of recreation & parks host this monthly social event for survivors of brain injury
- ♦ **Contact:** Call Kariayn Smith, 804-501-5135, for more information and/or to be placed on their mailing list for monthly reminders

DECEMBER 7 & 8, 2007

- ♦ **Event:** World of Possibilities Expo
- ♦ **Location:** Richmond International Raceway
- ♦ **Description:** The Expo will provide an opportunity for you to enhance your knowledge and to explore the latest and greatest products, services, technology and resources available for individuals with disabilities.
- ♦ **Contact:** Mona Freedman, 1-866-227-4644
www.caringcommunities.org

SATURDAY, MARCH 8, 2008

- ♦ **Event:** BIAV 7th Annual Conference
- ♦ **Location:** Doubletree Hotel Richmond Airport
- ♦ **Description:** *Open Doors: New Answers for a New Era*
- ♦ **Contact:** BIAV, (804) 355-5748

SATURDAY, June 7, 2008

- ♦ **Event:** The National TBI Caregivers Conference
- ♦ **Location:** Hospitality House, Williamsburg, VA
- ♦ **Description:** You will have opportunities to share your most pressing questions and concerns. Practical solutions for commonly experienced problems will be discussed.

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 Mari Rawlings at 804-828-3703 or mjrawlings@vcu.edu

Carol's Voice: A Survivor's Story

One moment that will stay with me forever is hearing Carol's (my wife of only four months) voice for the first time. Carol had been told that there might be a possibility that I wouldn't remember who she was. Thankfully, as soon as I heard Carol's voice I knew I was safe, and I can't say how pleased Carol was to be recognized.

Something terrible must have happened for me to be in hospital. I was on motor-biking holiday in Scotland and while riding around a left hand bend, I lost control and crashed. Luckily for me, I was in a group of about thirty other riders, some of whom were off duty policemen and in the first car to happen upon the crash was a nurse on her way to work. When the ambulance arrived and I was stabilized, I was taken to the nearest hospital specializing in neurological injuries (Ninewells Hospital in Dundee).

As time went by, I became more aware of my surroundings and found that I had spent the last few weeks in a coma. I had only broken my ankle on the initial impact and the rest of my injuries were related to being thrown from the bike. My helmet was shattered like an eggshell and this gave the doctors their biggest worry; it was obvious that I had sustained a brain injury. My accident and coma had taken me back to zero; I was like a newborn baby in an adult's body.

Physically, my recovery was progressing in leaps and bounds and all my body needed was time to heal itself. Once I had gained some strength in my arms and legs there was no stopping Carol. People think I'm joking when I tell them how badly damaged I was, but because there are no bandages or disabilities, people assumed I was fully recovered.

Unfortunately, as I improved physically I slowly deteriorated mentally. Mentally, my recovery wasn't going so well. Carol and I hadn't been prepared for the effects of a TBI, we had to learn fast or there would be prob-

lems ahead. In the hospital, the doctors and nurses knew how to deal with a brain injury, but out in the big wide world it was a different story. This is when my frustration started to grow and I noticed that my 'anger threshold' was virtually non-existent. In the early stages of my recovery I had no self-control and no inhibitions and I could only deal with easy, simple and small decisions. Whenever I did do something, it had to be done right the first time with no exception, thinking in black and white, right or wrong. I wasn't concerned with the "what if", the "what if" required thinking, and if it went wrong I would get annoyed with myself and anyone else who was near me. With the frustration came depression and I started to wear black all the time because black went with everything. I tried to make life as easy as possible by eliminating all the small decisions that weren't important, like what to wear. I felt like I was on a train track heading in one direction and I couldn't get off, I was so focused on whether my decision was right or wrong.

I was the same person on the inside but on the outside, I came across as an angry, arrogant and difficult person. The behavior of some family and friends towards me had changed and I was starting to be treated like someone who couldn't take care of himself. Regardless of what I said, some people wouldn't take any notice of what I was telling them and only did what they thought was best. Best for whom was my question. I was starting to be treated like an object and not a person. There were many times I just wanted to scream at people because they just weren't listening to me and the less they listened, the more frustrated and angry I became. I had lost my motorbike (which was one of my passions), and people in general were treating me like an idiot. A lot of the time I did need help, but help on my terms and help that I wanted, not help that people thought I needed. I did need sup-

port and guidance, but more importantly I needed to do things for myself. I needed to learn the 'How's and Why's' and I couldn't learn with people trying to help me all the time. Over a period of time I lost my confidence and I was starting to feel like a worthless human being and no good to anyone. My frustration and anger was growing everyday and if I didn't take action to tackle it, I would be in trouble.

