



# HEADLINES

SPRING 2004

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## UPCOMING EVENTS:

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on Brain Injury**  
April 2 & 3

**2nd Annual  
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April 17

**Brain Injury Basics**  
April 20

**Brain Injury  
Association of  
Minnesota helpline:**  
1-800-669-6442

[www.braininjurymn.org](http://www.braininjurymn.org)

## Association to Host 2nd Annual Xtreme Safety Fest



2003 Radd Racing Team

Submitted photo

MINNEAPOLIS - As spring approaches, more and more bicyclists will take advantage of the warm weather. Unfortunately, about half of these bicyclists will not wear a helmet. Each year, about 350,000 children under 15 go to hospital emergency rooms with bicycle-related injuries, more than any other sport. Of these children, 130,000 sustain a brain injury. Bicycle helmets can prevent

**XTREME 2004  
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## Annual Conference sees growth this year

MINNEAPOLIS - The Brain Injury Association's 19th Annual Statewide Conference on Brain Injury will be held April 2 & 3, 2004 at the St. Cloud Civic Center in St. Cloud, Minn.

This year has seen tremendous growth in sponsorship and exhibit hall space has sold out completely. The Association is pleased to offer new exhibitors this year to address the holistic needs of persons with brain injury. In addition to health and medical programs, community based care providers, vocational services, government agencies, advocacy groups and legal services, this year's conference offers exhibitors from higher education and recreation.

The conference welcomes almost thirty speakers from the professional and consumer TBI communities. The professional track this year offers a strong pediatric/education focus including presentations on Shaken Baby Syndrome (SBS); injury trends with alcohol-related TBI, SBS, and concussions; IEP and transition planning for students with TBI; athletes and post-concussive syndrome; effective partnerships in education settings; and pediatric brain injury basics.

The consumer track this year features sessions on transitioning from school to

work, parenting for children with ABI/TBI, maintaining self-control for success, therapeutic writing, assistive technology, and the power of individuals in shaping public policy. The conference teen track features a chatroom, information on choices after high school, and a session on increasing relationship skills and maintaining friendships.

The featured keynote speakers this year are Dr. Robert Karol and Rev. Nick Mezacapa. Dr. Karol will deliver Friday's keynote geared towards professionals, "Neuropsychosocial Intervention: The Advanced Treatment of Severe Behavioral Dyscontrol After Acquired Brain Injury." Behavioral dyscontrol can be a troubling result of acquired brain injury, one that re-

quires attention since it interferes with any other help professionals may provide



Dr. Robert Karol

for other symptoms such as cognitive difficulties. Yet, most professionals are ill prepared to address behavioral problems. This keynote talk will highlight approaches to address this issue and provide a sense of hope that successful treatment is possible.

Karol will also offer a Friday breakout session on "Handling Aggressive Episodes after Acquired Brain Injury." This breakout session will cover how to prepare for episodes of aggression. It will review how to resolve them successfully when they do occur and how to keep safe during them.

Karol's recent book "Neuropsychosocial Intervention: The Practical Treatment of Severe Behavioral Dyscontrol After Acquired Brain Injury," will be available for purchase at the conference.

Karol opens Saturday's consumer day at the conference with "Optimism in the Face of Injury: Personal and

**CONFERENCE  
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## Volunteer Receptionists Needed!

Looking for a way to get involved with the Brain Injury Association of Minnesota? We have several openings for volunteer receptionists at our new office in Northeast Minneapolis.

The Receptionist has an integral role in creating a welcoming, helpful atmosphere for callers and visitors. Duties include answering incoming calls and directing them to the appropriate staff member, creating information packets, photocopying, filing and faxing.

This is an opportunity to work with caring, motivated professionals in a congenial environment while helping persons with brain injury.

We'll provide training and offer a flexible weekday schedule and free parking.



We're looking for a few friendly people with good oral communication skills who can commit to a minimum of four hours per month.

Willingness to have fun is also important. If interested, contact Kimberly Ferencik, Volunteer Coordinator at 612-238-3221 or via email at kimberlyf@braininjurymn.org.

### April 2 & 3 : 19th Annual Statewide Conference on Brain Injury.

Just as each person is unique, so is each brain injury unique. Join other persons with brain injury or family members - professionals join your colleagues from healthcare, social work, psychology, education, and politics as you expand your knowledge about brain injury at the Brain Injury Association of Minnesota's 19<sup>th</sup> Annual Statewide Conference.

This year, the conference offers a strong pediatric/education focus and offers Continuing Education Credits (CEU) for nursing, physical therapy, occupational therapy and speech therapy. Turn to page one of this newsletter for a full story on what this year's conference has to offer.

### April 17: 2nd Annual Xtreme Safety Fest at the Mall of America.

Before you hop on your boards and bikes this spring, learn tips on playing it safe while you play hard. The Brain Injury Association of Minnesota is hosting the Xtreme Safety Fest on April 17 at 1 to 4:30 p.m. in Sam Goody Central at the Mall of America.

Watch exciting BMX and skateboard stunts while shopping for your own helmet. Demos will be given on bicycle safety and on how to correctly wear bicycle helmets. Helmets are available for participants to purchase at-cost. Read the front page story for more information.

### April 20 : Brain Injury Basics

Confusion. Frustration. Sorrow. Anger. Fear. Isola-

tion. These are some emotions a person with brain injury may feel after injury. Families, friends & loved ones may feel this way, too.

Learn about the impact of brain injuries caused by concussion, traumas such as crashes or falls, stroke, aneurysm & coma.

Learn about what brain injury is; the common side effects of brain injury; compensation techniques; and tips about how to relate to people who have sustained brain injury.

These classes are offered bi-monthly. Class begins at 6:00 p.m. and runs until 8:30 p.m. Further dates for 2004 are June 15, August 19, October 19 and December 21. To register, call 1.800.669.6442 or 612.378.2742.

## Support Groups

Brain injury support groups can help you find others with similar experiences, useful information about brain injury and solutions to problems.

