

# HEADLINES

SUMMER 2008

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## UPCOMING EVENTS:

Wednesday Workshops  
July 23  
August 27  
September 24  
October 22

Brain Injury Basics I  
July 15  
August 19

Brain Injury Basics II  
October 21

Brain Injury Basics III  
July 22

Long-Term Care and Participants with Brain Injury  
September 25

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

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



## David King named Executive Director

By Pat Marciniak

The Brain Injury Association of Minnesota Board of Directors voted unanimously to name David King, Executive Vice President of AccessAbility, Inc., as the Association's new Executive Director, ending an extensive search of 170 candidates. King succeeds Ardis Sandstrom who has held the position for over two years and will be retiring this summer.

"David King rose to the top with his enthusiasm, preparedness, leadership ability, passion for service, vision, ethics, and strong non profit experience," said Nancy Carlson, search committee and former Association board member. "He understands how to challenge and engage staff while supporting an organization that focuses on innovation and excellence."

With 27 years in the nonprofit



David King

Photo by Andi Billig

sector, King has spent the past 15 years as Executive Vice President for AccessAbility, and Courage Center prior to that.

"The search team worked with the Wood Group in recruiting this position and took a lot of time and effort to find a person that they felt best represented the mission, culture and staff of the Association," stated Ardis Sandstrom. "This transition for my retirement has been such a smooth process. The board worked very hard and placed such close attention to the Association – to where we are at this time, to the culture and the staff, that they did such an excellent job in recruiting David. I am absolutely thrilled to have him come on board and to turn over the reigns as Executive Director to him on July 7."

The following interview will give you an inside look into the Association's new Executive Director, David King.

### Welcome! How do you feel today, having accepted the Executive Director position that you will be starting this July?

**David King:** I am floating on a cloud! I was in a meeting and I got a call from the search firm and I couldn't take the call but I knew the number so I quickly went out and got in my van and listened to her message, which said that she wanted to talk to me about next steps, but her message did not give anything away. When I called back however I found out that I was their candidate and now it was up to me to decide. I said 'I have been waiting for four months for this call.' I will tell you quite honestly, from the day I sent this application in January there was nothing else that interested me. This position was something I pursued very aggressively and I put a lot of work and energy into getting it. This was something I really wanted and when I got the call I was thrilled! I think the balance on the board is tremendous in terms of connections to brain injury, having professionals in

David King continues on page 11

## Lending a Helping Ear

### The Association's Resource Facilitation service connects with individuals *before* the trouble starts

Returning to the community after experiencing a brain injury can prove overwhelming for many individuals. Their lives may have changed in fundamental ways and things once familiar, friends, family, home, now take on a mysterious sheen. There may suddenly be new people in their life, doctors, therapists, counselors, and many many appointments to keep track of. The world may suddenly seem a difficult and forbidding place filled with obstacles and challenges.

Fortunately, the Brain Injury Association of Minnesota's Resource Facilitation service is there to answer their questions, connect them with professionals and give them the tools they may need to become powerful self-advocates, once again in charge of their life's direction.

Resource Facilitation is not only an individual's connection to an informed advocate, it is frequently an individual's first step on the road to self-advocacy.

**"Resource Facilitation helped me get back into life, and their information, knowledge and caring was very helpful."\***

Many organizations assist individuals with brain injury post-hospitalization, from outpatient physical therapy clinics to occupational training programs. While each one of these programs contributes a vital component to an individual's return to and interaction

with daily life, Resource Facilitation exists to guide individuals living with a brain injury to these services, while simultaneously educating individuals to become self-advocates.

**"Resource Facilitation helped me understand what I was going through and how to heal faster."**

Resource Facilitation began as an extension of Minnesota's Traumatic Brain Injury and Spinal Cord Injury Registry, a state mandated repository run by the Department of Health. In 2003, after being developed

Resource Facilitation continues on page 16



**Txing is the South Metro and Hmong Speaking Resource Facilitator. Each Facilitator provides one-on-one support to individuals living with brain injury and their loved ones.**

Photo by Phil Gonzales



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



**Brain Injury  
Association  
of Minnesota**

34 13th Avenue Northeast, Suite B001  
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612-378-2742 • 800-669-6442  
Fax: 612-378-2789  
www.braininjurymn.org  
E-mail: info@braininjurymn.org

### 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.*

### Board of Directors

Kate Shannon, Board Chair	Craig Martinson
Veronica Anderson	Jim Mellor
Emily Fuerste	Russ Philstrom
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Sandy Kasprzak	Tim Rundall
David Kendrick	Ardis Sandstrom, Executive Director
Andrew Kiragu, M.D.	Dave Scott
Kathy Larson	Quincy Stroeing
Gwyn Leder	Terri Traudt, Outgoing Chair
Sharon Mack	Mohsin Zafar

### Brain Injury Association of Minnesota Staff

Melissa Albert <i>Development Manager</i>	Karen Karki <i>Case Manager</i>
Christy Austin <i>Case Manager</i>	Jackie Lothert <i>Case Manager</i>
Jessica Belland <i>Case Manager</i>	Pat Marciniak <i>Public Awareness Director</i>
Breanna Berthelsen <i>Education Specialist</i>	Kristi Marks <i>Administrative Billig Specialist</i>
Andi Billig <i>Graphic Designer</i>	Jeff Nachbar <i>Public Policy Director</i>
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Kristina Blokzyl <i>Resource Facilitator</i>	Christina Saby <i>Resource Facilitation Manager</i>
Jessica Bullock <i>Administrative Assistant</i>	Ardis Sandstrom <i>Executive Director</i>
Janis Carey Wack <i>Education Manager</i>	Sara Schlegelmilch <i>Manager, Case Management</i>
Sharon Christensen <i>Resource Facilitator</i>	Brad Scott <i>Case Manager</i>
Kathryn Jones Clark <i>Resource Facilitator</i>	Jenna Senger <i>Case Manager</i>
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Phil Gonzales <i>Public Awareness Associate</i>	Sisavan Vang <i>Case Manager</i>
Michelle Hempel <i>Administrative Assistant</i>	Txing Vang <i>Resource Facilitator</i>
Wendy Hoffman <i>Resource Facilitator</i>	Yesenia Velazquez <i>Resource Facilitator</i>
Becky Jurek <i>Case Manager</i>	Janice Webster <i>Resource Facilitator</i>
Pete Klinkhammer <i>Associate Director of Services</i>	

### 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.



**Rise**

Rise, Inc.'s  
**Brain Injury Programs**  
serve the needs of adults with  
traumatic / acquired brain injuries through  
individualized, person-centered programming

*Connections* is conducted in Spring Lake Park **Structured Day Services** and **Adult Day Services** are both offered in Golden Valley

Services include:

- \* Community integration / volunteer opportunities
- \* Adult day supports
- \* Behavioral assessment and programming
- \* Activities leading to more independence
- \* Cognitive rehabilitation training
- \* Prevocational services
- \* Supported employment
- \* Career planning

For more information about Rise's program services, call **Peggy Kraemer** in Spring Lake Park: 763-783-2813 OR **Brigid Alseth** in Golden Valley: 763-520-0420  
Visit Rise's web site at [www.rise.org](http://www.rise.org)





# PERSPECTIVE



## Be Bold, Speak Publicly

*“Why aren’t you wearing a helmet?”*

We tend to think these words more often than we say them. When we see a friend or, even more unnervingly, a friend’s child on a bike with no helmet on their head those words cry out to be said. But, we usually stay quiet.

Perhaps we don’t want to be thought of as presumptuous. Who are we to decide what is best for others? Who are we to tell someone how to take care of their child? Aren’t we simply pushing our own agenda?

Right now, brain injury stands as the number one cause of death and disability among children and adolescents in Minnesota. Most brain injuries in children are caused by falls and a large portion of them come from bicycle accidents. According to

the National Pediatric Trauma Registry, approximately two thirds of all bicycle accidents leading to hospitalization involve children or adolescents. Nearly half of those children are diagnosed with a TBI. Yet, only 15 to 25 percent of children between the ages of five and 14 wear a helmet. This number needs to change.

***YOU can help change it.***

Up to 88 percent of all bicycle-related brain injuries could be prevented by wearing a helmet.

A brain injury is not a minor injury. A child’s brain is the consistency of gelatin and even a seemingly minor jolt or bump can send it careening off the skull’s jagged interior. Brain cells don’t regenerate or heal like a muscle or bone. A brain injury can lead to depression, slurred speech, amnesia, anxiety, paralysis, reduced motor skills and other consequences that last a lifetime.

A fall from as little as two feet onto hard pavement can result in a brain injury. A child rolling out of their driveway can fall or be struck by an inattentive driver and if the only thing between their head and the pavement is hair, the pavement is going to win.

***This doesn’t need to happen.***

Some people say, “I never wore a helmet when I was a child but I fell off my bike many times and never got a brain injury.” Well, we

aren’t discussing yesterday. We are looking at the here and now, and right now there are too many children losing too many years of their lives because of brain injury.