One night Carol and I sat down and we talked about the problems I was having. I had so many I didn't know which problem to tackle first. The first major problem I needed to solve was to change my working environment. At work, some of my work colleagues were taking advantage of my condition. I decided to seek out new employment. This was one of the hardest decisions I had to make because I had worked for the same company for the last five years. I had worked hard and was promoted from being a worker on a production bench to a studio manager, so I was very angry at having to make this decision.

To make progress with my recovery, I needed to leave my past behind and find new employment. Two years had passed and I was starting my new job. I felt like I'd just climbed Mt Everest. I was so excited and I just couldn't believe what I had achieved. Both Carol and I had worked hard to get me into this position and I knew that it was all up to me now to make it work.

To show myself that I was a decent person and that I was making progress with my recovery, I sat down with a pen and paper. I wrote down everything that I had accomplished since my crash. Every little step I made was listed, starting from surviving the crash and waking up from my coma in August 2000 to starting a new job and changing my work environment in September 2002. This showed me just how much I had

(Continued on page 6)

JUST THE

FREQUENTLY ASKED QUESTIONS

Q: I was in a car accident about three months ago. Since the accident, I have been having nightmares relating to the accident almost every night. They are so real and I wake up sweating with my heart pounding. Someone mentioned to me that I might have PTSD? What is PTSD? How can I stop having the nightmares?

A: Post-Traumatic Stress Disorder (PTSD) is categorized as an anxiety disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM). Persons who have experienced a traumatic event, such as a car accident, often develop symptoms of PTSD. Symptoms of PTSD generally include the following:

- ✦ Recurrent, intrusive, distressing recollection of event
- ✦ Recurrent distressing dreams of event
- ✦ Acting or feeling as if traumatic event were recurring
- ✦ Efforts to avoid thoughts, feelings, or conversations associated with the trauma
- ✦ Efforts to avoid activities, places, or people arousing recollections of trauma
- ✦ Reduced interests or participation in significant activities
- ✦ Difficulty falling or staying asleep

- ✦ Irritability or outburst of anger
- ✦ Difficulty concentrating
- ✦ Hypervigilance
- ✦ Exaggerated startle response

If you answered yes to several of the above difficulties, you **may** meet the criteria for a diagnosis of PTSD.



given to seeking help from mental health professionals, such as psychologists, who have experience working with persons with a brain injury or trauma, and specialize in PTSD. In addition, you may wish to consider psychopharmacological intervention. Discussing the options with health-care providers will be important.

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.

The Veterans Traumatic Brain Injury Act of 2007 to Expand Health Care Benefits for Veterans with TBI

In April 2007 the U.S. Senate Committee on Veterans Affairs introduced new legislation to help veterans living with TBI, The Veterans TBI Act of 2007. The new act would require the Department of Veterans Affairs (VA) to provide every veteran who has an inpatient stay for a TBI with an individual plan for rehabilitation. In addition, it would involve the creation of a clinical care, research, and education program for TBI.

Also, the act calls for the VA to send veterans to a private care facility if VA cannot provide the care needed. It will also provide for the establishment of a pilot program for assisted living for veterans with severe TBI.

The act was unanimously passed on July 12, 2007. It is now part of the National Defense Authorization Act, a law enacted annually to specify the budget for the Department of Defense.

Currently there are only four VA hospitals to provide care for severe brain injuries. These centers are located in Richmond, Virginia; Minneapolis, Minnesota; Tampa, Florida; and Palo Alto, California.

For more information on this legislation visit the website for the U.S. Senate Committee on Veterans' Affairs, www.veterans.senate.gov.

By Mari Rawlings



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 individuals submitting questions to "Chat with Pat" is kept strictly confidential.

