



## Methods to Increase Cognitive Functioning

McKay Moore Sohlberg, Ph.D., Associate Professor, University of Oregon

In this issue of the Headliner, we look at memory and cognitive functioning. Changes in cognitive abilities after brain injury share something in common with snowflakes. No two profiles are the same. Preferred methods for managing cognitive difficulties are also highly individual: what works for one individual with a memory impairment is not necessarily the best method for the next person. A wide range of options to support cognitive functioning exists, and combining approaches is often most helpful to people.

Two major types of cognitive support are **compensation strategies** and **process-oriented therapies**. Compensation strategies help to minimize the effects of cognitive impairments. The most common strategies are external aids, such as appointment books or electronic memory aids. Research suggests that external aids can be very effective in allowing people to function more independently by reducing problems caused by memory and organization challenges. Examples of external aids include:

- ❖ simple visual reminders, such as well-organized bulletin boards featuring important information, post-it notes, and checklists;
- ❖ comprehensive written memory systems, such as planning books with calendars and sections organizing important personal information;
- ❖ electronic devices for specific tasks, such as voice messengers, key finders, and answering machines; and

- ❖ portable computerized memory systems with calendar and alarm functions.

When selecting and adopting external compensation aids it is important to remember that:

**The external aid should match the user's strengths and needs.** For example, to use a written system, the person needs to be able to read and write. If an individual's primary difficulty is remembering appointments, using a system with a calendar function would be important.

**It takes time and practice to build new habits.** Most people need frequent reminder to implement a new strategy and may require periods of extra support when they fall off using a system. It is important to have realistic expectations about the time and effort it takes for a person to adopt a new habit and make it part of his or her permanent routine.

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Compensation strategies do not always involve external devices. A huge range of specific behaviors can be employed to assist with the effects of changes in memory, organization or attention. For example, to improve attention it might be helpful to:

- ❖ turn off the television or radio when trying to do tasks such as cooking or paying bills;
- ❖ use a “do not disturb” sign on the door or let the answering machine pick up messages when engaged in tasks requiring concentration;
- ❖ organize the work space and get rid of clutter in work areas;
- ❖ use earplugs when concentrating on a task;
- ❖ pace yourself and take periodic short breaks away from tasks that requires concentration;
- ❖ use relaxation tapes;
- ❖ choose settings that lessen the effects of the cognitive challenge; for example, try smaller grocery stores or quieter restaurants, and avoid the mall.

Just like external strategies, compensation behaviors must be well matched to the individual’s needs and abilities. It is also important to allow enough time and repetition for a behavior to become automatic.

Using compensation strategies - both external and behavioral - is a three-step process: (1) take a close look at situations where cognitive problems seem most frustrating; (2) select or design strategies that will lessen the problems; and (3) practice the strategies over and over in the settings in which they will be used. Following these steps can be extremely effective in maximizing cognitive functions for people with and without brain injury.

A second approach to managing cognitive difficulties is process-oriented therapies. Process-oriented therapies are designed to improve cognitive functioning through exercises that repetitively activate very specific types of thinking. These therapies require the services of a rehabilitation professional. Research suggests that the most successful types of process-oriented therapies address attention abilities. Given recent improvements in our understanding of brain functioning and the ability to image networks in the brain, this type of cognitive rehabilitation research holds much promise.

With support, determination and patience, people with cognitive difficulties can lessen the impact of their impairments using a variety of strategies. The articles that follow in this issue of the *Headliner* provide more detail about a number of these strategies.



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# Memory Challenges: Stories from the Field

Bill McGann, Speech Therapist

Cognitive challenges following a head injury cover a broad range of concerns. In this article, I will share some stories about how survivors have met these challenges. These stories are based on my years of practice as a hospital-based speech pathologist, as well as on the experiences of colleagues and brain injury survivors.

When I meet a client for the first time, I ask them to describe the primary challenges they face and the goals they hope to accomplish. In nearly every case, memory is mentioned as a major issue. Significant recovery of memory often takes an extended period of time. In the short run, I work with survivors to accept their current situation and to find ways to improve their day-to-day function.

