

HEADLINES

SUMMER 2007



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UPCOMING EVENTS:

Walk for Thought October 6

Wednesday Workshops August 22 September 26 October 24

Brain Injury Basics I October 16

Brain Injury Basics II August 21

Brain Injury Basics III September 25

Check page 6 for more details on these events

Brain Injury Association of Minnesota helpline: 612-378-2742 800-669-6442

www.braininjurymn.org

RECYCLE NOW!

Do you have a friend, loved one or colleague who could benefit from this newsletter? If so, pass it on or call the Brain Injury Association of Minnesota and have one mailed to them.

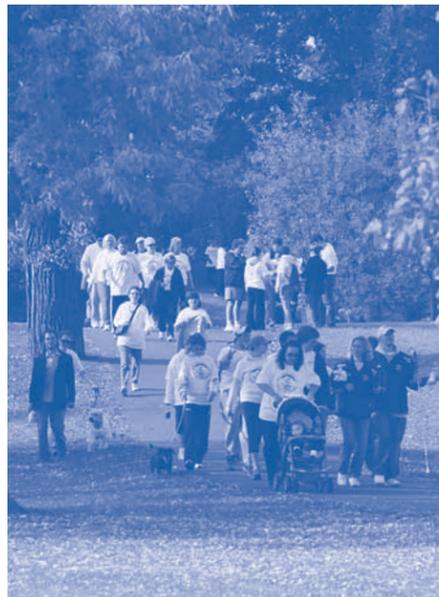


6th Annual Walk for Thought

Who Knew Going in Circles Could Get Us So Far?

By Phil Gonzales

Each fall for the past five years people from across Minnesota have gathered together to celebrate the spirit, determination and power of the more than 100,000 Minnesotans living with brain injury and to raise funds



for the Brain Injury Association of Minnesota. This year will be no exception as the Brain Injury Association of Minnesota brings you the 6th Annual Walk for Thought on October 6th. Three parks. Three walks. What a day!

But, the Walk for Thought is more than a celebration and fundraiser. It is a call-to-attention from the thousands living with brain injury and their loved ones to the rest of the community. This is our opportunity to come together with one voice and raise awareness of the fact that 20,000 Minnesotans will sustain a traumatic brain injury this year from events such as motor vehicle crashes, falls and firearms.

The 2006 Walk for Thought drew 70 teams and over 1,000 walkers. This year, the



Association wants at least 1,200 eager spirits on the trail and this goal is by no means out of our grasp. If you sign up as an individual or team participant today, and then you get your loved ones to do the same, you will have chosen an exciting way to show your concern, caring and commitment to helping more people acknowledge, recognize

Walk for Thought continues on page 16

Cleaning Up "Stinking Thinking" After Brain Injury

By Jeff Kreutzer and Lee Livingston

After brain injury, people often find themselves having a hard time feeling hopeful. Feelings of sadness and nervousness are common. Thinking positively about the future can be challenging. Following injury, a person or family member may find the following statements familiar:

- "I will always have problems and will never be the same again."
- "This is so unfair. The driver that hit me was reckless and didn't even get hurt."
- "My friends don't return my phone calls. Nobody likes me anymore."
- "I'll never be able to get or hold down a job with a brain injury."
- "The brain injury happened three years ago. He ought to be doing better by now."

Are you concerned about how you or a family member with brain injury is coping? You may be wondering how you can tell if

emotions are getting in the way. To help you better understand common symptoms of depression or anxiety, read the list of words below. Check

- | | |
|---|---|
| <input type="checkbox"/> Feeling down, blue, hopeless or tense | <input type="checkbox"/> Can't stop thinking about problems |
| <input type="checkbox"/> Crying spells | <input type="checkbox"/> Low energy |
| <input type="checkbox"/> Irritability or restlessness | <input type="checkbox"/> Appetite increase or decrease |
| <input type="checkbox"/> Feeling guilty or worthless | <input type="checkbox"/> Avoiding others |
| <input type="checkbox"/> Getting frustrated easily | <input type="checkbox"/> Not enjoying things |
| <input type="checkbox"/> Difficulty falling or staying asleep, or sleeping too much | <input type="checkbox"/> Difficulty making decisions, concentrating or remembering things |

"Stinking Thinking," continues on page 11



Brain Injury Association of Minnesota

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JOIN us today to CHANGE tomorrow!

Every 23 seconds, one person in the United States sustains a traumatic brain injury. The Brain Injury Association of Minnesota is the only statewide nonprofit dedicated to helping people navigate life after brain injury.

Please join us to raise awareness and provide help, hope and a voice to the thousands of Minnesotans affected by brain injury.

Any commitment you can make – from volunteering to becoming a Citizen Advocate to sharing your story through the media – can help enhance the quality of life and bring the promise of a better tomorrow for all people affected by brain injury.

Simply fill out the section to the below and mail it to the Brain Injury Association of Minnesota at 34 13th Ave. NE, Suite B001, Minneapolis, Minnesota 55413 to get started today!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

- Subscribe me to the bi-weekly *Headlines Online* e-newsletter, which is filled with up-to-date information of interest to the brain injury community (e-mail address required above)

Please send me information about:

- Membership
- Resource Facilitation service
- Case Management service
- Educational opportunities
- Public Policy opportunities
- Multicultural Support service
- Volunteering opportunities
- Peer/Mentor Support Connection service
- Public Awareness opportunities
- Donating, Planned Giving or Contributing
- Internships

Correction Notice:

The Spring 2007 issue of *Headlines* incorrectly stated that a few donations were made in memory of an individual, when in fact they were tributes. The acknowledgements should have read:

- In Tribute of Major Bowen (Mr. Bill Bowen)
- In Tribute of John Sherrell (Elizabeth Brault)
- In Tribute of Jason Woodard (Ms. Dee Woodard)
- In Tribute of Nicholas Dennen (Ms. Patty Dennen)

Also, Mary Westgard was listed incorrectly as Mr. Westgard.

We regret these errors.



**Brain Injury
Association
of Minnesota**

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Mission

The mission of the Brain Injury Association of Minnesota is to enhance the quality of life and bring the promise of a better tomorrow for all people affected by brain injury.

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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 Brain Injury Association of Minnesota 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.

Letters to the Editor Policy

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 Brain Injury Association of Minnesota reserves the right to refuse letters for publication, and 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 Brain Injury Association of Minnesota.





PERSPECTIVE

From the Executive Director

Ardis Sandstrom



Expression of Gratitude

Ardis Sandstrom (är 'dīs sänd 'strūm)

gratitude (grät'i-tōōd') *n.*

The state of being grateful : thankfulness

Over the last year many of you have heard me talk about using our **voice** (vois) *n.* (an expressed will or desire) to join together as we move to bring awareness about brain injury to our families, neighbors and community. Today I thank all of you that have responded by committing your time, effort and voice to moving brain injury awareness forward in Minnesota as your **advocacy** (ad'vo ca'cy) *n.* (active support of an idea or cause) has impacted the lives of so many Minnesotans. A special thank you to the Board of Directors who have had an incredible year as they have evaluated our organization's mission and strengths and committed to **change** (chānj) *n.* (the act or result of

making the form, nature, content, future course of something different from what it is) from their foundation and structure to the strategic plan which guides our advocacy and commitment to services. It is through the **action** (āk'shən) *n.* (effect or influence, energetic activity) of the board of directors, the Brain Injury Association of Minnesota staff and so many volunteers, advocates and community collaborators that we have been able to **engage** (ēn-gāj') *v.* (to attract and hold fast, to bind, as by pledge, promise, contract) policy makers and community supports in addressing access to services as we look to the **future** (fyōō'chər) *n.* (pertaining to or connected with time to come) systems of support. Through your actions and advocacy the ability to **enhance** (ēn-hāns') *v.* (to raise to a higher degree; intensify; magnify) the lives of people with brain injury becomes a stronger reality with every day. I say **thank you** (thāngk' yōō) *interj.* (an expression of appreciation used to communicate gratefulness) as so many have united with our **journey** (jūr'nē) *n.* (passage or progress from one stage to another) to make Minnesota a better place for people with brain injury. This could not be accomplished without **you** (yōō) *n.* (the person or persons addressed; the person or persons who can hold their head high with pride, validation and true sense of accomplishment.)