Please, be bold and speak publicly. Let your friends know the dangers of riding a bicycle, a skateboard, a snowboard or sled without a helmet. Let them know that all the precautions they take to keep their child out of harm’s way, teaching them to avoid strangers, to wear sunscreen, to look both ways before crossing the street, can be rendered moot in the blink of an eye.

In the years I’ve worked at the Brain Injury Association of Minnesota, I’ve seen too many children have too many precious days lost to brain injuries that could have been avoided if they’d only worn a helmet. And now, as I prepare to leave the Association, I would like to leave you with these words. Be bold. Speak publicly.

Be advocates for brain injury awareness. Be advocates for the safety of others. Let others know that they can be advocates for themselves.

Self-advocacy is one of the main goals of the Brain Injury Association of Minnesota. Once people understand the power they have to make decisions and choose services and supports that fit their lives, the closer they are to

reentering the community after a brain injury.

In 1996, congress passed the TBI Act with a bill that “authorized funding for prevention, surveillance, research and State grant programs to improve service delivery and access for individuals with traumatic brain injury.” This opened the door for the Department of Health and Human Services (DHHS) Health Resources and Services Administration (HRSA) to make grants available to institute systems change in the world of brain injury.

It was the HRSA grant that enabled Minnesota to set up a pilot project on Resource Facilitation.

Today Resource Facilitation is being looked at as a national model for connecting individuals to appropriate services and support

A service like Resource Facilitation is what grows when a group of dedicated individuals sits down and says, “How can we change the world?” Almost twenty-five years ago, a group of professionals and family members did just that, forging an organization that began as a desire for best practices and continues with a national movement.



## Conspiracy

Have you ever felt someone was out to get you? That someone was out to mess up your day? Have you ever been sure that you put something somewhere only to discover it gone?

Well, I certainly have. Just today I was looking for a business card that had some important information on it. It was so important that I not lose it that I had kept it right in front of my computer monitor where I would see it every day. I needed to call the person whose number was on

it today, but when I looked for it, it was gone. So, trying not to panic, I began looking all over for it. Sure enough, eventually I got absolutely frantic. The only thing I could think of was that when my wife was doing her on-line homework yesterday she must have thought it was unimportant and thrown it away. As I began digging through the trash I became even madder as I realized she must have known I needed that info and, just to teach me a lesson about being more organized, she had thrown it out.

I have learned when I get really mad I need to settle down, quit blaming and accusing, and just breathe. Slow deep yoga breaths; breathe in, breathe out. Why would my wife, who loves me and always wants nothing but the best for me, suddenly turn on me? But here’s the thing; as I looked through the trash I pictured her doing it. Seeing her, in my mind, plain as day was absolutely infuriating.

But that was all my imagination.

I had to stop looking vainly for the card and just relax before I had myself so worked up that I’d ambush her when she got home and start slinging wild accusations at her; wild accusations that seemed perfectly sensible in my mind, but sounded absurd when I spoke them aloud.

I don’t like playing the fool so when I can sense that is what is going to happen I really try to avoid it. With that thought in my mind I once again thought about what I might have done with the business card.

I thought I might have put it in my wallet for safe keeping so I checked there...wouldn’t you now it? There it was.

I have learned over the years, years spent doing this the wrong way; that no one is ever out to get me. I’ve learned to assume that people have much better things to do with their time then try to mess up my day; especially when I do such a good job of it myself.

Here is what I’ve learned to do: Stop. Just stop what you’re doing. Breathe; take slow deep breathes in and out.

I ask myself “Why are they doing this to me?” If their actions don’t make sense then I must question my perceptions. I know this will seem odd when I’m so certain, but maybe there is a good reason.

Ordinarily, I am not very sure of anything, so being sure and angry in equal proportion is usually a clue that I am probably missing something key. That is not always the case, but it is the case often enough that it just makes sense to assume that I am missing something and that there’s no conspiracy.



Brain Injury  
Association  
of Minnesota



# FROM THE BOARD OF DIRECTORS

## Outgoing Letter from Terri Traudt, Chair of the Board of Directors

**Time.** It is one of life's most precious resources. And most of us never seem to have enough of it. We may spend time, save time, make time, or waste time, but no matter what, there is always just 24 hours in a day and 365 days in a year. Most importantly, what we do with that time matters.

It's hard to believe my year as Board Chair for the Brain Injury Association of Minnesota is already coming to a close. It seems like just yesterday I was handed the responsibility! As I reflect back on the past 12 months, it gives me enormous pride to have served in a leadership role at this great organization. I have enjoyed the time, and am happy to report that the Association is in excellent shape.



**Terri Traudt**  
Photo by Liz Rolfsmeier

Here's why:  
**The Association is focused and productive.** Guided by a well-developed strategic plan, we continue to develop and implement quality, people-centered services

with an emphasis on equal access, social change, and collaboration. We are nationally recognized for our outstanding programs, including Resource Facilitation and Multicultural Outreach. We continue to identify and address brain-injury issues that affect specific populations among us, including returning soldiers, incarcerated persons, and the homeless.

**The Association is financially sound.** Our funding streams remain strong. We are well-capitalized,

have a healthy balance of revenue sources and an impressive 89 cents of every dollar goes directly to programs and services.

**The Association is well-positioned for the future.** In the past three years, the organization has nearly doubled in size, as has the number of people served. Our mission is clear and our strategic plan continues to move us forward. We stand ready to embrace change, as this is an important national election year and we also have a new executive director in store for us following Ardis Sandstrom's retirement later this summer.

And now I turn the gavel over to our Chair Elect, Kate Shannon. Kate has been a dedicated and valuable board member for the past four years, during which time she has chaired several committees. Like so many of us, Kate's passion for the mission of the Brain Injury

Association of Minnesota is fueled by her love for a family member who lived with the consequences of traumatic brain injury. To this experience, she adds great professional leadership skills which make her well-qualified for the Chair position.

As I leave the post, I wish to express my appreciation to the incredible staff and volunteers at the Association, as well as my fellow board members for all they do every day. American civil rights leader Martin Luther King, Jr. once said "The time is always right to do what is right." Thank you for the valuable time you have given, and for doing the right thing in enhancing the quality of life and bringing the promise of a better tomorrow for all people affected by brain injury.



**Brain Injury Association of Minnesota**

## Tribute to Ardis Sandstrom

By Terri Traudt

The following is a transcription of Terri Traudt's tribute to Ardis Sandstrom from the Brain Injury Association of Minnesota's 2008 Annual Conference for Professionals.

Former First Lady Eleanor Roosevelt once said "It is better to light a candle than curse the darkness." In a society that is quick to identify "darkness," Ardis Sandstrom is one of the best candle-lighters I have ever met. She has dedicated her professional life to service, and all of us in this room today have benefitted in one way or another from her service to the field of brain injury.

Ardis holds a Bachelors Degree in Psychology, and a Masters Degree in Rehabilitation Counseling. She is also a Licensed Independent Social Worker. Earlier in her career, Ardis was instrumental in developing

the Direct Connections Vocational Rehabilitation program in St. Cloud, and the TBI Vocational Program at the Courage Center in Golden Valley, Minnesota.

She served as Associate Director at the Brain Injury Association of Minnesota for seven years prior to moving into the Executive Director position three years ago. During her tenure at the Association, Ardis has led the creation of Resource Facilitation, a program which is now utilized by five other Brain Injury Associations across the

United States, and is held as a standard for the national model. She has also been instrumental in the creation of Case Management, Multicultural Outreach, and both the Education and Volunteer departments at the Brain Injury Association of Minnesota.

Under her leadership, the Association has experienced unprecedented growth. In the past three years, the organization has nearly doubled in size as has the number of people served.

Ardis will be leaving her post as Executive Director of the Brain Injury Association of Minnesota later this summer, as she has announced her "protirement" – a term she prefers over "retirement." We are quite certain that we have not seen the last of her tireless energy and service, though. I think she's got a few "candles" to light yet!

Ardis, on behalf of the Board of Directors, your staff, all your friends, colleagues and peers, and the thousands of people throughout Minnesota whose lives are affected by brain injury, we wish to say, not "good-bye," but rather "thank you."



**Terri Traudt presents Ardis Sandstrom with the Commitment to Service Award at the 2008 Annual Conference**

Photo by Andi Billig

## Board Seeks New Members

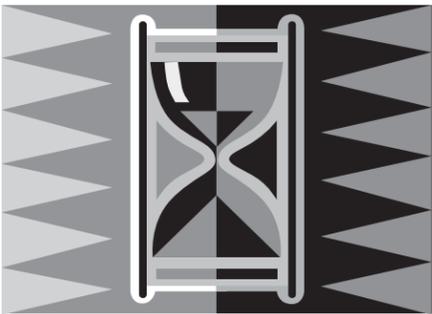
The Brain Injury Association of Minnesota is looking for individuals to serve as voting members of the Board of Directors monitoring the organization's mission and financial performance and developing organizational policy representing the interests of the membership and the constituency served by the organization. Board members apply to serve a three-year, renewable term and can serve up to two terms.

