
◆ Brain Waves ◆

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The Community Skills Program® Newsletter

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Once More with Feeling... The Role of Emotions

by Daniel Nehmad (current client of Community Skills Program)

Many people are quite ignorant of the fundamental role that one's emotions can play in recovering from an injury. Given my volunteer work at St. Lawrence Rehabilitation Center and my ongoing recovery from a car accident, I was very eager to explore the dynamics of the recovery process, since it could facilitate my own recovery. Given my interest in this subject, I was advised to discuss the dynamics of emotion in rehabilitation with one of the center's psychotherapists, Doug Behan, M.S.W.

As I discovered when speaking with Mr. Behan, emotion can provide some of the fundamental energy and motivation needed in recovery. This energy can then be used to formulate a constructive engagement with one's recovery, using factors like family and religion—factors that often play dynamic roles in a person's life normally. Also, Mr. Behan said that an optimistic attitude while traversing the emotionally tumultuous path of recovery can lead to very beneficial results. Mr. Behan was quick to point out that negative emotions, such as resentment and/or alienation, can stultify this process.

Mr. Behan said he has worked as a psychotherapist at St. Lawrence Rehabilitation Center for the past six years. He received a bachelor's degree in psychology and a master's degree in social work. He said that, in that role, his job has entailed "working with patients and their families on emotional and psychological issues related to their rehabilitation." My experience in

speaking with Mr. Behan showed me that, in the case of rehabilitation, there is constant change. So there is always something new to identify and learn. Emotion may uphold one's equilibrium as he or she works through the wavering tumult of recovery, or it may bring a harmful, reluctant resistance to the thoughts and activities that can lead to a successful recovery.

Mr. Behan explained that he plays an important role in facilitating recovery by overseeing patients' emotional welfare. He said, "The emotional and psychological elements of a person's recovery can often become a big issue if the person is in a lot of pain. There are psychological ways to deal with pain, which can be a barrier to recovery. Helping to mitigate pain can really make a big difference." Using an example, he elaborated, "If a person loses a limb in an accident, that's a huge adjustment. It's not just a

(continued on page 2)

Inside this Issue

Spotlight...

Rami Samman..... page 3

Creativity Corner..... page 5

Upcoming Events..... page 6

Tips On..... page 7

For Information..... page 7

Update

- Welcome to our new clients—Beth, Justin, Kathleen, Kathy, Lori, Marie, Mark, Matthew, Michelle, Monika, Nicolas, Robert C., Shelly, Theresa, Thomas, Valencia, and William (Hal)—and also to our new neuro-rehabilitation specialists—Heidi Lewis, B.A., COTA and Stephanie Minarik, B.S.

Our clients and staff continue to be involved in many interesting, varied activities. Some of them follow; more will be mentioned in the next issue of *BrainWaves*.

- Dan is taking an undergraduate anthropology course this summer.
- Anna is performing well as a part-time bagger at a grocery store.
- Bob W. continues to work full-time as a salesman at a tire and automotive services company.
- Pat W. is doing very well in her full-time position as a foster care coordinator, which she started in early March. She maintained very satisfactory work performance even when her two grandchildren were visiting her from out-of-town for an extended stay.
- Pat O. has been given a permanent, full-time work schedule in his new position as a maintenance associate for Sam's Club.
- Carl, Rami, Richard and Steven submitted entries to the Creativity Expo at Raritan Valley Community College. (Please see page 5.)
- Kevin is working part-time as a replenishment associate at Kmart.

(continued on page 2)

Once More with Feeling... continued (from page 1)

physical-medical issue; they need to heal psychologically. It's a big part of recovery." Mr. Behan continued, "If you think about the mind and the body as being cemented, then you need to look at both; you can't just separate one to the exclusion of the other."

I asked him what role the family generally plays in rehabilitation and recovery. "It's huge," he said, and then added, "It really is. It sort of fits in. When I see people who have good family support—family members calling them, visiting them, advocating for them—they tend to feel more secure and able to focus on getting better. Whereas, when I see people whose family members don't show up, or do so erratically, there are lots of conflicts and the patients are distracted, stressed and down."