DEAR PAT:

My husband, John, was in a motorcycle accident about four months ago. He had lost control turning on a bend and hit a telephone pole. Luckily, John had a helmet on or I could not imagine he could have survived the crash. An ambulance rushed him to the hospital where he had an emergency surgery on his brain. The doctor told me my husband had a "severe" brain injury. John also had several broken bones and cuts on his face. He was in pretty bad shape.

After about 10 days, John was allowed to come home to recover from the injuries. He started physical therapy to help him get stronger. It's amazing to see the improvements every day. His body seemed to heal quickly considering what had happened to it. I don't have to do as much for him physically as when he returned from the hospital.

So, I don't want to sound ungrateful because he is alive and doing well. At the same time, I am having a hard time with the changes that have occurred since the accident. How do I describe the changes? John is just 'different'. He's not the same person. John used to be a very active person, exercising, working on projects around the house, and playing with our children. He was always on the go. Now, he just wants to watch TV all day long. He has not returned to work because of the physical restrictions place by his doctor.

I'm not sure if my husband is depressed or not. He seems happy to be doing nothing. He's still very easy going and friends enjoy coming by to visit him. However, John doesn't help me with the chores or take care of the children anymore. As a matter of fact, John is more needy than our children. He needs help even making the simplest decision! I feel like I have to parent him sometimes. What a change in our roles! John used to take care of everything around the house. I counted on him.

Pat, I'm worried that John will stay like this forever. What will our family do if he stays this way? I need the old John back. Since the accident was only four months ago, could this change be only temporary? How would I know if he is depressed? I need help to deal with the changes.

Concerned Wife

PAT'S RESPONSE:

It is obvious that you care greatly about your husband. You should be commended for taking care of John

and the children during this difficult time. Caregivers of brain injury survivors are often overlooked after the accident. The focus tends to be on the person with the injuries. As such, the caregivers become overwhelmed with all the responsibilities of taking care of their loved ones and themselves.

One of the most distressing problems reported by loved ones following brain injury is personality change. The change could be the direct result of the brain trauma. The area of the brain that controls emotions and initiation may have been damaged during the accident. The change could also be the result of the person trying to adjust and cope with the consequences from the TBI. John may be experiencing symptoms of depression. Seeking a mental health professional to discern the difference should be considered.

Whether the changes will be permanent or not is difficult to answer. Some people go through different stages of personality changes over periods of months. I have heard family members commented on the unpredictability of the changes and uncertainty of their permanence. Your husband is definitely a different person than he before the accident. What kind of personality he will have is difficult to predict. You will likely have to learn about the "new" person he is now and understand the person he is now. I would encourage you to refrain from comparing the before him and the after him.

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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

