



TBI

Model System Updates

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Hello from the [University of Washington Traumatic Brain Injury Model System](#)! In this issue of TBI Updates we will be focusing on two of the partnerships we have with the [Brain Injury Alliance of Washington](#) (BIAWA). Our first article will discuss the research partnership our BRITE study shares with them and another will discuss our partnership in education with the Health and Wellness Classes at Harborview Medical Center.

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Partnering the BRITE Study with the BIAWA

The BRITE (Brain Injury Rehabilitation Improving the Transition Experience) study compares two approaches to connect patients and their caregivers to resources for education and services to help with their recovery from TBI after leaving inpatient rehabilitation.

One approach involves working with a TBI care manager (known as a TCM) by phone for the first six months after discharge from inpatient rehabilitation. The role of the TCM is to assist patients with TBI and their families to follow their care plans and connect them to resources as needed. The BRITE study at UW has two TBI care managers (TCMs): Sara Fey-Hinckley and Erin Rants.

The [Brain Injury Alliance of Washington](#) (BIAWA) is a statewide, nonprofit dedicated to providing advocacy, education and support around brain injury. They partnered with us early in the project as they have resource managers who also connect individuals with brain injury with resources such as finding housing, medical care, financial and legal assistance, but they have not tested their approach.

One way that we continue to work with BIAWA throughout the study is to connect participants to the services BIAWA offers as they are finishing their time on BRITE (6 months after discharge). We call it our “warm handoff” to connect participants with someone at BIAWA if they need ongoing support, or at least make sure they are very aware of how BIAWA can help them in the future if needed.

While BRITE study participation takes place over the phone or video conferencing (using Zoom), for those individuals who connect with the BIAWA resource managers, their resource managers can meet in-person. This means they may, for example, drive a partici-



pant to an appointment and even meet their doctor with them; help clients to fill out lengthy applications that may help with financial resources and provide other kinds of in-person, individualized support.

If a participant needs a resource manager, the TCMs will connect with BIAWA to see who the person might connect with depending on where they live. Sometimes there is a wait-list for a resource manager, but in most cases people usually don't have to wait long.

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Partnering the BRITE Study with the BIAWA

One example of a “warm handoff” to BIAWA happened when Sara was working with a BRITE study participant and his wife and she was struck by how isolating the recovery from a TBI can be and wanted to find resources to

“It’s always nice to see the continuation of care (support).”

-Millie Heye, BIAWA

connect the couple as they neared the six-month mark ending their time together. As can happen after experiencing a brain injury, this participant had not been able to return to work or involved with hobbies and activities that used to give him joy and satisfaction.

Sara approached Nicole Chamblee from BIAWA to find out how BIAWA could be helpful for this couple. While Sara and Nicole agreed that the couple didn’t need a resource manager assigned to them as they had specific resources they needed, they did need some connection. Sara explained her concern that the participant wanted to return to work and felt isolated from his peers. He simply didn’t have anyone to talk to about his challenges and how to navigate them; his wife also had concerns about whether her husband was rushing to return to work. Nicole was able to contact another

couple, who was connected to BIAWA, who had experienced similar challenges. With Nicole/ BIAWA’s help, the couples were connected and had a 2-hour FaceTime discussion where many of the concerns were addressed. The connection with another couple also helped with creating a smooth transition for the participant and his wife to attend brain injury support groups and have contact with BIAWA moving forward.

Another of the BIAWA resource managers, Millie Heye, shares that the warm handoff between BIAWA and the BRITE TCMs is very helpful. Millie says, *“It’s always nice to see the continuation of care (support). It may take a toll on people when they have to start over with a new person, and (with the warm handoff), we can start working toward the client’s goals more quickly.”* Erin, the other TCM, says, *“Having the BIAWA available to continue the care for our study participants is very important. Brain injury can be a series of new challenges, and the BIAWA is able to be there and help as the participant and their ‘people’ continue on the road to recovery.”*



**Brain Injury
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Meet our New Brain Injury Fellow: Dr. Lesley Abraham



Lesley Abraham, MD joined UW Medicine's brain injury rehab team this past summer as the new TBI fellow. For the next year, she will be rotating between Harborview, the UW Medical Center, and Children's Hos-

pital where she will be involved in the care of patients on the rehabilitation medicine service. The patients she sees have many different diagnosis, including people who had a brain injury of all different severities and types. In addition to providing care, she also helps with teaching residents on the inpatient unit.

Lesley originally grew up in Chicago, and from high school completed a 6-year combined Bachelor's and MD program in Kansas City. After returning to Chicago for her intern year, she moved down to Dallas to complete her Physical Medicine & Rehabilitation residency at University of Texas Southwestern.