If you are committed to the mission of the Association, and are willing to volunteer your time and expertise on committees and leadership positions, please consider submitting an application.

For more information or a full position description, please contact David King at davidk@braininjurymn.org or Mohsin Zafar at Mohsinz@hotmail.com.



**Brain Injury Association of Minnesota**



# NEWS BRIEFS

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

*Getting the Brain Injury Association of Minnesota's message out to the public is an important part of our mission. Here's where you may have heard or seen us in the past months.*

## Media and Events

Media activities for April centered on Trisha Meili's appearance at the 2008 Annual Conference for Professionals.

Meili's conference appearance was covered on **WCCO TV's** 6 p.m. news through an interview with Dennis Douda in addition to a live interview on the Mondale/Jones talk show on **WCCO Radio**.

Interviews in St. Cloud included a feature article on Meili for the **St. Cloud Times** which included mention

of the conference. In addition, Meili and Ardis Sandstrom were interviewed on **WJON** in St. Cloud the week prior to the conference with a second interview the morning of Trisha's appearance at the conference. Other interviews included Sandstrom on Curtis Beckman's **Sunday Morning News Show** which is syndicated on **93X** and other stations.

Ads for Meili's appearance at the Conference were featured in the Friday and Sunday editions of the **St. Cloud Times**.

A new ad related to seniors and fall prevention awareness debuted in **Minnesota Healthcare News** in the May edition,

along with an article on Preventing Falls done in collaboration with the Minnesota Department of Health.

## At Events

In April the Association was featured in a booth at a **Minnesota Timberwolves** game with Bethesda Hospital's Concussion Clinic. Volunteers handed out literature and answered questions from attendees.

Resource Facilitation attended the **Minnesota Assistance Council for Veterans Stand Down** event at Fort Snelling. More than 375 veterans attended the event which serves to connect veterans with much needed services and supports. Staff also tended an exhibit booth at the **ARRM Conference** in May.

Multicultural Outreach attended the **Project Homeless Connect** event at the Minneapolis Convention Center in late April. Almost 3,000 individuals attended this event which connects homeless individuals with much needed services and supports.

## HRSA State TBI Grant Update

On March 28, Association Education Manager, Janis Carey Wack offered training to St. Louis County Probation Agents in Duluth. On March 17, Marlena Wald

(Centers for Disease Control and Prevention), Steve Allen (Department of Corrections (DOC)), and Adam Piccolino (DOC) presented at the Brain Injury Association of Minnesota's Annual Conference. Efforts at the national and state levels for offenders with a brain injury, current data, and future plans were reported to the standing room only crowd. On March 30, Janis Carey Wack offered training at the Jail Programmers Conference in Baxter, MN.

On May 8, Adam Piccolino, (DOC), Neuropsychologist, presented current data and future plans related to the grant at the 26th Annual Field Services Conference in Red Wing, MN. On May 14, Janis Carey Wack offered training to Milaca Community Corrections Agents in Sauk Rapids, MN.

To date, 80 offenders have been tested with the Repeatable Battery for the Assessment of Neuropsychological Status (RBANS™) test at Correctional Facilities in Rush City, Willow River, Moose Lake, Faribault, Lino Lakes, St. Cloud, and Stillwater.



Trisha Meili and Dennis Douda (WCCO-TV)

Photo by Pat Marciniak



### Traumatic Brain Injury Center

Experts focused on brain injury care and rehabilitation

Our approach.

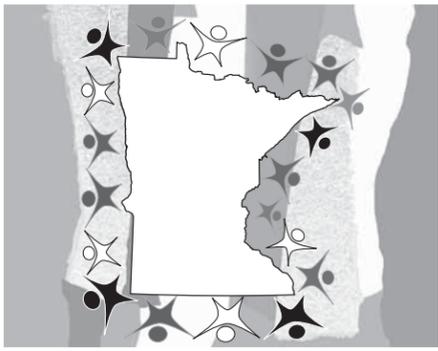
- unique programs for adults & children
- interdisciplinary team with family involvement
- emergency treatment
- Mild to Moderate Traumatic Brain Injury Clinic
- accredited brain injury rehabilitation\*
- community referrals & follow-up
- community education & prevention

For a brain injury referral or consultation, call (612) 873-3284.  
[www.hcmc.org/braininjury](http://www.hcmc.org/braininjury)



Hennepin County  
 Medical Center

Every Life Matters.



# Multicultural Corner

## Have a "Brainy" Summer



By Raye Marie Black

Summer has finally arrived in Minnesota. This time of year, children of all ages hit the playground and jump on their bikes after a long winter. Those outdoor activities can benefit a child's health but they can also put them at a high risk for brain injury. During the summer, the Multicultural Outreach program is busy educating communities of color about bike and helmet safety. Data from the Centers for Disease Control and Prevention show that in the event of a crash, wearing a bicycle helmet reduces the risk of brain injury by at least 85 percent. If each bicycle rider wore a helmet, an estimated 500

bicycle-related fatalities and 151,000 non-fatal head injuries would be prevented each year. This amounts to one death per day and one injury every four minutes according to the Minnesota Department of Health.

In order to spread awareness to communities of color, particularly to children in those communities, the Brain Injury Association of Minnesota has been using the "I.M. Brainy - R You?" awareness and prevention kit. I.M. Brainy was introduced by the Brain Injury Association of America and contains an introduction to brain injury prevention measures. Children receive an initial pre-test to determine their knowledge of proper helmet use. The test covers four areas: identifying the brain, describing what the brain does for their bodies, protecting the brain and identifying several ways of

protecting the brain from injury. The program addresses the above areas through activities such as a coloring safety sheet, safety-themed songs and the use of a huge stuffed bear named Brainy who is fitted with a helmet. The children use Brainy as a model to demonstrate how to properly wear the helmet after they are trained. The last part of the curriculum is a post-test which allows children to show their knowledge and understanding of the topic. They receive an I.M. Brainy Safety Certificate of Excellence which is signed by Executive Director, Ardis Sandstrom.

Over the past three years the Multicultural Outreach program has provided 96 I.M. Brainy sessions and reached 587 children in communities of color. The sessions are provided in places such as schools, summer camps, churches,

parks and recreational centers. Through word of mouth, there has been a large increase in requests for this class. Recently, Multicultural Outreach received a private donation to fund helmet purchases for children in underprivileged communities.

By taking the message directly to the child, in schools and under controlled circumstances, the Multicultural Outreach service's bike and helmet safety prevention/education classes have successfully helped educate children across Minnesota on brain injury and proper helmet use.

Please contact the Brain Injury Association of Minnesota at 612-378-2742 or 800-669-6442 for additional information regarding bike and helmet safety or to request an "I.M. Brainy" educational session.



## There is life after a brain injury!

If you or someone you know has sustained a brain injury, call us. Mains'l Services, Inc. can assist you in defining, or redefining, your hopes and dreams for a life that is personally meaningful.

Mains'l Services, Inc. employs **Certified Brain Injury Specialists**, who have extensive experience and training working with people who have sustained brain injuries. Our employees:



- Understand the functions of the brain, and the functional impact of a brain injury;
- Can share with you different service options, including hourly and 24/7 supports, in your home or ours;
- Are trained in effective treatment approaches;
- Can help you manage health and medical concerns;
- Have experience working with family, legal, and ethical issues.

For more information, please contact us



763-494-4553; [www.mainsl.com](http://www.mainsl.com)



Barb Hoheisel, Program Director  
Certified Brain Injury Specialist  
763-416-9180



Sharon Parkhouse, Registered Nurse  
Certified Brain Injury Specialist  
763-416-9169



# Education Corner



By Janis Carey Wack

## Consumer and Family Conference

The conference for Consumers and Families

living with brain injury is scheduled for Saturday, August 9, at the Dakota Lodge in Thompson Park in West St Paul. The conference day will begin with registration at 8 a.m. and follow with keynote speaker, Nick Mezacapa. Throughout the day, other speakers will discuss a variety of important topics such as brain repair, addictions, living with fatigue, and communication within relationships. A Resource Fair is included and the day will end with a social and networking event. Continental breakfast and lunch are included in the low conference cost of \$25 per family and \$15 per individual (scholarships available on a limited basis). More information about this annual conference for consumers and families living with brain injury will be up-coming on the Association Web site and in a mailer to individuals on the Association mailing list. To get on the mailing list please call the Association.

## Annual Conference

The 23rd Annual Conference for Professionals in Brain Injury held in St. Cloud this April was a rousing success! In all, 620 professionals from across Minnesota attended, representing the myriad of professions and occupations related to serving people affected by brain injury: nursing, physicians, rehabilitation, case management and social work, education, psychology, residential, chemical and mental health, vocational counselors, attorneys and government employees and administrators. Evaluation comments included: "This has been an incredible two days!", "The Keynote speakers were great!", "An amazing conference!", "I learned so much about brain injury to take back with me to work."