From the Board of Director's Chair

Sue Lepore



As I reflect on my past year as Chair of the Board for the Brain Injury Association of Minnesota, I am struck by the numerous changes the Association has undergone. In the past year the Association has embraced a new mission statement, strategic plan and increased membership. Generous grants have allowed us to expand outreach to those who have been incarcerated or homeless. The war in Iraq has increased public awareness of the impact of brain injury. Along with the increased awareness, many, myself included, have a new found and renewed passion and commitment to our mission to enhance the

quality of life and bring the promise of a better tomorrow for all people affected by brain injury.

As we move forward towards the challenges of the next year, we welcome Terri Traudt as the new chair. Terri has been a dedicated member of the Board for several years. Her experiences with the Association in several capacities make her a well-qualified leader.

Through a federally funded grant, we have begun our exciting collaboration with the Department of Corrections and Department of Human Services. This collaboration will help determine the impact of brain injury on the population in correctional facilities. Further, identification of access of appropriate treatment and counseling may impact better outcomes. We hope to offer help to some of these individuals so they are connected to resources that will assist them in reentering the community as productive citizens.

Our 22nd Annual Conference for Professionals was a tremendous success, providing professionals the

Here & Now

Mike Strand



Stairs

It's one of those brain injury things; I'm talking about negotiating stairs. Seventeen years post brain injury and I still have this problem with stairs. Going down them, not up. Going up stairs is fun and easy. I pretend that I'm "taking the hill" and go running up taking several stairs in a bound, but that's only when I'm going up. Going down is a whole different ball of wax.

When I'm going down stairs I feel like I did soon after my accident. Suddenly I am cautious and I feel very awkward, as if something were suddenly going to change from one step to the next. Lately I've even tried throwing caution to the wind and going as fast as I can down the stairs. I do this when I'm racing out of work on my way home. I'm tall and I can out-walk everyone as we are leaving – until I get to the stairs. It seems that no matter how fast I think I'm going everybody is catching up to me.

I don't know why this is. The closest I can come to understanding this is that when I try to jump off of a ledge that is no higher than a few feet I have a very hard time trying to accurately judge the distance. Every time I do this I am always surprised when I touch down. My impression of the distance is always slightly different than the actual distance.

I have the same judgment issues when traversing tiled floors. If

there is a different level from one tile to the next I can't really see it. If the tiles are a different color it can alert me and I can kind of tap my toe along the edge to see if it changes height, but that is the only way I can be sure. If I'm with someone and I see them step down it will also alert me; if I'm with my wife she will always tell me when there is a step, so that is nice, talk about quality time together!

On the flip side, I know I can get funny looks from people when this perfectly ordinary looking guy suddenly gets all gimpy and has to stop and tap the ground like a blind man. They say you shouldn't care what others think, but when you're actually in that situation and all eyes are upon you, it gets very hard not to care. If you are conscious, you will care; it's part of being human.

This is another one of those things that are different for me now that I have a brain injury. It is one of the myriad things that I still must deal with constantly. When I meet somebody and they learn that I have a brain injury and they say "but you're all right now, aren't you?" I just tell them "I still have a lot of challenges, but I don't dwell on them very often." I like this response because it says that "Yes, I still have problems, but I don't need to bore you with all the details." This is because when people say something like that they are not inviting you to unload on them; they are just being polite, just like when you say "Hi, how you doing?" You aren't actually asking someone for their medical history, you're just being polite.

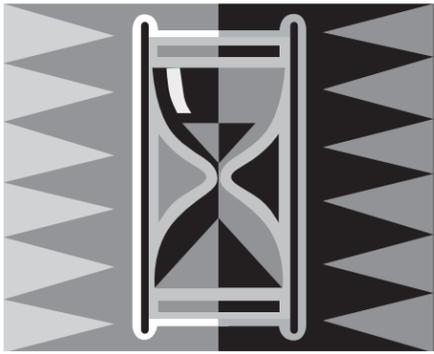
This is important to realize. If you want to be socially successful then you have to be circumspect about your brain injury. Think of it as being in your back pocket, not emblazoned on the front of your t-shirt. Yes, it is with you all the time, but you don't have to advertise it to anyone looking your way.

opportunity to learn from experts in the field as well as network. The first Consumer-Family Conference was held in Mankato and we are looking forward to additional conferences in Brainerd and Buffalo areas as additional events for consumers, family members and professionals to network and learn from each other.

As the Association grows and with it, growth of services and activities, there is an ongoing need for financial and volunteer support. Please visit our Web site or call the Association office to become a member of the Brain Injury Association of Minnesota

or to volunteer your time and meet some wonderful individuals in the process. We are open to suggestions for improvements or additional activities that may benefit all who are affected by brain injury in our great state. To adapt the wisdom of Dr. Seuss, "A person's a person and a contribution is a contribution, no matter how small!"

Thank you for a wonderful year and I hope to meet and greet many of you as members, donors, volunteers and professionals at the many events scheduled in the coming year to continue to strengthen our mission.



NEWS BRIEFS

What's new at the Brain Injury Association of Minnesota and in the brain injury community

Out & About

Brain Injury Association of Minnesota staff and volunteers have been busy in the community to improve the general public's knowledge about the organization and brain injury causes and symptoms.

On the Radio: In April the Minnesota Radio Network carried an interview about returning troops and the long-term effects of brain injury. The interview featured Executive Director Ardis Sandstrom and was distributed to 77 radio stations throughout Minnesota and Wisconsin, including Minnesota Public Radio, adding up to a base of over 1,000,000 potential listeners. Ardis also discussed the long term effects of brain injury on WCCO TV in April reaching a potential 344,000 viewers.

At Events: Staff and volunteers exhibited at many events in Minnesota over the past few months, including the 2007 Safety

Fair in New Brighton, Kid's Day Minnesota 2007, the 2nd Annual Hands On Twin Cities Volunteer Expo, the Minnesota Special Education Conference, and the Minnesota Cyclist Bicycling, Travel & Fitness Expo.

All too often, when a person sustains a concussion during a sporting event the incident is brushed off as unimportant, or just another part of the game. Concussion, however, is a form a brain injury and should be treated as such. Recent events, such as the death of Pittsburgh Steelers offensive lineman Justin Strzelczyk, have brought sports related brain injuries into the national spotlight prompting the Brain Injury Association of Minnesota to strengthen its outreach to the sports world.

To that end, the Association has partnered with Bethesda Hospital's new Concussion Clinic to bring brain injury information to the public at several upcoming

Minnesota Lynx games. It's a fantastic opportunity for our two organizations to reach an incredibly wide swath of the general public.

We attended our first game on June 13 and reached a potential 500 people with our booths. July 25 at noon is the Kids Day game at the Target Center. Bethesda will have free flying novelty disks for the kids, we will be featured in a mid-game announcement and the Minnesota Lynx mascot Prowl will ride around on a bike wearing a helmet to promote bike safety.

You can see us at future Lynx games on Wednesday, July 25, Friday, July 27 and Thursday, August 16.

Save The Date: 2007 Walk for Thought

Have you been chomping at the bit to write those Walk for Thought dates on your calendar? Well, chomp no more! The date and locations for the 6th Annual Walk for Thought are in! On October 6 the Brain Injury Association of Minnesota's 6th Annual Walk for Thought will occur simultaneously in St. Paul's Como Park, Duluth's Canal Park and at Lake Winona in Winona.

The Walk for Thought is an event that raises brain injury awareness and the funds to support the Association's mission to enhance the quality of life and bring the promise of a better tomorrow for all people affected by brain injury in an atmosphere of camaraderie and fun. For information on registration, fundraising, creating a team, and more go to www.braininjurymn.org or call 800-669-6442.