Support groups can provide a number of benefits and provide the following key results:

- Emotional healing comes when people interact with other people.
- Sharing of similar experiences helps members feel less alone and more ready to deal with day to day issues.
- Encouragement comes from learning about how others have conquered situations similar to theirs.
- Contribution helps support group members feel meaningful.
- Education results from the exposure to information and personal experiences in a group.
- Socialization occurs when connections with people are made and confidence in social skills develops when appropriate interaction occurs in support groups.
- Self-expression, as emotions are experienced and released, creates a greater understanding of oneself.
- Confidence building results as members take responsibility for the work of the group, and see progress with the plans they made.
- Safety, in the environment of a confidential, supportive, non-judgmental group, allows for honest disclosure and sharing of common difficulties.
- A sense of growth occurs as long-term members see new participants and reminisce about where they began and how far they have come in their personal journey.

The Brain Injury Association of Minnesota makes referrals to support groups throughout the state, including for persons with brain injury, their families and friends and for young persons.

These groups are autonomous, self-determined peer groups and are independent of the Association.

For meeting times, location, and a contact person for a specific support group, or for information about how to start your own group, call the Brain Injury Association of Minnesota at 612.378.2742 or 800.669.6442.



**Brain Injury Association of Minnesota**

34 13th Ave NE, Suite B001  
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612.378.2742 or 800.669.6442  
fax: 612.378.2789  
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#### Mission

The mission of the Brain Injury Association of Minnesota is to create a better future through brain injury prevention, research, education and advocacy.

#### Board of Directors

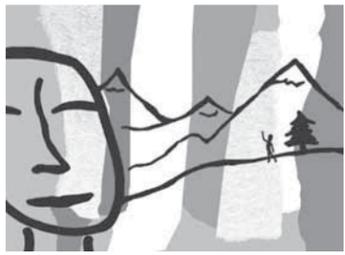
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#### Editorial Policy

Headlines is published quarterly by the Brain Injury Association of Minnesota. The Editor reserves the right to edit submitted materials for style and space. The Association does not endorse, support, or recommend any specific method, facility, treatment, program, or support group for persons with brain injury and their families. Please call for advertising rates.



# PERSPECTIVE

Message from the Board of Directors

## The Association is changing!

Change can be difficult for almost everyone. Our whole being screams at us to go back to the way things were. But when that change comes from carefully researched approaches to better meet the needs of people with brain injury and their families it makes any difficulties seem worthwhile. And, that's just what the Brain Injury Association of Minnesota has done this past year: **CHANGED!** It's taken the vision of the past and made it today's reality thanks to a lot of hard work by all, including you, but change it has.

Thanks to the efforts of many citizen advocates the Association was successful legislatively in secure funding through a partnership with the MN Department of Health to expand its pilot project to provide Resource Facilitation from a handful of hospitals to hospitals across the state.

Resource Facilitation is a process built on three main functions. First, providing follow-up calls to assist with problem solving and supporting the individual with brain injury and/or family members through the critical healing process. Second, linking people in need with available and appropriate resources (re: educational information, a g e n c y / p r o v i d e r information, or county/state/federal service information) to assist with successful return to school, work or community reintegration and assisting long range community planning by collecting and organizing consumer data for appropriate referral.

Finally, this process leads to identification of gaps in service delivery. Identification of gaps and/or barriers to services is key for the advocacy of policy changes and the ability to keep people out of institutional settings. The resource facilitator offers

current and accurate information about brain injury and available resources in a supportive

### From the Chair Nancy Carlson

manner, which facilitates individual choice, independent decision-making, and utilization of natural supports and personal self-advocacy.

Referrals to this program come through hospitals that treat persons with brain injury, self-referrals from individuals with brain injury, and from family members.

The Brain Injury Association takes approximately 400 calls per month at this point in time. Ideally, if the individual has a new brain injury, contact will be made at 6 weeks, 6 months, 12 months, 18 months, and 24 months. A postcard is sent at 36 months.

E x p e r i e n c e demonstrated that these are critical times to reach out to these individuals. Other times may be scheduled as needed. The individual/family may also contact the Brain Injury Association at any time. The goal is to provide ongoing information and resource follow up proactively to persons with brain injury across Minnesota.

Along with increased resources comes increased responsibility. The Board of Directors continues to work to support the Association's mission "Creating a better future through brain injury prevention, research, education and advocacy." and to do so in a conscientious and principled manner. Your input is always welcome as we move forward. May all of you have a good 2004. I hope to see you at the annual conference on April 2<sup>nd</sup> and 3<sup>rd</sup>.

In many ways my dreams are more real to me than my conscious world. In my dreams I do not have a brain injury. When I dream my world makes sense. I know the names of all the familiar faces and I never forget what I'm doing.

In my conscious world that is rarely the case. It seems I can never remember people's names. I often forget what I am doing, was going to say, or where I am going.

In my dreams I never get interrupted, I can always count on finishing my sentences with out distractions.

In my daily forays I am frequently interrupted, usually when I am pausing to construct a sentence in my head. I find children to be particularly stressful because they are always interrupting with some mini crisis or another.

I think kids are fine, but I no longer find tolerating their presence enjoyable. They're all right when we are at their house and they have toys and space, but they are especially difficult around a dinner table at a restaurant. I usually bow out of social engagements if people are bringing their children.

My waking hours are often times very surreal to me. Things seem to come up out of left field. Something I don't expect will occur and everybody else is taking it as a matter of course. It's like there is this big joke and everybody is in on it except me. It is like an episode from the Twilight Zone except it doesn't end after a half hour, in fact, it never ends.

This is why I like routines. When I am in a routine the world seems much more real to me. I know what's happening and

I know what's going to happen. Routines don't have to be dull. I never see them like that anyway.

### Here & Now

Mike  
Strand



They are just very comfortable; comfortable as opposed to disorienting. If some unexpected event occurs and throws off my routine I become very agitated. I feel like I am drowning and I flail about looking for something to grab onto.