Acceptance of the change in cognitive function is a major challenge, but it is essential to long-term progress. I advised Joe to carry a small spiral-bound notebook in his shirt pocket to serve as a reminder for important events. He agreed that the logbook would be helpful, but seemed reluctant to try it because “then everyone will know I have a memory problem.” The week following our meeting, Joe went to his hometown to take part in a competition. Unfortunately, he missed his originally scheduled time slot, as well as several substitute time slots offered to him. To make matters worse, each schedule revision was announced to the full audience, so that everyone knew there was a problem with Joe’s attendance. Even after this experience, however, Joe was unwilling to carry a logbook.

Solutions to memory problems must be tailored for each individual. Reviewing the systems a brain injury survivor used prior to the injury can be helpful. Almost everyone

uses a calendar to keep track of doctor’s appointments, birthdays, concerts, parties, or other important events. Many people use reminder notes next to their telephone or on the computer monitor. Lists are commonly used to help with grocery shopping. Similar techniques can be used after an injury, but they need to be more structured and used more consistently.

Memory systems can take a number of forms. A logbook is effective in providing a written reference for a past or upcoming event. Verbal rehearsal or rephrasing is often a useful technique. An electronic organizer provides convenient storage and has the added benefit of a built-in “reminder” system, such as a message alarm that goes off an hour prior to the appointment.

Three factors are always essential. First, each individual must find a method that is personally comfortable. Some people might feel a pocket notebook is great, while others might prefer a full sized notebook. Some are attracted to the technology of electronic organizers; others find technology confusing and prefer the simplicity of a well-rehearsed list.

Second, the person must use the method consistently. The most common problem my clients report is that they keep some notes on the calendar, some in a logbook, and some in an organizer, and “it’s just not working!” You must choose a method and use it consistently and reliably. By doing so, you will experience success with that method and develop trust in its reliability. And finally, you need to give the procedure time to become a part of your life, to become a habit. After a few weeks, most people start to notice a change.



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Once you've committed yourself to a method, it becomes easier to personalize its use. Susan was consistently missing three to five appointments a week. We started using an appointment book but found that she didn't look at it regularly. We added a practice of looking at the book three times a day and making a checkmark each time. Almost immediately, the number of missed appointments went down to one or two a month. After a few weeks, Susan found she no longer needed the checkmarks because looking at the book regularly had become a habit.

Teresa had a different challenge. She found she was constantly losing her keys around the house. She needed to establish a specific set of routines or rules. The first rule was that the keys must be put on a hook by the door immediately upon arriving home. While this may seem obvious, on close examination, Teresa

realized that she was often distracted when she came home and might put the keys down anywhere in the house. The new routine significantly decreased the time she spent looking for her keys.



Barbara had a different challenge: shopping at the grocery store was exhausting because it took her two to three hours. She found the noise and activity distracting. I went with her to the store and found she was wandering around without a clear pattern. Using a map of the store, we organized the most common items on Barbara's shopping list according to the store's layout. In this way, she could move from one aisle to the next in a systematic way. She found her shopping time returned almost to her pre-injury level, and her frustration and exhaustion were significantly reduced.

In each of these cases, my clients complained initially about the burden of the procedure: "Why can't I just rely on my memory to keep track of these things." What they ultimately found is that it is extra work to make these habits part of your lifestyle, but the payoff in increased success and reliability definitely makes the effort worthwhile.

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## Don't Forget the Basics

When we think about ways to improve our memory and overall cognitive functioning, we often turn to one or more of the cognitive rehabilitation and/or compensatory strategies discussed elsewhere in this issue. We may also look to one of the many cognitive enhancing drugs and supplements that are currently on the market. But we may well forget the basics - the commonsense ways we can take care of ourselves so that we are able to function at our best. This list is a familiar one that we've been taught since childhood. It is used by students preparing to take exams and by athletes preparing for a competition, because it provides the foundation for strong physical, mental, psychological and emotional performance.

- ❖ Get enough rest (including sleep).
- ❖ Eat a balanced, healthy diet.
- ❖ Engage in regular physical exercise to improve and maintain physical and mental stamina.
- ❖ Avoid or limit the use of alcohol and cigarettes.
- ❖ Pace yourself - avoid fatigue brought on by overtaxing your abilities.
- ❖ Identify the stress reducers that work for you - and use them regularly.
- ❖ Know the medications you are taking and be aware of any possible side effects; then, when possible, make adjustments in your activities and schedule to compensate.