TBI Corrections Work Progresses

The Brain Injury Association of Minnesota staff continues to work with the Health Resources and Service Administration along with the Minnesota Departments of Human Services, Health, and Corrections in defining and understanding the scope of traumatic brain injury (TBI) in Minnesota's correctional system and documenting possible interventions and strategies to improve outcomes for offenders.

Sharyl Helgeson, Ardis Sandstrom, Craig Martinson and Ken Carlson attended the TBI Program State Grantee Meeting in Bethesda, MD on March 15 and 16. Sharyl and Ken were part of a panel on "Screening for TBI: What's in it for me?"

The Association's Janis Wack provided training in April on resources for offenders who are

being released to the Department of Corrections (DOC) Release Planners. She also gave a very popular presentation at the MN Corrections Education Association. Janis was so well received that she has been invited to speak about training at the next conference.

In May, TBI screening began at MCF-Shakopee with the goal of interviewing 100 female offenders. At the end of May, the DOC Department of Human Services TBI Expert Advisory Panel met and discussed the definition of TBI severity levels, how to identify offender's level of need and the reported causes of the 2,383 TBIs experienced by offenders.

For information about brain injury trainings available for correctional staff, please contact Janis Carey Wack at 800-669-6442. For more information on the grant activities, please contact Ken Carlson at 651-361-7286 or Ardis Sandstrom at 800-669-6442.

Annual Conference Award Recipients

Seven people were the recipients of awards at this year's 22nd Annual Conference for Professionals in Brain Injury.

Department of Human Services employee Sharyl Helgeson received the Elinor D. Hands Award which is presented annually to an individual who has significantly advanced the cause of brain injury services.

Darwin Dyce, a traumatic brain injury specialist with Southwest/West Central Service Cooperatives in the southwest region of Minnesota, received the "Caring Beyond Expectations" Award for exemplifying passionate, personal, direct service to persons with brain injury.

Multicultural Outreach Mentor Patty White was recognized for being an outstanding volunteer whose initiative and dedication has made a significant impact on services for persons with brain injury.

Bethesda Hospital, for its efforts in providing opportunity, enhancement or restoration of meaningful purpose in the lives of people with brain injury, was honored with the Service Provider of the Year Award.

The Career Service Recognition Award went to Dr. William Sheehan for his dedication to his clients, colleagues and the advancement of science.

The First Year of Service Award, which is given to a new professional whose initiative and dedication has made a positive impact on services for individuals with brain injury, went to Elizabeth Malaktaris of REM Ramsey.

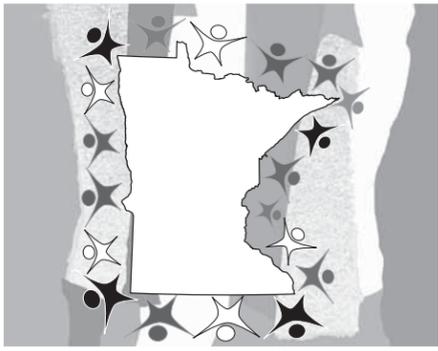
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Multicultural Corner

Stevie K. Nelson – Finding the Center



By Raye Black

Stevie K. Nelson is a tireless advocate for people who have experienced stroke. He

and I have become partners in outreach, helping each other educate communities of color on the causes and effects of stroke and brain injury. Stevie is the definition of “non-stop.” I thought I had a lot to say, and if you’ve ever talked to me you know I do, but Stevie’s knowledge, passion and enthusiasm almost put mine to shame. It’s these traits of his that caused me, the first time I spoke to him, to think, “I’ve got to have this man on the Multicultural Advisory Committee.”

I met Stevie nine months ago after he talked to our Education Manager Janis Carey Wack at a leadership conference given by the National Stroke Association. Stevie had become involved in stroke education and advocacy after experiencing a stroke in 1998 at the age of thirty-five. He was healthy, working full-time in the Army Reserve and minimized his symptoms as nothing but the flu.

“I thought stroke was an old person’s disease. I drank orange juice. Then my vision blurred and I started dropping things and I ended up being carried out of work on a stretcher. Five hospitals in eight months. Brain surgery. I didn’t have a clue how to even be sick. This was a whole new learning experience.”

Stevie had had a stroke that would lead his life in a whole new direction. He retired from the Army Reserves and became a volunteer Support Group Facilitator at Courage Center. He also does peer counseling and gives talks on the importance of education, particularly in the African American community where cases of high-blood pressure, obesity and smoking are disproportionately high compared to non-African Americans. African-Americans are also twice as likely to die from stroke as non-African Americans.

Stevie says, “A lot of it comes down to lifestyle. People don’t

want to hear that they need to stop eating certain things or doing certain things. For them it’s cultural.”

To look at him, to talk to him, you might not know Stevie has a brain injury. Sometimes, that works against him.

“People sometimes think, ‘Oh, his hands and feet work. He looks okay and he talks well.’ So they talk too fast and I have to ask them to repeat what they’re saying. Then they’re like, ‘Oh yeah. He has a brain injury.’”

In May, Stevie was honored by the late Yolanda King for his work in stroke awareness. I was honored to travel with him to Atlanta, Georgia and listen to his acceptance speech.

“Yolanda King was the first national ambassador for the Power to End Stroke,” Stevie says, “For me to go and accept an award from her was awesome.”

Stevie and I understand that we’re working on the same issues: bringing education and awareness about brain injury and brain injury prevention to communities of color. He helps me by bringing his intimate knowledge of experience with and passion for stroke to the table. Stevie and I stay in touch, acting as sounding boards for one another in order to help each other reach their goal.

Stevie operates under the idea that all health programs have to work together because “at the end of the day, it’s the body,” meaning, in order to be healthy, the whole body has to be considered. It’s impossible to keep one part of the body healthy if other parts are neglected. We all have to come to “the center” where all health issues, affected by diet, exercise and behavior, come together.

One other thing stroke taught Stevie is to go one-hundred percent all the time. If you want to change your life, start now. It’s never too late but we’ve only got a certain amount of days left on this planet and as Stevie says, “we’re losing one day every day of our lives.”

Stevie and I plan to continue our collaboration efforts. He is an inspirational man, a fantastic speaker and a great person to have on our team.



Stevie K. Nelson and Raye Black at the Power to End Stroke Awards Ceremony.

Photo submitted

BR&S

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Education Corner

Conferences, Continuing Education and More!



By Janis
Carey Wack

The weekend of May 5 marked the third annual Family Retreat held at Camp

Courage in Annandale. This retreat is a collaboration between the Brain Injury Association of Minnesota and the TBI Network, Low Incidence Project of the Department of Education. It was a packed house with fourteen families in attendance. Not even the soggy weather could dampen the spirit of adventure and camping fun as the volunteers in charge salvaged activities from the downpour and improvised new fun and excitement inside.

Karaoke was a big hit along with the other amenities at camp such as the pool and gym. Parents were able to spend time with each other and focus on the needs of siblings of children with disabilities. The morning session on Saturday provided reflection, growth and affirmation as well as a point of connection for the participating parents.

A Resource Fair was again available to the families with a wide variety of organizations presenting their services to attending families. Twenty-one youth entertained the parents and volunteers with their song writing and performing capabilities after dinner.

The Family Retreat is a wonderful experience for everyone involved: volunteers, network members, families, youth and the vendors. It is something that families and youth look forward to either as participants or in a volunteer capacity and its lack of a participation fee makes it available to all families.

For more information or to contribute to The Family Retreat's ongoing success please contact Melissa Albert at the Brain Injury Association of Minnesota at 612-378-2742 or 800-669-6442.

