

Brain-e-News

RESOURCES

MOSS REHABILITATION
RESEARCH INSTITUTE
www.mrrl.org

MOSSREHAB RESOURCE NET
www.mossresourcenet.org

THE CENTER FOR OUTCOME
MEASUREMENT IN BRAIN
INJURY
www.tblms.org/combl

BRAIN INJURY ASSOCIATION
OF AMERICA
WWW.BIAUSA.ORG

BRAIN INJURY RESOURCE LINE
1-800-444-6443

BRAIN INJURY ASSOCIATION OF
PENNSYLVANIA
www.blapa.org
1-866-635-7097

BRAIN INJURY ALLIANCE OF
NEW JERSEY
www.blanj.org
1-732-745-0200
FAMILY HELPLINE
1-800-669-4323

BRAIN INJURY ASSOCIATION OF
DELAWARE
www.blausa.org/Delaware/bla.htm
1-800-411-0505

PENNSYLVANIA DEPARTMENT
OF HEALTH BRAIN INJURY
HELPLINE
1-866-412-4755
TTY **1-877-232-7640**

MODEL SYSTEM KNOWLEDGE
TRANSLATION CENTER (MSKTC)
www.msktc.org

www.BrainInLine.org

Anger Self Management Study Completed!

As we reported in a previous issue, Dr. Tessa Hart, Director of the Moss TBIMS, developed and led an NIH-funded clinical trial to evaluate the effects of a newly developed treatment called Anger Self-Management Training (ASMT). This treatment program was designed specifically for people with traumatic brain injury who have experienced *new* or *worse* anger and irritability since the injury. The trial has now been completed: 90 people were enrolled between 2011 and 2016 at Moss and 2 other sites (Craig Hospital in Colorado and the University of Washington in Seattle). The results are in, and will be

published in an upcoming topical issue of *The Journal of Head Trauma Rehabilitation* focused on emotional problems following TBI. So... what did we find out?



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Do Statin Drugs Improve TBI Outcomes?

For many years researchers have searched for a drug which, if given quickly enough, could protect the brain from some of the damage caused by a TBI. Although several drugs have shown this effect in animals, all of the human studies have failed. One reason could be that it's difficult to give such drugs quickly, and obviously impossible to give them before the injury. However, recent research suggests that the Statin drugs that are used to lower cholesterol may also have neuroprotective effects. If that's the case, then perhaps people who are already taking Statins for their cholesterol would have better outcomes from TBI.

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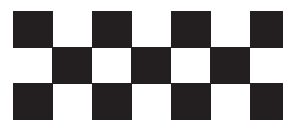
Anger Self Mgmt (con't)

On the average, people in the 8-week ASMT program said that their anger and irritability symptoms had improved. The improvement was greater for internal feelings of anger (for example, feeling wronged or aggravated by a situation) than for external expressions of anger such as cursing or slamming doors. We are not sure why this is, but it could be that people need to change the way they view anger-provoking situations *before* their behavior in those situations can change. We found that people who were randomly assigned to the comparison treatment (which was more like traditional psychotherapy and education) reported improvements in anger, too. However, gains in ASMT seemed to last longer than those in the other treatment, and ASMT participants were more satisfied overall.

What's next for the ASMT program? We will distribute the treatment manual to therapists who request it, and we'll be training our clinical staff in how to conduct the treatment. We will also analyze interviews conducted with study participants after the treatment was over, to see which of the ideas and techniques was easiest to use in everyday life.

Statin (con't)

We tested this hypothesis using a national TBI Model System sample of 294 patients over the age of 50 with a recent TBI. Some of them took Statins at the time of injury, while others with similar overall health profiles did not. We were somewhat disappointed to find that there were no differences in outcome between statin users and non-users (or between those who took their statins regularly and those who didn't). Our study was not large enough to rule out a very small benefit from Statins, but we didn't see any trend that would suggest it would be worthwhile to do a larger study. For now, the search for a "magic bullet" to prevent some of the damage from TBI must continue.