## Town Meeting Update

Over the last four months, staff from the BIAOR and Oregon's TBI State Demonstration Grant hosted a series of Town Meetings throughout Oregon. The intent was to share what's been happening at the state and local levels to improve supports and services for Oregonians with brain injury and their families, and to gather your ideas about what needs to happen next. Thirteen meetings were held, with a total of 216 people participating. An additional 73 people mailed in written suggestions and comments.

Thanks to all of you who participated in the town meeting process. The information you provided will be used to develop a strategic plan for BIAOR and a long-range State Action Plan for brain injury services in Oregon. Look for a copy of the town meeting summary at the BIAOR Annual Conference in October.

If you missed the opportunity to join us at one of the meetings and still want to share your ideas, call the BIAOR for a copy of the written survey and let your voice be heard!

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# Families Can Help Survivors Grow

Don Hood, Teaching Research- Eugene



**F**or families, dealing with a loved one with a brain injury can be a lot like working in the garden. Although many people don't really *like* to work in the garden, (sweating in the heat, the dirt under the fingernails, spending all that time when they could be doing other things) they continue to invest their energy for the benefits they receive.

Gardening is about investing: invest your time, your labor, your sweat, and you will reap the benefits. Gardening is also about nurturing, caring, planning. If you nurture your garden (and have a bit of luck) you will reap the benefits of your labor.




Like gardening, helping a person with a brain injury can be challenging; it takes a lot of work, but the benefits (better outcomes, more enjoyable time, and a little easier life) are worth it. Some people think of it as an investment.

## What can families do?

Often, family members become the main advocates for the survivor of brain injury. Some advocacy skills help survivors receive better services; some help the advocates by making their work easier.

Be an effective advocate.

Working together with professionals is a necessary part of living with brain injury.



**Practice good communication skills.** Listen well, paraphrase what you hear, plan what you want to say, and ask questions if you don't understand.

**Be assertive.** If you are passive, you may not get the services you need. If you are aggressive, you may succeed **THIS** time, but you may have even more trouble next time.

Like gardening, learning provides the

foundation for action. **Learn about brain injury.** Some very helpful resources are OBIRN (see page 14), the Brain Injury Association of Oregon (BIAOR), the Brain Injury Support Group of Portland (BISG), hospital social workers, rehabilitation professionals, doctors, and the Internet.

Provide encouragement and assistance.

You can also help your family member work on cognitive rehabilitation and compensatory strategies. Motivate and reward by finding a variety of things he or she likes. Practice together so you can encourage. Monitor and evaluate progress so you can modify the program if needed.

Plan and set goals.

As one parent said, "The most important thing I learned was to talk to my son and listen to his goals, hopes, and dreams." When setting goals, ask your family member what is most important. When planning, consider all needs: financial, educational, physical, emotional, spiritual.

Take care of yourself.

As caregivers, many people find themselves getting worn down and they aren't as effective as they want to be. Some things that can help (even though they seem like they use up valuable time) are support groups (contact BIAOR or BISG), private counseling, spiritual resources, relationships with those you care about, and of course, the things that make YOU happy about life.

It may take many seasons to reap the benefits of your labor, but they will come. That is why so many people choose to spend hours planning, learning, planting, nurturing, and seeking help when they need it. They like the benefits.

# Frequently Asked Questions

## *Are there any medications that will help me with my memory and general cognitive functioning?*

There are a number of different drugs and nutrients that are believed to help improve memory and cognitive functioning. A paper by Kalokowsky and Parente (“Nootropics, nutrients, and other cognitive enhancing substances for use in cognitive rehabilitation: A review and bibliography,” *The Journal of Cognitive Rehabilitation*, March-April '97, pp.12-24) discusses over 20 different substances that are currently used as cognitive enhancers. These include vasodilators such as Hydergine; nootropics such as Aniracetam and Minaprine; mechanism based drugs such as Physostigmine and Tacrine; nutrients such as Acetyl L Carnitine (ALC); and herbs such as

ginkgo biloba. While some of these definitely show promise based on research findings to date, the authors conclude: “...it is safe to say that the jury is still out with respect to the effects of these substances” (p.18). These authors provide a number of important cautions for people who are trying to decide whether or not to use cognitive enhancing drugs or nutrients:

- 1) always involve your doctor or health care professional in your decision and in supervising your use of these substances;
- (2) know the side effects of individual substances;
- (3) be aware of the possible (and often unknown) interactions between these substances and other medications you may be taking; and
- (4) understand that you may have to try a number of different substances to find the right one, and there is no guarantee that any of these substances will work for you.