Consumer and Family Conference

New this year are three Consumer and Family Conferences which will provide a full day conference experience and provide better access for persons living with brain injury in out state

Minnesota. The first Consumer and Family Conference was held in Mankato on Friday June 8 at the Downtown Holiday Inn. Bill Baumann of the MentorNetwork provided a Keynote speech about achieving high quality of life following a brain injury. Six breakout sessions covered topics close to the brain injury experience: returning to school and work, chemical dependency, sexuality, neuropsychological assessments and recreation. Lunch and refreshments were provided during the event earning high marks by attendees.

The day ended with a social/networking hour providing an opportunity for those in attendance to mingle with each other and begin to develop more of a support network of peers. The Mankato Area Consumer and Family Conference was supported by a grant from the Mankato Clinic making it possible to offer needed scholarships.

Over a dozen exhibitors attended the conference enabling individuals and families to learn more about their area services. The conference was planned by a local planning committee including DaLaine Remes from the ACCESS program/Mankato Community Education, Kathy Larson and Mark Turbes from REM, Myrna Yenter and Sandra Woods – family members and Ted Surdy from the Riverview Clinic.

The Brainerd area will host a Consumer and Family Conference on Saturday, September 15 at Central Lakes College. The Central Region Consumer and Family Conference will be held at the St. Michael-Albertville High School on Saturday October 13. The planning committees for these two conferences are working hard to identify topics and presenters following the Mankato region format of an opening keynote, lunch and refreshments, breakout sessions and a closing social/networking hour.

More information about these conferences can be found on the Association Web site or by calling the Education Manager at 612-378-2742 or 800-669-6442.

Continuing Education Brochure

The newest edition of the *Continuing Education Brochure* is available and is also online. It

covers the *Wednesday Workshops* scheduled from July through November and also the *Brain Injury Basics* classes and other available curriculums. New this Fall is a Brain Injury Basics III for Caregivers. This newest Brain Injury Basics class focuses on the needs and issues related to being a caregiver for a person living with a brain injury.

Brain Injury Basics: An Introduction class, Kickoff for Winona Walk for Thought!!!

Planning on participating in the Winona Walk for Thought? Well, come out early the evening before

for a Brain Injury Basics class open to the community! It will be held in partnership with COMPASS the Winona School District Community Education Adults with Disabilities program. The class will be held on Friday, October 5 from 6:30-8:30 p.m. and will be free for consumers and family members with a nominal charge to cover CEU costs for professionals. Look for more information once the location is determined on the Association Web site and Enews.

Please check out the education calendar for the specific classes, topics and dates.

Education Calendar

Save the Date – Upcoming Education Opportunities!

Registration is required for all education opportunities. Call 612-378-2742 or 800-669-6442, or visit our Web site at www.braininjurymn.org to register or for more information.

Wednesday Workshops

August 22 – Medications and Brain Injury, presented by Bonnie Warhol, Ph.D. This workshop will cover both pharmaceuticals and complimentary medications, such as vitamins and supplements. Indications and side effects in relation to individuals with brain injury will be addressed.

September 26 – Interactive Workshop on Analyzing and Resolving Ethical Dilemmas, presented by Glen Peterson, Ph.D. This workshop will present an overview of the five basic principles and basic literature of ethical standards and conduct in human service settings. This session will include small group discussions of scenarios with ethical dilemmas.

October 24 – Neuropsychological Assessment: Essential Tool for the Brain Injury Professional, presented by Norman Cohen, Ph.D. This workshop will discuss what a neuropsychological assessment is and what it is used for. This session will also help participants gain understandings of what questions to ask when dealing with professionals in the field of neuropsychology.

Brain Injury Basics

Admission for Brain Injury Basics classes is free for persons with brain injury and their family members. The fee for professionals is \$20.

Brain Injury Basics I: An Introduction

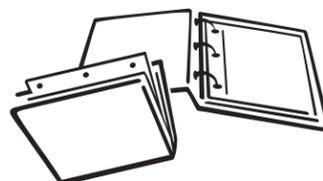
An introductory class that defines what a brain injury is and what side effects are related to brain injury. The class provides various skills such as how to relate to persons with brain injury and compensation strategies. This class will be offered on October 16 at the Association's office in Minneapolis from 6–8:30 p.m.

Brain Injury Basics II: Adjustment to Disability

This class addresses the various adjustments and life changes that individuals face after a brain injury. The major stages of adjustment along with the emotional aspects of change and the difficulties that go along with those will be discussed. Class will be held on August 21 at the Association's office in Minneapolis from 6–8:30 p.m.

Brain Injury Basics III: Caregiving

This new class is focused on how brain injury impacts the caregiver and their efforts at caregiving. These individuals play an important role in enhancing quality of life and promoting adjustment to life after a loved one's brain injury through their caregiving. This class will be held on September 25 at the Association's office in Minneapolis from 6–8:30 p.m.



Environmental Approaches to Treating Behavioral Problems in Brain Injury Rehabilitation

By Gale Valtinson

Persons with brain injury often experience cognitive, emotional, and behavioral disturbances after brain injury while therapists continue to investigate effective approaches for rehabilitation and ongoing management of these disturbances. Traditional approaches have been customized to the unique needs of the persons with brain injury. Prigatano and his colleagues (2003) developed a four component model for managing neuropsychiatric and behavioral difficulties following brain injury, which includes presenting persons with brain injury and their families with comprehensive information in an understandable fashion; revising their environment to provide external control and incentives for behavioral changes; providing experiences to improve self-awareness, which is often impaired as a result of brain injury; and establishing a trusting therapeutic relationship, which may be particularly important in compensating for impaired self-awareness.

While these approaches may be effective in assisting many persons with brain injury to manage their behavior, they may be insufficient when cognitive impairments are more severe. For example, severely impaired individuals may not be able to understand or remember the results of information provided to them, incentives may not be effective when the individual cannot understand or remember that receiving the incentive is based on specific behaviors, impulse control may be inadequate for modifying behavior even if the individual does understand and recall the contingencies, and the individual may be too cognitively impaired to sustain trust in a specific person as a means of compensating for deficits in self-awareness. Karol (2003) described a comprehensive approach, called "neuropsychosocial intervention," for managing behavioral problems by modifying the individual's environment, to be used in conjunction with traditional methods or among individuals who are unable to benefit from traditional methods.

Using this approach, the individual's environment, which consists of the physical

environment as well as the individuals in the environment, is customized to maximize his or her behavioral, cognitive, and psychiatric functioning. Physical space surrounding the person may be modified to decrease safety risk (e.g., heavier furniture may decrease safety risk during episodes of physical aggression, locks may reduce access to objects that may be used to harm self and others and to decrease elopement risk), to facilitate maximal supervision by staff (e.g., private rooms exit to a common area that staff can observe at all times), to provide visual cues (e.g., putting pictures on walls to cue individuals with language impairments), and to manage agitation (e.g., decrease noise, reduce visual stimulation by lowering lights and limiting objects in room). An individual with a pattern of episodic physical aggression whose behavior cannot be managed through traditional interventions may be managed by creating physical structures that maximize independence while preventing physical assaults.

The neuropsychosocial approach also identified several areas for modifying the manner in which staff interact with persons with brain injury to create a failure-proof environment. For example, staff may modify speech for the needs of the individual, by speaking slowly, using frequent pauses, and choosing vocabulary that is simple and direct. Verbal content should be considered in light of the individual's cognitive impairments, possibly limiting the level of abstraction, the number of subjects discussed, as well as the number and complexity of instructions given to the individual at one time. Modifications may be made in nonverbal communication, including facial expression and eye contact, body posture, manner of physically approaching and touching the individual (e.g., where the individual is touched, the firmness and duration of touch), body posture, and the speed and type of gestures used. Staff may vary structural factors, such as the frequency and the time of interactions with the individual, meeting in an individual or group modality, and the duration of the interactions. Staff behavior may interact with factors such as gender, age, and size of the individual staff member, and

individuals with brain injury may respond differently to these staff factors over time. Behavioral management may be improved among individuals with ongoing fluctuations in mood when staff makes brief assessments of affect before approaching the individual.