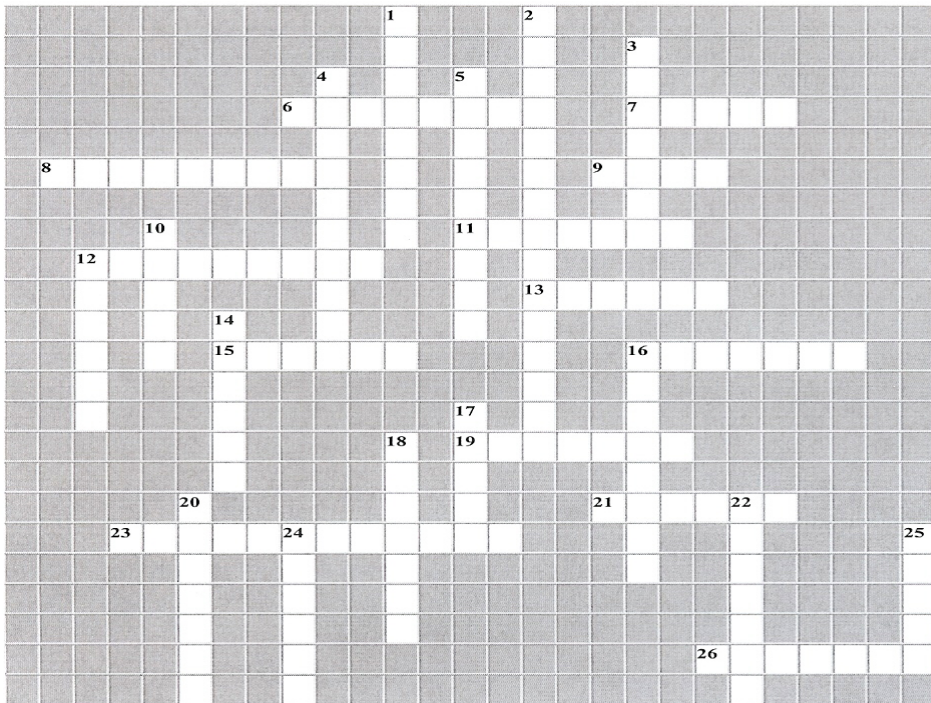
or e-mail: jhmarwitl@vcu.edu



JUST FOR FUN!

By Mari Rawlings

Working word puzzles can help keep you sharp. Just for fun, see how many squares you can fill up. If you need a hand, answers are on the back page. Try to peek only when you're stumped. The puzzle theme is Fall.



Down

1. Annual Fall ____
2. the time to set clocks so that afternoons have more daylight and mornings have less (2 words)
3. birds generally begin to do this in the Fall
4. a symbol of food and abundance, also a popular Fall table centerpiece
5. the name of the pilgrims' ship, also a popular moving company
10. in the southern hemisphere Fall begins in this month
12. has eight legs
14. bob for these
16. where the first Thanksgiving was celebrated
17. the fruit of an oak, consisting of a thick nut with a single seed inside
18. act of gathering crops before winter
20. inhabited or visited by ghosts
22. either of the two times during a year when the sun crosses the equator and when the length of day and night are approximately equal
24. to stamp on, a yellow vegetable
25. to _____ a pumpkin

Across

6. the object of the game is to score points by advancing the pointed-oval shaped ball into the opposing team's end zone
7. climbing plants related to the pumpkin, squash, and cucumber and bearing fruits of hard rind
8. the evening before All Saints' Day
9. candied _____
11. the middle month of Fall
12. a crude image placed in a field of crops to discourage crows
13. Fall
15. Macy's Thanksgiving Day _____
16. when ripe, this crop can be boiled, baked, or roasted, or made into various kinds of pie, a tradition staple of American Thanksgiving
19. an outfit or disguise worn on Mardi Gras, Halloween, or similar occasion
21. best known for its raised tail feather display and gobbling call
23. fourth Thursday in November in the United States
26. plant leaves, especially tree leaves, considered as a group

(Continued from page 3, Carol's Voice...)

accomplished in the first two years after the crash. I found lots of information from various web-sites on the Internet relating to anger management and how to control my temper when dealing with obnoxious people. Reading my accomplishment list helped with my frustration and anger but my brain was still racing ahead at full speed, my mind was like a torture device that had been programmed to destroy me.

Eventually, I found what I needed to slow my mind down: physical exercise. The more physically exhausted I became the clearer my mind became. It was bliss: for the first time in months I had nothing on my mind.

This was the turning point in my recovery. My confidence was increasing and my frustration and anger were becoming a thing of the past.

I now accept that things can go wrong and that I'm not perfect. I started to realize that I had been my own worst enemy.

There tends to be a misconception that life after a brain injury is all doom and gloom. I must admit that the first year after the accident was really difficult, although we received a lot of support from the various therapists at the rehab unit and from Headway, the organization supporting brain injury survivors and their families. I also wrote 'Stepped Off' - a book about my journey back to health, accompanied with a web-site (<http://www.steppedoff.co.uk>). The aim is to help others going through a similar experience, although no two accidents and no two brain injuries are the same.

Many thanks,

Steve Pape

(Continued from page 2, *Managing Stress...*)

Add up the numbers to find out your needs. For scores from 25 to 36, you might need to chill a little. Scores from 19 to 24, there is room for improvement. Scores from 6 to 18, you may be cool as a cucumber but you can always improve!

Here are two strategies that have been shown to help with managing stress.