It was during her residency that she really fell in love with [physiatry](#). She said what was most meaningful to her was *"seeing how we can help patients restore function...getting them back to their lives and to what they enjoy doing."* Lesley became focused on the field of brain injury specifically because of how much there is still to learn about how best to treat patients. She explained that often doctors don't know enough about the field of brain injury, and if the patients don't receive the right treatment, it could really impact them.

Lesley uses a tailored approach with each patient that is fundamental to rehabilitation medicine. This is because the patients she sees are all so different – *"the ways they are injured are different, the ways they present could be different, [and] because there aren't very many standardized guidelines now, there's a lot of research being done, and we're still learning a lot...it's really up to physicians to get to know their patients well, pick the most appropriate treatment, and find what works for them."*

Further along when her fellowship comes to an end, Lesley sees herself continuing to work in an academic setting. She likes the variety of patients she is able to see at Harborview, including people who have had spinal cord injuries or stroke, but in the future she will continue to focus on people who are recovering from brain injury.

When she's not seeing patients, Lesley likes to explore her new city and surrounding areas. She loves that Seattle is so outdoorsy, and provides many opportunities for hikes or going to city parks.





The TBI Care Study

Interested in participating in research?

We are looking for volunteers to participate in a study called [TBI Care](#). This study compares a treatment for pain using an approach called collaborative care with the usual care approach. Collaborative care includes a care manager who works directly with a patient as well as their physician and an expert team of providers to coordinate medical care and deliver behavioral interventions that are personalized for each patient. This approach not only focused on treatment of pain, but also addressed some of the common co-occurring problems that often happen when people have pain including difficulties with mood, anxiety and sleep.

Study participation lasts for six months and can take place by phone, video calls, or in person.

You may be eligible to participate if you:

- ◆ Have had a mild-to-severe TBI more than 6 months ago
- ◆ Experienced pain (including headache and/or other kinds of pain) in the past 6 months
- ◆ Receive your care from a TBI physician at either Harborview or UW Medical Center Rehabilitation Clinics

Participants are randomly assigned (like a coin toss) to either the treatment group or the group receiving usual care. There is a compensation of \$50.

For more information contact
Laurie Peabody by phone at 206-744-3607 or
lpeabody@uw.edu



ClinicalTrials.gov Identifier: NCT03523923

**All studies are voluntary and will not affect the care you receive
at the University of Washington.**

Partnering with BIAWA for the Brain Health and Wellness Classes:

Q&A with BIAWA's Jenna Krivi

One of the aims of the TBI Model System research grant is to share education on TBI with other medical professionals, individuals who have had a TBI, their families and the wider community. We have been very fortunate to partner with [BIAWA](#) to provide education through their [Brain Health and Wellness program](#). We began offering classes/lectures at Harborview Medical Center last summer. Our clinical and research staff are presenting on a variety of topics. To learn a little but more about the classes, we spoke with the BIAWA's Jenna Krivi, who runs the program.

Q: Jenna, can you tell me what your role is at BIAWA and how you got involved with this organization?

A: Officially my job title is Support Services Specialist, but I wear a lot of hats around here. The Health and Wellness classes are my biggest project, but I also get to plan various social outings for people who had a brain injury such as the Tulip Festival outing, baseball games and other social activities. I also work on the resource line answering phone calls from individuals who call in looking for resources. Before BIAWA, I worked at the Downtown Emergency Service Center (DESC) as a case manager for the homeless population. I had a number of clients who had been misdiagnosed as having a mental health issue instead of having a brain injury. Since I had been working with people who had had a brain injury, when a job opened up, it felt like a natural fit.

Q. Can you tell me a little about how the Health and Wellness classes first got started?

A: Classes started back in 2016 in just 2 locations: Verdant in the north and Good Samaritan Hospital in Puyallup. I took over the project in the last year and now we are up to 5 locations. We have added Swedish, Harborview and the latest was the Pierce County Library. We hope to be able to add more locations in the future.

Q. Who funds all these amazing classes that are offered to the community for free?

A: The classes are funded from various places. Verdant gave us a big grant to start things out at their location. We have a few other grants, but mostly it comes from the fundraising that we do.

Primarily they are funded by the annual BIAWA gala in the fall and the BIAWA walk in the spring. We also get some money from the state, but that is only for the resource line. Sometimes presenters offer to do the class for free, which is really nice.



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Partnering with BIAWA for the Brain Health and Wellness Classes:

Q&A with BIAWA's Jenna Krivi

Q. Do you feel like there is still a gap in the topics that are offered that people have been requesting and haven't been covered yet?