Routine gives me a reference point. With out it I am lost and I can not get my bearings. Suddenly the known becomes the unknown and boundaries and definiteness slip away.

It is not exciting or interesting; it's waiting for something bad to happen. It's knowing that that something is going to come up, something is going to happen, and once again I'll hear that voice, maybe from another person or maybe just

inside my head, admonishing me, and saying, "Didn't you see that coming?" or "Didn't you think ..." or "Pay attention next time!" As if any of that is possible even most of the time with a brain injury.

My step-father Tom, an old salt, taught me that there is a nautical axiom that says "you are responsible for your wake." It means that you can't go full speed in certain areas or around smaller boats. If your wake (the waves you make behind your boat) capsizes another boat or damages the shoreline, it is your fault and you will be held responsible. When I am conscious I am responsible for my wake. The things I say or do have effects.

People can be hurt by my words or actions. I am just an armchair etymologist and amateur lexicographer, but I wonder, maybe the word "awake" is used because when I am "awake" I have a *wake* and am responsible for my actions. This onus is the main reason I find great comfort in my dreams.

Now, if I could just remember my dreams...

## Letters to the Editor

Readers are encouraged to submit electronic letters to the editor for consideration of publication in the next edition of *Headlines*.

Letters to the Editor should be limited to 300 words. Letters may be edited for spelling, grammar and length. In order for letters to be considered, please include your name, address and the daytime phone number of the author.

The Association reserves the right to refuse letters for publication.

Submission of material does not guarantee publication.

Opinions expressed in Letters to the Editor are solely those of the author and do not represent the opinions or positions of the Association.

*Headlines* is a quarterly publication of the Brain Injury Association of Minnesota.

Please send letters to: *Headlines*, c/o Brain Injury Association of Minnesota, 34 13th Ave NE, Suite B001, Minneapolis, Minn. 55413.

Member of





# PEOPLE *in* PROGRESS

Stories from the perspective of persons with brain injury, their family members and professionals

## Redefining yourself after TBI: Sue Meserow's story



Sue Meserow

photo by Sharon Rolenc

By Sharon Rolenc

Public Awareness Director

In the mid-nineties, Sue Meserow was a high level executive at one of Minnesota's largest companies. Her life was fast paced, and her job demanding. She had dedicated her life to her corporation, and defined herself by the success of her professional life. Meserow never dreamed that a headache could change how she saw herself forever.

One late August evening in 1996 she awoke with a horrible headache, or as she describes "the worst of my life." Meserow was experiencing a latent cerebral aneurysm, or a ballooning of an artery. "Had the artery burst, I would have joined the majority of people whose first symptom of an aneurysm is sudden death," she said.

The hospital that discovered the aneurysm did intrusive surgery to fix the problem. What was supposed to take seven hours took over twelve, and the doctors were unable to reach the aneurysm because of its location.

A week later, Meserow was taken to another hospital and underwent surgery to fix the aneurysm. This time the surgeons were able to close off the carotid artery above the aneurysm so that it would never pose a threat again, but there were other serious complications. Meserow's brain swelled mid-surgery, she experienced two strokes, and at one point she died on the operating table. She was brought back to life, but sustained a brain injury as a result.

"As a result of the strokes, I was left with total left-side 'neglect.' In simple terms, this means that my brain wasn't aware that I had a left side. I couldn't look to the left or use my left arm or left leg," said Meserow. The surgery also bruised her frontal lobe, leaving her with impaired speech and reasoning power. Cranial nerve damage prevented her from opening her right eye or her jaw more than half an inch.

Doctors told her husband Hale that she would never go back to work, and would likely live in a nursing home for the rest of

"Trying to go back to my job was very difficult. It was hard to accept the fact that I felt really uncomfortable, and in many cases I felt deficient. I felt that people were watching me fail. It made me angry. It made me frustrated. It made me think that something was wrong with me as opposed to something happened to me."

her life. "He said to them 'I think you're going to see something miraculous.'" Within a week, Meserow left intensive care and began rehabilitation. Within another week, she was allowed to return home after less than thirty-five days in the hospital.

Meserow attributes her success to several factors. "I had an absolute will that I was going to get back as much as I could. And I'm still feisty" she said, laughing. During her surgery and recovery, her husband Hale started a prayer chain that eventually included over 10,000 people. "I could feel them. A network of people pouring prayer on me," she said.

Her father also played an integral role in Meserow's recovery. Her father heard that the doctors said his daughter wasn't going to

walk or talk again. Fighting his own battle for life, he left Chicago in the midst of chemotherapy and radiation to visit his daughter. "I think he knew he wasn't going to make it and he wanted to see me. My dad was very encouraging, and he didn't want to die until he saw me better," said Meserow.

Her father died two months later, but he got his wish. After just four months of intense rehabilitation Meserow returned to work thinking her life was back on track.

However, what she didn't realize at the time is that life would be different after a brain injury. "I was in huge denial. I believed that nothing had changed in my life and that nothing would stop me, and that nobody would ever know what happened to me," she

said. Both she and her husband thought that if she would just "get over it," life would go back to the way it was before her surgery.

For three years she struggled to stay on top of work. "Trying to go back to my job was very difficult. It was hard to accept the fact that I felt really uncomfortable, and in many cases I felt deficient. I felt that people were watching me fail," said Meserow. "It made me angry. It made me frustrated. It made me think that something was wrong with me as opposed to something happened to me."

