

TBI TODAY

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

THE VIRGINIA TBIMS TEAM

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Managing Life After TBI Presents: Using Lists to Organize, Part 1

By Emilie Godwin

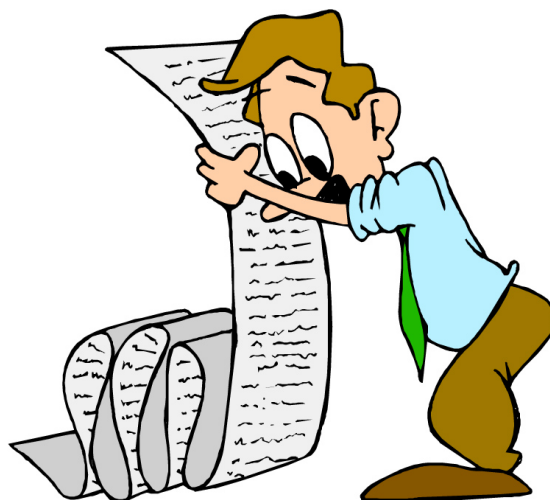
Life after brain injury can get better, but you will probably need to live life very differently than you did before. Making lists can be one way to help you learn how to manage life differently. Before brain injury, you probably did a lot of organizing inside of your head. You can learn to do that organizing outside of your head by making lists. Learning new ways to organize will help you to do more of the things you would like to do now.

Some people prefer to keep all of their lists in one Log Book; others find that keeping a few different books is less confusing. Try the way that you think will work for you. Give it some time – maybe a month – and if it is still not working well for you, try another way. What ever you do though, keep trying!

The following methods of keeping lists will help you to accomplish more and, once you are used to a new system, get frustrated less!

Daily Calendar or Day Planner

First, for appointments you will need to begin to keep a calendar. Carry your calendar with you at all times. Some people use the calendar in their phone, while others like to use a written day planner. As soon as you learn that you have an appointment or activity, write it in your calendar. Learn to include as many details as possible: What day is the appointment on? What time is the appointment? Where do you need to go? What do you need to bring with you? Put all of these details in one place on your calendar.



Every morning when you get up, one of your first activities should be to check your calendar of events for the day. Then, before you go to bed each night, look at your calendar for the next day. Lay out clothes, directions, or items you need to bring with you before you go to sleep. You may want to ask a family member for help making sure you have everything, especially on days with big events or many things to do.

(contd on page 2)

(Making Lists contd from page 1)

** “To Do Soon” List**

In your log book (or on your electronic organizer), you will also need to keep a list of chores and activities that you need to get done. This is not a list of big plans or goals (we will get to that in the next newsletter!), this is for daily activities like feeding the dog, putting away dishes, submitting insurance paperwork, or calling the doctor to schedule an appointment. Like your calendar, this list should always be with you. Some people prefer to carry a small pocket sized notepad; others use their phone. As soon as you think of an activity that needs to get done, get in the habit of immediately adding it to your list. Every day on your daily calendar, you should have 3 times scheduled to look at your "To Do List". During these times, look at your list and decide the order of importance for items on your list. To do this, you can use the “Star Method” ©.

- With your hand or another piece of paper, cover all but one item on the list.
- Look at that one item. With one star being “not very important – if it doesn’t get done today, that is o.k.” and four stars being “this is VERY important! I must get this done today”, decide how many stars this item is worth.
- Draw the appropriate number of stars next to your item.
- Move to the next item on the list, covering up the other items again. Do not think about other items, just focus on one item at a time.
- When you have gotten to the bottom of the list, uncover all of the items.
- On a new page, write your list again. Put all of the “four star” items at the top of the list. It does not matter what order these items go in, just make sure that all of the four star items are at the top.
- Next, write all of the three star items, and so on.
- As you write each item on your new list, immediately cross it off of your old list so that you don’t forget anything or write anything twice. Do this until you have all items moved to the new list.

Three times each day, you will have the chance to change your order if you need to. This way, when you are working on a project, you do not have to worry if something more important comes to mind. You will have a chance to move it up on the list when the next time for re-ordering comes up. Many people with brain injury get distracted midway through a task and move on to a new task. Trust that your new system will allow you to get to important items, and try to stick with what you are doing until the scheduled time comes to re-evaluate.

Throughout the day, tackle only one item at a time. Most days, you will not finish most of the items on your list. You may only finish one or two each day, that is ok. Finishing one or two is better than not finishing anything.