1. **Calming Self-Talk:** Imagine that you are an employee who is getting a harsh performance review by your boss. You might feel angry and say things to yourself like "I could kill that X@!XX&" and you might think "He better watch his back!" **What we say to ourselves really affects how things turn-out.** Try saying more calming things like "I am really angry but I believe I can control it. Time to take a deep breath and let it out slow, tell myself to RELAX." Which type of self-talk would help you stay calm in the employee review?
2. **Self-relaxation:** Close your eyes, imagine you are at the beach, listening to the waves. Notice your breathing getting smooth and even, like the sound of the waves or other soothing sounds. As a wave rolls in, you breathe in. As the wave rolls out again, you exhale. IN, OUT, IN, OUT, feeling very re-

laxed. If possible purchase a CD of wave sounds (can be found in music stores or on Amazon.com) to help you practice this technique.

Here are some other stress management tools and ideas.

Top 10 Tips for Managing Stress

- ♦ Take a deep breath, let it out slow, say "relax" to yourself
- ♦ Say positive things to yourself
- ♦ Plan ahead, anticipate
- ♦ If you lose it, forgive yourself
- ♦ Avoid people and situations that stress you out, if at all possible
- ♦ Rest when you can
- ♦ If you have had a stressful day, do something healthy that you enjoy
- ♦ Don't try to do too much at one time and don't take jobs that are obviously stressful
- ♦ Eat healthy foods, sleep regular hours, exercise, and play in safe ways when you can
- ♦ Smile

Excerpt from *Virginia Clubhouse Vocational Transitions Program Manual* (Niemeier & Kreutzer, 2007)

Support Groups



Richmond BIAV Chapter Support Group

- ❖ **Days:** Every 3rd Monday of the month
- ❖ **Time:** 6:15 pm– 7:45 pm
- ❖ **Location:** Auditorium of Children's Hospital at 2924 Brook Road
- ❖ **Contact:** Call the Richmond BIAV office at (804) 355-5748.

Richmond Supportive Survivors

- ❖ **Days:** Every Tuesday
- ❖ **Time:** 6:00 pm– 8:00 pm
- ❖ **Location:** Food Court at Regency Square Mall
- ❖ **Contact:** Call Ted Taylor at (804) 852-6644 before coming for the first time.

Fredericksburg BIAV Chapter Support Group

- ❖ **Days:** Last Friday of each month
- ❖ **Time:** 10:30 am– 12:00 pm
- ❖ **Location:** Westwood Clubhouse, 507 Westwood Office Park
- ❖ **Contact:** Call Lorraine Justice at (804) 986-8073 after 7:00 pm.

Tidewater BIAV Chapter Support Group

- ❖ **Days:** Every 2nd Monday of the month
- ❖ **Time:** 6:30 pm
- ❖ **Location:** Commonwealth Support Systems, 349 Southport Circle, Suite 107 in Virginia Beach
- ❖ **Contact:** Contact Joann Mancuso at (757) 493-8000.

Getting to Know the TBI Model System

The National Institute of Rehabilitation Research (NIDRR), funded through the U.S. Department of Education, established a system of care and research for persons with TBI in 1987. The Traumatic Brain Injury Model System (TBIMS) was developed to provide a coordinated system of care to include comprehensive emergency, acute and rehabilitation services in a Level 1 trauma center environment. In addition to inpatient hospital services, long-term interdisciplinary follow-up and outpatient rehabilitation services are provided. Initially, five centers in New York, Michigan, California, Texas and our very own Virginia Commonwealth University in Richmond, Virginia were funded. By 1998, the TBIMS had expanded to 17 centers that represented diverse geographical regions throughout the nation.

The TBIMS has four primary objectives:

1. To contribute data on individuals with TBI to a national database.
 2. To demonstrate and evaluate the cost benefit and service delivery outcomes of comprehensive rehab. services for individuals with TBI.
 3. To establish a research program to conduct innovative analyses of data on individuals with TBI.
 4. To demonstrate and evaluate the development and application of improved ways to provide care and rehabilitation to individuals with TBI.
- In 1989, one of the first major accomplishments of the TBIMS was the standardization of a national database for analyses of prospective, longitudinal, multi-center studies of treatment, recovery, and outcomes following TBI. The primary purpose of the TBIMS Data Center is to advance medical rehabilitation by increasing the rigor and efficiency of scientific efforts to assess the experience of individuals with TBI over time. The center is now named the TBI Model Systems National Data and Statistical Center and resides at Craig Hospital in Englewood, Colorado. With the use of this national database and data collection of over 7,000 individuals with TBI, the TBIMS centers are charged with:
1. The study of the clinical course of individuals with TBI from time of injury through discharge from acute and rehabilitation care.
 2. The evaluation of the recovery and long-term outcome of individuals with TBI.
 3. The establishment of a basis for comparison with other data sources.