I also asked him what role religion plays in recovery. He replied, "People do better when they feel hope, and faith can provide that. They feel that a higher power is helping them heal. They use their religious teachings to find strength and a reason to struggle. So religion can be a really big asset." Mr. Behan also commented on the importance of examining a patient's history. "I always look at history—how the individual has handled things before. Culture and ethnicity can make a big difference, too, in terms of how an illness is perceived, how medical issues are addressed and how emotions are expressed or not expressed. One's culture can be a big determinant in recovery."

Having positive emotions does not mean that one simply needs to hope for a good outcome to one's struggle. Speaking from my own experience, I can say that emotion can play an integral role in recovery because it can

help to maintain some equilibrium while in the tumultuous state that recovery can be. The challenges of life certainly remain the same as for everyone else—incessantly fragile and even angstfully uncertain. The forces of family, religion and culture can strengthen one's will to struggle through the challenges of life, whether one is recovering from some kind of trauma or not.

Update... continued (from page 1)

- Richard has been painting his living room, working on his model train renovations, and doing some gardening.
- Patrick has been doing well on his part-time job at Giant Food Stores, where he performs duties as a price coordinator and service associate, and provides janitorial services. He has begun using the computer to print out price labels.
- Elizabeth received a good evaluation at work in July and her status was changed from temporary, part-time to **permanent**, part-time. Congratulations!
- Robert F. is continuing to perform satisfactorily his job as a part-time usher at a music theatre.
- Julie is driving to and from her volunteer job at a nursing home, two days per week, and is doing well.
- Don continues to work part-time at Kmart as a miscellaneous utility person.
- Lisa continues to work full-time as an admissions recruiter for a technical institute.
- Enrique did a very nice job of preparing for and setting up his team meeting in August. He set up chairs

in the living room, brought his established compensatory strategies to the meeting to show the team members, and greeted everyone at the door in English (he speaks Spanish, but is learning English).

- We are pleased to report that all of our neurorehabilitation specialists are now members of the Society for Cognitive Rehabilitation, Inc. Community Skills Program decided to cover the cost for each individual's membership, to provide the staff with easier, more timely access to SCR's professional journal (mailed to their homes), website, continuing education and training opportunities, and the opportunity for certification in the practice of cognitive rehabilitation therapy (CPCRT). Our neurorehabilitation specialists routinely provide cognitive rehabilitation therapy in a variety of post-acute settings and appreciate the opportunity to share and discuss effective assessment and treatment techniques.
- Community Skills Program is also covering the cost of the application of each eligible neurorehabilitation specialist for certification by the American Academy for the Certification of Brain Injury Specialists (AACBIS), Brain Injury Association of America. Many thanks to Vicki Schaffer-Eicher, M.S.W., director of quality management and training for ReMed, for allowing some of our staff members in Pennsylvania to join ReMed's staff for a training session to prepare for the certification exam. The arrangements she made for the training were outstanding and the actual training, conducted by Erika L. Mountz, M.B.A., OTR/L, CBIT and Dawn Macomber, M.Ed., CBIT, was excellent. Thanks also to Marianna Abashian, manager of professional services for the Brain Injury Association of America, for her efficient handling of our applications. Our neurorehabilitation specialists in New Jersey are scheduled for training with Ms. Mountz on September 13, 2006.

Spotlight: Rami Samman



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Spotlight: Please tell us about yourself.

Rami: I am 26 years old and I am originally from Beirut, Lebanon. I came to the U.S. in 1985 due to a bad war that was going on there. My parents decided it was not safe for us to live in Lebanon. Currently, I live with my parents, my older sister, and cat in Bridgewater, NJ.

Spotlight: Tell us more about your family.

Rami: My mom is the owner and operator of a laundromat. My father had a stroke a few years ago, but he helps out as much as he can.

I am attending Raritan Valley Community College in North Branch, NJ, and have one more course to finish to obtain my Associate of Arts degree in Studio Arts.

Spotlight: I understand you had a craniopharyngioma. Please tell us a little about what that is.

Rami: It is a type of brain tumor. Apparently, it is one of the rarest types and it is located on top of the pituitary gland. The way it was discovered was unusual—it basically stopped my growth and the production of hormones in my body. When I was 12 years old, I stopped growing. By the age of 16, my doctors knew something was wrong

because I was only four feet nine inches tall. The doctors recommended an MRI and the tumor was discovered. In the summer of 1996, I underwent surgery to remove it.