A highlight of this year's Annual Conference was the participation of Trisha Meili on Thursday afternoon. She described her personal journey of recovery and followed that up with a signing of her memoir, "I Am the Central Park Jogger."

Dr. Debra Braunling-McMorrow presented her keynote address on the hidden issues of brain injury and life long outcomes. Conference attendees soaked up her presentation on the trends of disabilities and the insight into the challenging future that will help those working traumatic brain

injury in the homeless and mentally ill populations.

Dr. Tim Feeney again wowed conference attendees with both his keynote address and his breakout session. He engaged and entertained the audience while delivering a serious and provocative message of a positive person centered approach to behavior intervention.

The conference also reached a new high of over 60 exhibitors, providing conference attendees information about statewide resources and an opportunity to make new connections on behalf of persons with brain injury. Exhibitors felt that their time was well spent with many attendees stopping by to learn about their services.

## Educational Happenings

This past quarter has been a busy one for Education Services. Work has continued in relation to the grant with the HRSA TBI in Corrections Grant. Correctional personnel in St. Louis County, Stearns County, Hennepin County and Ramsey County along with DOC Health Services staff were provided with training on brain injury. Presentations were made at the Minnesota Social Service Association (MSSA) conference and the Robbinsdale Schools Paraprofessionals meeting. Students at the College of St. Benedict learned about Brain Injury in their Psychology class as did the Wright County Foster Care group in their quarterly meeting. A Long Term Care class was taught this quarter preparing attendees to return to their residential settings to train other staff on working with persons living with brain injury. Brain Injury Basics (BIB) classes were offered at the Association office and at Bethesda Hospital in St. Paul. Regional BIB classes were taught in Rochester,

Duluth and Carver County.

Wednesday Workshop sessions on chemical dependency, mild brain injury and nutrition were also offered to professionals within the community.

Education Services provides on-site training sessions for providers throughout Minnesota with content customized to fit the interests and needs of the providers. If your staff are new to serving people living with brain injury or if you would like to learn more on a specific topic related to brain injury (e.g., shaken baby, domestic violence, supported employment, etc.) contact the Education Manager at the Association to schedule a training by calling 612-378-2742 or 800-669-6442. Also, please check out the Association Web site at [www.braininjurymn.org](http://www.braininjurymn.org) for information about classes and other information about the Brain Injury Association of Minnesota.

*To the Brain Injury Association of Minnesota – I so admire all the work you do that makes a difference to so many*  
— Trisha Meili

*You folks sure know how to put on an excellent conference!*  
— Tim Feeney

## 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](http://www.braininjurymn.org) to register or for more information.

### Wednesday Workshops

Wednesday Workshops are held at the Brain Injury Association of Minnesota's Education Center, 1:30 – 4 p.m. on the dates noted below. The cost to attend is \$40 per workshop. Wednesday Workshops are geared towards professionals, offering 2.5 CEU's.

**June 25 – Practical Behavior Strategies for Professionals**, presented by Jodi Greenstein, MSW, LICSW, CBIS from Courage Center. Discussions on behavioral challenges facing staff and provision of practical strategies to help address behaviors frequently experienced by individuals following brain injury. Participants will leave the workshop with a "toolbox" full of ideas to help address behaviors in various settings, as well as having learned how to involve the individual's team in successfully addressing behavioral concerns.

**July 23 – Socio-Sexuality Issues for Persons with Disabilities such as Brain Injury** presented by Geoff Garwick from Ramsey County Mental Health. Persons living with acquired disabilities such as brain injury often have significant issues related to appropriate sexual behavior and feelings associated with their sexuality and new status as a person with a disability.

**August 27 – Ethics for the Human Service Professional** presented by Janet Schank, PhD, LP. Human Service professionals encounter a wide array of ethical dilemmas in the various settings where they work. Communication, boundaries, rules and Q & A will be covered in this workshop to assist professionals in managing situations of an ethics nature when they arise.

**September 24 – Disability Law Center & Legal Aid: Compare and Contrast** presented by Lawyers from the Minnesota Disability Law Center and Minnesota Legal Aid. Both of these organizations provide legal services to individuals with disabilities. What is the difference between the two models and who do they serve and why?

**October 22 – Self-regulation after Traumatic Brain Injury: Self-monitoring and Self-control** presented by Mary Kennedy, PhD, Associate Professor, University of Minnesota. Regulating our attention, learning, communication and behavior is critical in order to adapt to the demands of everyday living. This presentation will provide a working knowledge of how TBI affects self-monitoring and control and which instructional techniques make these processes explicit when training individuals to use strategies.

**November 19 – Pediatric Brain Injury** presented by Susan Ellerbusch-Toavs, SLP, CCC, Gillette Children's Hospital. Many of the adults that are served in various settings (e.g. residential, mental health, chemical dependency, corrections) sustained brain injuries as children. Sustaining a brain injury as a child has a unique set of issues and impacts life long development.

### 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 reviews how to relate to persons with brain injury and compensation strategies. Class is held on July 15 at the Association's office in Minneapolis from 6–8:30 p.m. and on August 19 from 5:30 – 7:30 p.m. at the Bethesda Rehabilitation Hospital, 550 Capitol Blvd, St. Paul in the 7th Floor Conference room.**

**Brain Injury Basics II: Adjustment to Brain Injury: It's a Journey – This class discusses various approaches and strategies for productive emotional adjustment to life with an acquired disability. Class is held on October 21 from 5:30 – 7:30 p.m. at the Bethesda Rehabilitation Hospital, 550 Capitol Blvd, St. Paul in the 7th Floor Conference Room.**

**Brain Injury Basics III: Caregiving – This new class is focused on how brain injury impacts the caregiver and their efforts at caregiving. Caregivers 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 is held on July 22 at the Brain Injury Association of Minnesota's Education Center from 6 – 7:30 p.m.**

**Long-Term Care and Participants with Brain Injury – Attendees will learn to enhance relationships between staff and residents, create quality home environments and review methods to manage interruptive behaviors. Class is September 25 from 8:30 a.m. to 4:30 p.m. at the Association's office in Minneapolis. Call the Education Manager at 612-378-2742 or 800-669-6442 or for more information.**



# Volunteer Corner

By Lee George

The first quarter of 2008 was amazing with volunteers putting in over 2,300 hours of work! Volunteers helped the 23rd Annual Conference run smoothly with an attendance of over 600 individuals. They helped to put together mass mailings including a 600 piece mailing, a 1,200 piece mailing and a mailing that was 5,000 pieces! In addition, volunteers spoke to over 180 people about brain injury.

A major event that took place in the first quarter was the 4th Annual Family Retreat, co-sponsored by the Minnesota Low Incidence Projects. The Annual Family Conference was a wonderful and memorable weekend for the children and volunteers involved. Twenty-seven volunteers arrived on Saturday, May 3 to departing rain



Keaton Bowden participates in a round of "Chubby Bunny" *Photo submitted*

clouds and twenty-eight excited children. The day was filled with fun pirate-themed activities like build a pirate ship and a treasure hunt. The volunteers helped the kids navigate the day and participate in activities oriented to building confidence and self esteem. Many people made comments

about how much energy the volunteers brought to the activities. Indeed they did. I saw campers bright eyed and laughing as volunteers participated in a variation of chubby bunny, an activity in which the participant shoves as many marshmallows as they can in their mouth and tries to say "chubby bunny" or in our case a coping phrase when dealing with bullies. The person with the most marshmallows in their mouth and still understandable wins. After an event-filled day volunteers dropped their campers off at the dining hall to reunite with their parents. Nine hours before, most of these campers had never met the volunteer they were paired with. Now, I saw campers hesitant to leave the volunteers and giving heartfelt good-byes. I am sure

the children learned a lot through all the activities and interactions with volunteers and other campers, and I know the volunteers learned a great deal from the children. Thank you to all the volunteers who made this possible and to Kelly Weir, the Volunteer Program Intern, who did a great deal to make this day a success.

**Where we are going:**

There is never a slow time at the Association. The Walk for Thought is right around the corner and volunteers will be helping in many different areas the day of the Walk. If you are interested in volunteering with the Walk contact Lee George. Are you part of a club, organization, or business that could benefit from hearing one of our trained speakers talk about their personal experience with brain injury? If so contact Lee George for details at 612-378-2742 or 800-669-6442.



A few of the 4th Annual Family Retreat participants. *Photo submitted*



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# Legislative Corner

Keeping up to date with public policy

## 2008 Legislative Session Wrap-up



By Jeff Nachbar and Michelle Traxler



The Minnesota Legislature finished its two-year session just before midnight on Sunday, May 18. It ended on time through a negotiated universal agreement between the House, Senate and Governor that balanced the state budget. Four major bills came together in the last few days that modified spending, taxes, bonding and created healthcare reform. As is usually true in politics, nobody got everything they wanted and everybody had to compromise. There is a combination of good news, bad news and uncertainty that we need to work through in the next few months as we prepare for elections this fall and a new House of Representatives that will start its work in January 2009.