The Faces of the TBI Model System: Marissa Fleisher



Marissa Fleisher is a new social worker in the Moss TBIMS, having joined the Drucker Brain Injury Center in November, 2016. Marissa spent several years working with patients in neonatal and adult intensive care units. She has not only an MSW but also a Master's degree in Health Administration, and has been involved in several hospital administration projects. Marissa says that she is impressed by how well the interdisciplinary clinical teams in the Moss TBIMS communicate about the goals and well-being of patients. Outside of work, Marissa enjoys spending time with her family, including her 13-month-old daughter. She is a devoted fan of her alma mater's basketball team, the Villanova Wildcats, and continues to show her support and enthusiasm by attending their games. Welcome to the Moss community, Marissa—we appreciate your attitude and your expertise!

New Multi-Center Study to Test Improved Transition of Care

Planning for
your discharge

For anyone experiencing a TBI serious enough to require inpatient rehabilitation, the period after discharge from the rehab hospital can be quite difficult. Patients and families are still struggling to understand the consequences of the injury and make adjustments at home, let alone navigate the unfamiliar world of insurance, disability funding, and community services. Whether the patient goes home or to a nursing facility, there may be concerns about the continuity of care.

In light of these concerns, a group of TBI Model Systems, including the Moss TBIMS, designed a study to compare the standard method of discharge preparation—which typically includes family education and training and referrals to the next steps of care—to an “optimized” discharge process. In the optimized process, patients and families will receive the standard package plus the assistance of a Care Manager who will contact them regularly for 6 months to assess for unmet needs, assist with coordination of care to meet those needs, and help to solve unexpected problems.

We are very happy to announce that this 6-center study, which will be led by researchers at the University of Washington, has been approved for \$12.7M in funding by the Patient-Centered Outcomes Research Institute. Together, we hope to enroll 900 people with TBI into the study over the next 5 years.

The Moss TBIMS is represented in this project by Dr. Tessa Hart as Site Principal Investigator and Drs. John Whyte and Thomas Watanabe as Co-Investigators. For more information about the study, visit <http://www.pcori.org/research-results/2017/improving-transition-acute-post-acute-care-following-traumatic-brain-injury>.

Brain Injury Association of Pennsylvania Annual Conference

Navigating Paths to Hope and Health is the theme of this year’s conference of the Brain Injury Association of PA, which will be held June 25-27, 2017 at the Lancaster, PA Marriott. Cristabelle Braden, founder of the web community “Hope after Head Injury,” will share her personal experience in a keynote talk. Other keynotes will include a talk by Briana Scurry, two-time Olympic Gold Medalist as goalie of the US Women’s Soccer Team, and one by the Moss TBIMS’s Dr. John Whyte, who will speak on emerging research in TBI rehabilitation. Twenty-two workshops are also planned to provide education and networking opportunities for people with brain injury, family members, and professionals.



EMPOWERMENT and SUPPORT GROUP INFORMATION

PENNSYLVANIA EMPOWERMENT GROUP

The Elkins Park Empowerment Group meets on the second Monday of each month from 5-6:30 at 60 Township Line Road, Elkins Park, PA 19027.

For more info, contact
Debbi Eisen at 215-663-6857.

NEW JERSEY SUPPORT GROUP

The New Jersey Support Group meets *most* months on the Fourth Tuesday from 3:00-4:00 at 135 S. Broad Street, Woodbury NJ 08096.

For more info, contact
Dayna Scott at 856-853-9900.



MossRehab at Elkins Park Hospital
50 E. Township Line Road
Elkins Park, PA 19027
ATTN: Kelly Bognar

The Moss TBI Model System

The National Institute on Disability, Independent Living and Rehabilitation Research has designated MossRehab as a Model System of Care for traumatic brain injury since 1997.

The TBI Model System program seeks to improve lives by creating and disseminating new knowledge about the course, treatment and outcomes of TBI.

**The Traumatic
Brain Injury
Model System
(TBIMS)
Centers for
the current
funding cycle
(2012-2017)**