Research efforts to further investigate the use of environmental approaches to treating behaviors problems in brain injury rehabilitation are ongoing. These interventions have been used effectively to manage behavioral problems during rehabilitation, to inform treatment and discharge planning, and to educate discharge sites and families regarding optimal care for individuals with brain injury.

This article is reprinted with permission from the author



Yes! I want to become a member of the Brain Injury Association of Minnesota and show my support for the thousands of Minnesotans affected by brain injury.

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 Minneapolis, MN 55413*

22nd Annual Conference for Professionals in Brain Injury

By Janis Carey Wack

“This is the best conference ever!”, was a comment heard throughout the two days of this year’s Annual Conference. The 22nd Annual Conference for Professionals in Brain Injury held on April 19 and 20 at the St. Cloud Civic Center in St. Cloud Minnesota was a resounding success.

Nearly 500 professionals from a wide array of settings attended this year’s conference including more physicians than ever before. Attendees commented on the wonderful selection of breakout sessions and the opportunity to network with professionals whom they otherwise wouldn’t get to know. “I am still excited about the great networking opportunity that I experienced at the Annual Conference. It was the best!” said Joel Christiansen, Behavior Analyst, Minnesota Neurobehavioral Hospital, Brainerd.

Keynote speakers Marty McMorro and Dr. Yehuda Ben-Yishay challenged, inspired and educated resulting in very positive feedback from conference

attendees. Comments ranged from “One of the best speakers I’ve ever heard” and “Very interesting” to “So much great info” and “Wonderful keynote!”

Breakout presentations received wonderful evaluations as well, highlighting the desire by professionals to learn state of the art information. Neuroimaging, acute medical management, neuropsychological rehabilitation approaches, neurology updates, polytrauma and PTSD sessions provided the very best in recent advances in the treatment of persons who have sustained brain injury. Other sessions focused on direct care and services for persons living with brain injury with a focus on improving functioning and quality of life.

Work is well underway for next year’s 23rd Annual Conference for Professionals in Brain Injury. Please reserve April 17 and 18, 2008 for another stellar conference experience at the St. Cloud Civic Center in St. Cloud. Renowned national keynote speakers Dr. George Prigatano and Dr. Erin Bigler will kick off each conference day ensuring yet another “best conference ever”

22nd Annual Conference for Professionals in Brain Injury: Creating Collaborative Models



Photos by Molly Felde and Susan Sparling Micks

experience!

The call for presentation proposals will go out this fall. Professionals, now is the time to be thinking ahead to what you

would like to present at the Annual Conference! Check our Web site to keep up to date with conference information.



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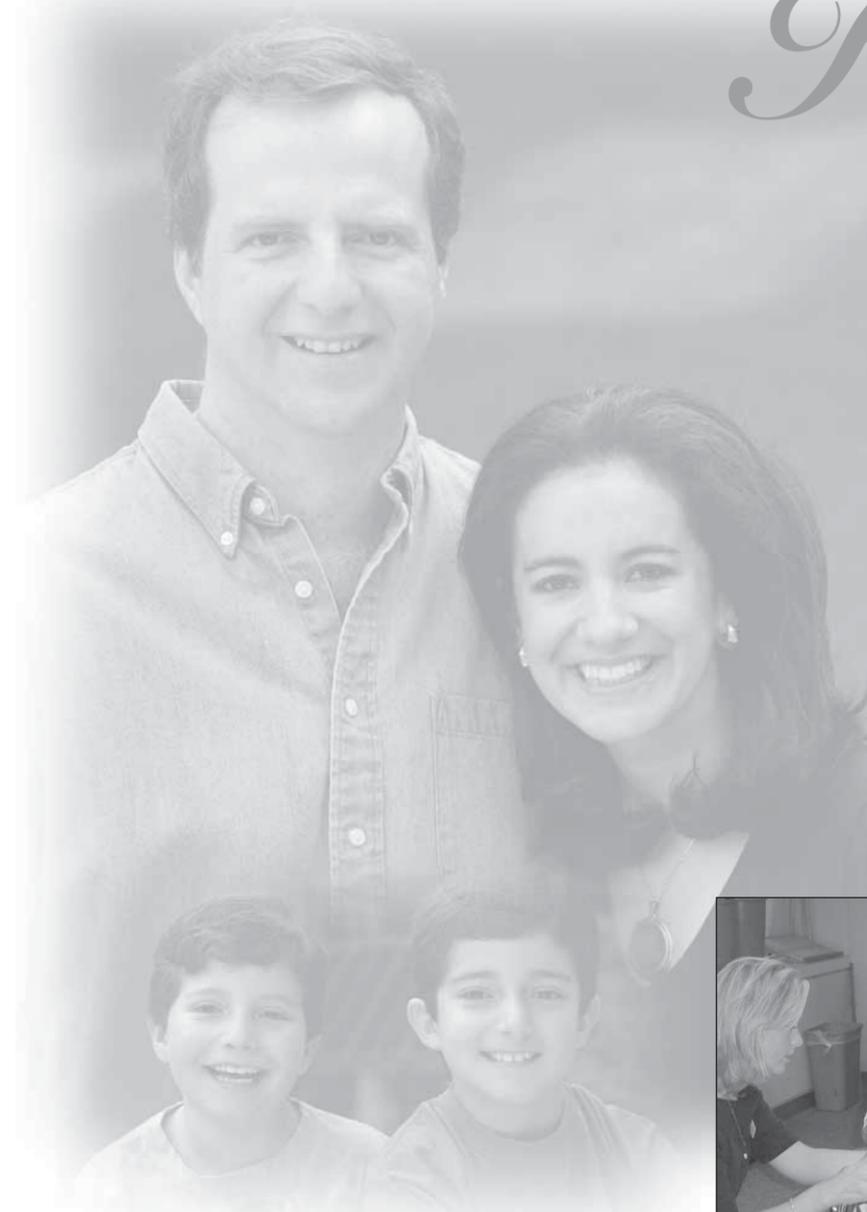
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Mayo Clinic
200 First Street SW
Rochester, MN 55905

For more information contact:
Program Secretary 507-255-3116

*National Institute on Disability and Rehabilitation Research



Free Training for Correctional Staff

As part of the grant agreement between the Brain Injury Association of Minnesota, the Department of Corrections (DOC) and the Department of Human Services (DHS), Education Services is offering FREE statewide training on brain injury to all correctional entities within the state of Minnesota. The training focuses on providing a basic understanding of brain injury and how brain injury related functional issues can impact the performance and behavior of an offender.

Currently, offenders living with brain injury have little access to services due to a lack of understanding concerning brain injury with the corrections population. The DOC wants its staff better equipped to work with this group of offenders and the first step is to learn about the basics of brain injury.

Brain Injury Association of Minnesota Education Services will arrive on site and present trainings which have been customized for a particular staff's needs. The training is available for staff at DOC facilities, as well as other related professionals in the wider

corrections community including sheriff's, community agents/probation officers, pre-trial service agencies, jail administrators, trial lawyers, and judges.

The training consists of familiarizing oneself with brain injury definitions, identifying parts of the brain, recognizing cognitive, physical, behavioral and emotional changes that may occur due to brain injury and providing strategies for working with the offender living with a brain injury. Since these individuals are already involved with the correctional system it behooves staff to learn all they can in order to make their jobs safer, easier and more rewarding and to provide services that actually match their capabilities.

Proper education is vital for staff working with and serving offender and ex-offenders living with brain injury. Education empowers staff and allows them to provide appropriate interaction and relevant services.

For more information or to schedule a training through the Brain Injury Association of Minnesota's Education Services, contact the Education Manager at 612-378-2742 or 800-669-6442.

Brain Injury Basics III: Caregiving

Education services will begin offering a new Brain Injury Basics class to follow Brain Injury Basics I: an Introduction and Brain Injury Basics II: Adjustment to Disability. Brain Injury Basics III will feature a curriculum tailored specifically for caregivers. Beginning in September, this one and a half hour class will cover issues relevant to caregivers working with individuals living with brain injury including strategies for positive interactions and self care.