4. The demonstration of the costs and benefits of the TBIMS.

Another major accomplishment of the TBIMS, is the development of the Center for Outcome Measurements in Brain Injury (COMBI) in 1998. The center (<http://tbims.org/combi/>) provides information on different assessments that can be used to measure progress and problems after TBI. In addition, the COMBI publishes, "Outcome Oriented", which is a biannual online newsletter.

The TBIMS has been noted as one of the most prominent systems providing TBI healthcare services and research programs in the world. Many medical journals such as the Journal of Head Trauma Rehabilitation (1996), NeuroRehabilitation (1998), and Archives of Physical Medicine and Rehabilitation (2003; 2008) have published entire issues about the TBIMS. For a listing of currently funded centers and other information about the TBIMS, please visit www.tbimsc.org. Information about TBIMS at VCU can be found at www.tbi.pmr.vcu.edu.

*By Kelli Williams, MPH, MS,
OTR/L*

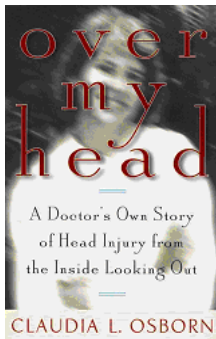
HAVE YOU MET MARI RAWLINGS?

Mari Rawlings, B.S., has been a research specialist in the Department of Physical Medicine & Rehabilitation at VCU since June 2007. In her position, Mrs. Rawlings recruits research participants, collects data, and tests individuals for research purposes for the VCU Traumatic Brain Injury Model System (TBIMS), including the new headache study investigating the incidence, severity, and possible causes of headaches

following TBI.

Mrs. Rawlings is a Richmond native. Prior to joining our research team, she obtained a bachelor's in psychology at VCU. Her coursework also includes a concentration in math and science in preparation for the Doctor of Physical Therapy program for which she is applying. She is currently taking courses in the Master's of Rehabilitation Counseling program at VCU. Before entering the field of neuropsychology, Mrs. Rawlings worked at an outpatient physical therapy and sports medicine clinic. Her goal is to graduate from physical therapy school, work as a physical

therapist in an acute care setting, preferably at a veteran's hospital, and to one day fulfill her husband's dream of living and working in Alaska. When she is not busy studying, Mrs. Rawlings enjoys spending time with her husband and daughter. Cooking, traveling, and reading are also among her interests. Her current quest is to visit Ireland this spring.



Title: *Over My Head: A Doctor's Own Story of Head Injury from the Inside Looking Out*

Author: Claudia Osborn

Publisher: Andrews McMeel Publishing, January 2000

ISBN-13: 9780740705984

Price: \$14.95 (paperback)

Description: 256 pages

"Please Don't Tell Me You Know What It's Like. I understand their motivation. People are being nice. They want to reassure me I am normal, that my problems are not different from theirs. It is a standard way to let me know they feel good about me ..."

"How much better it is when people

act naturally with me. It feels good to laugh with them when my mistakes are funny and to sense their empathy when they're not. So, laugh with me, cry with me, but please don't tell me you know how I feel or you know what it's like because "it's the same" for you. How can it be? You have never lived in my head." *Over My Head: A Doctor's Own Story of Head Injury from the Inside Looking Out* is an easy to read autobiographical account detailing one physician's personal experiences after a severe TBI. The reader is invited to discover the journey from the moment of impact through her remarkable comeback to resumption of teaching and research responsibilities. Those who read Dr. Osborn's story witness how she comes to terms with the loss of her identity and the courageous steps she takes while learning to rebuild her life.