Below are some highlights of the past few months work at the State Capitol. None of the good things that happened would have been possible without the tremendous work of our Citizen Advocates. If you were involved in helping please accept my heartfelt thanks. If not, please consider joining with us as we work to accomplish our mission and improve services for all Minnesotans affected by brain injury. There is still much to be done.

- **Minnesota State Budget Deficit**  
Because of a \$935 million state budget deficit there were a number of budget cuts to Health and Human Services that will cause additional pain in the coming years. Waiver caps are back, hospitals will be taking major cuts and counties will see their grants cut. We must do a better job of protecting people with disabilities from being first on the chopping block every time Minnesota must reduce its budget. This will be a major theme in 2009 as Minnesota sets its next budget and the stability of the economy remains uncertain.

- **Transportation Funding**  
Early in the session the Legislature overrode Governor Pawlenty's veto of the Transportation Finance Bill. By passing this law the Legislature increased funding for all of Minnesota's transportation needs. This includes roads, bridges and transit. This is good news for those interested in improving transit options for all people with disabilities.

- **Transit Policy**  
After securing additional transportation funding, we turned our attention to ensuring that unmet transit needs in both the metro and greater Minnesota would get its fair share of the new transportation funding pie. Language was passed in the Transportation Policy

Bill requiring the Minnesota Department of Transportation and the Metropolitan Council to report each year to the Legislature their plans for meeting these needs and the level of funding required. Now we'll have the tools we need to make progress on transit funding in our state.

- **Injury Prevention**  
This was a mixed bag of bitter disappointments and small steps forward toward preventing future brain injuries by making our roads and highways safer. By far, the biggest loss was the failure to pass primary seat belt language in the House which returned a Conference Committee report that included this language 72-62 on the Floor. On the bright side, this is the first time we ever got it to the Floor and we could have won with only six more votes. We did see graduated drivers licensing pass as did a ban on text messaging while driving. We'll be back again next year.

- **Healthcare Reform**  
2008 had originally been billed as the "Year of Reform" for healthcare. Reform and Transformation Committees met beginning last summer right up to the start of the session in February. The politics of compromise has a way of scaling down big ideas and this certainly was the case here. Many people were disappointed that we didn't get further ahead

while others are simply glad that progress was made. Time will be the judge, but a number of reforms did make it through the process including healthcare homes to coordinate care, payment reforms to encourage keeping people healthy and an expansion of eligibility.

- **Other items of Interest**  
The Minnesota Department of Human Services Traumatic Brain Injury Advisory Committee was extended to June 30, 2012. Virtually all of these types of committees have sunsets built into them to ensure they remain relevant and useful. Both the Department and the advisory group saw the committee as being very valuable and wanted to keep it going strong.

The Traumatic Brain Injury/ Spinal Cord Injury Fund at the Minnesota Department of Health remains whole. While the driver license reinstatement payment plan did pass, the Fund will get its full share out of the first payment. Efforts to cut other fees and surcharges never directly challenged the Fund but did lead to some nervous moments. They ultimately failed because of public outcry against giving people convicted of DWI a break and the fact that it would cost the state budget too much money.

## Midwest Advocacy Project Kicks Off

Want to get involved and learn more about improving brain injury services but not sure how to go about it?

Becoming a successful advocate is an important way to improve services for individuals with traumatic brain injury (TBI), their family members, and significant others. The Brain Injury Associations of Minnesota, Iowa and Wisconsin are partnering with the Mayo Clinic TBI Model System in a research study to identify how to best teach advocacy to people touched by TBI to improve their health and that of their communities. This groundbreaking study is expected to advance the science of TBI research.

If you are at least 18 years old, are an individual or have a family member/significant other affected by a moderate to severe TBI a

year or more ago, you are invited to contact us about participating in this research study. You will be asked to attend four monthly training sessions in Minneapolis, Des Moines or Madison. Travel expenses will be covered for those residing at least 60 miles from the training site. All participants will receive a research stipend upon completion of the four sessions.

Please contact the Brain Injury Association of Minnesota at 800-669-6442, the Brain Injury Association of Iowa at 800-444-6443 or the Brain Injury Association of Wisconsin at 800-882-8292 for additional information and/or an application. Contribute to important TBI research and join with others eager to gain better advocacy skills and know-how.

## Disability Day at the Capitol a Huge Success



Advocates gathered in front of the Capitol to rally in support of Minnesotans with disabilities. As part of Disability Day at the Capitol, participants urged legislators not to balance the budget through cuts for services for people with disabilities. The message was "create a taxpayer, invest in people with disabilities."

### Become a Citizen Advocate

If you would like to become involved in helping to create the positive changes we need in Minnesota then become a Citizen Advocate. Go to <http://capwiz.com/braininjurymn> or e-mail Jeff at [jeffn@braininjurymn.org](mailto:jeffn@braininjurymn.org). Thanks for all that you do.

## Children and TBI

### An Interview with Dr. Andrew Kiragu

By Phil Gonzales

Dr. Andrew Kiragu came to Hennepin County Medical Center as a student in 1994. He joined the medical staff in 2002 and became Medical Director of the Pediatric Intensive Care Unit in 2003. Dr. Kiragu is also an Assistant Professor of Pediatrics at the University of Minnesota.

#### What got you started in pediatrics?

**Dr. Andrew Kiragu:** I enjoyed working with kids in medical school. One of the things that made me think about pediatrics as a career was the enjoyment I derived from working with children during my pediatrics rotation. I also had a love of internal medicine so when I did my residency training I actually did a combined program in internal medicine and pediatrics. I found over time I was drawn more to the pediatrics side and so I ended up focusing on subspecializing in pediatrics. Also, one of my mentors got me thinking about pediatric critical care which is where I ended up.

#### How does pediatrics differ from general critical care?

**AK:** I think in a couple of ways. The care of a critically ill child is, perhaps, a little more harrowing than say the critical care of an adult or an elderly person. Just because of how we react to seeing a child that is critically ill. One of the good things, however, about working with children is that children tend to bounce back more easily. It may be harder to pull back an eighty or ninety year old from the brink after a lifetime of heart or lung disease. Children are very resilient.

#### How do you approach care of a child differently from how you would approach care of an adult?

**AK:** There's this old adage that children are not small adults so you have to balance your approach based on the age of the individual child. The way I'm going to approach a teenager is different from the way I'm going to approach a five year old. Even in things as basic as vital signs

there are going to be applicable vital signs in a newborn that are different from those in an older adolescent. The way that children respond to you, again, is developmental based. In each age group there are certain clues that something is wrong so you can say, "This child is okay," while the other is looking a bit worse off. For instance a teenager will be able to talk to you and respond to you and explain what happened but a baby is not going to be able to tell you what is going on with them.

#### When a child comes in and looks like they may have a brain injury, what is the first thing you do? What is your approach?

**AK:** Basic to the approach of any patient is getting a full history. What were the circumstances of the injury? Did anyone lose consciousness? How did the child react afterwards? Because that can help us decide how we are going to approach the case. Say a child that is riding his bicycle, falls, hits his head, wakes up right away, said his head hurts but otherwise is behaving normally. I'd be less concerned about that child than the one that fell off his bike and was found unconscious by some of his buddies.

#### Is what you look for in a child different than what you would look for in an adult?

**AK:** Yes and no. You may have heard of something called the Glasgow Coma Scale which is a way to score someone neurologically, based on eye opening, verbal response and movement with a score of one to five on each. When you add them up, a fifteen is somebody walking around, able to respond and move normally as opposed to three where somebody is completely unresponsive. The difference comes in where an adolescent's response

might be verbal whereas with a baby it might be babbling. The score is the same, just modified for the age.

#### What do you frequently see as the causes of brain injury in a child?

**AK:** We see a lot of falls and motor vehicle accidents. Every once in a while we see children who have received brain injuries from being shot. Also, rare, we get a child who has had a stroke. The more disturbing brain injuries are those caused by abuse. Those tend to be more difficult cases because of all the social ramifications.

#### How does abuse lead to brain injury?

**AK:** The brain is this Jello like consistency organ that sloshes around and gets banged up against the hard skull and that can cause specific focal damage to areas of the brain. It can also cause the stretching and breaking of blood vessels which leads to blood clots.

#### Is this what is referred to as Shaken Baby Syndrome?

**AK:** We use the phrase Abusive Head Trauma and are moving away from the idea of simply shaking a child. While we see injuries from shaking, you don't necessarily have to shake a child to give them a brain injury. A parent can hit the child's head or grab them and slam them against a wall.

#### Now that it is summer, do you anticipate seeing more brain injuries?

**AK:** It is unfortunate, but summer is our busy season. Children are out of school, on vacation, out playing and that's good! The activity is good. It keeps a child healthy. But, unfortunately, while children are doing a lot of these activities often they are not necessarily being safe. Which is one of the reasons we try as much as possible to emphasize the importance of prevention. If the brain gets damaged it's not going to get better. There may be some adaptation that takes place to overcome the damage that occurred, but once it's damaged, it's damaged.