Spotlight: What types of problems do you experience as a result of the craniopharyngioma?

Rami: During the surgery, my whole pituitary gland and parts of the frontal lobe of my brain were removed. I need pills and injections to replace the functions of the pituitary gland. The growth hormones that I take caused me to get taller and my feet and jaw to become very enlarged. Also as a result of my tumor, I have hormonal imbalances, diabetes, short-term memory and executive functioning problems, reduced appetite control, and obsessive-compulsive type behaviors.

Spotlight: Where did you initially receive treatment for the craniopharyngioma?

Rami: I had my surgery at Columbia Presbyterian Hospital in New York City, and my initial rehabilitation was at Children's Specialized Hospital in Mountainside, NJ. I was treated there for one year.

Spotlight: Where else have you received treatment?

Rami: I went to PLUS-NJ in Lawrenceville, NJ and then lived in a PLUS-NJ supervised apartment in Absecon, NJ. Afterwards, I returned home with my family in Bridgewater, NJ, and received services from Mentor. Then I was referred to Community Skills Program by my psychologist, Howard Mangel, Ed.D. I have been receiving treatment from Community Skills Program since 2003.

Over the years I have also received treatment for the medical aspects of my condition, such as jaw reduction surgery and gastric bypass surgery.

Spotlight: Can you tell us about your experiences living at a residential facility?

Rami: In 1998, I went to PLUS-NJ in Lawrenceville, NJ. I was there a few months and had some difficulty adjusting. I later went to a PLUS-NJ facility in Egg Harbor, NJ and then lived in a supervised apartment in Absecon, NJ for four years. The best thing for me then was having some structure and a set of rules that everyone had to follow. For example, each roommate was allotted a certain space in the apartment and had to share the chores. I was able to get myself into a routine there—I cooked, shopped, and did my own laundry; we were given specific days to get those tasks done.

Spotlight: When did you move back home?

Rami: I moved back home in 2003 and began receiving treatment from Mentor and then about a year later from Community Skills Program.

Spotlight: What was the adjustment like when returning back home?

Rami: My family has been behind me through the surgery and rehabilitation but, of course, at times there are bits and pieces about my cognitive and behavioral issues that they don't understand. I still have difficulty dealing with my family at times. I feel chores are not as fairly divided and there are not enough house rules. It has been harder for me to get into a routine and maintain it.

Spotlight: What services has Community Skills Program provided you?

Rami: I have had three therapists with Community Skills Program who have been helpful. I started out with Vicki Hayes and then Roxanne Vega. I have been working with Laurie Modiano

Spotlight... continued (from page 3)

going on a year now. [Laurie, who is Rami's neurorehabilitation specialist with Community Skills Program, conducted this interview.]

Community Skills Program helped me to develop strategies to cope and to live my life to the fullest possible. I have used things like a planner, organizational strategies for managing my medications, banking, and paperwork, and my Timex Data Link watch, which provides audible and scrolling text reminders. Community Skills Program has also helped me to deal with emotional issues and face some challenges in my life. So far, I have seen positive results.

Spotlight: Are you employed?

Rami: Yes. I work in the Career and Counseling Department at Raritan Valley Community College—RVCC—in North Branch, NJ.

Spotlight: How did you get the job?

Rami: Basically, my therapist assisted me with checking out the college's website to locate work-study positions. I sent in a resume and went on an interview. I made sure to ask a lot of questions and to share information about my disability, as well as my strengths and weaknesses. Being honest and open up-front helped me to get the job. Once hired, I worked with the staff in identifying ways to modify my job duties to make my performance a successful experience.

Spotlight: What are your current hours and job duties?

Rami: I currently work between 15 and 20 hours per week. My duties include filing, answering phones, shredding documents, processing mail, restocking supplies, faxing paperwork, copying and collating documents, and assisting with special projects.

Spotlight: What do you like best about your current job?

Rami: It is the type of environment where I receive positive feedback from my co-workers on a daily basis.

Spotlight: Can you tell us more about your vocational exploration process?