Dr. Osborn's story begins in Detroit, as a physician with a successful hospital practice treating patients as well as training medical interns and residents. This life is forever changed one summer evening in 1988 when she sustains a severe TBI after her bicycle is struck by an automobile. The reader witnesses

Dr. Osborn's initial denial of any impaired ability and the resulting depression and frustration that follow her increased awareness. Slowly, Dr. Osborn learns the magnitude of her injury and endures the struggles that accompany her neurological changes.

This inspiring story shows the effect of a severe brain injury on behavior and personality, as well as the will to overcome disability and beat the odds. The reader witnesses her unrelenting and courageous pursuit to cope with life. With virtually no short-term memory and devoid of many cognitive skills taken for granted, Dr. Osborn is forced to resort to an "index card memory." She describes an elaborate system of reminders, cues, and alarms she needed to create to get through the day, as well as the frustrations to maintain this system on a daily basis. Eventually, Dr. Osborn comes to grips with her reality and learns to appreciate her newfound life and future. Her progression from confusion, dysfunction, and alienation to a full, happy life is moving.

Continued on Page 10

(Continued from page 5, Chat...)

It is difficult adjusting to changes. Changes cause anxiety and distress. You may find yourself having sleep problems, feeling restless and irritable, experiencing difficulty making decisions or concentrating, and keeping to yourself. It will be important for you develop some skills to cope with the changes. Following are some ideas to consider:

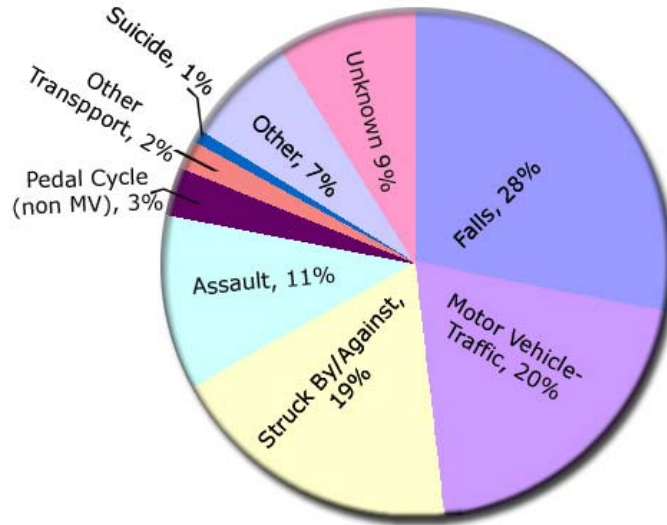
- * Be hopeful and say positive things.
- * Avoid thinking about making comparisons to how things were.
- * Remain active by trying to do things you enjoy.
- * Get to know this "different" person. Try to do fun things together.
- * Talk to and spend time with people who care about you.
- * Give yourself breaks and learn when and how to ask for help.

If you wish to get involve with your local support group to share your experience, Brain Injury Association of American has a list of support groups you and your husband 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. 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 8201 Greensboro Drive, Suite 611,

Interesting Facts about Traumatic Brain Injuries

From the Center for Disease Control and Prevention

- ❖ In the United States an estimated 235,000 people are hospitalized every year after sustaining a brain injury.
- ❖ What causes TBI?

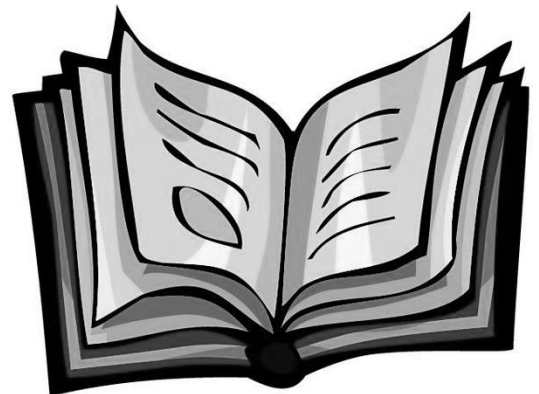


- ❖ Males are 1.5 time more likely to sustain a TBI than females.
- ❖ The age groups most at risk for TBI are 0-4 years old & 15-19 years old.