#### What can parents do to help avoid this?

**AK:** We encourage parents to model for their kids. It's hard for kids to not wear their helmets when they see mom and dad wearing their helmets every time they ride a bike. It becomes a natural instinct to wear their helmets just like it becomes a natural thing for children to wear their seat belts when they can model the behavior of their

parents. For example, parents can do this by making sure their children are properly restrained in a car seat or booster seat depending on their age as well as ensuring that children are protected when they're playing sports.

Parents need to follow the law with regard to ATV riding. Every now and again we get children who are probably too young to be riding on ATV's coming in with brain injuries from a roll over or collision or maybe the child couldn't get to the brakes and crashed. There are many ways children can get hurt. There are some things people have grown up doing, "I rode an ATV when I was a child. My kid can ride an ATV."

When I first started here we had three kids in a motor vehicle accident. They rear ended a dump truck. The driver was wearing a seat belt and walked away from the crash. The passenger was also wearing a seat belt and actually would have walked away except the girl sitting in the back was not wearing a seatbelt and flew around in the vehicle causing the kid sitting in the front to get a head injury, but not as severe as the girl who was flying around in the vehicle. So, she came here and needed to be put on a breathing machine and have rehabilitation therapy. She did well, but she would have never had to come here if she had been wearing her seatbelt.

#### What about protecting the heads of young athletes?

**AK:** The CDC has the Heads Up campaign right now giving information to athletes, their coaches and their parents giving them ideas and recommendations on how to approach the athlete when they have received a concussion and what the athletes themselves can do. ([http://www.cdc.gov/ncipc/tbi/Coaches\\_Tool\\_Kit.htm](http://www.cdc.gov/ncipc/tbi/Coaches_Tool_Kit.htm))

Now you are more likely to hear about a professional athlete being held out of a game because they have received a concussion as opposed to not too long ago. The Troy Aikmans and Steve Youngs of the world having concussions, being out cold, and the next week getting back into the game. There's the classic footage of two athletes colliding during a game and being knocked out and then, in the same game against medical recommendation, getting up and playing. And even the commentators are saying, "Oh, this may be a bad idea. But, what a guy! He's a real man!" and it's like watching a train wreck. People need to know that's not okay because of the concern of second impact syndrome where if you return to activities soon after a brain injury, a second injury can actually lead to your brain having a more serious injury, many neurological problems, even death.

*Dr. Kiragu continues on page 11*

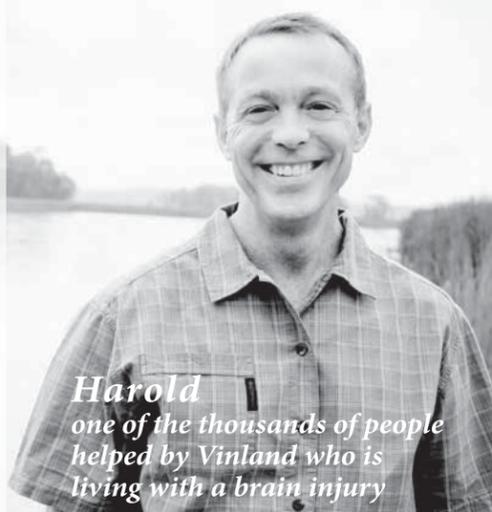


Dr. Andrew Kiragu

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*Dr. Kiragu* continued from page 11

**How do you react to people claiming helmets are a sign of overprotection?**

**AK:** We've had a few kids come in having fallen off their bikes who had helmets on. They come in with their helmet in pieces, but their head is not in pieces because they had their helmet on. We see people come in with injuries that are more severe than they needed to be because they weren't as safe as they should have been. And the saddest thing is when you hear that kids died because they weren't wearing a seat belt or a helmet.

I think it's wrong to view telling your kids to wear their helmets or telling your kids to wear their seatbelts as being overprotective. I'm sure there are some parents who go overboard, but for the most part these are simple, common sense things. We tell families and tell kids riding their bikes to wear their helmets. If the kids are too small to reach the brakes of that ATV, maybe they shouldn't be riding an ATV. Some times it can even be something as simple as if your kid has had multiple injuries playing a sport; perhaps you should consider changing the sport. If you have a teenager who has had multiple concussions playing football maybe you should pick changing their activity over the possibility of brain injury. And children will get hurt. You can't prevent everything. But the things that we can prevent, we should.

*David King*, continued from page 1

the field and other professionals in key areas. I think the board is really in a great position. This is a very board driven organization which is rare compared to other boards I've worked with and your board is very well informed. That was very attractive to me. To know that I was being given an opportunity to work with a board that was going to partner with me.

**You've worked in nonprofit organizations for most of your career and mainly with individuals with disabilities. What motivated you to work in this field and what do you find rewarding about helping others?**

**DK:** I grew up in a neighborhood where I connected with some kids with disabilities and so I think I always had that connection from a very young age and enjoyed that connection in college. One of my best friends had a brain injury as a result of encephalitis and another one of my good friends was a disabled vet from Vietnam. So I think there was always a connection for me and I knew I wanted to work in social work. I knew that was where I was headed from the time I was in high school. So, when tapping into where my passions were, I realized that it was working with individuals with disabilities.

**So you work from your heart?**

**DK:** Yes. I mean, I feel fortunate to – as I am sure you've met so many

people in life that dread getting up – to be able to get up every day and honestly say I love what I do and look forward to going to work. The one thing that will be different for me here is that I have primarily worked in organizations where the services were provided within those four walls. That's a little different [at the Association] so that will be a new for me and something that I will need to figure out is how to stay connected to those individuals because I get a lot of ideas and energy from that direct piece.

**What attracted you to the Executive Director position at the Association?**

**DK:** Having been the Executive Vice President for AccessAbility for 15 years I was ready for a change. And once I realized I was ready for a change, it was deciding where I wanted to go. Having spent the last 15 years, actually more than that, because of my experience at Courage Center, focused strictly on employment, I wanted to look at organizations that maybe did have that focus as *part* of their mission, but didn't have that focus as their *sole* mission. I was very cautious in how I approached this because I wanted to make, what I am hoping, is my last move. I would love to work the rest of my career here.

When I looked at the Association there were three key areas that really drew me in. The first, being the connection with my work history, that history of 27 years of working with individuals with brain injury

and knowing that I enjoyed working with those individuals was a huge attraction for me. The second piece was the personal piece. Having a father with a brain injury, going through that process and transition for me personally and also with him and watching how it affected absolutely every aspect of his life. It was that connection. And then, just the path that the Brain Injury Association of Minnesota is currently going down mirrors a lot of the same kind of directions that I felt I was very integral in leading AccessAbility down: the whole avenue of working with diverse populations and reaching out to refugees and immigrant populations and working with ex-offenders. Those were populations that I could feel a lot of energy around and could feel very passionate about. So knowing that there was some of that similarity here was very attractive to me.

**Is there anything else that you would like our readers to know about you?**

**DK:** I'm an avid runner and swimmer and I love to read. I'm a season ticket holder to the Minnesota Opera and I am very active in my church. I've been happily married for 19 years in October and have a 15-year-old son and an 11-year-old daughter that are both very active in traveling sports, so we're constantly at different basketball and soccer tournaments.

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# Corey Koskie named Honorary Chair and Ambassador for 2008 Walk for Thought

By Phil Gonzales

The Brain Injury Association of Minnesota is excited to announce that former Minnesota Twins third baseman Corey Koskie is the Honorary Chair and Ambassador of this year's Walk for Thought. Koskie is leading his own Walk team and will be part of the pre-Walk program which will be hosted by Don Shelby, WCCO TV News Anchor and host of The Don Shelby Show on WCCO Radio AM weekdays.

Koskie experienced a brain injury two years ago during a game, putting brain injury in the national spotlight. His concussion left him unable to return to play and plagued by dizziness, vertigo and chronic headaches. Koskie's public disclosure of his brain injury and the steps he's taken towards rehabilitation has made him an inspiration in the community. He joins the Walk and partners with the Brain Injury Association of Minnesota because, "For the past two years my



**Corey Koskie, Honorary Chair and Ambassador of the Walk for Thought**

*Photo courtesy of the Minnesota Twins*



**Don Shelby, from WCCO TV and Radio, will host the pre-Walk program**

*Photo courtesy of WCCO Radio*

family and I have suffered through the unseen pain and frustration from my brain injury. I want to help raise awareness about brain injuries. Join me in "The Walk for Thought" to raise funds to support resources and education services to help the 100,000 Minnesotans that are affected by a disability due to brain injury. Together we can bring this injury to light."

Koskie and Shelby will be at the Como Park Walk for Thought in St. Paul. Other Walks will take place at Canal Park in Duluth and Silver Lake in Rochester. Our new goal this year is \$110,000.