Finally, you may need help in getting some things on your list done. At the end of the day, when you are creating your list of to-do items for the next day, ask a family member to look over the remaining items with you. Are there things on your list that someone in your family could take on for you? Absolutely no one can do everything on their own. After brain injury, work on becoming comfortable with asking for help from others.

Turns out Dr. Godwin is so full of good ideas, we couldn’t fit them all in this issue! Stay tuned for Part 2 in the next issue of TBI Today!

Virginia Senators Honored for Service to Virginians with Disabilities

On July 22, 2011, two Virginia legislators were honored for their work on behalf of Virginians with disabilities, including veterans, as state agencies gathered to share progress and challenges in serving those with debilitating brain injuries.

State senators Linda T. "Toddy" Puller, D-Fairfax, and Ralph S. Northam, D-Norfolk, received their awards during Virginia's "Brain Injury Report Out Day," when the Department of Rehabilitative Services (DRS) joins state agencies and community partners to discuss Virginia's commitment to addressing the needs of those with brain injuries and their families.

Sen. Puller received the DRS Toggle Award, named for the "Doonesbury" comic strip character Leo "Toggle" DeLuca, who suffered brain injury during his Army service in Iraq.

DRS Commissioner Jim Rothrock cited Puller's first-hand experiences with issues facing military families as well as those with disabilities. Puller was elected to the House of Delegates in 1991 and served eight years before election to the Senate. She is the chairwoman of the Rehabilitation and Social Services Committee and a forceful advocate for veterans and mental health issues.

Sen. Northam received the Virginia Brain Injury Council's Champion Award. Northam is a neurologist whose eight years' military service included treating wounded soldiers returning from Operation Desert Storm. He was elected in 2007. As chairman of the health care subcommittee, he successfully sponsored legislation to protect the health of young athletes who have sustained concussions.

For more information on The Virginia Department of Rehabilitation Services, visit www.vadrs.org.

Mark Your Calendar!



T.G.I.F.

- ♦ **Location:** 1st Friday of each month, Belmont Recreation Center, 1600 Hilliard Rd.
- ♦ **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.

Richmond Chapter and Support Group

- ♦ **Location:** 3rd Monday every month at 6 pm, Children's Hospital Auditorium, 2924 Brook Rd.
- ♦ **Contact:** Call the Richmond BIAV at 804-355-5748 for more info!

March 10, 2012

- ♦ **Event:** Opening Doors: Communities, Partnerships, Opportunities Annual BIAV Conference
- ♦ **Location:** The Westin Richmond, Richmond, VA
- ♦ **Contact:** Call 804-355-5748 for more info!

March 21-25, 2012

- ♦ **Event:** International Brain Injury Association's Ninth World Conference on Brain Injury
- ♦ **Location:** Edinburgh, Scotland
- ♦ **Contact:** www.internationalbrain.org

May 3-4, 2012

- ♦ **Event:** Williamsburg Brain Injury Rehabilitation Conference
- ♦ **Location:** Williamsburg Hospitality House
- ♦ **Contact:** Call 703-451-8881, ext 224 or visit www.tbiconferences.org

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



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



DEAR PAT: I've been reading your column since my brain injury over two years ago. It has been helpful to know what I'm going through is normal and that others are going through the same thing. So, I got my concussion from a bicycle accident when a car didn't see me and hit me from behind. Luckily, we were in the neighborhood so the driver wasn't going too fast. I only spent two days in the hospital, but things were hard for me for weeks. I was dizzy and nauseous, and my head hurt so bad. I was forgetful, distracted, disorganized, and the list goes on and on. I was definitely not myself. My husband couldn't understand what happened to me. Anyway, things have gotten better since that dreadful day. I can't say I'm back to where I started when I got hurt, but life has been good for me.

Now back to my question... I haven't felt the need to write in because all my questions have been answered so far. And, I guess part of me thought that the tiredness would get better. I know fatigue is a common problem after brain injury but it is still bothering me. I have been really frustrated by this problem, especially since I'm so far out from my accident. It has caused tension with my husband because he just doesn't understand why I'm so tired at night when he gets home from work. He wonders what I've been doing all day when there are still chores to be done.

Pat, I used to work full-time, take care of my husband and our two children, and keep a clean house. Now, I work part-time and feel exhausted when I get home from work. I have no energy to clean or cook. Work takes everything out of me. My husband thinks I'm just lazy and that I could do more if I would just try. Please tell me what I can do to make this situation better and explain what I'm going through to my husband.