Eventually let go from her job, Meserow ended up going through a second round of rehabilitation to figure out what she could do

**SUE MESEROW**  
on page 12

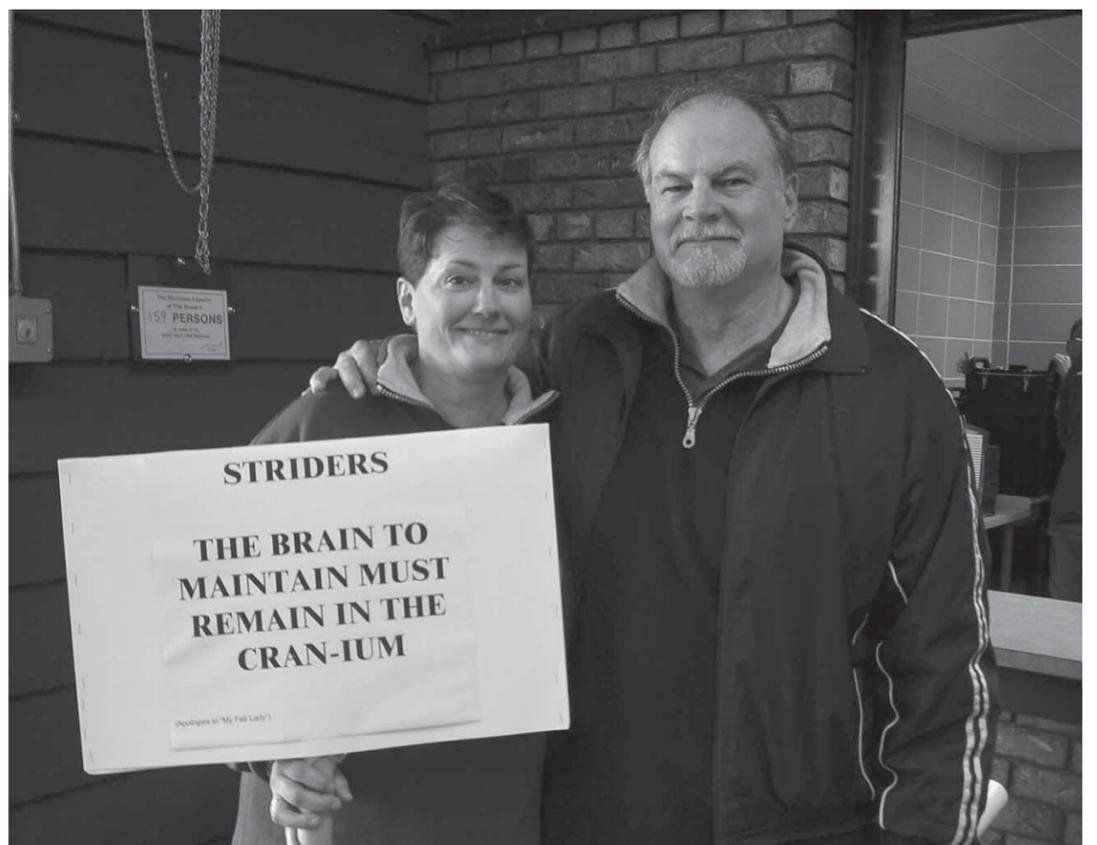


photo by Sharon Rolenc

Sue and Hale Meserow at the 2003 Walk for Thought

# Association Unveils Website Offering New Features

MINNEAPOLIS - In early March, the Association unveiled a new website. While the web address, or "URL" remains the same, the new website offers information in a more concise and user-friendly manner.

Building the new site was a huge project and has been made possible in part by generous sponsorship support from the law office of Pritzker Ruohonen & Associates, and from Britton Center for Spine, Sport and Neurologic Rehabilitation.

Phase one of the website project is complete, offering a whole new look to the site,

as well as the following new features:

**Online Service Directory.** This directory was based on the Association's consumer guide, but now will offer more complete agency information including hours of operation, fee scale, eligibility requirements, required documents, payment methods, intake procedures, languages offered/served, program capacity, licensing, legal status and more.

The online directory was modeled after Alliance for Information and Referral Services (AIRS) standards.

AIRS mission is "to advance the capacity of Information and Referral providers to better serve their communities" through accessibility and accountability.

Currently, only basic contact information is available in the online directory. The Association will work throughout the rest of 2004 to complete the information listings.

Organizations that are currently listed can help expedite the process by emailing (preferred method) the information in the form at the right to [info@braininjurymn.org](mailto:info@braininjurymn.org).

The form may also be mailed in.

Eventually a webpage will be created where organizations can submit their information online. Please be patient with us as we build this resource.

**Calendar of Events.** Our new calendar highlights all Association sponsored events, both large and small, including conferences, training opportunities, public policy/advocacy meetings and trainings, and public awareness and injury prevention events.

**Phase two of the website** will include translating information for

our mirror Spanish site. Phase two also includes making the new site "Bobby Approved" for optimum accessibility for persons with disabilities, and for our users who utilize assistive technology. It is expected that phase two will take another year to complete.

The Association is looking for volunteers to help update the site, and specifically for updating data in the online service directory.

Please contact Kimberly Ferencik for more volunteer information at 612-378-2742, 1-800-669-6442 or [kimberlyf@braininjurymn.org](mailto:kimberlyf@braininjurymn.org).



## Injury and Violence PREVENTION

**We're looking forward to working with our partner, the Brain Injury Association of Minnesota, to make RESOURCE FACILITATION a reality for all Minnesotans with brain injury.**

[www.health.state.mn.us/injury](http://www.health.state.mn.us/injury)

*Visit our website to ...*

- Sign up for our free newsletter
- Create your own data tables about injury and violence in your part of Minnesota (See MIDAS: the Minnesota Injury Data Access System)
- Read reports, fact sheets, and data briefs on injury and violence

*Or call or write ...*

Injury and Violence Prevention Unit  
Minnesota Department of Health  
P.O. Box 64882  
St. Paul, MN 55164-0882  
(651) 281-8954 – telephone  
(651) 215-8959 – fax  
[injury.prevention@health.state.mn.us](mailto:injury.prevention@health.state.mn.us)

*Our mission is to strengthen Minnesota's communities in injury and violence prevention. We do this by ...*

- Collecting and interpreting data on injury and violence,
- Developing and evaluating prevention programs and policies, and
- Providing tools, technical assistance and information to others.

### XTREME 2004 from page 1

88 percent of bicyclists' head injuries, but less than 1 percent of teens wear helmets.