If you have participated in past Walks, you know what a fun and fulfilling experience the day can be. If you haven't participated yet, congratulations on making this year your first! The Walk for Thought is your chance to get together with members of your community who share a passion, drive and commitment to raising

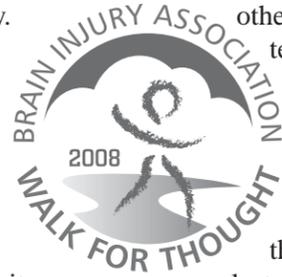
awareness of the causes, effects and consequences of brain injury.

But, how can you get involved?

Easy! The Brain Injury Association of Minnesota is excited to offer you a simple, effective way of creating, building and tracking your team online: its newly redesigned Walk Web site.

Simply go to [www.braininjurymn.org/walk.html](http://www.braininjurymn.org/walk.html) and click on the Walk in which you would like to participate. Next, click on "Create a Team" and follow the simple instructions. As Team Captain you are the leader of the team. You recruit participants to join your team and on the day of the Walk you will be responsible for collecting money from your team and picking up their T-shirts and materials from the registration desk. Some team captains find creative ways to motivate their team members.

Areas on your team's page will allow you to post reasons for participating, your team's goals, a picture of your team, and a team roster. Each page can be personalized to reflect the spirit of your team members. In this way, you are not only creating an area for team members to sign up and track their donations, you are creating a



personalized Web page that enables others to get to know your team months in advance of the actual Walk.

Now, you may think you already have a team in place; perhaps you were going to put together the same team you had last year. This is the perfect opportunity to expand your team. Ask each team member to recruit one new person and you've doubled the size of your team while increasing awareness of brain injury.

But, what if you don't want to be part of a team? Can you still participate?

Yes. Anyone can participate in the Walk, whether on a team, with one friend or by themselves. The Walk for Thought is an opportunity to not only raise funds for the Brain Injury Association of Minnesota's services and supports, but to connect with the brain injury community of families and professionals.

You can still register over the phone or through the mail, too. Registration materials will be available later this Summer.

So, come one, come all. Bring your families and friends! This year's Walk for Thought is sure to be a rousing success, rain or shine! The Association looks forward to seeing you and yours at whichever Walk you choose!



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Mayo Clinic  
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Rochester, MN 55905

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

\*National Institute on Disability and Rehabilitation Research



## You have helmet hair!

By Phil Gonzales

It's summer. It's hot. It's humid. You just biked six miles across town to meet up with your girlfriend and her parents at a particularly trendy coffee shop in the heart of the city. You lock your bike up, take off your helmet and catch a glimpse of yourself in the coffee shop window.

You have helmet hair.

Congratulations.

Helmet hair is the bane of any bicycle rider's social life. It's damp, flat and unattractive. Helmet hair says to the world, "Hey everyone, I just wore a helmet and sweated in that helmet." How can helmet hair be avoided?

Short story: it can't.

But, it can be celebrated.

Helmet hair is a sign of forward thinking, of personal responsibility and education. If someone sees your helmet hair and makes a comment like, "Heh, just take off a helmet?" instead of sheepishly responding, "Yeah, yeah," give them a hearty, "Well, I was riding a bike." If someone points out your helmet hair and says, "That's why I never wear a helmet," instead of saying, "I know, I know," respond with a, "And that's why you're 85 percent more likely to receive a brain injury in an accident that I am." You may then walk away feeling smug.

Seriously, there will hopefully come a time when helmet hair is no longer the exception. Helmet safety is of vital importance to bike riders and in these days of skyrocketing gas prices, more and more bike riders are filling the streets. A helmet, properly fitted and worn, can greatly reduce the risk of a cyclist receiving a brain injury in a bike accident. And, it's not only collisions that are a danger; simply falling off a bike from loss of balance can have serious consequences when the head hits the pavement.

However, if you're still worried about having a bloom of Danny Partridge hair, there are a few things you can do to resolve the issue:

- Carry a small hair repair kit with a small towel (for drying sweaty hair), a bottle of spray conditioner and a comb or brush in your bag
- If you have long hair, wear a low pony tail, or thread a higher ponytail through the stabilizer in the back of the helmet
- Wear a shorter hairstyle in the summer months. Short hair doesn't show helmet impressions as much and is easier to fix

A few words of warning, however:

- Don't wear a larger helmet or tip the helmet back to protect your hair. It may keep you looking stylish but it also won't protect your brain from the hard road
- Be careful with beaded hairstyles. Beads

can impact with the head and either crack the skull or shatter and cut the scalp. Helmets are designed to spread the force of impact and beads re-concentrate that impact into one small area of the head

- If you wear a ball cap under your helmet, which can be done if fitted properly, avoid ball caps with a "button" on top as those can have the same impact complications as beads

For our follicly-challenged friends, receiving sunburn through a helmet's vents can be a big

issue. Try wearing a bandana, backwards cycling cap or heavy-duty sunscreen under your helmet.

Most importantly remember, saying to the world, "I wear a helmet" is something to be proud of. Wear your helmet hair like a badge of pride.

Show it off to your friends. Encourage

those around you to sport helmet hair. Let the world know you protect your brain.

Remember, in five minutes you can put your hair back the way it was. You could never do that with your brain in five life times.

Many of the tips and information for this article were found at the Bicycle Helmet Safety Institute's Web site [www.helmets.org](http://www.helmets.org).



## But why should my child wear a helmet?

As we enter the summer months, more and more children are taking their bikes, skateboards, in-line skates and scooters to points throughout their neighborhoods. Surely a quick jaunt up the road to the local soda shop doesn't warrant the strapping on of a clunky helmet? Or, does it?

- Most accidents involving children and vehicles occur within one mile of home, on minor roads.
- More than 3.5 million children 14 and under suffer medically treated sports injuries each year.
- Nearly 50 percent of children 14 and under that are hospitalized for bicycle-related injuries are diagnosed with a brain injury.
- Motor vehicles are involved in the majority (more than 90 percent) of bicycle-related fatal crashes.
- Children ages 14 and under are five times more likely to sustain injuries in a bicycle-related crash than any other age group.
- Any child who rides without a bicycle helmet increases his/her risk of sustaining a head injury in a crash, and increases the risk of being involved in a fatal crash by 14 times.

- No more than 41 percent of child bicyclists use bicycle helmets, although statistics show that bicycle helmets can reduce the risk of a head injury by 85 percent and brain injury by 88 percent.

The majority of children 16 and under use bicycles as their primary mode of transportation and many children are very safe and conscientious in their riding habits. Your child may signal every turn, look both ways before crossing an intersection, only ride with the traffic and wear reflective clothing, but that doesn't protect them from the speeding motorist, the errant car door or the unseen pothole.

A brain injury can occur from a fall of as little as two feet. When the head hits the pavement, it's the head that gives. Strapping on a helmet, making your child strap on a helmet, can help ensure a future of many healthy and joyful bike rides for you and your child.

*The statistics from this article were taken from the Centers for Disease Control and Prevention and the National SAFE KIDS Campaign.*

# Each year 350,000 kids give their parents a crash course on bike helmets

Wearing a properly fitted bike helmet can reduce the risk of bike-related brain injury by 88 percent.

Remind your children to always wear a bike helmet and set an example by wearing one yourself. For more information call the Brain Injury Association of Minnesota at 800-669-6442 or visit [www.braininjurymn.org](http://www.braininjurymn.org).

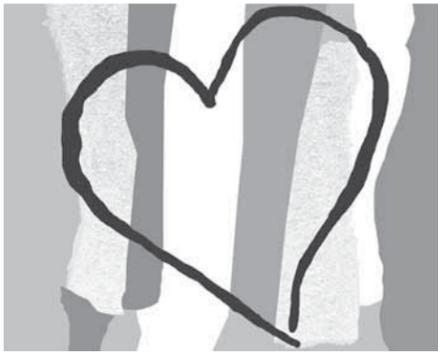


**Brain Injury Association of Minnesota**

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*We make every effort to ensure the accuracy of our donor records. If you feel that we have made an error please contact us so we may update our records and prevent future mistakes.*



## SAVE THE DATE!

September 22, 2008  
 8:00 - 11:30 a.m.

### Workshop on Concussion Management\*

Northland Inn, I-94 at Boone Ave. North, Minneapolis, MN

#### Speakers include:

**Michael W. Collins, PhD**  
 Chief Clinical Officer, ImPACT Applications Inc.  
 Assistant Director, UPMC Sports Concussion Program  
 Pittsburgh, Pennsylvania

and

**Joel Maturi**  
 Athletic Director, University of Minnesota

For more information go to [www.heatheast.org/classlistings/cme/index.cfm](http://www.heatheast.org/classlistings/cme/index.cfm)  
 or call 651-232-5104.