Sincerely,

Tina

PAT'S RESPONSE: Thank you for being a loyal reader! I am glad you have been able to benefit from our column. You seem to be pretty knowledgeable about brain injury and informed about what has happened to you. You are right that fatigue is one of the most common problems people with brain injury complain about. Fatigue often occurs more quickly and frequently for persons with a brain injury than it does in the general population.

To understand how to manage fatigue better, we need to differentiate types of fatigue and its causes.

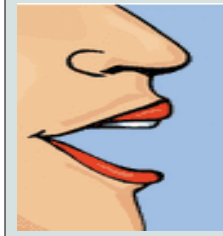
1) Physical fatigue - possible muscle weakness, the body working harder to do things that were easy to do before the injury; this type of fatigue improves as the individual becomes stronger and more active.

2) Psychological fatigue - associated with depression, anxiety, and other psychological conditions; this type of fatigue tends to worsen with stress.

3) Mental fatigue – the extra effort it takes to think after the brain is injured. After the injury, common tasks take much more concentration to perform. The individual has to work harder to think and stay focused.

Consider the following strategies to decrease your fatigue:

- ☐ *Learn to identify* the early signs of fatigue and triggers of fatigue. Keep a journal log to help you with this process. Once you are able to identify the signs and triggers, you can plan your activity accordingly and stop an activity before getting tired.
- ☐ *Get plenty of sleep* and rest. You might need more sleep than you used to before the injury. Listen to your body to determine if you feel rested when you wake up.
- ☐ *Create a regular* sleep and wake schedule so your body develops a rhythm. Your body and mind can be more efficient by reducing confusion surrounding sleep. Limit your napping to 30 minutes and avoid evening naps.
- ☐ *Avoid use of alcohol* and marijuana as they tend to make fatigue worse.
- ☐ *Avoid caffeinated* beverages after lunch if sleeping is a problem.
- ☐ *Improve your time* management by:
 - * Plan and follow a daily schedule. Using a calendar or planner can help manage mental fatigue.
 - * Prioritize activities. Finish what is most important first.
 - * Do things that require the most physical or mental effort earlier in the day, when you are fresher.
 - * Avoid over-scheduling your calendar.
- ☐ *Incorporate exercise* into your daily routine. Research has shown that people with brain injury who exercise have better mental function and alertness.
- ☐ *Discuss this matter* with your treating physician to consider if medical or physical problems, medications, depression, and other factors may be causing fatigue.



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.

Survivor Story: I Once Was Blind But Now I See

By Karen and Graham Stetson

My husband, Graham, was a Tree Surgeon before his injury. On January 13, 1997, he was working on a tree shaped like a wishbone, removing one side which went out over the road. It was early morning and there was no one around. As he completed the cut from under the tree, a Special Needs school bus came down the road straight towards where the tree was about fall. Graham stopped, pulled his saw out of the tree, and raised his hand up to STOP the school bus. At that very second, the cut portion of the tree snapped from its trunk, above his head. The tree drove his head in the ground and caused a severe TBI. He was flown to VCU Medical Center, where he spent 106 days inpatient: 10 days in grave condition, 31 days in a drug induced coma, the remaining 65 in rehabilitation. It was another year and a half before Graham felt fully recovered. As a result of the injury, he doesn't remember much of the two years preceding the injury, and he is completely blind. He also suffered from Grand Mal seizures the first two years after the accident.

Life after the accident now gives Graham the opportunity to minister to people in the areas of Bible study, grief counseling, drugs and alcohol, and marriage. Before the accident, Graham was failing in all of these areas. He struggled with alcohol and our relationship was being compromised as a result. The injury allowed him to clean up his life, and despite losing his sight, he can now "see" more clearly than ever. He now gives glory to the Lord! We feel that if it were not for VCU hospitals, the people there, and the Lord working through them, he would not be here today. The opportunity to share with anyone going through TBI would be a blessing to us. Thank you for this opportunity to share our story, we pray it helps inspire those going through similar difficulties.

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
Richmond, VA 23298-0542



JUST FOR FUN!

T	X	S	J	Y	I	L	R	Q	V	A	K	O	W	I	N	T	E	R	A
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See if you can find the 18 words listed below in the Word Search! They can be left to right, top to bottom, or diagonal. Answers on page 7. No peeking!