If you'd like more information on this topic, contact OBIRN at 1-800-544-5243.

Severe spasticity is tight, stiff muscles that make movement – especially of the arms and legs – difficult or uncontrollable.

**Has a brain injury given you or someone you care for this symptom?**

There are ways to help control even the most severe spasticity in adults and children.

For more information, talk to your doctor and call Steve Garland with Medtronic at 1-800-638-7621, ext. 95886.



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Please contact the BIAOR or BISG offices if you are interested in joining this group of special supporters.

## Headliner Ad Rates

### Size & Costs

Business Card (3.5" x 2")	\$75/Issue - \$225/yr
Quarter Page (3.75" x 5")	\$125/Issue - \$375/yr
Half Page (3.75" x 10" or 7.5" x 5")	\$225/Issue - \$675/yr
Full Page (7.5" x 10")	\$400/Issue - \$1,200/yr

(Measurements are width x height)

### Deadlines

**10/30/00 for Winter Issue**

**1/30/01 for Spring Issue**

**4/30/01 for Summer Issue**

## Looking Ahead:Upcoming Headliner Topics

Each issue of the Headliner focuses on a topic that is important to Oregon's brain injury community. Here's what we have planned for upcoming issues:

Spring 2001	Building Friendships and Social Networks
Summer 2001	Behavior and Anger Management
Fall 2001	Cognitive Issues: Executive Functions

We welcome articles, stories, poems and artwork from our readers, and would love to hear from you.

## Support

Albany	Albany Bits
Ashland	Mind over Matter
Bend	
Columbia County	
Coos Bay	
Corvallis	
Drain	
Eugene	Brain Power Heads Up HIP Ulhorn Program Veterans' SG
Forest Grove	Women's Brain Injury
Grants Pass	Turning Point
Klamath Falls	Spokes
La Grande	
Medford	Turning Point
Newport	
Pendleton	
Portland	Brainstormer I Brainstormer II Family, Spouse & Professional Faraday Club SPHINKS TBI Club Transition Family SG
Roseburg	Umpqua Valley DisAbilities
Salem	Salem Salem Social Club Parents of Teens with TBI
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# Groups

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541-779-5646

Michael & Julie Trantham 541-388-6805

Terry Harmon 503-543-6374

Facilitator needed Call BIAOR

Sarah Hawkins 541-757-5043

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Leslie Murphy 541-345-8376

Mary Bunch 541-998-3048

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Trudy Maloney 541-345-4244

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Cele Olsen 503-357-8546

Pam Ogden 541-776-3427

Wendy Howard 541-883-7547

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# Annual Conference

Please mark your calendar and register now for the Association's Annual Conference and Membership Meeting, which will be held in Eugene on Friday, October 13th and Saturday, October 14th. The theme of this year's conference is "Moving Toward Independence: Sharing Help and Hope."

Saturday's full-day conference will be held at the Lane County Fairgrounds. Keynote speakers will be family member Marilyn Lash, MSW, and her husband, Bob Cluett, survivor of a brain injury. Their topic is "Reflections in the Mirror: The Changing Self and Family after Brain Injury." Marilyn and Bob are partners in Lash & Associates, a publisher of materials on brain injury located in Wake Forest, N.C. They will also team up for a

presentation on issues encountered and alternative strategies to follow in returning to work after brain injury.



The conference will feature three concurrent tracks of four one-hour sessions each. The tracks are: 1) The Injured Brain at Work: Returning to Work and Remaining Employed; 2) Overcoming Obstacles to Independence (including attitude and behavior management issues); and 3) TBI Potpourri (including Cognitive Rehabilitation and Survivor Coping Strategies).