In order to increase public awareness about injury prevention, the Brain Injury Association of Minnesota (The Association) is hosting the second annual X-Treme Safety Fest on Saturday April 17 at Sam Goody Central in the Mall of America.

Geared toward children, teens and their families, this free event will include skateboard and BMX demonstrations from Radd BMX and Skate, safety demos, prize drawings and helmet fittings. Families will also be able to purchase bicycle helmets at-cost.

The X-Treme Safety Fest was an enormous success last year, with over

1,000 people in attendance and exposed to bike and skateboard safety information.

Before you hop on your boards and bikes this spring, learn tips on playing it safe while you play hard. Wearing a helmet correctly is an important factor in preventing injuries. It is ideal to buy a helmet that meets the safety standards of the Consumer Product Safety Commission (CPSC) or the Snell Memorial Foundation. To ensure a proper fit:

- Tighten the chin strap to keep the helmet from slipping forward or backward
- Only two fingers should fit under the chin strap
- Place the helmet directly over the forehead.

Sponsor and volunteer opportunities are still available for this event. For more information, call 1-800-669-6442 or visit: [www.braininjurymn.org](http://www.braininjurymn.org).

*Don't let Spring Fever cause you to lose your head!*




**Wear Your Helmet!**

# New Training Opportunities at the Association

MINNEAPOLIS - The Brain Injury Association of Minnesota is expanding. We have hired an education coordinator to meet the growing request for individualized staff training and increase our brain injury basics course. Our opportunities for additional education, advocacy, and awareness programs will be exciting. Currently, the Association provides several educational opportunities for persons with brain injury, their loved ones, and professionals.

**Brain Injury Basics** is the Association's cornerstone class. This is an

introductory class which is useful for persons living with brain injury, their family members and friends, and community members who may interact with persons with brain injuries. The program instructors define brain injury, discuss common side effects of brain injury, suggest ways for persons with brain injury to compensate for their injuries, and give tips on relating to a person who has sustained a brain injury.

This class is now taught bi-monthly at the Association's office in Minneapolis. The class is free to persons with brain

injury and their families. Professionals and paraprofessionals are charged \$15 per person. Professionals will be asked to pay at the door. The remaining classes for 2004 are scheduled for April 20, June 15, August 19, October 19 and December 21. To register, call the Association at (612) 378-2742 or (800) 669-6442.

**Long-Term Care and Participants with Brain Injury:** In an effort to improve the quality of life of adults in group homes, chemical health units and long-term care facilities, the Association offers a seminar

to enhance communication and relationships between caregivers and residents. This "train-the-trainer" style program allows for easy, flexible training of staff of residential programs who work with persons with brain injury.

**Beyond Brain Injury – Supported Employment:** The Association offers a 3-hour training session for professionals and paraprofessionals working in vocational environments with persons with brain injury. The training will address life-long issues that may affect the ability of persons with brain injury to

return to work as well as residual challenges of brain injury and how teamwork can provide a network of support with a holistic approach.

**Brain Injury Basics for Professionals:** This 3 hour session will provide professionals with an introduction to the causes and residual effects of brain injury and the implications of brain injury on service delivery. Cost is \$300 plus mileage.

For more information about education and training opportunities, contact Anne Schuller at 612-378-2742 or 1-800-669-6442.

## Ticket to Work comes to Minnesota

For individuals with disabilities, fear of losing healthcare and related services is one of the greatest barriers keeping individuals from maximizing their employment, earning potential and independence. The Ticket to Work program was created out of the Work Incentives Improvement Act of 1999 to enable people on social security to take steps towards returning to work without fear of losing medical benefits.

Currently, less than one half of one percent of social security recipients ever work their way off social security. If just that one half of one percent of social security recipients went off social security, there would be a savings of \$3.5 billion dollars over the working lifetime of those individuals.

A person is considered to have worked him or herself off social security when they earn above substantial gainful employment for an extended period of time. Substantial gainful employment is considered \$810 dollars or more monthly.

The purpose of the Ticket to Work program is to provide healthcare and adequate employment training to social security recipients who wish to return to work. Under the program, SSDI and SSI beneficiaries are eligible to receive a "ticket" which they may use to obtain employment services, vocational rehabilitation services, and other supports (e.g. assistive technology)

Currently, less than one half of one percent of social security recipients ever work their way off social security. If just that one half of one percent of social security recipients went off social security, there would be a savings of \$3.5 billion dollars over the working lifetime of those individuals.

from an employment network (EN) of their choice to help enable them to enter the workforce.

The Ticket recipient can assign the Ticket to an Employment Network (EN). Employment Networks (ENs):

- Offer full array of services, or contract with other agencies to provide services, that address barriers to employment;
- Are paid based on successful outcomes;
- Are prohibited from seeking additional compensation from beneficiaries;
- Reserve the right to deny services.

In 2004, the Ticket to Work program is phasing in Minnesota. Tickets will be distributed gradually over the year based on the last two digits of persons' social security number. If an individual wants a ticket as soon as possible, this can be arranged by calling 1-866-968-7842. As an incentive to participate in this program, if an individual has assigned their Ticket and is showing timely progress towards their goals, they will not have social security continuing medical reviews.

Currently, there are seven ENs in Minnesota,

and new ENs are expected to join the list. Vocational Rehabilitation will become an EN and has set up a VR Ticket to Work unit to assist in the administration of this program. This unit can be reached by calling 1-888-749-8153; TTY 1-651-296-3900 or 1-800-657-3973.

For more information about Ticket to Work, visit [www.yourtickettowork.com](http://www.yourtickettowork.com).

