

HEADLINES

WINTER 2007-2008



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UPCOMING EVENTS:

Wednesday Workshops
January 23
February 27
March 26

Brain Injury Basics I
January 15
March 18

Brain Injury Basics II
February 19

Brain Injury Basics III
April 22

Check page 6 for more details on these events

Brain Injury Association of Minnesota helpline:
612-378-2742
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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.

TBI in Corrections: Lisa's Story

By Phil Gonzales

The combination of a disability due to a brain injury, with a limited knowledge of options and resources, can sometimes result in an individual entering a spiral resulting in their incarceration. This is what happened with Lisa Albrecht.

Lisa entered the Minnesota Corrections Facility in Shakopee in May of 2007, after nearly seventeen years of domestic abuse and over 100 instances of head trauma with six confirmed brain injuries. From the beginning of her marriage in 1991 to her incarceration, Albrecht endured having her head put through windows, being punched, slammed into cupboards and pushed down stairs. Throughout that time, she lost consciousness on several occasions and made many trips to the emergency room. The resulting impact to her memory was enormous.

"I can read a book and not remember what I've read when I'm

done," Albrecht says. "So, I don't read anymore. It's sad, because I used to remember. You could tell me a phone number and I'd remember it for years and now I can't."

Albrecht also experienced drug abuse at the urging of her husband. "My husband used to make me do drugs because he didn't want me calling the cops," she says. "But, what could I do? If I fought him, it got worse. I just recently became very addicted. I'm hoping it'll get better."

The damage to her short term memory, combined with the dangerous interactions she faced every day at home, made Albrecht very dependent on routine. While this dependence may help in a corrections setting, where life is very regulated and scheduled, it has at times worked against her. In the corrections system, a forgotten step in a routine can be perceived as insubordination on the part of a prisoner.

"I've had only one LOP (Loss of Privilege) and that means you



Lisa Albrecht at Minnesota Correctional Facility Shakopee
Photo by Pat Marciniak

forgot to sign in or out. And that was because I forgot my routine," she says, recalling a time when the prison's schedule was altered. "When my structure gets in mayhem then I'm so messed up. I end up . . . here."

According to the Minnesota Department of Corrections, Minnesota's correctional facilities currently house 9,100 inmates or .17 percent of the

Corrections & TBI continues on page 12

Assisting the Navigation of Life In and Out of Corrections

By Phil Gonzales

The Brain Injury Association of Minnesota has a long history of supporting all people living with a disability due to brain injury including persons newly released from prison. In April 2006 a three year state grant from the Health Resources and Service Administration (HRSA) funds needed investigation of the effects of brain injury in the corrections population. The Department of Human Services and Department of Corrections, along with a traumatic brain injury (TBI) Interagency Leadership Council composed today of eight lead organizations, developed a system for reaching out into Minnesota's corrections population. This outreach has directly impacted the Association's Resource Facilitation team, as they work to take new approaches with a consumer base that faces unique needs and challenges.

Most of the Association's Resource Facilitation referrals come from area hospitals and a partnership with the Minnesota Department of Health. "Sometimes an inmate's friend will connect with the Association

because his buddy has been acting 'strange' since an accident," says Kristina, Resource Facilitator. "Or an inmate will call the Association because something is happening that they don't understand." Initiating the call in the first place can be a difficult process as the inmate must complete a kite, or communication form to arrange a call with a Resource Facilitator. Only after

they have signed and returned the kite form can regular calls be scheduled. From there, the Resource Facilitator works within the boundaries of the corrections system.

"It's a different world in prison," Kristina says. To resource facilitators, supports and services look very different within the corrections system than they do in the outside world.

Navigating Life continues on page 8



Brain Injury Association of Minnesota

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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:

Brain Injury Association of Minnesota
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Minneapolis, Minnesota 55413

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Address: _____

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- Subscribe me to the bi-weekly *Headlines Online* electronic 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:

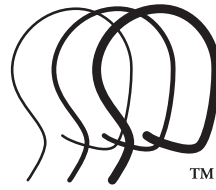
The Fall 2007 issue of *Headlines* incorrectly spelled Dr. Gaylan Rockswold's name.

The Donor Spotlight article about Amy McVary was not written by Phil Gonzales. This article was written by Sandra Smith.

Walk for Thought Team Dragonfly Clan total funds raised was over \$4,500.

Kevin Spalding raised over \$500 for the Walk for Thought.

We apologize for 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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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



Working Together to Make a Difference in the Corrections Community

Over the last few issues of *Headlines*, we have been providing our readers with updates on the Brain Injury Association of Minnesota's work with the Department of Corrections three-year state TBI in MN Correctional Facilities grant from the Human Resources and Service Administration (HRSA).

As the only statewide non-profit organization dedicated to serving the needs of all Minnesotans who live with a disability due to brain injury, the Brain Injury Association of Minnesota is in a unique position to look across communities and question needs in the area of brain injury resources and advocacy. The Association works to affect systems change in the homeless community, increase awareness and education around the impact of brain injury in the African American, Native American, African Born, Hmong and Latino communities, and several

years ago began exploring the relationship between traumatic brain injury and Minnesota's corrections community.