Caregiving is a complex activity that involves support across the spectrum of physical, emotional,

cognitive and social needs. The challenges of caregiving can reap great rewards when performed in an intentional and thoughtful manner by a caregiver well versed in the practice of self-care.

Caregivers are invited to attend these classes on September 25 or on December 5 from 6-7:30 p.m. at the Brain Injury Association of Minnesota's new Education Center. Classes are always FREE for family members, friends and consumers and twenty dollars for professionals. Please register by calling the Association's office at 612-378-2742 or 800-669-6442.

Association Unveils New Education Center

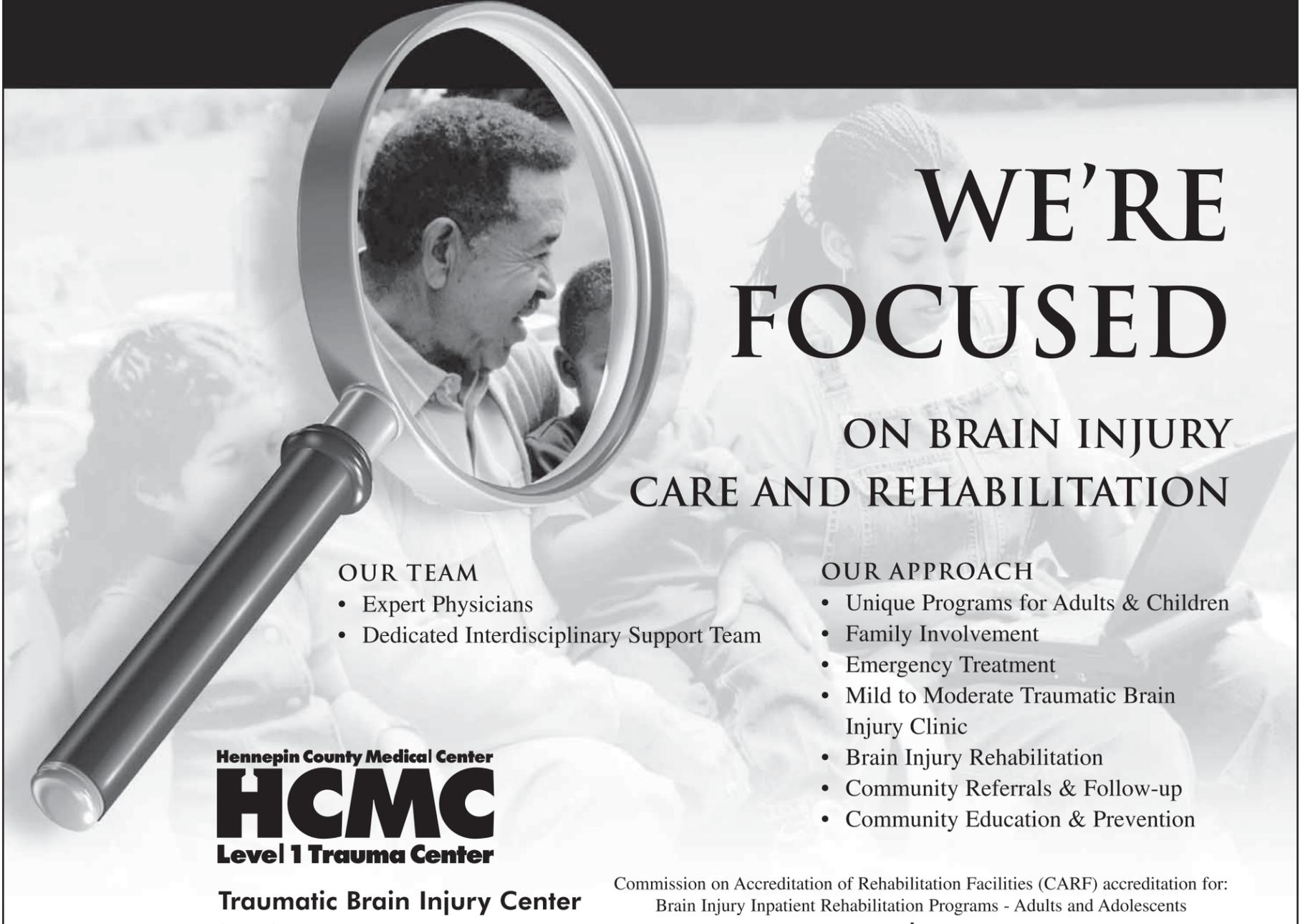
In May, the Association proudly opened the doors of its new Education Center. This upstairs facility offers loads of comfortable seating, tables, white board, a full-sized drop down screen and mounted LCD projector for presentations. A handy kitchen

and bathroom and plenty of natural lighting accentuate the facility's amenities making it an ideal location for a class or meeting. For more information or to check room rental availability call 612-378-2742 or 800-669-6442 or e-mail us at info@braininjurymn.org.

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Volunteer Corner

Volunteer Spotlight: Deb Burke

Deb Burke has been a volunteer since November 2006. Deb comes to the office three days a week to work with the Case Managers. She has really helped the staff stay on top of filing and keeping our database up to date. Deb is dedicated, passionate, and a terrific person to work with.

Reason for Volunteering:

Deb had an ischemic stroke in June from which she recovered. She states she was so thankful for her good fortune that she decided to volunteer to give back to the community.

What I do when I'm not at the Brain Injury Association of Minnesota:

Deb enjoys going to the theatre and reading books. She loves spending time with her family. She has two grandsons and one granddaughter that she tries to see as much as possible. Besides spending time with family, Deb is also active in the community. She has participated in a number of different political campaigns.

Best thing about volunteering at the Brain Injury Association of Minnesota:

Almost all of Deb's work experience was with companies that are in business to make a profit. She finds the non-profit world to be a nice change of pace as she enjoys having co-workers who are interested in helping people who have had a brain injury.



Deb Burke

Where the Volunteer Program has been and where it is going

The start of 2007 has been a successful one. With only a few months under our belt volunteers have already put in over 2,500 hours, been at a number of resource and information fairs, stuffed countless packets for the Annual Conference, and participated in the Family Retreat.

During our first quarter, Riley Moe-Wolfe gave our first official Speaker's Bureau presentation at the Adler Graduate School. The Peer/Mentor Support Connection has increased the number of volunteers we use here at the office and the amount of resource and information fairs we attend.

This year we will see more involvement from volunteers in our Walk for Thought, and we are trying to integrate corporate volunteerism into our program in order to make opportunities available to individuals who have a limited time schedule.

An increasing number of people are feeling the call to volunteer and we intend to keep up with this trend by being flexible and continuing to expand our Volunteer Program. Thank you all for all your hard work and dedication.

A new face for an old place

Allow me to introduce myself. My name is Lee George and I am the new Volunteer Coordinator at the Brain Injury Association of Minnesota.

I am very excited to be working with the Brain Injury Association of Minnesota and to be in a position that so perfectly fits my passions. Let me tell you a little about myself.

I went to school at the University of Wisconsin, Stevens Point and spent time there after graduation running a house of hospitality with my wife. During that time we traveled a little, bicycled the length of the Mississippi, helped with Hurricane Katrina relief, and joined the Peace Corps.

We recently got back from Mauritania, West Africa where we were working within a Soninke community. I had the chance during all of these experiences to work with a diverse group of people and learn about networking, team building, and organizing. I hope to bring these skills and others to my job as the Volunteer Coordinator.



Brain Injury Association of Minnesota

Ever used an egg to get to work?



Brain Injury Association of Minnesota
For more information about how to prevent brain injury, visit www.braininjurymn.org.

Of course not! But one unintentional fall, injury or accident could leave you struggling to make simple, everyday decisions like this. Brain injury could happen to you.

"Stinking Thinking," continued from page 1

Think about the items you checked and the ones you did not. The more items that you checked off, the more unhappy you or a loved one may be.