*\* This workshop is part of a larger two day conference on brain injury. If you're interested in more information about the full conference please contact Lia Christiansen at 651-232-2725.*

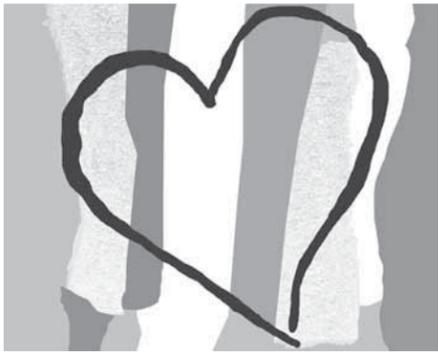
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# Donor Spotlight

## Donations, Where Do They Go?

By Melissa Albert

### When I make a gift to the Brain Injury Association of Minnesota or the Walk for Thought, where does the money go?

I hear this question all year round, but I will probably get it once a week from now until the Walk for Thought. It is the most important question for me when I decide where to give my money. As someone who works in fundraising I understand that some of what I give has to go to rent and stamps, and fundraising efforts; but it also has to be used to further the causes I care about most. Regular donations through the mail, Web site, or Walk for Thought are unrestricted gifts (as opposed to grants which are

restricted gifts and need to be used for a specific purpose) and will be used for those behind the scenes expenses, but the vast majority goes to the multiple services we provide free to people affected by brain injury. At the Association only 10 percent of donations are used for administrative and fundraising expenses.

I like to think of my donation to the Association as an investment in the life of someone affected by brain injury. It enables the Association to provide the service, support and resources necessary for individuals to experience the best possible quality of life.

It is also an investment in the life of someone at risk for a brain injury, like seniors who receive falls

prevention education or children who learn that wearing a helmet is the cool thing to do.

The Association will use your investment to:

1. Put outreach staff in
  - Homeless shelters
  - Family violence programs
  - Clinics for people with low income
2. Allow people who have experienced a brain injury and their loved ones to access the following services free of cost
  - Brain Injury Basics classes
  - Peer/Mentor Support Connection
  - Midwest Advocacy Project
3. Spread prevention and awareness information to

people at:

- Inner city parks
- Elementary and middle schools
- Senior centers

Through your donation, the Association will continue its work to ensure that people affected by brain injury have access to dedicated advocates and needed services. Your commitment will support our efforts to provide essential services and supports.

To make an online donation, please visit to [www.braininjurymn.org/involved/index.php](http://www.braininjurymn.org/involved/index.php).

If you have a question regarding donations or fundraising, please contact Melissa at [melissaa@braininjurymn.org](mailto:melissaa@braininjurymn.org).

## Why I Donate?

### An ongoing series featuring individual donors

By Beth Skwira

Mother, Advocate, Cheerleader, Worker, etc... You may think that those words describe every mother, but Michelle Herling, mother of 13 year old Justin, takes it a step further. "I guess it's just my way of living," she says, "and what I have to do to make sure Justin does the absolute best he can while living with a brain injury."

In January of 1998, Justin was riding in the front seat of a car that was rear ended. When the airbag was deployed, their lives were changed in an instant. With a tear in her eye still today, Michelle recalls the moment the doctor at Hennepin County Medical Center told her "you need to pray." He said "we are doing everything we can, and the next 72 hours are critical." They were checking for internal injuries, but told the family that there was definite

severe brain trauma. Then, they called in their pastor.

Now 10 years later, Justin continues to have daily struggles with relationships and school, but is also your average busy 13 year old. He's always busy playing baseball, golf, and basketball, and loves spending time with his family.

For the past 5 years, Michelle and Justin have put together a great group of family and friends to participate in the Association's Annual Walk for Thought, and last year brought in over \$1,000! Michelle courageously carried a sign (in the rain) reading "Think Outside the Box" which is her personal mantra in raising a child with a brain injury. With over 20 people

registered on their walk team, Justin was all smiles and loved the support and attention he was receiving. This year, Michelle will be adding to her giving by volunteering to be on the

Walk for Thought planning committee!

Justin has recently been referred to the Association's Resource Facilitation program which is a free on-going program funded through the Department of Health in which our central role is to directly provide education

about brain injury, information on services, and connect individuals to community-based resources and organizations. The Resource Facilitation staff is experienced with providing one-on-one telephone

support to persons with brain injuries and their families. In Justin's case, he and his family will be getting assistance with issues he is having at school.

When I asked Michelle why she donates her time, money, and efforts to the Brain Injury Association of Minnesota, she replied, "Because I can. People can do a lot of things but they choose not to. I feel supported by the Association, knowing that I'm not alone. I feel that you are the means to which I can see information getting to the community in order to increase awareness of the dangers of small children in the front seat of a car. This accident happened three blocks from home." She also said that "the hope for me is to reduce the number of families and children who have to go through what we have. What you can do for this cause is invaluable."



Michelle and Justin

Photo submitted

## Mayo Talent Show Benefits Association

By Phil Gonzales

The Brain Injury Association of Minnesota had the honor of being the recipient of funds raised by the Mayo Clinic's annual talent show held in Rochester on May 10 in the atrium of Mayo's Gonda Building. Many professionals and their families, about 200 people in all, attended the formal event at which Mayo professionals demonstrated their diverse musical and oratory talents.

Julie Zallek, a member of the Association's Speakers Bureau, delivered a five-minute speech about her personal experience with brain injury. Zallek's appearance was praised by many in attendance as very moving.

At the end of the evening, supporters had given \$1,380 for the Association. Thank you, Mayo Clinic, and your talented Department of Neurology, for choosing the Brain Injury Association of Minnesota as this year's Talent Show beneficiary.

### Become a member of the Brain Injury Association of Minnesota.

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Please mail to: Brain Injury Association of Minnesota; 34 13th Avenue NE, Suite B001  
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*Resource Facilitation,*  
continued from page 1

through grants from the federal Health Resources and Services Administration, the Minnesota Department of Human Services, the Minnesota Department of Health, the Brain Injury Association of Minnesota and a number of local foundations, Minnesota passed legislation making Resource Facilitation available to all individuals with brain injury regardless of the date of the incident. Funding for Resource Facilitation comes from a contract with the Minnesota Department of Health, making it a free service for all individuals affected by brain injury.

**“The rehabilitation process was easier having someone to talk to, who knows what I’m experiencing.”**

When an individual in the hospital is diagnosed as having a brain injury, their name and information is entered into the Traumatic Brain Injury Registry. Upon discharge, the individual is afforded the opportunity to participate in the Resource Facilitation service. If the individual agrees, they will receive a call from a Resource Facilitator within a few weeks and follow up calls every six months or as needed for two years.

**“Knowing that somebody is out there whenever I may need help is very reassuring.”**

Mark Kinde, Epidemiologist and Injury and Violence Prevention Unit Supervisor at the Minnesota Department of Health says, “The

beauty and complexity of brain injury, and part of what keeps people in public health energized and perplexed and confused is the fact that brain injury is so unique.” Kinde continues, “It’s not one thing. It’s such a heterogeneous condition and it affects each of us differently.”

Because of the variety of issues that arise after an individual with a brain injury leaves the hospital, one on one contact must be maintained to insure that the individual can find the best services and supports in their area.

**“Thanks to Resource Facilitation I have become more connected to supports and less angry as a result of those supports.”**

“It’s a win/win service,” says Ardis Sandstrom, Executive Director of the Brain Injury Association of Minnesota, “it supports discharge planners by connecting individuals to services with two years of follow up. Discharge planners can rest assured knowing these individuals and their families have an advocate who understands resources and eligibility criteria and knows how to put these two together.”

Although the Department of Health

will give the contact information of individuals with brain injury to the Resource Facilitation service, those names can arrive up to six months after discharge. This leaves the individual without a vital source of information during a critical part of their transition back into the community.

“Resource Facilitation is all about getting help, faster,” says Jon



Mark Kinde and Jon Roesler

*Photo by Phil Gonzales*

Roesler, MS, Epidemiologist Supervisor at the Minnesota Department of Health’s Injury & Violence Prevention Unit. “One of the things we think Resource Facilitation can do is speed up the process of reintegration so people aren’t left

floundering, trying to figure out what to do.”

**“It’s helpful to know people are out there to support you, and the service you provide is really important, it makes 100 percent difference.”**

“Evidence suggests it has a beneficial outcome,” says Kinde. One of the issues surrounding an evaluation of Resource Facilitation’s effectiveness is the inability to test it with a control group. As the service is legally available to all individuals with

brain injury there is no way to ethically withhold it from a control group.

However, it can be compared to other similar programs. “Mayo did vocational RF,” Kinde recalls, “and found they had a better return to work and better function at work when they did RF with their population.”

“From a public policy perspective, RF has a good outcome,” says Roesler, “Public policy asks are we going to have to pay for this person after their brain injury? For how long? Also, if people are getting support from family members, what happens when that family member dies or can’t take care of them anymore? If we have to step in as a society, how are we going to do that?” Resource Facilitation covers many of those problems by not only connecting individuals to services and supports they need but also by providing them a safety net and helping them become good self-advocates.

Perhaps concrete evidence will come with a slow roll out of Resource Facilitation to Minnesota’s prison population. Limits in funding mean that, while total coverage in corrections is expected one day, initial facilitation will only cover a random handful of prisoners. This will allow for an ethically clear control group to be compared to those receiving facilitation.

*\* All comments made by individuals enrolled in the Resource Facilitation service.*



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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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