According to the Minnesota Prison Population Projections Report from 2006, although the number of admissions continues to increase, inmates are getting shorter sentences, resulting in a slowdown in population growth. This also results in more ex-offenders in need of services in Minnesota.

In 2003, the Brain Injury Association of Minnesota conducted training and a survey among the behavioral health staff at the Department of Corrections that revealed gaps in staff knowledge of traumatic brain injury (TBI). When this information was coupled with the 2002 report of a seven percent growth in Minnesota's prison population and a 2001 report from the National Conference of State Legislators demonstrating an increase in TBI diagnoses in the mainstream population, people in the social services sector who support TBI began asking questions regarding the number of inmates living with a brain injury and how that number compared to the non-incarcerated population. Because so many of the behaviors associated with TBI, such as impulsivity, memory loss, and sensitivity to drugs and alcohol, can increase an individual's vulnerability of coming in contact with the corrections world, an Interagency Leadership Council

started to examine the issue of brain injury and how it relates to the corrections population.

The Council's lead agency is the Department of Human Services and since its inception, the Department of Health, Department of Education, Department of Corrections, Department of Employment and Economic Development/Vocational Rehabilitation, Disability Law Center and the Brain Injury Association of Minnesota have joined to create a brain trust dedicated to stopping the gaps in support for individuals with a TBI in all communities across Minnesota.

In April of 2006, the work began in earnest with the TBI in Correctional Facilities project. This project had a three-point goal: screening for TBI in the corrections population, educating corrections staff and developing intervention and release strategies.

The next steps in the process involve increased education and training for health services staff, educational staff and corrections staff and further diagnostic testing for inmates including possible neuro-assessments on some offenders. In the third year of the grant, the information gathered and training given will be put together to develop sustainability efforts for intervention and release planning strategies.

Today, the Brain Injury Association of Minnesota is using the results of this screening to assess its own approach

to supports for incarcerated individuals. Our education manager has developed a brain injury training curriculum for correctional staff, parole officers and police officers on the local, state, county, federal and tribal levels, with 30 trainings held to date. This training is provided free to anyone involved in the legal system through the state grant. Likewise, our Resource Facilitation team has been working with corrections staff to better understand methods of connecting people who are incarcerated to the services provided within the corrections community, a learning experience for everyone involved.

By developing communication with offenders while they are still in a facility, the Association hopes to mentor needed skills and provide information that will assist in preparing the individual for their return back to their community and, in doing so, impact recidivism, the cycle of arrest and re-incarceration. In this way, the collaborative supports of the Interagency Leadership Council anticipate to stem the tide of recidivism among inmates and former inmates living with a disability due to brain injury. Working jointly to address issues in the system that may be a barrier to individuals reentering life outside of prison, the council is committed to working together to make a difference.

Here & Now

Mike
Strand



The Pilgrim

Brain injury puts me in the curious position of having lived through death. The person I was on that fateful day is no longer. He died, so long, so sad, bye bye. Here I am with different abilities, a different personality, different likes and dislikes, and different preferences. All the things that I would have ordinarily called an identity are different, and yet I know I am still me.

They say the body replaces itself entirely every seven years. In a material sense I am not the person I was seven years ago. Now that I am in my forties I know that I am a different person from who I was when I was in my thirties, and I am a very different person from who I was in my twenties when I had my accident. Yet I know I am still me.

What is this mysterious "I" that lies beneath? It does not matter what I call it. Whether I say soul, spirit, atman, brain, or the mind, the name does not yield an answer, it only labels the enigma.

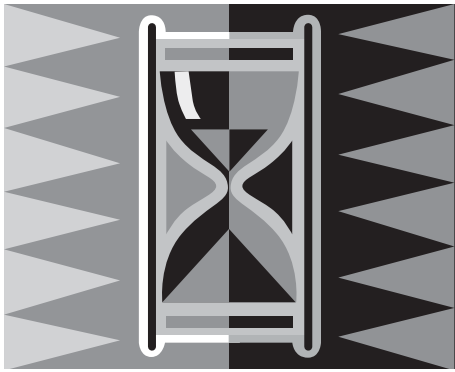
I am not so different from other people and yet I am very different. Everyone changes over time. I changed over night. Other than that, I am basically the same. I yearn to get in touch with that basic being within.

The Russian author Dostoevsky was in front of a firing squad, he thought he was about to die, but then they just fired over his head. Living through that experience changed his outlook on life profoundly. He would talk about the moments previous to dying, how intensely he felt and saw everything as if he was very thirsty and drinking the last glass of water he would ever have.

Sometimes I feel that way. Sometimes I look at the world as if I had died, wishing I could see it all again, and suddenly (miraculously), I was given a brief glimpse. If I can shift into that perspective I see the world in very intense colors and sounds. A simple smile impresses me very deeply. I see a smile and I can feel the person who wears it, it becomes indelibly etched into my

awareness, I don't just see the smile, I feel it. It becomes a part of who I am.