- | | |
|--------------|---------------|
| 1. PUMPKIN | 10. NOVEMBER |
| 2. OCTOBER | 11. DECEMBER |
| 3. CANDY | 12. AUTUMN |
| 4. LISTS | 13. LEAVES |
| 5. CRAFTS | 14. WINTER |
| 6. ACCIDENT | 15. REHAB |
| 7. CELEBRATE | 16. VETERANS |
| 8. LEARNING | 17. HEALTH |
| 9. SERVICES | 18. COMMUNITY |

Learning By Accident a memoir

Rosemary Rawlins of Glen Allen, VA has written a memoir that covers the two-year period following her husband's severe TBI. Her memoir demonstrates, in heartbreaking detail, the effect that brain injury has on a family, but it also celebrates the beautiful dynamic of an entire community coming together to help a family in need.

In honor of all the people that helped Rosemary and her husband, Hugh, she is donating 5% of the first year's profits from her book to her neighbor, Dan Duggins, who suffered a severe stroke that resulted in a brain injury leaving him "locked in." Dan is making great progress, but he was uninsured at the time of his stroke and needs more help. To learn more about Dan, please visit the Dan Duggins Trust on Facebook.

Following is an excerpt from the book:

Sitting next to Hugh's bed is comforting this morning. He is asleep after three straight days of being awake and pulling at tubes. Staring into his peaceful face, I can imagine he's my 'old' husband. But when he opens his eyes, he is not like my husband at all. It is the subtleness of a person, the shared secret smiles and intimate glances folded into the nuances of each encounter that create a relationship, and we have lost that connection. As he lies still, I talk to him about the girls' return to school and how nervous they feel but how brave they are being for us. It's a little like talking to myself. "They'll be alright," I assure him. "They have so many good friends and everyone is looking out for them." Hugh doesn't move. After digging around in my bottomless purse to find a pen, I begin to write in my journal. The pages fill up quickly.

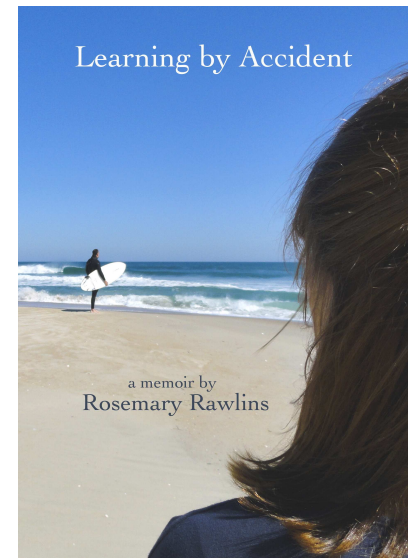
Today is Hugh's sixth day out of the coma, and there is cause to celebrate. With help from his physical therapist, he pushes himself up from the bed, slowly takes a few wobbly steps and kisses me on the lips. This marks the first time he has made upright contact with me since the accident. It is not so much a romantic experience as a mechanical one, like receiving a stiff kiss from Frankenstein, complete with rigid arms and head scars, but he's moving and walking! To me, it's like watching him win the Tour de France. As soon as he's settled back in the bed, he says, "Again." Ah, now, there's the old Hugh shining through, I think.

In the afternoon, I have my first tour of the rehab center in the older section of the hospital on the second floor. I have to identify myself before being allowed to enter the heavy mechanized doors leading into the unit. Directly inside to the left is a nurse's station. On the right, patients congregate in wheelchairs or in plastic chairs, looking stranded, confused, or vacant.

The air smells alternately of excrement and disinfectant making my overly full stomach lurch. I hope I've just hit it at the wrong time. "Hugh will progress rapidly here," says the director of the unit. The charge nurse introduces me to staff members before I'm shown the bedrooms, family meeting room, therapy rooms, dining room, and simulated kitchen where patients learn to perform simple cooking assignments in occupational therapy.

My shoulders tense into knots as I stand next to the nurse's station at the end of my tour and hear that Hugh may have to relearn the simplest of tasks. The director explains, "Hugh will work on toileting, walking, speaking, and planning as we go through our day. He'll also need to work on sequencing, doing things in order." It never occurred to me that Hugh could lose such basic skills as knowing the sequence to getting dressed—underwear before pants, socks before shoes—or knowing the activities required to groom himself each morning.

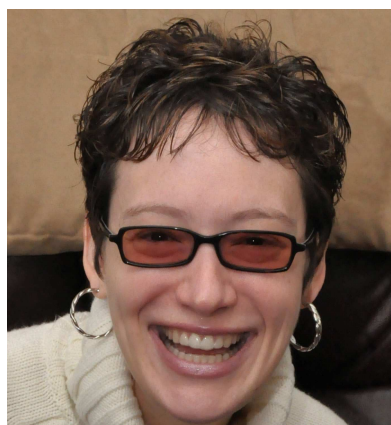
Learning by Accident is now available for sale at barnesandnoble.com, Amazon, and for Kindle.



