



Brain Injury Association of Texas

*E*newsletter

Save the Date!

BIATX is hosting its First Annual Golf Tournament November 14th at the Longwood Golf Club in Houston, Texas! We encourage everyone to participate in this exciting and fun event!

For more information please visit our website www.biatx.org.

BIATX's next board meeting will be January 16th from 10am to 4pm at the Association's main office in Austin.

For information, contact us at:

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The Brain Injury Research Center at TIRR Memorial Hermann Receives Grant on Community Integration for Persons with TBI

The National Institute on Disability and Rehabilitation Research (NIDRR) has awarded the Brain Injury Research Center (BIRC) at TIRR Memorial Hermann a center grant to study community integration for persons with traumatic brain injury (TBI). This large grant designates BIRC as the only national Rehabilitation Research and Training Center (RRTC) on Developing Strategies to Foster Community Integration and Participation for Individuals With Traumatic Brain Injury. NIDRR RRTC sites conduct research projects but also provide education and technical assistance to persons with injury, family members, healthcare providers, and others. This is the second community integration RRTC awarded to TIRR and the fourth TBI RRTC awarded to TIRR overall.

Dr. Angelle Sander, Director of BIRC and Associate Professor of Physical

Medicine and Rehabilitation at Baylor College of Medicine, is the Principal Investigator (PI) for this new project. This is the third major TBI grant for which Dr. Sander has served as PI. She will direct all grant activities and be actively involved in all research and training projects.

Dr. Mark Sherer, Director of Research at TIRR and Clinical Professor of Physical Medicine and Rehabilitation at Baylor College of Medicine and at the University of Texas Medical School at Houston will serve as Director of Research for the RRTC. He will have overall responsibility for all research projects and will serve as PI for one of the projects.

Dr. Allison Clark, TIRR Investigator and Assistant Professor of Physical Medicine and Rehabilitation at Baylor College of Medicine, will serve as Director of Training for the grant. Drs. Lynne Davis and Laura Ritter will each take leadership roles for research projects and Terri Hudler-Hull will assist with training and technical assistance projects.

There will be three research projects conducted as part of this grant. The first will be a study of the effectiveness of a contextualized memory intervention for improving functional memory and community integration after TBI. The memory intervention will be provided in participants' homes and will address the memory problems that are of the greater concern to the person with TBI and family members. The therapy will be individualized for each participant to capitalize on strengths and maximize use of environmental supports.

The second research project will test the effectiveness of a case coordination intervention to improve compliance with vocational rehabilitation services and eventual return to work. This intervention will be closely coordinated with the Texas Department of Assistive and Rehabilitative Services (DARS).

The final research project will develop a new way of classifying TBI. At present, persons with TBI are classified based on the initial severity of injury as determined by the degree or duration of disturbed consciousness. However, persons with the same initial severity of injury can have very different outcomes and very different needs for treatment. The new classification system will be based on symptoms experienced by the person with injury, available supports, barriers, and other factors. We expect that persons in the same classification group will have similar outcomes and that group classifications will be helpful in guiding treatment.

In addition to the three research projects, the RRTC will include five training projects. For the first training project, online workshops will be created for persons with TBI and their caregivers, aimed at providing education on ways to compensate for problems with thinking, emotions, and behavior after injury. For the second training project, staff from community organizations, such as churches and neighborhood centers, will be trained to provide additional social networking for persons with TBI. The third training project will focus on training of clinical social workers, clinical psychologists, substance abuse counselors, and college educators, on special issues in provision of services to persons with TBI and their families. In the fourth training project, persons with TBI will be trained in the use of the internet for social networking. Finally, for the fifth training project, training in use of the new TBI classification system will be provided to vocational counselors and other rehabilitation services providers.

The overall goal of the RRTC is to improve community integration and participation outcomes for

persons with TBI. To ensure that this goal is met, the RRTC leadership team will collaborate with other leading TBI rehabilitation programs around the country, a range of expert consultants, persons with TBI and their family members, and the Brain Injury Associations in 4 states, including Texas. Updates on the progress of the RRTC will be provided over the next five years. Information products created by our RRTC staff will be advertised on the Brain Injury Association of Texas's web site, and the association will be helping us to hold web-based training in how to use our products.

BIATX is looking for new board members!

If you would like to become more involved in our organization and the brain injury community as a whole, please email info@biatx.org for more information.

All are welcome!