One of the gifts of my brain injury is this ability, at times, to transcend ordinary ways of looking at things. I could lament what I have lost (which, I'll admit, that I do from time to time) and miss what I have gained. I choose to focus on what I have gained and what I could gain. Maybe I wouldn't choose to make the trade, but the fact is, I have a brain injury and the trade has been made, I have the loss, so what can I gain from this? If I don't choose to find some gains, some edge on living, then my brain injury is pointless. I will not accommodate such an outlook; I choose to live.



NEWS BRIEFS

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

Out & About

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.

In the Media

In November, 2007, Association volunteer Justin Greenwood was featured in a segment on **Rosen Sports Sunday** with a promo on the Sunday 10 p.m. newscast. The segment featured footage of Justin working in the volunteer area and an interview with Volunteer Coordinator, Lee George. Throughout the latter half of November, 15-second spots ran on **KFAN Sports Radio** related to the Association, brain injury and sports concussion. They also pointed listeners to our Web site to participate in our **Brain Quiz**. The Association was featured in the November **St. Paul Pioneer**

Press Giving Guide with an ad to coincide with the Annual Campaign.

In the first week of December, 2007, the Association had a 20-second commercial which aired seven times on **WCCO TV** called "Leading the Way in Minneapolis-St. Paul." **WCCO** aired a shortened version of the Justin Greenwood segment on a 10 p.m. newscast. Also in December, a half page ad appeared in the **City Pages Winter Issue - Holiday Gift Guide**.

At Events

Staff and volunteers exhibited at many events in Minnesota over the past few months. Our Education Services had four educational presentations in November for the Department of Corrections as well as a class at Augsburg College and an greater-Minnesota regional Brain Injury Basics class in Rochester. In November,

Multicultural Outreach Services tripled their referrals. They presented at the Edina Rotary Club in November. Multicultural Outreach Services also attended a training at Asunción Church in Richfield where they discussed "Brain Injury: Causes, Effects and Rehabilitation." In December, Multicultural Outreach Services held trainings at the Red Lake reservation.

HRSA State TBI Grant Work Progresses

In late October the Traumatic Brain Injury Expert Advisory Panel met to review their progress to date and offer advice on future efforts. Discussion focused on upcoming training, RBANS (Repeatable Battery for the Assessment of Neuropsychological Status) testing, and educating offenders about TBI.

Beth Hopkins from the Minnesota Department of Corrections (DOC) began RBANS testing on 100 offenders, randomly selected from the original 1,000 who were screened last fall. She will administer and score the battery and Dr. Adam Piccolino, a Neuropsychologist with the DOC, will interpret them and, if necessary, administer additional tests. Testing has been completed for 25 offenders currently housed at correctional facilities in Rush City, Willow River, and Moose Lake.

In November, Hopkins spoke about the TBI in MN Correctional Facilities grant at the Statewide TBI Network Meeting at Metro ECSU. She discussed assessment efforts and preliminary data. Janis Carey Wack, the Association's education

manager, spoke in more detail about TBI education within the grant. A round table was held afterwards to focus on how the community can support the grants' efforts.

Janis conducted a TBI training tailored to working with the juvenile offender at the juvenile correctional facility in Red Wing where Beth discussed the grant. Also, in November, Janis conducted TBI training at the female correctional facility in Shakopee. Included in this training was information about TBI and domestic violence since this was how the majority of the screened female offenders reported receiving a TBI.

At the end of November, a Release Planning Meeting for Offenders with TBI was held to discuss strategies for early identification and release planning, community re-entry and diversionary options. As a result of this meeting, an expert panel addressing screen assessments will be created as well as a community interface group. TBI will be added to the behavioral health portion of the DOC's two-day conference in January.

Janis Carey Wack and Beth Hopkins presented to the Transition Coalition. This group consists of DOC and community staff who are committed to helping offenders connect with the proper support systems when they are released.

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 Ardis Sandstrom at 800-669-6442.

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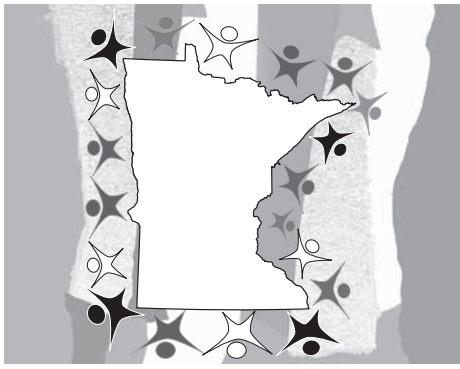
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Multicultural Corner

Support for People from Communities of Color After Incarceration



By Raye Black

When working within communities of color, the Brain Injury Association of Minnesota's

Multicultural Outreach service frequently finds itself addressing the issues of Minnesota's homeless population. This community brings with it many unique situations and challenges, among them being consumers who have recently received parole from one of Minnesota's ten state correctional facilities. While a prison record presents obstacles for anyone attempting to reintegrate into a community, an individual living with a disability due to brain injury faces additional challenges, particularly in African American and Native American communities

where a disproportionately large percent of the population are ex-inmates. The combination of brain injury and a prison record creates a cycle of homelessness that is difficult to break.