Rami: Well, I always knew I wanted to do something in art. This past year, Dr. Sally Kneipp [who is a licensed psychologist and the director of Community Skills Program] conducted a vocational evaluation of me, which was helpful in giving me some direction and highlighting my strengths and limitations. I have researched job titles on the Internet and also the website at RVCC. I also located some possible "hands on" learning experiences, like modified internships, where I can get on-the-job training. I am planning to meet with the internship coordinator soon to discuss the options.

Spotlight: How do you spend your time when you are not working?

Rami: It depends. Now that it is summer, I spend time with my friends going to the movies, restaurants, or just "hanging out." I also enjoy selling things on the Internet and holding weekend garage sales. Of course, I try to do some chores, too. When school is in session, I spend most of my free time preparing my homework and studying for tests.

Spotlight: Can you tell us more about your school history and any accommodations that were helpful?

Rami: I started taking art courses while at PLUS-NJ at Atlantic Cape Community College in Mays Landing, NJ. I found the courses there kind of fun and not too difficult. I was able to get help to stay on track with my work, from my cognitive therapist at PLUS-NJ. When I moved back home, I transferred to Montclair State University (as of September 2003). I had a significant amount of difficulty completing the required coursework in a bachelor degree program there, even with one-to-one cognitive rehabilitation therapy through Community Skills Program. The commute made it difficult for me to take advantage of the professor's office hours and tutoring

services. I transferred to RVCC in 2005 and decided to pursue my current degree path. My cognitive rehabilitation therapists assisted me with contacting the school's disability office to request accommodation letters. The letter said I could have extended test-taking times, testing at the Testing Center (for a quieter location), and use of a note-taker or tape recorder for lectures. My cognitive rehabilitation therapists also encouraged me to speak to each professor at the start of the semester to tell them about my cognitive issues. In doing so, some of the professors have made additional accommodations, such as modifying the test format or allowing me to do extra projects to make up for my poor test grades. I have also tried to meet with professors during their office hours for extra help and questions, and have used the tutoring service available on campus.

Spotlight: What are your future goals?

Rami: I would like to graduate from college and hopefully pursue a career in the art field. I hope to be an inspiration to other brain injury survivors who doubt their ability to be successful.

Spotlight: Do you have any words of advice for others?

Rami: Be an active participant in your rehabilitation plan. Don't just sit back and wait for things to happen for you. Your therapists and doctors can only suggest what might be helpful to you; it is up to you to do something about it!

[Editor's Note: I wish to acknowledge the contributions of Rami's past treatment providers to his rehabilitation efforts, and the extremely important role Nora Luftman, B.S.N., RN, case manager for the New Jersey Medicaid Waiver Program for Individuals with Traumatic Brain Injury, has played in assuring that Rami received services tailored to his needs. Her skills as a case manager and her commitment to her clients are very much appreciated.]

Creativity Corner

3rd Annual Creativity Expo at RVCC

The 3rd Annual Creativity Expo at the Raritan Valley Community College Art Gallery in North Branch, NJ was held July 15 through July 26, 2006. The Creativity Expo was founded and continues to be coordinated by Vince Diorio, employee of Mentor. In addition, the Brain Injury Association of New Jersey, Inc. is a great supporter of this event. The annual expo features the creative works of persons with brain injuries. There were 25 participants in this year's expo. Participants' entries included paintings, photography, ceramics, textiles, jewelry, and poetry/prose. Four clients of Community Skills Program participated in the event, either by displaying their artwork or reading poetry. With their permission, we wanted to share some of our photos from the event. We also want to thank Vince for his outstanding achievement in organizing this event for the third consecutive year. [To learn more about the Creativity Expo, visit the website www.geocities.com/braininjuryartsnj or call Vince at 1-800-374-0071, extension 220.]



Richard Kilbride doing a last-minute touch-up at the Expo.



Carl Knoeppel showing his work to Richard Kilbride.



Carl Knoeppel talking to Steven O'Connor.



Steven O'Connor reading his poetry while Rami Samman looks on.



Richard Kilbride, Rami Samman and Carl Knoeppel discuss Carl's work.

