

The Brain Injury Association of Virginia &
Virginia Commonwealth University Health System Present



HEADING FORWARD

A BRAIN INJURY REHABILITATION
VIRTUAL EVENT

MAY 18 - 21

MAY 18
12:00 pm (EST)



**Integrative Cognitive Rehab & Psychotherapy for
Brain Injury with Co-Occurring Issues: An Overview**

Mark Pedrotty, Ph.D.

MAY 19
12:00 pm (EST)



**Brain Injury Clubhouses and Their Effects on
Neurobehavioral Functioning and Participation**

*Ronald Seel, Ph.D., FACRM, Jason Young, MSW &
Colleen McKay, M.A., C.A.G.S.*

MAY 20
12:00 pm (EST)



**Cognitive Retraining: Restoration Versus
Compensation for Enhancing Functionality**

Kavitha Perumparaichallai, Ph.D. & Erin Piper, Psy.D

MAY 21
12:00 pm (EST)



Pituitary Dysfunction Following Traumatic Brain Injury

Tamara Wexler, M.D., Ph.D.

All registered attendees will receive session recordings after the event concludes

In Partnership with the VCU TBI Model System



VCUHealthTM

Speaker Bios & Session Descriptions

Integrative Cognitive Rehabilitation & Psychotherapy for Brain Injury with Co-Occurring Issues: An Overview

Mark Pedrotty, Ph.D.

Dr. Mark Pedrotty graduated from Loyola University of Chicago and completed his internship at the University of Texas Health Sciences Center at San Antonio. After several years working as a child clinical psychologist in San Antonio, he retrained as a pediatric rehabilitation psychologist at Carrie Tingley Hospital (CTH) in Albuquerque, New Mexico. He is a professor in Pediatrics in the division of Physical Medicine and Rehabilitation at University of New Mexico (UNM)-HSC. For over 20 years he has worked at CTH-UNM, providing inpatient and outpatient clinical services and teaching at the medical school and conferences. In response to limited services for people living with brain injuries and co-occurring conditions he developed the integrative cognitive rehabilitation psychotherapy. He is involved in educating health professionals in providing appropriate care of survivors of intimate partner violence who have suffered a brain injury.

Session Description & Objectives

Brain injuries can result in complex treatment needs. Psychotherapists can provide treatment for cognitive, psychosocial, and substance use issues within an integrative model of care that applies best practices. Participants will be introduced to the integrative cognitive rehabilitation psychotherapy model of care that includes a developmental metacognitive approach, 7 levels of cognitive functioning to assess and treat, and 8 types of interventions to apply over the course of 4 stages of therapy. Motivational interviewing is a primary therapeutic tool used to help clients develop their readiness to change and engage in specific tasks that are related to stages of care. The psychotherapist uses best practices to develop awareness and insight in moving from surviving, to developing skills and compensatory strategies, to generalizing those skills in their environment and then ending therapy. Strategies to treat cultural and ethical issues and crises that occur will be discussed.

Brain Injury Clubhouses and Their Effects on Neurobehavioral Functioning and Participation: Results from a Landmark Three-Year Research Study on ABI Clubhouses

Ronald Seel, Ph.D., FACRM, Jason Young, MSW & Colleen McKay, M.A., C.A.G.S.

Dr. Ronald Seel is the Executive Director of the Center for Rehabilitation Science and Engineering at the Virginia Commonwealth University (VCU) School of Medicine. His primary research interests are evidence-based practice and self-directed approaches to independent living for people with disabilities. Dr. Seel chairs the American Congress of Rehabilitation Medicine (ACRM) Evidence and Practice Committee. Formerly, Dr. Seel was Executive Director of the Southeastern Parkinson's Disease Research Education and Clinical Center and Associate Director of Research for the Defense and Veterans Brain Injury Center at the McGuire VAMC in Richmond, Virginia. He also served as the O. Wayne Rollins Director of Brain Injury Research at Shepherd Center and as a board member for the Side by Side Brain Injury Clubhouse. Dr. Seel earned a B.A. in Government at the College of William and Mary. He returned to graduate school at VCU and completed his M.S. and Ph.D. in Counseling Psychology. **Jason Young** is the Executive Director of Community Brain Injury Services, a Richmond non-profit that operates two Clubhouse programs among its array of community based services for persons with brain injury. Jason has 20 years experience leading acquired brain injury (ABI) clubhouses and has presented at a number of state and national conferences on the ABI Clubhouse model and is the principal investigator for this study. **Colleen McKay** is an Assistant Professor and the Director of the Program for Clubhouse Research at the University of Massachusetts Medical School. She has a background in rehabilitation counseling and over thirty years of experience with the Clubhouse programs. Her efforts have resulted in peer-reviewed journal articles, manuals and toolkits on a variety of specialized interests areas with respect to the Clubhouse model. She is a co-investigator on the Evaluating Brain Injury Clubhouses and their Effects on Neurobehavioral Functioning and Participation project.