Over fifty percent of the consumers served through the Multicultural Outreach service have committed two or more felonies by the age of thirty. Although many factors may contribute to an individual's choices and behavior, studies funded by the CDC and the Health Resources and Services Administration (HRSA) have demonstrated a link between brain injury, which occurs at a disproportionately large rate in communities of color, and the event of a person committing a felony. As individuals leave correctional facilities, their brain injuries may exacerbate residual effects of the brain injury that

make impulse control, anger management and other life skills a challenge. Doors that are open for the general population, such as housing and employment opportunities, are often closed to those who have felonies and misunderstood behaviors only worsen that situation. When an individual finds doors to advancement closing faster than they can keep up, they frequently return to behaviors that fall outside the law, resulting in additional incarceration. This is part of the cycle of homelessness and the crimes committed. With lack of employment and housing the path of success within communities of color is significantly narrowed causing a rise in criminal activity, violence, brain injury and incarceration.

However, there are community agencies that support those with a felony history. Building

partnerships with these agencies through Multicultural Outreach services to help support consumers that have this history is a key to gaining success in the corrections population. Individuals looking for shelter or a job may not be aware of support services in the area. What Multicultural Outreach services can guide those individuals toward necessary help so those agencies can help to anchor and support the homeless person with a criminal history.

Gaining successful employment and obtaining permanent and stable housing can alter the cycle of homelessness in Minnesota. By working in conjunction with the Minnesota Department of Corrections, with assistance from the Association's portion of the HRSA state TBI in MN Correctional Facilities grant, we hope to help break that cycle.



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Education Corner



By Janis Carey Wack

Throughout the year, Education Services has been committed to providing brain injury education to Minnesota correctional staff with presentations that build awareness about brain injury, educate about the functional issues following brain injury, and provide information about practical strategies for accommodating a brain injury. Training sessions use a power point format, run from one and a half to two and a half hours in length, and are customized for the audience based on the needs of the people they serve; e.g. juveniles as opposed to adults. Brain Injury Association of Minnesota and Centers for Disease Control materials are also provided.

Presentations were made at the Jail Administrators conference, the Minnesota Corrections Health Services conference, Goodhue Public Health, Red Wing Juvenile facility, the Shakopee Women's facility and the Plymouth Adult Facility. The Association had an exhibit booth at the Annual Minnesota Corrections Association conference, as well. Plans are in place to work with the Red Lake Reservation staff, Stearns County Corrections and the Hennepin County Home School.

John Handy, Director of Operations at the Minnesota Correctional Facility in Red Wing, stated that "the presentation content held specific relevance for their work with juveniles and that the style kept the audience attentive and involved." He added that he would "highly recommend the presentation to any agency serving at risk youth."

Al Benjamin, Safety and Training Supervisor at the Plymouth Adult Facility comments that, "Attending Brain Injury Basics greatly helped my staff identify possible inmate behaviors which could be related to brain injuries."

Other corrections staff made these comments: "excellent exercises on awareness"; "very educational and informative"; "provides tools to help identify residents who may have brain injury."

The On-Line Curriculum is in the editing stage and will be a wonderful training tool for the Department of Corrections staff in the future. FREE training will continue to be available for parole officers, police officers county jails, correctional organizations and staff into 2008. For more information or to schedule a training please contact Janis at 612-378-2742 or 800-669-6442.

SAVE the DATE now for April 17 and 18, 2008 for the 23rd Annual Conference for Professionals in Brain Injury, "Asking the Right Questions: Sharing New Answers."

Trisha Meili, author of the book *I Am the Central Park Jogger*, will be a special guest speaker this year and Dr. Tim Feeney and Dr. George Prigatano will be our keynote speakers. Meili will speak on Thursday evening and it will be open to the general public.

The planning committee met in mid December and selected the conference presentations. The next steps will focus on designing the registration and sponsorship brochures.

Please periodically check out the Association Web site, www.braininjurymn.org, for updates on the Annual Conference.

Wednesday Workshops for the first half of 2008 have been scheduled and represent a fascinating array of topics for professional development related to brain injury. Topics include; chemical dependency, mild brain injury, nutrition, communication disorders, TBI and dementia and behavior strategies. Please look for the *Education Services: Learning Opportunities* booklet in the mail soon. Information is also available on the Association Web site.

Education Services works cooperatively with area providers to offer training opportunities throughout the state. If you would like to work with the Association to plan an educational offering in greater Minnesota please call Janis at 612-378-2742 or 800-669-6442 and mention your interest in setting up a Tuesday Training.

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

January 23 – *So the Person With a Brain Injury That You Serve Is Also Chemically Dependent. Now What?*, presented by Annette Pearson from Vinland Center.

This workshop will look at how chemicals affect the brain, how to get a chemical health assessment, red flags to look for and the top ten reasons people with brain injury use. Attendees will learn how to assess chemical dependency treatment programs, jargon used in treatment, stumbling blocks in treatment and much more.

February 27 – *Mild Brain Injury*, presented by David Lund, LP, from Sister Kenney Institute.

Mild brain injury presents a unique array of challenges for the individual and the clinician. Learn about issues and variables that impact successful outcomes with recommendations for service delivery.