A Family's Journey to Understand Traumatic Brain Injury by Heidi E. Robnett

In the life of any family, there exist many important dates - birthdays, anniversaries, graduations. For our family [April 3, 2009](#) will always be etched in our minds. On that day, our lives were changed forever when my brother Bobby was badly injured in an all terrain vehicle (ATV) accident while riding without a helmet. He had just emerged from a creek at the bottom of a 12-13 foot embankment, paused for a moment - just long enough for his ATV to lose its balance. Bobby and the ATV were thrown down the embankment, where he landed face down in the creek which caused his brain to be deprived of oxygen, a condition known as anoxia. Bobby's physical injuries were numerous and quite severe. He had ingested water into his lungs, had many fractures in his skull, internal bleeding and cranial nerve damage to mention just a few. The most heartbreaking and the one we understood least at the time was the traumatic brain injury caused by the shearing and irreparable damage to the neurons in Bobby's brain.

Bobby was taken by helicopter to the nearest Level 1 trauma center in the area, East Texas Medical Center (ETMC) in Tyler. After being treated by trauma doctors, he was transferred to ICU. The first several days were agonizing - not knowing whether Bobby would live or die. We adhered to the rigid ICU visiting hours, asked questions, took copious notes during the once per day visits with the trauma doctors, and learned about every monitor and tube that was attached to Bobby's body. We watched each one looking for signs...of something...of anything that would tell us that he would be okay. Even on the worst days when we were told that Bobby would not live, would not hear, or would not see, our family still had hope. One thing that continued to fuel our hope was the constant stream of visitors Bobby received while in ICU. Friends, colleagues and business associates drove and even flew in from all over to see my brother. We were absolutely overwhelmed by the support, prayers and kind words from these people. Our family knew that Bobby never met a stranger. He was outgoing, talkative and extremely likable. I guess we just never realized how many people truly liked and cared about Bobby.

As we waited for Bobby to emerge from a coma, we laughed with him (or near him, I guess), told funny

stories, teased him about anything that came to mind, prayed with him, and pleaded with him to live. We even left his favorite movies playing between our ICU visits.

Bobby spent four weeks in the ICU and was in a coma for nearly two of those four weeks. We had no idea what we would be up against nor the full extent of these injuries until Bobby began to regain consciousness. After a few weeks, he had gained enough strength to sit upright while literally attached to a therapy chair and eventually he began to take a few steps around the nurse's station. Our family watched with joy as Bobby did the things that doctors cautioned us that he might never do - we knew that we were experiencing a miracle. On the night he was moved from ICU to the "step-down" ward, I was able to stay in the room with him. As he lay there barely able to whisper, I told him that God must have spared his life because He had a very special purpose for him. Bobby squeezed my hand, shook his head and mouthed the words, "yes, I agree."

On April 28, Bobby was transferred to Baylor Institute for Rehabilitation (BIR) Hospital in Dallas for therapy and to bring him closer to home. He spent four weeks at BIR undergoing cognitive and other physical therapies. During this period, Bobby's physical condition improved, but further specialized care was needed if he was going to fully regain his cognitive abilities.

Bobby was transferred to a rehabilitation facility on [May 28, 2009](#). They agreed to provide Bobby's rehabilitation and cognitive therapy feeling it could eventually persuade Bobby's insurance company - Principal Financial Insurance - to pay for his care under the mandate of Texas House Bill (HB) 1919. In our opinion, HB 1919 applied directly to the injuries my brother sustained. Even so, one cannot imagine the struggle involved in educating an insurance company about brain injury and its far reaching effects.

While Bobby's insurance company honored payment of several medical expenses, it denied payment for the critical care provided by the facility. The insurance company maintained it had a \$2,500 annual cap on any outpatient treatment. After exhausting all appeals with Principal Financial in late [June](#), we appealed to the Texas Department of Insurance (TDI) requesting a review of my brother's case and medical condition. In late [July](#), TDI stated that it was unable to convince Principal to reverse its decision and could be of no further assistance. This was absolutely unbelievable and unacceptable. I wondered how my brother, a man with insurance, and with all of the debate over health care in the news, could be facing such difficulty getting coverage when he required it the most.

Nearly each week, we faced the possibility that Bobby would be discharged pending a review by either Principal Insurance or TDI. Without payment for the services rendered by the rehabilitation facility and further cognitive therapy, would Bobby ever regain his full mental or short term memory capacities? Our family worried that unless Bobby's therapy continued, he might never recover and might even regress.

Not knowing where else to turn, I decided to write letters to anyone and everyone who might listen. Through this letter writing campaign, I learned that insurance is a state legislative matter so I looked up my local senators and representatives, as well as those in Bobby's home area and emailed my letters to them directly on their Websites. After three agonizingly long months filled with numerous denial letters, phone calls, impending discharge dates and with the involvement of some very persistent advocates - Bonnie Bruce in Representative Burt Solomons' office, Verlie Edwards in Representative

Rob Orr's office, Nicole Matous in Senator Jane Nelson's office, as well as advocates at the rehabilitation facility - we were able to convince Principal Financial to cover Bobby's outpatient care. This was a big victory which allowed our family to focus on what was most important - Bobby's recovery.