*Information for this report was provided by the Minnesota Department for Economic Security and the Conference Report submitted by the Committee on Ways and Means to Congress on November 17, 1999.*

### La Familia Guidance Center Recibio una Beca para el programa de terapia Familiar

La Familia Guidance Center ha recibido una beca reconocida nacionalmente para desarrollar Terapia de Familia Funcional (TFF- En Espanol) programa de tratamiento. Este es disponible para los adolescentes quienes tienen trastornos emocionales y de comportamiento. Este tratamiento tiene mucho exito y es un paradigma para los jovenes con muchos problemas de comportamiento. Este terapia puede mejorar acerca de las soluciones positivas y al disminuir la negatividad de la familia y cambiar estrategias de los padres. Para referencias o mas informacion sobre el programa, por favor hable (651) 221-0913.

### La Familia Guidance Center Received Grant for Family Therapy Program

La Familia Guidance Center has been awarded a grant to develop a nationally recognized Functional Family Therapy (FFT) treatment program. This is available for treatment of Chicano/Latino Children and adolescents who exhibit mid to severe emotional and behavioral disturbance. FFT is an empirically-grounded, highly successful, family-based treatment paradigm for delinquent and pre-delinquent youth who engage in behavioral (acting out) disturbance. Family functioning significantly improves in terms of adopting positive solutions to decreasing family negativity and altering parenting strategies. For referrals or more information about the program, please call (651) 221-0913.

Myrna Yenter, MS, LICSW

## Mental Health Services

1719 Kathleen Drive

North Mankato, MN 56003

Phone and fax: 507-345-5281

**Myrna has had extensive experience with survivors of traumatic brain injury and their families. She has experienced TBI in her immediate family.**

**Myrna does complete mental health services such as counseling for couples, families, for anxiety and depression.**

**CONFERENCE  
from page 1**

Professional Roles.” Many persons with brain injury struggle with issues of self-esteem and acceptance. This keynote talk will address how to reconceptualize acceptance, balancing realism and optimism. It will encourage people to take action to achieve their goals and will put in context inter-reliance. Finally, it will provide insight into how to handle disagreements about what is possible.

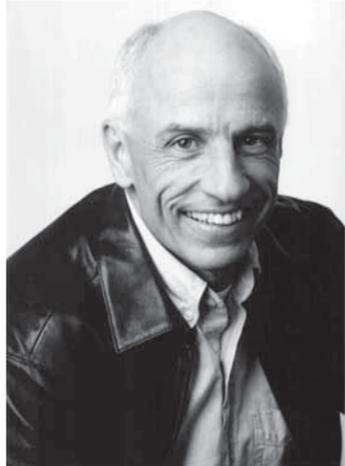
“Getting Better Health Care from Professionals,” is Karol’s Saturday breakout session geared towards persons with brain injury and their family members. Too often persons with brain injury are frustrated in their attempts to interact with professional health care providers in outpatient settings. This breakout session will explain important factors to consider when seeking help and how to maximize the likelihood of receiving better care.

Dr. Karol is the Program Director of Brain Injury Services and Director of Neuropsychology/Psychology at Bethesda Rehabilitation Hospital, in St. Paul. He heads a group private practice, Karol Neuropsychological Services & Consulting, in Minneapolis, specializing in neuropsychological evaluations and counseling for persons with brain injury. He is also co-owner of Neuroscience Multispecialty Advisors, a group including neurology, physiatry, psychiatry, gerontology, and neuropsychology providing case consultation to lawyers and insurance companies.

He co-founded the Brain Injury Association of Minnesota, serving on its Board of Directors for 14 years and he is a past Chairman of the Board. He served for 6 years on the Board of Directors of Accessible Space, Inc. He is a member of the Supreme Court of Minnesota’s Board of Law Examiners’ Special Test Accommodation Panel and he is an Adjunct Professor at Argosy University. He has served on the Minnesota Department of Human Services Traumatic Brain Injury Advisory Committee, Neuropsychological Services

Ad-Hoc Committee, and Needs of Adults with Brain Impairment Committee.

Rev. Nick Mezacapa closes the weekend’s event with his keynote address, “Keeping It in Perspective.” This talk focuses on the



**Rev. Nick A. Mezacapa**

shortness and uncertainty of human life and our responsibility to live our lives with that in mind.

Mezacapa has served as the rector of Calvary Episcopal Church, right across the street from The Mayo Clinic for the past 16 years. Before coming to Minnesota he served churches in Iowa, Michigan and New York. A graduate of Heidelberg College in Tiffin, Ohio, he was trained as a teacher and athletics coach and worked in the field for seven years. It was after his teaching career that he attended Colgate/Rochester/Bexley Hall/Crozer Divinity School in Rochester, New York to receive his Master’s in Divinity Degree and subsequent ordination to the priesthood.

Mezacapa brings his experience as teacher, coach, priest, husband and father to his presentations with passion and authenticity. His experiences as a prostate cancer survivor, radio personality and an active thespian combine to generate a style and urgency that is unique. He has delivered his presentations to a wide variety of groups across the country, focusing on the subject of “Survivorship and Spirituality.” His perspective has been described as refreshing and inspiring.

Special thanks to our conference partners, the Minnesota Department of Health and Injury Prevention Unit, and the Minnesota Department of Education. Special thanks also to Britton Center for Spine, Sport and Neurologic Reha-

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bilitation (formerly St. Paul Rehabilitation Physicians), our exclusive Diamond Keynote Sponsor. See the side-bar to this story for a complete list of conference sponsors.

Friday admission to the conference is \$80 for members of the Brain Injury Association of Minnesota, and \$95 for nonmembers. Sat-

urday admission is \$40 for members age 12-18, and \$55 for members age 19 and over; \$50 for nonmembers age 12-18, and \$65 for nonmembers age 19 and over.

**Please note the following correction in the conference registration brochure:** On the lower portion on the registration form where tuition is checked, the

dates are listed as April 2 and April 2. The second date should read “April 3.”

A corrected version of the registration brochure is available for download at [www.braininjurymn.org](http://www.braininjurymn.org), or by calling 612-378-2742 or 1-800-669-6442. The deadline for registration is Friday, March 26.