March 26 – *Nutrition and the Unique Needs of Persons Living with Brain Injury*, presented by Karen Koppy, MPH, RD, LP from Hennepin County Medical Center. This workshop will present information regarding the complex nutritional needs in both acute and long term settings of individuals who have sustained brain injury.

April 23 – *"What Happened To You? Yesterday You Were A Cat!"*, presented by Garrett Sandquist, SLP and April O'Brien, SLP from Bethesda Hospital. This workshop will provide discussion on the nature of common cognitive-communication disorders following brain injury. Possible strategies will also be provided to implement to improve interactions with individuals with brain injury.

Brain Injury Basics

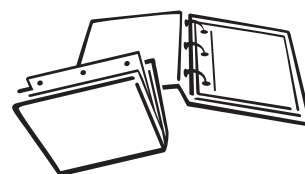
Admission for Brain Injury Basics classes is free for persons with brain injury and their family members. The fee for professionals is \$20.

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. This class will be offered on January 15 and May 20 at the Association's office in Minneapolis from 6–8:30 p.m. This class is also offered on March 18 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 reviews accommodations and strategies for productive emotional adjustment to life with an acquired disability. Classes will be held on February 19 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 April 22 at the Association's office in Minneapolis from 6–8:30 p.m.

Long-Term Care and Participants with Brain Injury This class offers training of professionals who work with persons with a brain injury. Participants will learn to enhance relationships with caregivers and residents, create quality home environments and methods to manage interruptive behaviors. This class is offered February 21 from 8:30 a.m. to 4:30 p.m. at the Brain Injury Association of Minnesota's office in Minneapolis. Call the Education Manager at 800-669-6442 or 612-378-2742 for more information.





Volunteer Corner

By Lee George

Fourth Quarter Update

The fourth quarter is filled with the hustle and bustle of the holiday season. Volunteers have plenty on their plate with social gatherings, family traditions, and traveling. But we have still had wonderful support by volunteers in many areas of the Association. Individuals came and helped us decorate and address holiday cards, office volunteers continued to support the different departments they work in, and we have received many volunteer applications. Things are going well, but we still need your help.

We are looking for passionate individuals with administrative background to support our Multicultural Outreach Coordinator.

We are also seeking a highly motivated and skilled individual to be our Peer Mentor Specialist. This individual will oversee our Peer Mentor Program.

If you are interested in

volunteering at the Association, please contact Lee at 612-378-2742, 800-669-6442 or leeg@braininjurymn.org.



Patrick McGuigan speaks at the St. Anthony Public Library

Photo by LinChing Nieh

Speakers Bureau

The second Speakers Bureau Training occurred on December 1 2007. Fourteen trainees attended despite the threat of severe weather later in the day. Planning the speakers training during a blizzard seems to be establishing itself as a tradition here at the Brain Injury Association of Minnesota. We are excited to now have over

25 trained speakers that will be traveling all over Minnesota in this next year sharing their personal stories, advocating for the Brain Injury Association of Minnesota

and for the 100,000 Minnesotans living with a disability due to brain injury.

The purpose of the training was to help refine and strengthen their personal story. Phil Gonzales, Public Awareness Associate discussed the finer points of public speaking and Paul Godlewski gave an example of what a presentation can look like by sharing his story

and information about the Brain Injury Association of Minnesota.

This diverse group of trainees brings to the Speakers Bureau a wealth of experience, knowledge and passion needed to represent the Association and individuals affected by a brain injury.

Speakers are Available

We have plenty of individuals ready to speak about their personal connection to brain injury and the Brain Injury Association of Minnesota at meetings, social clubs, or public gatherings around Minnesota. Our speakers provide a valuable insight into navigating the world of brain injury and the services and programs the Brain Injury Association of Minnesota offers. They can be a thought provoking addition to any board meeting or can help motivate coworkers during an office fundraiser. If you are interested in connecting with one of our speakers contact Lee at 612-378-2742, 800-669-6442 or leeg@braininjurymn.org.

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Navigating Life, continued from page 1
 Navigating the requirements of the corrections system is a learning experience for facilitator and inmate alike. Fewer options are available within the corrections system and an inmate with a TBI may have difficulty following through with the processes required to access those options.

Having a TBI can also exacerbate difficult conditions within a prison setting. Issues such as memory loss, impulse control and anger management can lead to confrontations between other inmates and prison staff. Identifying a prisoner as someone with a brain injury can lead to a better understanding in terms of day to day management and discipline.

"I talked to one individual who was 68 and had 12 years left on his sentence," says Kristina. "Obviously, most of what I was doing was helping him get along in prison." When discharge from prison is imminent, however, much of the work is in preparing them for a life outside prison walls.

"The first day out of jail is the most terrifying day of an inmate's life," says Tracey, another Resource Facilitator, "All of your

structure, when you eat, when you go to sleep, gets taken away. Just thinking about it is enough to send some people into a panic. Having a brain injury only makes that worse."