The intent of HB 1919 is extremely important. My hope is that the language of this bill will be clarified so that insurance companies operating in Texas will have no choice but to comply with its mandates. Additionally, I believe that all 50 states should enact similar legislation so that brain injury sufferers have access to the care necessary to overcome traumatic brain injuries and learn to live with the long-term effects.

The day after Bobby's accident I purchased five, beautiful silver cross necklaces with the word "HOPE" etched upon them for my family to wear as a symbol of our desire to see Bobby recover. The owner of the store in which I bought the crosses shared a verse with me, and since that day I have turned to these words so often. In fact, I have the words of Joshua 1:9 on my bathroom mirror where I see them several times each day - "Have I not commanded you? Be strong and courageous. Do not be terrified; do not be discouraged, for the LORD your God will be with you wherever you go."

After nearly seven months, Bobby is doing much better. Physically he is coming along well as evidenced by the fact that he is walking, talking and exercising his wonderful sense of humor. That sense of humor is one of the reasons our family has been able to bear the tremendous weight of this situation. Bobby continues on at Pate where the staff has been wonderfully supportive and caring. The therapy he has received there has been integral to his progress. Bobby is scheduled to be discharged by November 20. Because the physical gains have been so tremendous, it is difficult to be patient with the smaller signs of progress.

While he continues to make improvement, Bobby still has many holes especially in his short-term memory. It is still amazing that he can remember an event from 15 years ago, yet cannot recall what happened an hour earlier. As a family, we often find it necessary to remind ourselves that these small victories add up over time to even larger victories, and that hope is still our strongest ally.

During this journey, one of our biggest challenges has been balancing our knowledge of the Bobby we know and love with what the professionals treating him know about the effects of brain injury. We could never be accused of having too little hope. At times maybe we have a bit too much hope, but then again is that ever really possible? Even so, there are those days when our glass of hope seems more half empty than half full, but those are the days that we have to remember that this is a journey, one best taken a single, small step at a time.



BIATX's 25th Annual Statewide Conference was a great success! With over 150 attendees and a terrific line-up of speakers, we are considering it one of our best conferences ever! We would like to thank our Silver Sponsor, NeuroRestorative of Tyler, Texas. We couldn't have done it without their support!



Brain Injury Care

*Close to
Home*

NeuroRestorative Specialty Services at UTHSCT is the only post-acute brain injury treatment center in East Texas. Since opening in 2004 we have been committed to providing treatment resulting in successful outcomes to the residents of East Texas.

Located on the UTHSCT campus, we specialize in rehabilitation services designed to meet the long-term needs of persons recovering from brain injuries resulting from trauma, stroke, or other illnesses and conditions.



NeuroRestorative[®] Specialty Services
at UTHSCT

Donna Kuhlmann, LCSW
903.877.8700
neurorestorative.com

BIATX's inaugural golf tournament is fast approaching!

WHEN: November 14th
WHERE: Longwood Golf Club
Houston, TX
SHOTGUN START 12:30pm



Please bring your family and friends to support a good cause and have a great time! See you there!

[Click here for registration and sponsorship information](#)

Tournament Sponsored by Pate Rehabilitation



Dyslexia and Brain Injury

Contribution by Bob Hamilton, BIATX Education Committee Chair

Dyslexia (or Reading Disorder) is defined in many different ways. However, the definition most used by counselors and therapists is “reading accuracy, speed or comprehension as measured by standardized tests, that falls substantially below that expected, given the individual’s chronological age, measured intelligence, and age appropriate education” (DSM-IV Dyslexia 1994). A large percentage of brain injured individuals fall within this definition when tested and are called “dyslexic”. However the unrestricted use of this term is often a “death sentence” to the client and family because it has not been fully investigated and explained. Following brain injury there are several significantly different deficits that can cause reading and comprehension difficulties. Consider the following four:

- The letters of word(s) are mixed up as perceived by the reader. Even with intact memory, retention and recall skills, they cannot “make sense” of the word(s) or sentences. Currently there are no medical procedures or pharmaceuticals that can usually correct this type and rehabilitation techniques have not generally proven successful. This may correct itself over time but even that is unusual.
- Words are perceived as written but the reader is slow or unable to retrieve the meaning. This is a brain Input-Output problem and is very common following any significant brain injury. The ability to store and/or retrieve information is compromised because their brain is not able to rapidly locate where the information is stored and retrieve its meaning. This would be akin to asking a computer to search its entire almost infinitely large memory file to locate information. There are reasonably successful therapeutic techniques for remediation of this type of reading disorder. There also is often an improvement over time.
- Words are perceived as written and are comprehended, however, the reader’s short-term memory is significantly impaired and by the time they reach the end of a sentence they have forgotten much of the beginning. This impaired comprehension is called dyslexia. There are several successful techniques for addressing this deficit.
- This situation is similar to above but the person does not have as poor a short-term memory deficit. In this case, sentence comprehension is often normal or near normal, but paragraph and longer passage comprehension is impaired. By the time the reader gets to the end of longer passages the meaning of earlier portions is lost. They are then called dyslexic. This deficit is also very successfully addressed using numerous “memory improvement” techniques and short-term memory deficit often improves over time. Short-term memory impairment is extremely common following most brain injury of any severity.