In addition to Saturday's conference, several events are planned for the afternoon of Friday October 13th at the Hilyard Center in Eugene. A social event is planned from 4 to 8 PM to include food and entertainment being planned by the Eugene Host Committee. In addition, from 1:30 to 4:30 PM, there will be a support group facilitators' seminar and, concurrently, a joint meeting of the State Advisory Council and BISG Advisory Board.

Please register now by calling the BIAOR office at 503-585-0855 or 800-544-5243.

## Annual Conference Schedule (Tentative - Subject to change)

### Friday, October 13th

1:30 to 4:30 PM  
1:30 to 4:30 PM  
4:00 to 8:00 PM

### Hilyard Center - Eugene

Support Group Facilitators' Seminar  
Joint BIAOR/BISG Advisory Board  
Reception and Social Event

### Saturday, October 14th

8:30 to 9:15 AM  
9:15 to 10:00 AM  
10:15 to 11:00 AM  
11:10 to 12:00 AM  
1:00 to 1:50 PM  
2:00 to 2:50 PM  
3:00 to 3:45 PM  
4:00 to 4:45 PM

### Lane County Fairgrounds - Eugene

Check-in and Late Registration  
Keynote Address  
1st Breakout Session  
2nd Breakout Session  
3rd Breakout Session  
4th Breakout Session  
Conference Wrap Up  
Annual Membership Meeting

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## Vote - It's Your Right and Your Future Depends on It

**O**n November 7th, Oregon voters will make some very important choices affecting the future of the State for years to come. Of particular interest to the brain injury community are several measures that, if passed, would significantly reduce state revenue, leading to cutbacks in important services, including services to persons with brain injury and their families.

In the coming weeks, information on these measures will be available through local media - radio, television, newspaper - as well as through materials supplied by the State and various special interest groups. You can also learn more through the Secretary of State's Web page at:

[www.sos.state.or.us/elections/elechp.htm](http://www.sos.state.or.us/elections/elechp.htm).

Only those who vote will have a voice in whether these measures pass or fail. If you aren't registered, you cannot vote. That is why BIAOR is joining other disability advocacy organizations to encourage all members and friends to register to vote NOW.

The last day for registering is Tuesday October 17th, 21 days prior to the election. To register, you need to fill out a short form and mail it to your county elections office (addresses are listed in your local phone book). You can obtain the form from your bank, any post office or the Department of Motor Vehicles office in your community. If you have trouble getting a form, call the BIAOR office at 800-544-5243 and we will mail one to you. We will also have voter registration forms at the Annual Conference in Eugene.

When you don't vote, you are allowing others to make important decisions on matters that affect your life. Isn't it time to regain your voice? Do yourself a favor: register to vote before October 17th, and then vote on or before November 7th.



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## Policy Advocacy Training Scheduled

**B**IAOR in collaboration with the national Brain Injury Association and BISG is planning a policy advocacy workshop for November 17th and 18th. The conference will be held at a location in the Portland area, to be announced by the end of September.

Attendees will receive training from experienced practitioners. Topics to be covered include: the legislative process, tools and techniques for lobbying, relating to and utilizing the media, and testifying before legislative committees

As of this writing, we are expecting that the Governor's office will issue an Executive Order forming a Task Force on Brain Injury. Recommendations coming out of the task

force will need strong advocacy support if they are to be translated into legislation and implemented.

It is critical that all of us become advocates for improved awareness of brain injury and its consequences, and be willing to tell our stories to state legislators and the public at large. Only in this way can we expect to attain the improvements in service and acceptance that you have told us is so important.

Please call the BIAOR office for more information about the advocacy workshop, and let us put you on the mailing list for registration materials.



## Trick or Treat for BIA

The Brain Injury Association has produced an excellent brochure outlining important brain injury prevention safety tips for children. This brochure is the perfect "treat" for the

kids (and their parents) who knock on your door Halloween night.

A packet of 25 brochures costs \$5.00 and the cost is tax deductible. Call the BIAOR or BISG office now to order your packets. And help us get the word out about brain injury prevention this Halloween!

## Save the Date: December 6th

Please join us December 6th for an evening of dinner and theatre at Portland Center Stage. The event is BISG's 1st Annual Holiday Fund-raiser and tickets are \$75.00 each.