Tracey has experience with people just coming out of prison. "Knowing they will have Resource Facilitation the day they step out of prison, having someone who'll say, 'How are you going to take care of yourself today? Where are you going to sleep tonight? Did you call your probation officer?' really helps," she says. "It creates a trust that is needed: a trust in themselves and in us. They have a safety net," which, Tracey implies, supports them during the critical transition back to community living.

"There are many closed doors for people with a prison record," Tracey says. "Many people won't rent to an ex-offender, so housing is hard to find. If they have memory issues they may forget to contact their probation officer and end up back in jail." Their issues make Resource Facilitation's job of networking very important. A trusting relationship with a probation officer can benefit everyone involved. The

Resource Facilitator contacts the probation officer and shares information about brain injury while the probation officer provides information critical to understanding the re-entry process. The probation officer may then start referring people with brain injuries to the Association for follow-up supports. Each professional's increased awareness of one another helps create many successful collaborations.

When asked about Resource Facilitation service's goal in working with offenders and ex-offenders, Christina Saby, Resource Facilitation Supervisor, explains that the Association's work is simply one part of a much larger picture involving the work of many organizations. "We are one link in a process that has been going on for many years. But, we're planting seeds and trying to be part of the solution." She further states that

"The first day out of jail is the most terrifying day of an inmate's life. Having a brain injury only makes that worse."

Part of the job involves helping ex-offenders develop a sense of self-determination. "They come out of jail with a stigma attached already. They have to deal with that on top of TBI issues," says Tracey. "I'll ask them, 'Do you have a Probation Officer? How do you remember to stay in touch? What compensatory strategies are you using?' and that assists their understanding of their upcoming struggle and also available support. They keep the responsibility and I provide them available supports."

she hopes Resource Facilitation services will offer offenders and ex-offenders an opportunity to understand themselves and their brain injury. "Once they are ready to receive the information we have, they can develop better self-awareness. And then, maybe begin to break some of their old patterns. Nothing can change what you may have done in the past, but understanding yourself and your options can help you make better decisions about your future."



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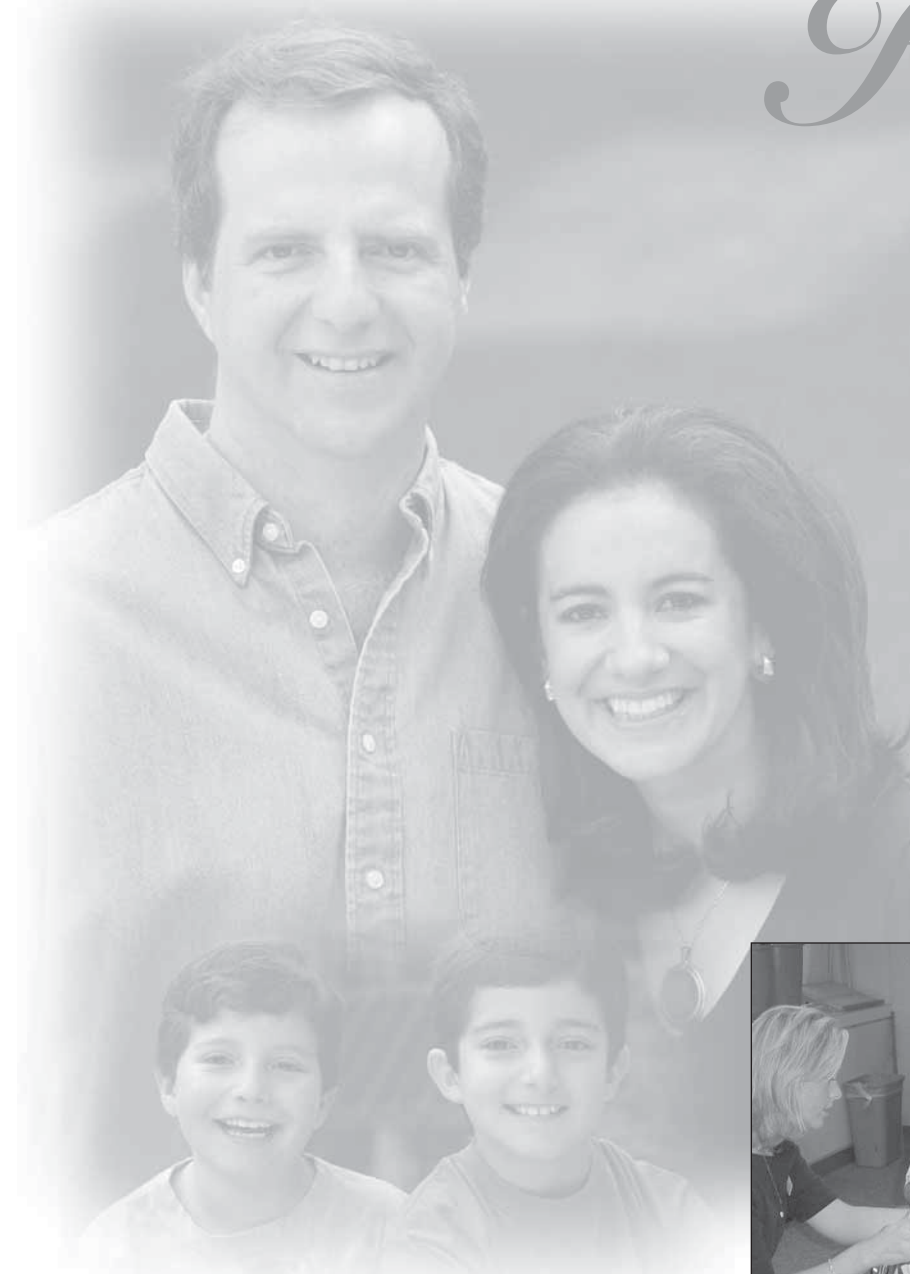
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Legislative Corner