These types of statements are warning signs of Stinking Thinking. Several examples of Stinking Thinking you may recognize are:

- *All-or-None Thinking (or Black or White Thinking).* Thinking about things as extremes, e.g. either all good or all bad.
- *Over-generalizing.* Using words like "always" and "never."
- *Mental Filtering.* Looking only at the negatives while ignoring the positives.
- *Labeling.* Putting negative labels on yourself, others or things in your life.
- *Jumping to Conclusions.* Believing that you know the facts without proof.
- *Emotional Reasoning.* Thinking that your emotions are facts or reality.
- *Should Statements.* Using statements with the words

"should", "ought to" or "have to."

When thoughts are twisted by negative emotions, Stinking Thinking is the result.

Individuals with brain injury and their family or friends may think they can't win at life or they are a victim of life when twisted thoughts take hold. With mounting difficulties related to living with brain injury, Stinking Thinking can become a habit that is hard to break.

Stinking Thinking often leads people to feel sad, worried, and hopeless. To feel better, try Motivational Thinking instead. Here are a number of ideas that individuals with brain injury and their families find helpful to straighten out twisted thoughts after brain injury:

- Remember, life is not painted black or white. Much of life takes place in the gray areas. Most things in life are not all good or all bad, but somewhere in between.
- Misery is optional. Feeling miserable keeps you stuck in the past. The past is

something no one can change. Focus on changing the things you can and accepting what you have no control over.

- Emotions are not facts. Just because you feel a certain way, does not make it true. Notice when emotions are getting the best of your thoughts and check out the facts first.
- The future is not set in stone. You cannot be certain about what tomorrow will bring. Try to avoid making negative assumptions about the future.
- View "mistakes" as life lessons. Life is full of opportunities to learn new skills, make new friends, and try new activities. Learn from mistakes and do better next time.
- Recovery from brain injury is a life-long journey for individuals with brain injury and their families and friends. Pay attention to progress made after injury and avoid seeking perfection.

- Practice new ways of thinking to help you feel more positive during the process of recovering from brain injury.

If you or someone in your family is having trouble with negative emotions, individual or family counseling may help. To find out more, contact the Resource Facilitation program at the Brain Injury Association of Minnesota at 800-669-6442 for free, one-on-one assistance.

This is a reprinted version, with permission, of a column written by Jeff Kreutzer and Lee Livingston from the Virginia Commonwealth University (VCU) TBI Model System Program. For more information about outpatient rehabilitation services and VCU research programs, please contact Jenny Marwitz by phone at 804-828-3704, toll free at 866-296-6904, or by e-mail at jhmarwit@vcu.edu.



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bad things happen
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Grants Update

By Melissa Albert

The Brain Injury Association of Minnesota has experienced great support recently from organizations and corporations in the community. We would like to thank all the groups who have contributed funding to our programs over the last few months. It is contributions such as these that make our operations possible.

Andersen Corporate Foundation awarded the Peer/Mentor Support Connection \$4,000.00 to help support this important service that connects people who have been affected by a brain injury with someone who has been there before.

Mike Strand received the Don Garofalo Volunteer Services Award from Andersen Corporate Foundation for his countless contributions of time and talent. The Foundation will donate \$5,000.00 to the Association in honor of Mike's hard work.

The Mankato Clinic

contributed \$2,000.00 in support of the Mankato Area Family and Consumer Conference. This money made it possible to give scholarships to people who lacked the funds to attend and helped keep costs low for every attendee.

Pentair has graciously given \$10,000.00 for Kids REACH (Kids Resources, Education and Advocacy for Children with Head Injury) which will fund pediatric services for children as well as established programs for children, such as the Brainy Bear education program.

We have received \$50,000 from the Medtronic Foundation as the first installment of a three year grant to support Multicultural Outreach Services in 2007, which through developing community partnerships helps people in communities of color connect to the Association and educates at-risk children and families about brain injuries.

The Medtronic Foundation

has also contributed \$13,500.00 to support the development and implementation of a program for management staff that will provide a culture of leadership here at the Association.

Finally, the Minneapolis Rotary Club has made a grant of \$1,090.00 to buy helmets for children who will be attending the Minneapolis Park and Recreation Summer Safety Camp. Representatives from organizations such as the Minneapolis Fire and Police Departments will also be in attendance as staff and volunteers spend time with approximately 160 kids from low-income families, talk to them about safety, do helmet fittings and send them home with a fitted helmet to wear.

Once again, thank you so much to all the organizations whose contributions have helped and will help make the Brain Injury Association of Minnesota the effective entity it is.

**In an instant,
life can change forever**



Brain injury can happen to anyone regardless of age, gender or race.

Common causes of brain injury include automobile crashes, falls, sports concussions and strokes. If your head has even been hit hard enough to see stars, lose consciousness, or experience a concussion, we can help!

Call for more information:
800-669-6442
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www.braininjurymn.org



**Brain Injury
Association
of Minnesota**

*Bringing help, hope and a voice to
Minnesotans with brain injury
for over 20 years.*

A concussion can
leave you feeling
out of

focus.

At Bethesda
Hospital's
Concussion Clinic
we can help.

A blow or jolt to the head can cause a type of mild brain injury called a concussion. Concussions can occur from a sports injury, car accident, fall, collision or any blow to the head.

If you are experiencing irritability, headaches, depression, insomnia, poor concentration, getting lost or becoming easily confused, or a loss of sense of taste or smell you could be suffering from effects of a concussion.

At the Bethesda Concussion Clinic you'll be seen by our specialized physicians, neuropsychologists and therapists who will create an individual treatment plan for you. If you want help putting your life back in focus call us at **651-326-4323** or visit www.bethesdahospital.org/concussion.

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Legislative Corner

Keeping up to date with public policy

2007 Legislative Session Wrap-up



By Jeff Nachbar

Going into the 2007 session the Brain Injury Association of Minnesota had three priorities:

increasing the Medical Assistance Income and Asset Standards, increasing funding for Special Education, and strengthening Minnesota's seatbelt law to allow for primary enforcement. One additional priority was added during the session when a bill began moving that would significantly cut the Traumatic Brain Injury Fund at the Minnesota Department of Health. Below is a brief update on each of these issues:

Increasing the Medical Assistance Income and Asset Standards

We were able to secure language in this bill that allowed people with disabilities working in the Medical Assistance for Employed Persons with Disabilities (MA-EPD) program to keep more of their savings when they left the program. But, after being vetoed and going through at least two rounds of additional cuts there just wasn't enough funding left to pay for any adjustments to income or asset standards. After some line-item vetoes by the Governor this Health Care Funding Bill was finally signed into law.

Increasing Funding for Special Education

We did have some success with the E-12 Omnibus Finance Bill which includes increases in special education funding of \$329 million in the 2008-09 biennium and \$448 million in the 2010-11 biennium. This funding is desperately needed by school districts to help pay off the "cross-subsidy," which refers to unfunded special education requirements they have to pay for out of their general education

budgets. The bill also restores the special education growth factor in order to keep the cross-subsidy from ballooning out of control again. The Governor signed the bill, which is a good start, but there is still a long way to go to ensure that special education is adequately funded.

Strengthening Minnesota's Seatbelt Law

A stand alone bill, allowing for primary and universal enforcement of Minnesota's seatbelt law was stalled in the House as the House Public Safety and Civil Justice Committee Chair sat on the bill and did not give it a hearing. Advocates with the leadership of Senator Steve Murphy got these provisions included in Senate Transportation Omnibus Policy Bill. However, the Conference Committee agreed to only consider provisions that were in both bills so seatbelt language was not included. Even if we were able to get it in, it wouldn't have passed since time ran out before the bill could be heard on the Floor. No Transportation Policy Bill was able to pass.