# School Services for Students with Traumatic Brain Injury



The frequency of traumatic brain injury (TBI) in children and teens is staggering. Each year in the United States as many as one million children and youth will sustain traumatic brain injuries from motor vehicle accidents, falls, sports and abuse. The largest group of traumatic brain injured individuals fall within the 15-24 year old age group, but the frequency is nearly as high for children and youth under 15 years of age.

Minnesota schools identify traumatic brain

injury as a special education category and define TBI as an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability and/or psychosocial impairment that may adversely affect a child's educational performance and result in the need for special education and related services. *The term does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.*

Generally speaking, traumatic brain injuries in children are often diffuse and can affect many areas and functions within the

brain. Since areas of the brain are interconnected, damage to any part of the system can often result in cognitive, motor, sensory, emotional and behavioral changes. Frontal and temporal lobe damage can often occur in a traumatic brain injury, and may result in possible changes in personality and behavior, as well as deficits in memory, judgment, reasoning, problem solving and inhibition. Difficulties with perceptual skills and expressive language may also result. When damage occurs in additional parts of the brain, there may be changes in motor or sensory functioning.

Because of the varying degrees of brain injury that can occur and the related learner implications, educational services can cover a wide range of options. When a child has a mild brain injury such as a concussion, close monitoring is required; if symptoms persist and interfere with educational performance, a #504 plan or special education evaluation may be appropriate. When the injury is moderate or severe, careful planning for school re-entry from a hospital is critical. Parents, educators, and health care professionals must collaborate together to ensure that the transition is

successful; this requires mutual communication from the time of the injury, and establishing both a hospital and school contact. An educational evaluation should be conducted to determine the existence of any functional impairments, and may include both traditional evaluation protocol and tools designed specifically for students with TBI. The team must include an education professional who is both knowledgeable and has had training in the area of TBI. A teacher licensed in Physical/Health Disabilities is often called upon to fill this role.

Educational programming, accommodations, and modifications to curriculum, methodology, materials and equipment are individualized to meet the unique needs of students with traumatic brain injury. Evaluation results will assist the team in identifying these accommodations and modifications. Some examples include: environmental changes, use of technology to access the environment or complete written work, a modified grading system, support for transitions and organizational tasks, modified assignments, tests, memory aids, alternate response methods, opportunities for re-teaching and/or review, a behavior intervention plan, special transportation, accessible classrooms/restrooms, doorways, etc. Information on these and other strategies can be found in the State TBI manual (see below).

**Contact/Resources**

Deb Williamson, State Traumatic Brain Injury Specialist 612-638-1532 or via email at deb.williamson@state.mn.us

State Manual: *Special Education Evaluation and Services for Students with Traumatic Brain Injury: A Manual for Minnesota Educators* (revised 2003)

Soon available on the following websites: **MN Department of Education:** www.children.state.mn.us

**Metro ECSU:** www.ecsu.k12.mn.us



## Mayo Department of Physical Medicine and Rehabilitation

Comprehensive rehabilitation and medical services for persons with traumatic brain injury and other disabling conditions.



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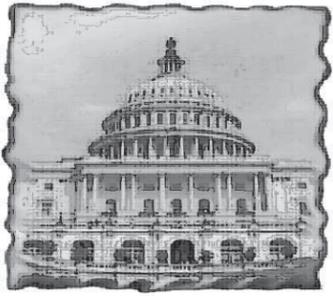
Mayo Medical Center is designated as a Traumatic Brain Injury Model System by the National Institute on Disability and Rehabilitation Research.

These programs in the Department of Physical Medicine and Rehabilitation at Mayo Medical Center are specifically accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

Mayo Rehabilitation is also accredited by JCAHO.

---

**Mayo Medical Center**  
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# Legislative Corner

Keeping up to date with public policy

## Association Involved in Coalition Work for 2004 Session

by Shannon Robins  
Public Policy Director

The Brain Injury Association of Minnesota is dedicated to ensuring that all people with brain injuries have help, hope and a voice. In order to fulfill this mission, the Association maintains membership on several advocacy coalitions who work together to strengthen and improve disability services and access to them. One of the coalitions that the Brain Injury Association of Minnesota is a member of is the Coalition for Children with Disabilities.

The Coalition for Children with Disabilities consists of several statewide or-

ganizations representing the interests of the 116,000 Minnesota children with disabilities who receive special education services and their families. Each of the organizations in the Coalition are private, not-for-profit corporations, with a mission of advocating for and providing support services to persons with disabilities and their family members. Through the variety of services offered by member organizations, the Coalition is in constant touch with parents, students with disabilities and professionals who have an interest in special education services.

The following issues are only a few of the Coalition's

priorities during the 2004 legislative session:

**Reduce fees assessed to parents who have children with disabilities receiving support services.** As a result of a law passed by the 2003 Legislature, parental fees increased significantly for families who have children receiving a variety of community based human services. The new fee schedule has caused extreme hardship for many families. Governments at all levels save money when families can stay together and raise their children with disabilities in their homes. Fees should be reasonable so that families will continue to stay intact without additional duress.

**Restore the growth factor for special education services.** The Federal Government has increased the amount of funding for the Individuals with Disabilities Education Act (IDEA) considerably during the past few years. However, states and local school districts continue to pay for the majority of costs associated with students who have disabilities. During the 2003 session, the 4.6% growth factor for special education services was repealed. To mitigate the effect of this, \$16 million was approved over two years for "cross subsidy aid." The purpose of the growth factor was to provide additional state assistance to local dis-

tricts in paying for the cost of services to students with disabilities. In zeroing out the growth factor, the net effect was to shift costs to local districts.

**Make schools safer by placing limits on the use of locked time out rooms and police officers.** Many schools overuse locked time out rooms for students whose behavior is of concern. Rather than using them as a last resort of a well thought out behavior intervention plan, locked time out is often used as a first (and sometimes only) option. Other schools simply

**SESSION 2004**  
on page 12

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- \* up to 24 hours/day, offering guidance and assistance as needed.

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## GIVING to the Association

Here are some of the many ways that you can help support the Brain Injury Association.