Keeping up to date with public policy

Looking Towards the 2008 Legislative Session



By Jeff Nachbar and Michelle Traxler

Legislature Addresses Health Care Reform

When the Minnesota Legislature adjourned in May 2007, they did so with a commitment to spend the summer and fall looking for ways to improve health care policy by creating the Legislative Health Care Access Commission (HCAC). In July the HCAC formed seven sub-committees charged with making specific recommendations on ways to improve the quality of the health care system in Minnesota. In setting up these subcommittees the Commission gave members of the public and well as members of the

House and Senate a chance to be part of the solution for solving our health care crisis.

The 7 sub-committees are:

- Identify Health Care Costs/Savings
- Restructure the Health Care System Through the Identified Savings
- Development of New Cost Containment Strategies
- Public Health
- Insurance Market Reform
- Health Care For Long-Term Care Workers
- Single Payer Health Care

The subcommittees tackled issues such as identifying extraneous health care costs and restructuring the system so that cost containment can be used to develop better ways to provide quality care. The Public Health workgroup examined ways

to promote early detection and prevention of chronic diseases and also looked at ways to reduce childhood obesity. The Insurance Market Reform workgroup evaluated ways that would help make the insurance market more competitive. The sub-committees have now finished their work and the HCAC is preparing final recommendations they hope will be acted on by the 2008 Legislature.

Public Policy staff attended many of these meetings over the last four months and listened in as Committee members compared existing, planned, and emerging reform strategies. Several common goals emerged from the recommendations, as well as some critical barriers and conflicts. One of the work groups concluded that it will not be possible to achieve the state's cost containment goals by concentrating on only one part

of the system. Instead, bridges must be built between sectors so that money can be used earlier for prevention and to maintain health in order to prevent the need for high-cost treatment and institutional care later on. This will require a long-term effort to redistribute money between parts of the system that currently are financially and functionally isolated from each other in traditional categories of public health, health insurance, social and community supports and long-term care.

The Brain Injury Association of Minnesota will do everything in its power to influence policy-makers as the State Legislature goes through the various stages of review and implementation of these recommendations during the upcoming 2008 Legislative session. We hope you will be part of our efforts.

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MAP Reunion / Citizen Advocates - Public Policy Conference

All Citizen Advocates as well as past and present Minnesota Advocacy Project participants are invited to attend our first ever Brain Injury Public Policy Conference to kick-off our advocacy efforts for the 2008 Legislative session.

This event will be on **Saturday, January 26 from 10 a.m. – 1 p.m. at the Brain Injury Association Education Center.** Participants can learn more about important issues and network with other advocates concerned with brain injury. Lunch will be provided.

Included on the agenda will be a review of the Legislative process; 2008 issues; seatbelts; Medical Assistance Income and Asset Standards; special education funding; transportation; advocacy plans and strategies and more.

Contact Jeff or Michelle at 612-378-2742 or 800-669-6442 for more information or to let us know you're coming!

Congratulations to the 2007 MAP Graduates



Photo by Jeff Nachbar

The final class of the Minnesota Advocacy Project met on December 8, 2007 at the Minnesota State Capitol. Congratulations to: Michael Ellison, Julie Moylan, Ron Anderson, Eric Wandersee, Lisa Black, Jeanne Anderson and Heather Barber. Watch for more exciting news as we roll out the new Midwest Advocacy Project next summer.



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Join us for the **23rd Annual Conference for Professionals in Brain Injury, "Asking the Right Questions: Sharing New Answers"** in St. Cloud this April.

This year's Annual Conference features special guest speaker Trisha Meili, author of *I Am the Central Park Jogger*. Dr. Tim Feeny and Dr. George Prigatano will be our keynote speakers. Meili will speak at an event on Thursday evening that will be open to the general public.



Trisha Meili



Dr. Tim Feeny



Dr. George Prigatano

For more information or to register, visit our Web site at www.braininjurymn.org/conference.html, or call 612-378-2742 or 800-669-6442.



Donor Spotlight

The Medtronic Foundation

By Beth Skwira

The Brain Injury Association of Minnesota would like to thank the Medtronic Foundation for their generous support for the past 13 years. Our relationship with Medtronic began in 1994 with support for our Headsmart Bike and In-Line Skating Safety Program. In 2007, the Medtronic Foundation helped fund two Association areas of focus including the Multicultural Outreach Service and Leadership Paradigms training for Association managers.