A: *I have a whole list of topics that haven't been covered yet and also people would like to see some of the classes that they want covered in more detail or expanded upon. I get requests for help with getting back to driving a lot, covering everything from driving tests, to how to get assistive devices if needed for driving, and what to disclose to insurance. I also get requests about discussing service animals and therapy pets and how to go about that process. People ask about research opportunities and how to get involved, and then things like pain management and alternate therapies like acupuncture, oxygen therapy and how/when should someone get neuropsychological testing.*

Q. We began partnering with BIAWA Health and Wellness classes this summer – how have they been going in your opinion?

A: *Things are going very well. You have had great attendance with about 10-15 people per class. This is a perfect amount that allows people to ask questions and have more conversation amongst those attending. There seems to be time for open discussion, and it's been very consistent. The instructors seem to be onboard with the program and are telling the right people about the classes.*

Q. What would you like to see the TBI Model System do with these Health and Wellness classes in the future?

A: *Not much that you aren't already doing. Continue to have a good variety of topics, with a wide variety of people from doctors to therapist. I would say that it is good to be able to circle back to topics that have been discussed before as repetition can be helpful. Participants have asked that the classes could be longer, like 1.5 - 2 hours, but we understand that clinical staff only has a short time to come to present.*

Q. What else should people know about the Health and Wellness classes?

A: *These classes are completely free, and not just for people who have had a brain injury. Caregivers and family are also welcome. These classes offer a great way to take ownership of things to help with living with a brain injury. Many folks use this as a social way to connect with other people. They could also come away with learning about a potential provider or resource. Classes are for people who have had all kinds and severities of brain injuries from mild-severe, to stroke, aneurysm and other injuries to the brain.*



Check out the upcoming Harborview [Brain Health and Wellness Classes!](#)



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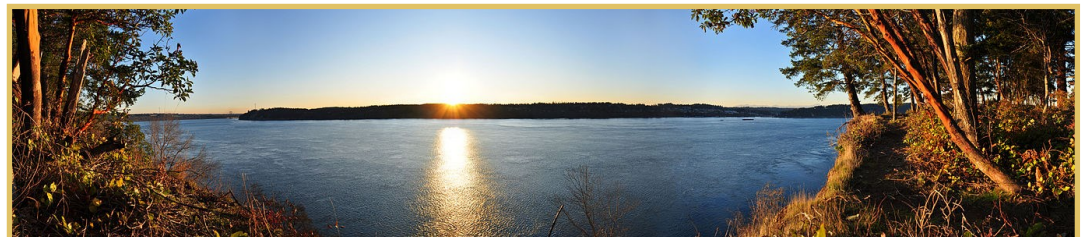
Who's Who at the UW?



Nickolas Dasher, Ph.D., is a clinical neuropsychologist and assistant professor in the Department of Rehabilitation Medicine at the University of Washington. Dr. Dasher received his Bachelor's degree in Psychology from the University of Puget Sound and his Ph.D. in Clinical Psychology from Idaho State University. He completed his residency at the University of California San Diego and VA San Diego Healthcare System, where he specialized in assessment and treatment of Veterans who had a TBI with a particular focus on cognitive rehabilitation. Dr. Dasher also completed a fellowship at the University of Michigan, focused on the neuropsychological assessment of individuals with TBI and neurodegenerative diseases.

Since joining the UW in 2017, Dr. Dasher's clinical practice has primarily focused on assessing the cognitive functioning of adults who have had a TBI and acquired brain injury to identify areas in need of rehabilitation and to guide functional recommendations for return to work, school, and engagement in previous activities. Dr. Dasher is also clinically involved in cognitive remediation and helping people who had a TBI adjust to psychosocial difficulties related to disability after TBI, particularly in the management of fatigue. His research interests are currently focused on studying the impact of cognitive impairment in moderating the effectiveness of different treatment models for pain and depression in multiple sclerosis. He is also involved with the [Hydrocephalus Clinical Research Network](#) (HCRN) Registry.

Dr. Dasher is a native of the Pacific Northwest and is originally from Tacoma. He enjoys hiking, traveling, and spending time with his wife and their energetic Australian Shepard puppy, Rosie.



The Washington Traumatic Brain Injury Resource Center

BIAWA is first and foremost a source of support for those affected by Brain Injury, of which the Resource Center is a critical part.

[Brain Injury Alliance of Washington](http://www.biawa.org/): www.biawa.org/

[BIAWA Support Center](http://www.biawa.org/getsupport.php): www.biawa.org/getsupport.php



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