### Major Gift Contribution

Make a gift at one of the Brain Injury Association's major gift levels of \$500 or more. Your gift will go a long way in supporting people with brain injury.

### Gifts at Work

Gifts at work are really easy! The Brain Injury Association is a member of Community Health Charities, which raises funds in workplaces all across Minnesota.

### Gifts of Stocks

Use appreciated stock for contributions. You benefit doubly by getting a tax deduction and you don't have to pay capital gains taxes for that particular stock.

### Planned Giving

Support the Brain Injury Association of Minnesota through wills, trusts and charitable gift annuities.

### Memorial and Tribute Gifts

Make a gift in memory and in honor of loved ones. These are great gifts for holidays, birthdays and many more occasions.

### Matching Gifts

Contributing at your workplace is an easy way to support the Brain Injury Association programs and services benefiting people with brain injury and their loved ones. Ask your place of business if they offer matching gifts, send us their form with your contribution, and we'll take care of the rest.

### Corporate Giving

Consider partnering with the Brain Injury Association with a win-win project that benefits persons with brain injury.

### In-kind gifts

We publish a wish list of items we need donated to the organization (see list below). The list often includes specific office needs and services like printing. In-kind gifts are also needed for annual special events as premiums for event participants. Think creatively here.

For more information on giving options; please contact Ottar at (612) 238-3235 or ottars@braininjurymn.org. Thank You!

## DONATE YOUR CAR!



Turn your used car into cash for the Association.

For more information, visit [www.donateacar.com](http://www.donateacar.com) or call Mark at 612-378-2742.

Please note that the process takes up to two weeks and the Association cannot store your car.

## WISH LIST

We welcome a variety of in-kind donations at the Brain Injury Association of Minnesota. The following are a few of our immediate needs:

- Potting soil, pots and plants (our new location has windows!!)
- 2 mobile phones and phone service (we are out in the field a lot)
- IBM compatible computers –call for minimum specifications (our volunteers currently share one computer)
- Scanners
- Laser printers
- Copier

If you would like to donate these or other items, please contact Mark or Kimberly at 612-387-2742. Thanks!

**SESSION 2004  
from page 9**



call in police officers to deal with any child who may be acting out due to their disability. It is becoming more common for students of all ages to be escorted from the school in handcuffs, for behaviors that are not dangerous or criminal.

**Oppose vouchers for students with disabilities.** During the 2003 Legislative session, a bill was introduced that would add a voucher component to Minnesota's Special Education system. The bill is modeled after a Florida program that has produced mixed results for children with disabilities. A major concern of the Coalition is that the bill would require families who exercise this option to give up the Federal protections to an individual education plan and due process procedures.

Watch upcoming HEADLINES editions and the Association web site at [www.braininjurymn.org](http://www.braininjurymn.org) for updates on the 2004 legislative session and progress on the Coalition's priorities.

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*Our holistic touch to healing will soon reach Minneapolis. In the fall of 2003, Bethesda will open a satellite facility in Minneapolis with 27 beds for respiratory and complex medical care programs. For more information go to [www.bethesdahospital.org](http://www.bethesdahospital.org).*

**SUE MESEROW  
from page 4**

professionally. She was faced with having to redefine herself, and struggled to find another job that could accommodate the changes she experienced due to the brain injury. "Before, I was Miss Corporate America. I was a corporate business woman and now that was gone, and I don't know that I'll ever see it again."

As she once provided the sole salary in her household, she worried about going on public assistance and about losing her home. She was introduced to a resource facilitator at the Brain Injury Association of Minnesota who took her through the steps of what to do if she required public assistance, and what to do to help save her home.

"Luckily, I never ended up having to put the information to use, but I was

thankful to have had the help," said Meserow. About a month before her severance package ran out, she secured a job as an account manager for the direct mail company where she currently works.

While Meserow has gained back full mobility, she does face physical limitations with her left side. "It takes all of my will power to hold things in my left hand," she said. "As a result, I end up carrying things around the house much longer because they seem stuck in this position."

Buttons are a challenge for Meserow, so she chooses clothing styles that can go on over her head, and she switched to watches with stretch bands. "I'm thrilled that I finally qualified for laser surgery because it was impossible to put my contacts in," she said.

Meserow also gave up piano. "I can't find the keys anymore, and I can't get my fingers to go where they are supposed to."

**"You learn to live with it. There's nothing you can do about how TBI has changed your life, so just laugh about it and keep going. As a result of what happened to me, I have learned that it is critical to be spiritually prepared. No one is guaranteed a sunrise, and we are only a heartbeat away from what awaits us on the other side"**

While she can live without piano, she is more frustrated about losing her typing skills. "I used to be a great typist. I was not a great piano player, but I was a great typist. Now I have to look at the keys," Meserow said. She has learned to let go by letting spell check correct her errors and going back to proof read for content. "I've learned to type more with my right side and I've been able to keep up with people who can type fast."

In 2002 Meserow became an active member of BIAM and joined the board of directors, and played a significant role in the successful media campaign for the 2003 Walk for Thought.

Since joining the Association, Meserow has also become a very vocal supporter of Resource Facilitation. Meserow was released from a hospital that was not part of Resource Facilitation's pilot project, and didn't find out about the Brain Injury Association until she was well into her second round of rehabilitation.

"I'm sure that having someone there at all those different intervals would have been a good thing for me. In hindsight, I probably would not have had to go through rehabilitation a second time had I gotten it right the first time around," said Meserow.

Above all, Meserow feels blessed to live another

day. "As a result of what happened to me, I have learned that it is critical to be spiritually prepared. No one is guaranteed a sunrise, and we are only a heartbeat away from what awaits us on the other side," she said.

While she still has difficult days, she strives to meet challenges with humor. "You learn to live with it. There's nothing you can do about how TBI has changed your life, so just laugh about it and keep going."

Interesting in  
Becoming a  
VOLUNTEER?

Call Kimberly  
Ferencik at  
612-378-2742