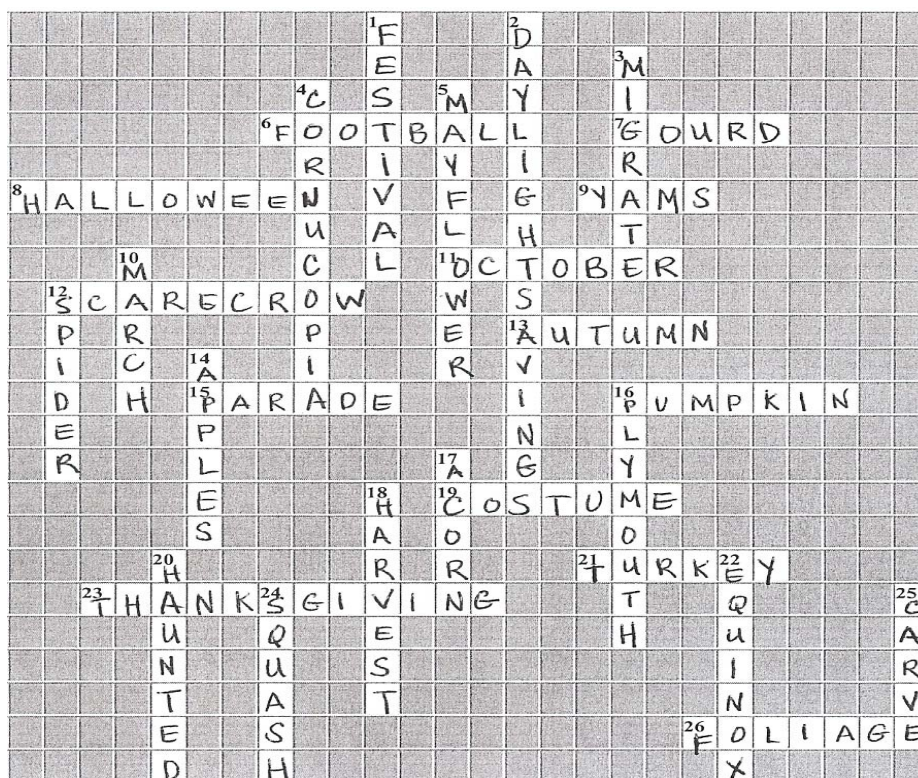
(Book Review continued from page 9....)

This book should appeal to a diverse audience by providing perspective regarding what living with a brain injury means to the survivor as well as to family or significant others. Ultimately, Dr. Osborn's story illustrates the bonds of friendship and the powerful emotional and physical lengths that family and friends travel in caring for a loved one with a disability. Moments of humor, sorrow, pain and frustration flood the pages and help the reader to develop an appreciation for the challenges confronting patients with brain injuries. A brief glossary is also provided to enhance the reader's comprehension of technical terminology used. Having met Dr. Osborn, I have great admiration for her unrelenting determination and am inspired by her life.

By Kyle R. Cieply, Ph.D.



JUST FOR FUN Puzzle answers from page 9



Calling all Caregivers! Save the Date!

The National TBI Caregivers Conference

If you are a parent, spouse, sibling, partner, or friend of someone living with a TBI-related disability, you will not want to miss our national conference, scheduled Saturday, June 7, 2008 at the Hospitality House in Williamsburg, Virginia.

The Virginia Commonwealth Traumatic Brain Injury Model System at VCU and Brain Injury Services of Virginia in collaboration with the Brain Injury Association of Virginia are sponsoring a one day, national, educational conference especially for caregivers. The conference will include presentations by caregivers and professionals. You will have opportunities to share your most pressing questions and concerns. Practical solutions for commonly experienced problems will be discussed.

Please look for a more complete description and information about this exciting and informative conference in next issue of the newsletter. We hope to see you in Williamsburg in June 2008!



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

Contact Jenny Marwitz at
jhmarwit@vcu.edu or 804-828-3704
to sign up for our *TBI Today* mailing list.

Suggestions?

Do you have

- ✧ suggestions for the next book review?
- ✧ questions for Pat?
- ✧ community events for TBI survivors that you would like to share?
- ✧ any other suggestions?

Contact Jenny Marwitz at jhmarwit@vcu.edu or 804-828-3704.

VCU, PM&R

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