Laura Artman, Ph.D., is a postdoctoral fellow in the Department of Physical Medicine and Rehabilitation at VCU. She conducts research and provides neuropsychological and psychological assessments to adolescents and adults with TBI and other health concerns. Dr. Artman also sees patients for individual psychotherapy to address difficulties coping with post-injury changes and emotional problems. Outside of work, she enjoys having a good time with friends and family, working on art projects (pencil & charcoal drawing, painting, stained glass, jewelry-making, photography, leather and woodwork), karate, and playing cards (poker, pinochle and bridge, among others).

**HAVE YOU
MET LAURA
ARTMAN, PH.D.?**

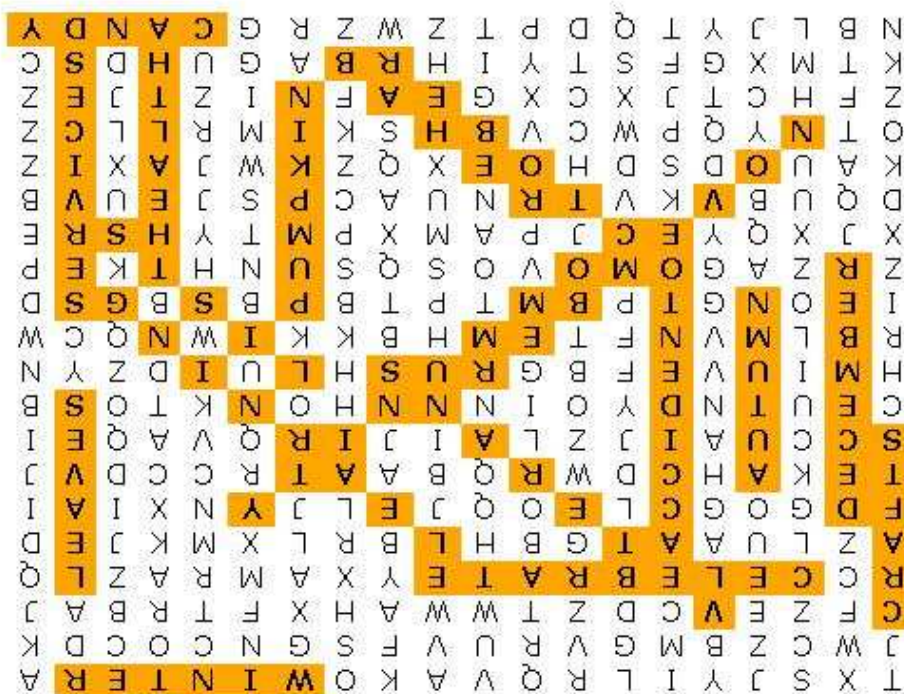
Dr. Artman was born and raised in Halifax, PA and graduated from Penn State University in 2003 with a Bachelor of Science in Psychology. In addition, she minored in both Business and Women's Studies and was a charter member of the Lambda Chapter of Iota Iota Iota (Triota), the Women's Studies Honor Society. She completed her Master's Degree in Rehabilitation Counseling at West Virginia University, and began her Ph.D. in Counseling Psychology also at WVU. During that time, Dr. Artman was a Graduate Assistant/Human Factors Consultant at the Job Accommodation Network.



Dr. Artman's other professional experiences include volunteering and interning in a state hospital (Harrisburg, PA), practicum at a sheltered workshop (Star City, WV), conducting group therapy for combat veterans with PTSD at the VA Medical Center (Clarksburg, WV) and the Morgantown Vet Center (Morgantown, WV), consultation-liaison services at HealthSouth Mountainview Regional Rehabilitation Hospital (Morgantown, WV), as well as individual therapy and neuropsychological assessment in private practices in Morgantown, WV, and Mount Lebanon, PA. Dr. Artman's pre-doctoral internship was at Oak Forest Hospital of Cook County (Oak Forest, IL), working with underserved people living in Chicago's South Side. She provided outpatient individual psychotherapy services; inpatient assessment, consultation, and supportive counseling for patients in comprehensive inpatient rehabilitation; and neuropsychological assessment.

Here are the answers for the word search on page five.

How did you do?



VCU, PM&R

TRAUMATIC BRAIN INJURY MODEL SYSTEM

P.O. BOX 980542

RICHMOND, VA 23298-0542

RETURN SERVICE REQUESTED



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*