The evening will open with a piano performance by Michael Allen Harrison, followed by the play "A Christmas Carol." Betty Woods-Gimarelli will be on hand to

sign her beautiful Portland Ornaments. This is a great way to kick off the holidays. Whether you use this event to treat your family or your favorite customers, we hope to see you there.

For additional ticket information or if you would like to donate a prize or get on our mailing list, please call Margaret Horn @ 503-539-6929.



## 2000 Portland Ornament

To commemorate the turn of the century, this year's BISG holiday ornament is a beautiful representation of the Year 2000 Portland skyline designed by artist Betty Woods-Gimarelli.

The Year 2000 ornaments may be purchased individually or in a boxed set with a holiday CD by pianist Michael Allen Harrison. In addition, a limited number of 1997 World Games ornaments, specially commissioned by Nike, are still available. All proceeds will benefit the Brain Injury Support Group of Portland.

### Ornament prices:

Ornament without CD \$20.00  
\$7.00 is tax deductible

Ornament and CD \$30.00  
\$11.00 is tax deductible

Nike Ornaments \$20.00  
\$6.00 is tax deductible

To order:

Call Joan Brown @ 503-413-7707

## October is Brain Injury Awareness Month

Injuries to the brain continue to be the number one killer of American youth. The National Pediatric Trauma Registry estimates that more than 30,000 children a year sustain permanent disabilities as the result of brain injuries, at an estimated lifetime cost of over four million dollars per person. The Brain Injury Association community can be proud of our efforts to educate the general public about unintentional brain injuries and to advocate for safety measures in engineering, enforcement and regulation. The result has been such milestones as universal safety belt and car seat legislation, heightened awareness of the dangers of drinking and driving, and bike helmet legislation.

Shifts in our global American culture, however, are now presenting us with a broader and more insidious primary cause for brain injuries: violent behavior. American Medical Association statistics in 1992 indicated that a greater number of TBI-related deaths were caused by firearms (44%)

than by motor vehicle crashes and falls combined (43%).

These figures do not include brain injury deaths caused by child abuse, such as shaken infant syndrome, or non-fatal brain injuries. Domestic violence is currently the leading cause of emergency room visits for women. It is estimated that a woman is beaten every 12 seconds in the United States. Researchers have found that the head is indeed a primary target in these domestic attacks and that these batterings often result in cumulative brain injuries. Women who care for survivors of TBI are recognized as a high-risk group for this kind of acquired brain injury.

Clearly, violence is a major cause of brain injuries, and brain injuries are a significant risk factor for the subsequent development of violent behavior. To be effective, prevention efforts must focus on the reduction of both brain injury and violence.

*Clearly, violence is a major cause of brain injuries, and brain injuries are a significant risk factor for the subsequent development of violent behavior.*

October is Brain Injury Awareness Month.

The national BIA has developed some excellent awareness materials for states to use. Call the BIAOR or BISG office and find out how you can participate in some of the many prevention activities we have scheduled for October 2000. Together, we can make a difference.



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The Oregon Brain Injury Resource Network's (OBIRN) mission is to improve access to information and services for individuals with brain injury, their families, and the professionals who serve them. For assistance locating any of these resources or for other questions, please contact OBIRN at 800-544-5243.

## Resource Review

### ***Management of Memory Disorders (1995)***

William Burke & William Blackerby  
(Editors) \$9.50

This resource is part of the HDI Professional Series designed for entry-level professionals and educators working in the field of TBI. Each volume is written in a straightforward, hands-on manner, and offers practical techniques for dealing with the topic area. Volume titles include *Managing Attention Deficits*, *Adaptive Driving After Brain Injury*, *Developing Social Skills*, *Sexuality After Brain Injury* and others. The 20-volume set can be ordered for \$175. Individual volumes are \$9.50 each.

HDI Publishers  
800-321-7037



### ***Attention, Memory, and Executive Function (1996)***

G. Reid Lyon, PhD & Norman A. Krasnegor, PhD, (Editors) \$45

This text presents research findings on the components of these central cognitive processes and explains how the findings can help clinicians assess and remediate reading and attention disorders. The book also examines the role of executive function in children's development; explores the use of cognitive strategies to guide learning; and provides explicit instructional examples for teaching organization and planning skills.