Protecting the TBI Fund

During the course of the session a bill began moving which would allow people to pay off their DWI license reinstatement fee over time in a payment plan. While at first glance this appears to make a lot of sense, reinstatement is very expensive and we want more people to pay the fee and drive legally, it would have the unintended consequence of dramatically cutting the Department of Health's Traumatic Brain Injury and Spinal Cord Injury Fund. Working closely with the Bill's author, Senator Ron Latz, a couple of amendments were offered that would still give people more time to pay the fee but also keep the TBI Fund whole. This is a great example of the importance of compromise and

working together to produce a win-win. However, this language was part of a larger Omnibus Transportation Finance Bill and got caught up in the politics transportation funding and a proposed gas tax increase. The Governor vetoed the bill. An attempt to override his veto fell short of the 90 votes needed. At this point there will be no changes to current law in regard to the

payments. People who qualify for Personal Care Attendant services may be able to have more flexibility in the use of that funding. MinnesotaCare was improved and there will no longer be caps on the number of TBI or CADI waivers.

That leaves us with some successes but much more work to do. It's clear that we must

It's clear that we must continue to build our political power, get organized and come back next year to continue the fight.

DWI reinstatement fee and the Department of Health's TBI/SCI Fund.

Where do we go from here?

Even though most of us were disappointed in the lack of progress, the final Health Care Bill did have some good news. Significant improvements were made to improve mental health treatment in Minnesota by injecting an additional \$34 million. Medical Assistance co-payments were reduced. There was a modest cost of living adjustment for service providers. Low income families with disabled children will no longer be "penalized" for receiving SSI

continue to build our political power, get organized and come back next year to continue the fight. Please join us as we work to enhance the quality of life and bring the promise of a better tomorrow for all people affected by brain injury.

For more information contact Jeff Nachbar at 612-378-2742 or 800-669-6442, or by e-mail at jeffn@braininjurymn.org.

Visit our Advocacy Action center on our Web site at www.braininjurymn.org/advocacy.html and sign up to become a citizen advocate

Participate in our legislative forums coming up this fall.

It Pays to Advertise!

Did you know you can reach more than 15,000 Minnesotans each quarter and show your commitment to the brain injury community just by advertising in *Headlines*?

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- Spot Ad (2.45" x 2") \$100 per issue

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Donor Spotlight

Dr. Gaylan Rockswold: Paving the Path for Exceptional Service for Individuals with Brain Injury

By Emily Doughty

The Brain Injury Association of Minnesota would like to thank Dr. Gaylan Rockswold for his outstanding dedication to enhancing the quality of life for individuals with brain injury.

Dr. Rockswold's relationship with the Brain Injury Association of Minnesota began at the very dawn of the organization, when the first executive director of the Brain Injury Association of Minnesota, Elinor Hands walked into his office with her son.

"If there was a single founding member of the Brain Injury Association of Minnesota, it was Ellie Hands," said Dr. Rockswold. "Her son had a brain injury, and I took care of him at Hennepin County Medical Center. It was this incident in her life that began

her interest in pioneering efforts in traumatic brain injury."

After that meeting, Dr. Rockswold went on to serve six years on the Board of Directors at the Brain Injury Association of Minnesota. During his tenure on the Board of Directors, Dr. Rockswold provided leadership that helped solidify the Association into an organization that many other states turn to when seeking advice on best practices.

Since his involvement on the Board, Dr. Rockswold has continued to volunteer on committees and provide his leadership and feedback, making a true impact on how our communities and professionals in the medical field address services and supports for persons with brain injury.

Today Dr. Rockswold continues

to be a generous supporter of the Association and passionate about helping people who have experienced a brain injury. In addition to his duties as chief of Neurosurgical Services at Hennepin County Medical Center and Professor of Neurosurgery at the University of Minnesota, he is also currently the principal investigator of a research grant from the National Institute of Neurological Disorders and Stroke entitled, "Hyperbaric and Normobaric Oxygen in Severe Brain Injury."

In hyperbaric oxygen treatment, the patient is placed in a specially designed chamber, the pressure of the chamber is increased, and the patient breathes 100% oxygen. "We're very hopeful that our research will ultimately

result in a change of practice in that hyperbaric oxygen becomes a treatment for patients with severe brain injury," Dr. Rockswold explains. "When the brain is injured, it ultimately results in an energy crisis of oxygen to the brain. Hyperbaric pressure treatments results in an increase of oxygen to the brain, to more preserved brain cells, and ultimately to a higher function."

For his direct contact with patients in the operating room, his years of research and education, and dedication to working with the Association to make sure the best support services are available to individuals affected by brain injury, the Association recognizes Dr. Rockswold as an exceptional leader of the brain injury community.



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board member of the Brain Injury Association of Minnesota, will make sure your medical bills and wage losses are paid, handle all insurance details, go to trial if necessary and fight to make sure you receive full compensation for your losses.

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Walk for Thought, continued from page 1 and understand the risks and impact of brain injury. The Brain Injury Association of Minnesota will be able to immediately put all the money you raise to work to enhance the quality of life and bring the promise of a better tomorrow for all people affected by brain injury.

The 6th Annual Walk for

Thought will take place on October 6th at three Minnesota locations.

- Como Park, St. Paul
- Canal Park, Duluth
- Lake Winona, Winona

Registration for each Walk begins at 9:00 a.m. the day of the event and the Walks will start at

10:00 a.m. Each participant will receive a drawstring backpack filled with goodies and each participant who raises at least \$25 and is registered by September 21st will receive a free Walk for Thought T-shirt.

So, bring your family, friends, coworkers and neighbors. The more the merrier! It's accessible, it's important and it's fun!

Visit www.braininjurymn.org to sign up and start fundraising online or call the Brain Injury Association of Minnesota at 612-378-2742 or 800-669-6442 to sign up over the phone or to have materials sent to you. We hope to see you at the Walk!

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October 6
Duluth
St. Paul
Winona



The Walk for Thought is statewide this year! Join us at one of three fantastic locations.

Southern Minnesota: Winona

Participants will travel approximately two miles around the small end of beautiful Lake Winona in Winona. Register and check-in at the Walk tent in the Kmart parking lot just west of Lake Winona on Highway 61 beginning at 9 a.m. The Walk will begin at 10 a.m.

Metro Area: Como Park

The trail through Como Park in St. Paul is lush, relaxing and approximately three miles long. Follow Interstate 94 to Lexington Parkway in St. Paul. Go north on Lexington Parkway to Horton Avenue. Turn left onto Horton Avenue. Register and check-in at the Como Park east Picnic Pavilion, located at the intersection of Horton Avenue and Midway Parkway, starting at 9 a.m. The Walk will begin at 10 a.m.

Northern Minnesota: Duluth

Breathtaking Lake Superior serves as the backdrop for the three mile Duluth Walk. From Interstate 35, exit on Lake Avenue. Head south and Lake Avenue will turn into Canal Park Drive. The Canal Park Hampton Inn is located 310 Canal Park Drive. Register and check-in at the Canal Park Hampton Inn starting at 9 a.m. The Walk will begin at 10 a.m. at the Hampton Inn and proceed on the Lake Walk route.

Registration at each of the Walk for Thought event sites opens at 9 a.m. and begins at 10 a.m. So, wherever you decide to go this year you'll be participating with everyone!

How Do I Register?

To make registration easy and fun for everyone, we offer several different registration options!

Online Registration

- Go to www.braininjurymn.org/events/walk.cfm
- Choose the Walk you would like to participate in
- Select "Become a Fundraiser" at the top of the page
- Select "Create a Fundraising Team," "Join a Fundraising Team," or "Fundraise as an Individual."
- Once you create or reenter your username and password, follow the simple instructions to get started!

Phone Registration

- Call the Brain Injury Association of Minnesota at 800-669-6442 or 612-378-2742
- One of our friendly staff will guide you through the registration process

Mail Registration

- Call or e-mail us at info@braininjurymn.org and request a Walk for Thought brochure
- Fill out the appropriate information and mail it in

And remember, if you can't participate this year we do take donations!