It is imperative for the therapist to investigate which category the injured person falls into in order to properly understand the issues involved and conduct the most effective rehabilitation. And these issues must clearly be explained to the client and family/care giver(s). As with other factors seen following brain injury, stress, anxiety and frustration often aggravate the situation and compromise the ability of the injured person to utilize their existing cognitive powers. Stress management is an important part of almost all rehabilitation following significant brain injury.

**Concussion? Head Injury? Bump on the Head?
Always Sleepy?**

If you are 18-65 years old you may qualify to participate in a clinical research study.

Qualified participants may receive investigational medication and study related exams at no cost.

Todd J. Swick, MD, PA
713.465.7066
www.houstonsleepcenter.com

Legislative News:

Rider 66 SBI, 81st Legislative Session, Signed June 2009
Effective September 1, 2009

Study Regarding the Need for Community Support and Residential Services for Individuals Suffering from Acquired Brain Injury

- a. It is the intent of the legislature that, out of General Revenue funds appropriated above, the executive commissioner of the Health and Human Services Commission conduct a study, not later than September 1, 2010, regarding the need for a system of community support and residential services for individuals suffering from acquired brain injury. The study must, at a minimum:
 1. Evaluate current services and supports provided by the State to persons suffering from acquired brain injury;
 2. Assess the need in this State for community support and residential services to persons suffering from acquired brain injury;
 3. Ascertain opportunities available to this State to draw down federal funds for individuals with acquired brain injury for whom the State currently provides services and supports through general revenue funds; and
 4. Determine the feasibility and cost-effectiveness of implementing a system of community support and residential services through either a Medicaid state plan amendment or medical assistance waiver for persons with acquired brain injury.
- b. The executive commissioner of the Health and Human Services Commission shall submit the results of the study described above to the Governor, Lieutenant Governor, Speaker of the House of Representatives, and the chairs of the Senate Committee of Health and Human Services and the House Committee on Public Health.

Texas Health and Human Services Commission Lands Brain Injury Grant

The U.S. Dept. of Health and Human Services has awarded Texas a \$1 million four-year grant to help identify children in the juvenile justice system who have undiagnosed brain injuries and arrange services for those children.

“With this grant, multiple agencies will be able to work together to identify brain injuries a child might have suffered early in life, then, arrange for focused services that can help that child be a more responsible, productive member of the community,” said Bettie Peebles Beckworth, director of HHSC’s Office of Acquired Brain Injury. Beckworth’s office will be administering the grant and leading the effort to coordinate screenings and services.

HHSC will be working with the Texas Juvenile Probation Commission, the Texas Youth Commission and Dr. Wayne Gordon of Mt. Sinai School of Medicine to conduct the screenings. Dr. Gordon developed the computerized tool that will be used to conduct the screenings.

Beckworth said, the screenings will be administered to children and youth entering the Texas juvenile justice system in Dallas, Fort Worth, Houston, San Antonio, Austin and El Paso. Plans call for as many as 12,000 children to be screened during the four years of the grant. If the screening identifies a child with a previously undiagnosed brain injury, government agencies will work together to coordinate treatment and services to help the child overcome the injury.

“This award has the potential to change children’s lives and benefit society as a whole,” Beckworth said. “We want to shed light on this problem and make case and social workers, educators, counselors, law enforcement and employers more aware of the nature of brain injuries and the effects those injuries have on a child’s behavior.”

Screening of children entering the Texas juvenile justice system are projected to begin in 2010.

http://www.hhsc.state.tx.us/stakeholder/Sept_Oct09/8.html

Have You Been Denied Insurance Coverage for Brain Injury Rehabilitation? We Want to Hear Your Story

The Brain Injury Association of Texas is seeking out individuals with brain injury who have been denied cognitive rehabilitation benefits through their insurer on health benefit plans issued or renewed on or after January 1, 2008. In some cases this may be a violation of [HB 1919](#) which was passed in the last Texas legislative session. The Association is encouraging members and their families to file a complaint with the Texas Department of Insurance (TDI) directly.

TDI's website links for filing complaints:

1. Go to <http://www.tdi.state.tx.us/>
2. Click on “Online Services”
3. Click on “Online Services-Complaints”
4. Follow Instructions

General Information on Complaints:

<http://www.tdi.state.tx.us/pubs/consumer/cb003.html>