HDI Publishers  
800-321-7037

### ***Compensatory Systems: For Students with Brain Injury (1999)***

Ann Glang, PhD, McKay Moore Sohlberg, PhD & Bonnie Todis, PhD \$20

Changes in memory and organizational skills after a brain injury make it difficult for students to function in the complex environment of middle, junior high or high school - with frequent changes in teachers, classes, schedules and activities. This manual helps educators select a compensatory system, teach students how to use it and monitor how well it is working.

Lash & Associates Publishing  
919-562-0015

### ***Cognitive-Behavioral Brain Injury Rehabilitation***

Judith Falconer, PhD

<http://www.brain-train.com/articles/articles.htm>

In this article the author presents a brief introduction to brain injury rehabilitation and shares her views on how the family should approach the rehabilitation process. The author discusses nine "beliefs" that cover areas such as behavior problems, the need to provide a structured environment, reaching a "plateau" in rehabilitation, and the importance of providing rehabilitation in the home setting.

OBRIN  
800-544-5243

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## More Resources . . .

### *External Memory Aids (1994)*

Rick Parente, PhD & Douglas Herrmann, PhD

This article describes several memory and organizational aids, and illustrates how they may best be used. Three types of memory aids are discussed: prosthetic devices, memory correctors and memory robots. The article also includes a list of common memory problems (for example, the person forgets phone numbers) and possible solutions (for example, installing an electronic Rolodex with a dialing feature or using an automatic dialing watch).

OBIRN  
800-544-5243

### *Memory Problems: An Overview (1994)*

Douglas Herrmann, PhD & Rick Parente, PhD

This article provides an overview of the different types of memory disorders (e.g., recall and recognition failures) and discusses the specific memory problems that fall into each category (e.g., omission, confabulation, and false alarms).

OBIRN  
800-544-5243

As always, contact OBIRN if you have questions.

Laura Beck  
OR Brain Injury Resource Network  
345 N. Monmouth Avenue  
Monmouth, OR 97361  
Tele: 800-544-5243 or 503-585-0855  
Fax: 503-838-8150

## Help Me Find . . .

**Can you help me locate companies that develop software for cognitive rehabilitation?**

There are several companies that produce software that address a range of cognitive functions often impaired by brain injury. Most of these programs are examples of process-oriented therapies (as explained in the article on page 1 of this issue).

To date, there have been no comprehensive studies on how successfully this training transfers to daily activities, but many survivors report that computer programs like these are helpful. OBIRN's policy is not to endorse or recommend any individual product or resource. Rather, we encourage you to investigate the individual products offered before deciding which, if any, is appropriate for you or your family member.

### Brain Train

8343 Currant Way  
Parker, CO 80134  
<http://www.brain-train.com/>  
Oregon Contact: Kristi Svendsen  
541-388-8103  
ksvend@bendnet.com

### Psychological Software Services, Inc.

6555 Carrollton Avenue  
Indianapolis, IN 46220  
317-257-9674  
<http://www.neuroscience.cnter.com/>

### Life Science Associate

1 Fenimore Road  
Bayport, NY 11705-2115  
631- 472-2111  
[lifesciassoc@pipeline.com](mailto:lifesciassoc@pipeline.com)  
<http://lifesciassoc.home.pipeline.com/>



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Oregon TBI Model System  
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Email: [biaor@open.org](mailto:biaor@open.org)  
Website: [www.open.org/~biaor/](http://www.open.org/~biaor/)

### Brain Injury Support Group of Portland (BISG)

2145 NW Overton  
Portland, OR 97210-2924  
Voice: (503) 413-7707  
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Website: [www.pacifier.com/~headsup/](http://www.pacifier.com/~headsup/)

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Tollfree: (877) 872-7246  
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Tollfree: (877) 872-7246  
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### Oregon Brain Injury Resource Network

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Email: [tbi@wou.edu](mailto:tbi@wou.edu)  
Website: [www.tr.wou.edu/tbi](http://www.tr.wou.edu/tbi)

### Oregon TBI Model Systems

Voice: (503) 494-7015  
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Website: TBA

### BIAOR - Open List

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