PHASE II: A Comprehensive Approach to Day Treatment

For many individuals who have experienced a traumatic brain injury (TBI), their discharge from the hospital after inpatient rehabilitation raises crucial questions about what comes next for them. Some return home to find that they function very well, with life pretty much as it was before brain injury. Others return to find problems in living and don’t know what to do to help get a better life. And, options to answer their questions are sometimes few. The Phase II program at the Mount Sinai Rehabilitation Center was created to help people who experience TBI-related problems when returning home from rehabilitation, as well as for those who have lived with a TBI for a while and realize they need “something more”. Phase II is a comprehensive outpatient day treatment program for adults with TBI and other brain injuries. It stresses the individual’s return to independence and fulfillment in his/her daily life.

One of the few programs of its kind in New York State, Phase II sets its goals on improving participants’: (1) awareness of their strengths and challenges, (2) use of compensatory strategies for everyday living, (3) abilities for community travel and participation in leisure and social activities, (4) emotional adjustment to brain injury, (5) social and communication skills and (6) vocational readiness.

Phase II is organized around group activities addressing a variety of life issues, including coping skills, socializing, emotional well-being and the like:

- The Community Group meets at the beginning of each day to review the previous day’s activities and assist in planning and organizing “today’s” events. Then participants may discuss current events, while they are learning how to identify important facts in newspaper articles, how to take two sides of an argument, how to solve social dilemmas and the like. The goal is for members to assume greater responsibility for their daily schedules, increase their memory for daily activities and increase their knowledge of current events.

---

Research Volunteers are Needed

The New York TBI Model System at Mount Sinai School of Medicine is conducting a research study that focuses on fatigue after brain injury. We are seeking both people who HAVE had a traumatic brain injury and those with NO BRAIN INJURY. We want to study how and when fatigue happens and the effects it has on the lives of people with brain injuries, as well as determine how this differs from fatigue experienced by people without a TBI. In this study you will be asked to answer questions about how much fatigue you experience, your health, and your quality of life. You will also be asked to complete tests of thinking abilities, such as memory and attention, to see how fatigue affects your thinking. You will be paid for your time.

If interested, please call (toll free) 866-528-7490.
GCO #02-0677, IRB approved through 09/05.

---

www.tbicentral.org
The Model System is conducting a second research study that focuses on fatigue after brain injury. We are seeking people who have had a traumatic brain injury (TBI). The research study will evaluate the effectiveness of the drug Modafinil®, a stimulant, in helping individuals who are fatigued after experiencing a brain injury. To be in this study you must be experiencing fatigue and be willing to try this medication for a period of 4 weeks. Participants will be randomly assigned to receive either Modafinil®, or a sugar pill that contains no medicine. Then you will be asked to visit Mount Sinai every week to monitor whether changes occur in your level of fatigue. You will be paid for your time.

If interested, please call (toll free) 866-528-7490. GCO #02-0677, IRB approved through 09/05.

In a third study, the Model System is seeking people who have had a traumatic brain injury and are experiencing depression. The study will evaluate the effectiveness of the drug Zoloft, an anti-depressant, in helping individuals who are depressed after brain injury. To be in this study you must be suffering from depression and be willing to try this medication for a period of 12 weeks. Participants will be randomly assigned, to receive either Zoloft or a sugar pill that contains no medicine. You will be asked to visit Mount Sinai every two weeks to monitor whether changes occur in your level of depression. You will be paid for your time.

If interested, please call (toll free) 866-528-7490. GCO #02-0677, IRB approved through 09/05.

Visit our Website

The New York TBI Model System has made major changes in its website and has a new Internet address (www.tbicentral.org). The website is a centralized site that offers resources generated by two major programs at Mount Sinai that focus on TBI research and care of people who have experienced a traumatic brain injury. In addition to the Model System, the second program is the Research and Training Center on TBI Interventions (the RRTC), which was funded for a five-year period beginning in October 2004. The combined site provides information about each program. More importantly, it provides a variety of resources, for example, downloadable publications about TBI written for professionals, as well as for individuals with TBI and their family members and friends. It also provides an Events Calendar that offers resources for consumers as well as for professionals interested in seminars, workshops and conferences presenting the results of our work. The site provides links to other TBI-relevant websites, answers to frequently asked questions about TBI, tips for people new to using the Internet, and information about professional training programs including internships.

Project Directors: Wayne A. Gordon, Ph.D.; Steve Flanagan, M.D.
Editor: Margaret Brown, Ph.D.
Contact: wayne.gordon@mssm.edu, www.tbicentral.org

The NYTBIMS is supported by the National Institute on Disability and Rehabilitation Research, US Department of Education, Grant No. H133A021918.
Your Questions

In meeting people with TBI and their families, we hear similar themes emerge in questions they raise. Below, members of the NY TBI Model System staff have responded to two of those most often heard. Also, if you go to our website (www.tbicentral.org), you will find a section on frequently asked questions (FAQs) about TBI. In future issues of this newsletter, we will answer more of your questions – if you have questions e-mail us (Wayne.Gordon@mssm.edu).

WHY DO I ALWAYS FEEL SO TIRED?

Fatigue is a common and disabling problem after TBI. It is often associated with sleep difficulties, such as being unable to fall asleep or being able to sleep only for short periods at a time. Clearly when a person does not get a good night’s sleep, fatigue in the daytime is likely to follow. In fact, fatigue and difficulty staying awake may be caused by the brain injury itself. Depression is also common after TBI, and it may cause daytime tiredness or make worse tiredness from other sources.