The Multicultural Outreach service is in its seventh year of Medtronic Foundation Support and has reached over 23,000 people in underserved communities of color thanks to the support it receives from

Medtronic. In 2007 this service was able to expand its presence in the homeless community increasing our referrals and exposure in underserved communities. Multicultural Outreach service was also able to hire a part-time Latino outreach specialist in June 2007.

The Association is excited for the opportunity to strengthen our organization by creating a culture of leadership through the Leadership Program funded through Medtronic's Patient Link Programs. Over sixty percent of the management team is relatively new to management and departmental leadership. This fact, as well as the steady increase in staffing, signaled a call for leadership training. Additionally, the leadership program consists of workshops and curriculum

focused on building management team participants' personal leadership strengths as it relates to building a culture of leadership within the organization. The goal is to promote leadership development as well as organizational capacity for long-term growth.

The goal of the Medtronic Foundation is to improve the health of people and communities, making unique and positive contributions, to health, education, and community. According to the 2007 Medtronic Foundation Community Report, since Medtronic was founded in 1949 they have contributed more than \$350 million in Medtronic Foundation grants, Medtronic cash contributions and medical device donations to improve the health of people and communities, and is at

work in 29 countries around the world. In addition, almost two-thirds of their historical giving has occurred in the past five years. Last year alone, Medtronic's total giving exceeded \$53 million.

The Brain Injury Association of Minnesota is devoted to ensuring that the best possible supports and services are available to all people in Minnesota affected by brain injury and we are grateful for the continued support of the Medtronic Foundation. Thank you Medtronic!



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Corrections & TBI, continued from page 1 state's population. While this number seems small compared to other Midwestern states, it is still a significant portion of the population. Until recently, inmates were given initial screenings at check-in that included basic health and chemical dependency evaluations, but did not include screening for traumatic brain injury. This began to change in April of 2006 when Minnesota was awarded a state grant from the Health Resources and Service Administration (HRSA) to fund its Traumatic Brain Injury (TBI) in Correctional Facilities project.

The project's developers, headed by the Interagency Leadership Council, include the Department of Human Services, Minnesota Department of Health, Brain Injury Association of Minnesota and Department of Corrections. The purpose of this grant was to identify incidences of brain injury in correctional facilities, build awareness and education of brain injury to correctional facility staff and all persons working within the legal system and address a system of release planning that would assist a smooth transition back into community.

Screening for TBI also has potential long-term benefits. As offenders with TBI are identified

and insight into their condition improves, educated corrections staff will be able to assist them in developing compensation strategies for deficits they may experience. These skills will in turn help them when the time comes to reintegrate into the community. Furthermore, with a better understanding and education in the fundamentals of TBI, corrections officers will acquire skills to better recognize TBI and manage inmates.

Initial screenings of 998 male inmates were conducted from September 2006 to January 2007. While the initial numbers of inmates reporting TBI were high (82 percent) they were consistent with findings from studies done in New Zealand (86 percent), U.S. county jails (87 percent) and the U.S. Bureau of Prisons (88 percent). In the summer of 2007, 100 female inmates were screened with 96 percent reporting having a TBI. A screening of fifty juvenile males at the Red Wing facility resulted in 98 percent reporting a TBI.

The TBI in Minnesota Correctional Facilities project is using these findings to supplement the already effective systems the Department of Corrections and Department of Human Services have for working with offenders who have serious and persistent mental illness. The Brain Injury

Association of Minnesota has been collaborating with both departments to develop educational programs for correctional staff and presentations for correctional administrators. So far, the Association's educational service has conducted thirty trainings and received very positive feedback from corrections participants, with evaluations consistently returning above average scores.

One of the goals of the TBI in Correctional Facilities project is a re-evaluation of the intervention strategies used in situations involving prisoners with TBI. The idea would be to educate corrections staff and offenders so that the actions of an individual with memory issues, or impulsivity issues, would be reviewed with the TBI in mind and that appropriate steps would be taken to ensure future issues would be avoided.

Lisa Albrecht faces an upcoming release in January. Previous attempts at a Work Release program proved problematic as she was forced to return to prison after less than a month. Albrecht cites her brain injury as a reason she finds it difficult to hold a job. "I can't even tell why I left some really good jobs," she says.

With her husband now in jail, no home and her family having cut ties, Albrecht faces a difficult road.

Housing is difficult to come by for an ex-offender and memory and impulsivity issues only exacerbate the problem. But, she has a goal.

"I want to get my kids back," she says, referring to her four children who are currently in foster care. "I have business skills. I'd like to go back to school. Get a degree."

One of the first contacts Albrecht will have on release is the Brain Injury Association of Minnesota's Resource Facilitation program. Her assigned Resource Facilitator will help her identify the services and programs in her area to achieve her goals. She also wishes to increase her understanding of her brain injuries by participating in the Association's Brain Injury Basics classes.

By identifying offenders with TBI like Lisa at time of entering the corrections system, the potential for recidivism is decreased.

Offenders with an understanding of their disability and the services available to them may develop a sense of self-determination that makes the possibility of returning to past behaviors that much smaller. Corrections staff equipped with the training and resources needed to work with individuals with TBI will be able to develop intervention strategies and systems that decrease the potential for infractions among the prison population.

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