Session Description & Objectives

ABI Clubhouses are innovative community-based rehabilitative programs for adult survivors of brain injury. ABI Clubhouses facilitate increased community re-entry, the rebuilding of self-esteem and social relationships, and the skill acquisition required for meaningful and productive lives. A landmark research study on the ABI Clubhouse model featuring 8 Brain Injury Clubhouse programs participated in this project. This included 5 Virginia-based clubhouses and clubhouses based in Georgia, Pennsylvania, and Florida. ABI Clubhouse programmatic and service delivery characteristics were studied using the Clubhouse Profile Questionnaire (CPQ). A prospective, pre-post study design was used to measure program effectiveness on new members' health and participation outcomes at 6 months post-clubhouse membership initiation. Results from this 3-year research project and implications on the role of ABI Clubhouses as part of our community based service fabric will be discussed. Participants will be able to: describe research evidence on brain injury Clubhouse services on members participation and physical and mental health outcome; identify best practices and characteristics of successful ABI Clubhouse model; and provide guidance to policy makers and practitioners on costs savings, program sustainability and individual and community outcomes.

Cognitive Retraining: Restoration Versus Compensation for Enhancing Functionality

Kavitha Perumparaichallai, Ph.D. & Erin Piper, Psy.D

Dr. Kavitha Perumparaichallai is a Neuropsychologist in the Center for Transitional Neuro-Rehabilitation at Barrow Neurological Institute at Dignity Health St. Joseph's Hospital and Medical Center in Phoenix, Arizona. **Dr. Erin Piper** is a Neuropsychologist in the Center for Transitional Neuro-Rehabilitation at Barrow Neurological Institute at Dignity Health St. Joseph's Hospital and Medical Center in Phoenix, Arizona.

Session Description & Objectives

Cognitive retraining has remained a controversial subject within the neurorehabilitation community among clinicians, physicians, and health maintenance organizations. The Center for Transitional Neuro-Rehabilitation, a holistic milieu outpatient vocational re-entry program for acquired brain injured patients, has manualized a cognitive retraining protocol aimed at embedding compensation training into its curriculum and importantly, addressing patient's development of awareness, acceptance, and realism in the context of their ongoing neurological recoveries. The presentation will address the crucial involvement of neuropsychologists and rehabilitation psychologists in the cognitive retraining process. Case examples regarding how cognitive retraining served as a primer for patients' success in the vocational setting will be outlined, as well as support for hands-on, compensation-based cognitive retraining to facilitate optimal functional improvements.

Pituitary Dysfunction Following Traumatic Brain Injury

Tamara Wexler, M.D., Ph.D.

Dr. Tamara Wexler is a Neuroendocrinologist in the Department of Rehabilitation Medicine at New York University (NYU), whose research interests center on post-TBI pituitary changes. She has served as an Attending Physician in Internal Medicine at the Massachusetts General Hospital (MGH), and as the Director of the NYU-LMC Pituitary Center. Dr. Wexler established the NYU Endocrine Registry to support clinical research, initiating cross-institute collaborations to further investigate the importance of pituitary dysfunction and its treatment, and serves as the principal investigator of NYU's TBI/Pituitary research and lead site investigator for a multisite neuroendocrine tumor study. She writes and speaks internationally on the topic of post-TBI pituitary dysfunction. Dr. Wexler received her M.D. and Ph.D. in Neuroscience from the University of Pennsylvania. She completed her Internal Medicine residency and Endocrinology fellowship at MGH where she was part of the Neuroendocrine Unit, designed and ran national clinical trials on the impact of growth hormone, and served for 12 years on the Optimum Care Committee. While on staff at MGH, Dr. Wexler spent four years at McKinsey & Company, where she served as the Global Endocrinology Lead, and continues to consult on research and development projects. She is an elected member of the University of Pennsylvania Institute for Diabetes, Obesity, and Metabolism Leadership Council, the Endocrine Society Scientific and Educational Programs Core Committee, and the Endocrine Society Clinical Guidelines Committee.

Session Description & Objectives

While increasing attention is being paid to the health effects of brain injury, the role that pituitary dysfunction may play in patients' health after TBI remains underappreciated. Pituitary deficiencies are seen at higher rate in patients who have sustained TBI, impact health and quality of life, and, untreated, are associated with increased morbidity and mortality and they can be diagnosed and replaced. The overlap in symptoms seen in pituitary deficiencies and symptoms seen following TBI, and the potential clinical benefit of identifying hypopituitarism, make it particularly important to be aware of patterns that may suggest pituitary dysfunction. Given the reported incidence and the potential sequelae of pituitary deficiencies, hypothalamic–pituitary–adrenal axis should be evaluated in TBI patients with signs or symptoms suggestive of dysfunction, with deficiencies replaced as appropriate. This talk will review the current understanding of pituitary dysfunction following TBI, the clinical relevance of pituitary axes, and a practical approach to clinical care. Participants will be able to: recognize signs and symptoms of pituitary deficiencies; identify indicators for pituitary testing of patients after TBI; and gain insight into the importance of pituitary hormones, as well as how to evaluate and treat deficiencies.