When a person with TBI feels constantly fatigued, a careful examination needs to be done by a physician to evaluate common medical causes of difficulty in sleeping, fatigue and difficulty staying awake. This may include blood tests to look at blood chemistries, hormones and other factors that may indicate causes of fatigue. The goal would be to achieve a minimum night’s sleep of 7-8 hours. If, after achieving a full night’s sleep, fatigue is still a problem, stimulant medications can sometimes help. Common examples include methylphenidate (Ritalin), amantadine (Symmetrel) and the stimulating antidepressants.

Modafinil®, is a newer stimulant that has been used in disorders with daytime tiredness with good effect. An ad regarding a study we are doing on Modafinil®, is on p.2 of this newsletter. For other suggestions to address fatigue, please see our last newsletter (also available on www.tbicentral.org), which offered several suggestions with regards to sleep disorders after brain injury.

CAN I IMPROVE MY ABILITIES TO DO THINGS?

Clearly, the answer to this question is Yes. As long as you can learn and as long as you can make choices, you can always change your life in positive ways and function more effectively. Functioning more effectively after TBI often means making your brain function more effectively. Here are some strategies that you might want to consider to help you do this:

☐ Take care of your brain – what’s good for your body is good for your brain. Exercise, eat a healthy diet, get enough sleep, reduce stress, have regular check ups and manage your health. Spend some time every day doing something relaxing and stress-reducing like meditating, going for a walk, resting, listening to music, exercising, engaging in spiritual activities, etc.

☐ Help your brain function as well as possible – depression, anxiety, stress, pain and fatigue, as well as drug and alcohol abuse all reduce your brain’s efficiency. Talk to your health care provider about managing these problems and emotional distress.

☐ Exercise your brain – try to keep your brain active by reading, socializing, playing games, doing puzzles, engaging in creative activities, using a computer – whatever you enjoy.

☐ Reduce the burden on your brain – having a brain injury means that your brain has to work harder. So, use strategies that help free up mental energy to use as you wish, including:
  ■ Writing things down or using a voice recorder
  ■ Using a planner, calendar or memory book
  ■ Using problem-solving strategies
  ■ Using a computer or PDA
  ■ Using check-lists or to-do lists.

If you have trouble with these activities, talk to your health care provider about it.

☐ Don’t go it alone – we all need other people. Seek support and assistance from friends, family, health care professionals or clergy when you need it.
The Cognitive Skills Group concentrates on skill building and increasing self-awareness in areas of cognitive challenges and strengths, as well as learning new ways to accomplish tasks. For example, memory notebooks are used in every session. The overall goal is to ensure the application of Phase II training in everyday living. To this end, homework is assigned to ensure carry-over of new skills to each participant’s life at home and in the community.

The Psychotherapy Group provides a supportive environment to assist Phase II members in understanding themselves and their behavior, while addressing issues of adjustment to brain injury, stress reactions and grief over the loss of the person’s “former self”. The goal is to decrease social isolation and increase adjustment.

The Education Group focuses on increasing knowledge about TBI in many areas, for example, TBI-related medical concepts and terminology; the impact of TBI on thinking, emotions, health, work and family; and appropriate services and other community resources to help in addressing these problems.

The Life Skills Group is designed to teach skills that support the person’s independent participation in the community and at home, as well as to encourage the adoption of a healthy lifestyle.

The Computer Education Group focuses on the acquisition, application, maintenance and enhancement of computer skills. This includes using Windows operating systems, word-processing, spreadsheets, graphics, e-mail and Internet as well as typing skills. One method of learning computer skills is through participants’ engaging in special projects, for example, producing a newsletter and educational materials for family and peers.

The Community Access Group is designed to help participants plan and carry out activities in the community. The group travels outside the Phase II “classroom” to do these activities.

The goal is to help participants develop skills such as planning, independent travel skills and money management.

Phase II’s interdisciplinary treatment team consists of neuropsychologists, occupational therapists, physical therapists, speech language pathologists, a vocational counselor and a peer mentor. Individual therapy and social work are provided as needed. Each participant is assigned an advisor, who, in weekly meetings, provides support, monitors progress, acts as a liaison to family members and oversees discharge planning. In addition, weekly lunchtime meetings are held with peer mentors who have themselves survived TBI. A particular strength of Phase II, these meetings with advisors and peers focus on advocacy training, support and education.

In September 2005, we will begin offering two versions of the Phase II program operating at the same time. The aim is to see if two somewhat varied ways of implementing the program differ in producing positive changes. If so, are there particular types of participants who benefit more in one version than the other? For example, Phase IIa may prove better for people with recent injuries or more severe injuries, while Phase IIb may help females more than males. Right now, we believe that both versions will be beneficial, but we don’t know if one is better, and for whom.

In making preparations for initiating the two versions in September, the treatment team went far beyond their usual call of duty. As a result, the team was recently honored with “A Recognition of Excellence Team Award” from Mount Sinai Medical Center. Phase II is an excellent illustration of the hard work, dedication and commitment to patient care of which Mount Sinai’s brain injury program is so proud.

Those who are interested in discussing enrollment in the Phase II program should call Hafina at 888 241-5152 or e-mail Wayne.Gordon@mssm.edu.