Pocono Raceway Hosts Second L.A.P.S. Walk with Ernie Irvan

After sustaining two traumatic brain injuries while a racecar driver in the NASCAR circuit and retiring from race car driving, Ernie Irvan formed a nonprofit organization called the Race2Safety Foundation, in 2004. The mission of the Race2Safety Foundation is to “educate the public about traumatic brain injury (TBI) and spearhead development of next-generation transportation head protection safety equipment for adults and children.” In 2005, Mr. Irvan joined with NASCAR and the Brain Injury Association of Michigan for the inaugural L.A.P.S. (Leadership and Awareness to Promote Safety) Walk at Michigan International Speedway (the track where he sustained his two traumatic brain injuries). Mr. Irvan is currently a national spokesman for the Brain Injury Association of America.

On Friday, July 21, 2006, Cindy Kurtz, one of our secretaries in our Wyomissing, PA office, and Chris Setley, our accounts receivable/payable manager, participated in the second L.A.P.S. Walk at Pocono Raceway in Blakeslee, PA, sponsored by the Brain Injury Association of Pennsylvania. Participants walked the race track with Mr. Irvan and other current NASCAR drivers (i.e., Jeff Burton, Jeff Green, Kasey Kahne, Jeremy Mayfield, Casey Mears, David Stremme, Martin Truex, Jr., and Brian Vickers), as well as the president of NASCAR, Mike Helton. Although the walk was shortened due to an impending rainstorm, Cindy and Chris reported having a good time walking with the drivers, getting some exercise, and bringing attention to traumatic brain injury. (Over \$30,000 was reportedly raised.)

The next L.A.P.S. Walk was held on August 17, 2006 at the Michigan International Speedway. For more information on Ernie Irvan’s efforts, go to www.lapswalk.org.



Participants lined up following the walk, to meet Ernie Irvan and get his autograph.

Upcoming Events

- The American Congress of Rehabilitation Medicine (ACRM) and the American Society for Neurorehabilitation (ASNR) will be holding their annual conference at the Sheraton Boston Hotel, September 27 to October 1, 2006 (including the pre- and post-conference offerings). This year’s program, entitled ***Translating Research into Practice***, promises to be an exciting educational experience with sessions featuring nationally-recognized speakers. Persons interested in receiving continuing education units may be able to accumulate 43 units (by attending the pre- and post-conference workshops as well as the annual conference).

For more information on the conference and to see the preliminary program, you can access the ACRM website (www.acrm.org); call the ACRM national office at (317) 915-2250; fax the office at (317) 915-2245; or e-mail to acrm@acrm.org.

- The American Board of Vocational Experts will be holding its fall conference at the Radisson Plaza-Warwick Hotel in Philadelphia, Pennsylvania, October 13 to 15, 2006. For information, contact the ABVE office at (831) 464-4890.
- The Society for Cognitive Rehabilitation, Inc.’s annual conference will be held in Westminster, Colorado, April 11 to 13, 2007. It is SCR’s 15th conference. Featured speakers include Rick Parente, Ph.D. and Rosamond Gianutsos, Ph.D., among many other renowned presenters. Persons interested in finding out more about the conference, membership in SCR, or the process to obtain certification in the practice of cognitive rehabilitation therapy should contact SCR at (720) 329-5019, or visit their website at www.cognitive-rehab.org.uk.

Tips On... The MEDGlider

The MEDGlider is a practical system for organizing and remembering daily medications. This combination daily pill organizer/medication reminder system is available through epill.com and offers: seven daily pill organizers (one for each day of the week), a tray for "parking" daily organizers, and an easy-to-set electronic reminder unit that sounds an alarm by voice ("Time to take your pill."), beep or light. Each pill organizer has four compartments with the capacity of eight aspirin-size pills. The reminder unit can sound an alarm up to four times daily, has an easy-to-read display, and attaches to the daily organizer, or you can use it on its own. Its compact size fits in your purse or pocket. For more information on this product and other innovative medication reminders, go to www.epill.com or call 1-800-549-0095.



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Community Skills Program®
Counseling and Rehabilitation, Inc.
1150 Berkshire Blvd., Suite 245
Wyomissing, PA 19610
(610) 376-3390
Fax: (610) 376-3392
E-mail: CSPNJPA@aol.com
Website:
www.communityskillsprogram.com

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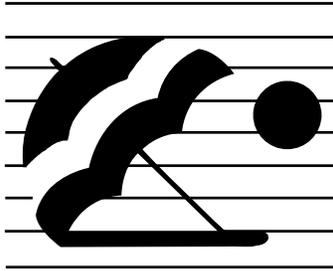
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