

# HEADLINES

SPRING 2008

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## UPCOMING EVENTS:

Wednesday Workshops  
April 23  
May 28  
June 25

Brain Injury Basics I  
May 20  
July 15

Brain Injury Basics II  
June 17

Brain Injury Basics III  
April 22  
July 22

Long-Term Care and Participants with Brain Injury  
June 26

Check page 6 for more details on these events

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.



## An Artist's Experience

In one second, artist Jean Zera's world was altered

By Phil Gonzales

Jean Zera glances over her shoulder to look at the staircase where her life changed in January of 2005.

"It was dark and I was reaching for the light upstairs. I didn't want to wake my husband so I didn't turn the hall light on and, as I reached out, I just kept on going. Head first. And it just seemed like I was flying. It just felt like I was on a waft. It wasn't violent. It was just an easy kind of - until I hit."

Jean Zera is one of the 11 million seniors who fall every year and one of the Brain Injury Association of Minnesota's many senior consumers. According to the Centers for Disease Control

and Prevention (CDC), only 1.6 million of those seniors will go to the emergency room. Almost 13,000 will die.

Jean had hit her head above her right eyebrow on one of the wooden posts of her stairwell. "I saw the stars people talk about," Zera recalls, "I got dressed, called the doctor's office and he said to come in right away. They took some x-rays and sent me home."

Because she was lucid, could walk and wasn't showing any outward signs of impairment, Jean's condition was overlooked. It wasn't until a couple of months later that she developed head pains



Jean Zera

Photo by Phil Gonzales

that kept her from functioning as she normally would.

"I would get up, maybe brush my teeth, maybe have a meal and have to go lie back down. It was

Jean Zera continues on page 16

## Seniors with TBI

An Interview with Dr. Gaylan Rockswold

By Phil Gonzales

Dr. Gaylan Rockswold came to Hennepin County Medical Center as a student in 1964. He has been on staff as a neurosurgeon since 1974 and became chief neurosurgeon in 1976. Today, Dr. Rockswold is Chief of Neurosurgery at Hennepin County Medical Center and Professor of Neurosurgery at the University of Minnesota.

In August of 2006, the Traumatic Brain Injury Center was established to care for the average 650 to 700 brain injury patients admitted each year.

In observation of Brain Injury Awareness Month, specifically our focus on fall prevention in seniors, the Brain Injury Association of Minnesota is collaborating with HCMC to raise brain injury awareness. We talked with Dr. Gaylan Rockswold about seniors and brain injury.

**How do you approach a senior with TBI differently than you would an individual who is not a senior?**

**GR:** You always have to take a specific disease or injury in the context of the total patient. Number one, the elderly patient is going to have more medical problems such as heart disease,

lung problems, and mild dementia. Number two is that it has been known for a long time that the elderly patient's brain does not tolerate a given amount of trauma as well as a younger person's does.

### Why is that?

**GR:** It's partly because there is less resilience and less plasticity in the elderly brain, but also because the whole body is less suited to adjust to the shock and the stress and everything that goes on after a brain injury. Now that doesn't mean some elderly people don't do well depending upon the severity of the brain injury and

we're certainly vigorous in their treatment.

I think the other issue is that the elderly are obviously more susceptible to falls because of balance issues, they may have arthritic joints or their properception, or their sense of where their limbs or feet are, may be decreased.

In addition, there is typically a little atrophy or shrinkage of the brain so during a brain injury the brain can really move around and cause bleeding over the surface of the brain. They're somewhat more susceptible than a young person might be.

Dr. Rockswold continues on page 8



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: \_\_\_\_\_

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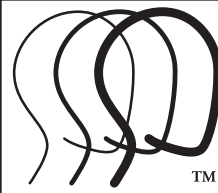
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- Subscribe me to the bi-weekly *Headlines Online* e-newsletter, which is filled with up-to-date information of interest to the brain injury community (e-mail address required above)

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**

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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.



**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

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

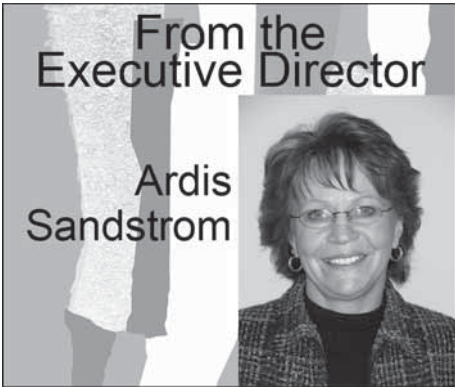
For more information about Rise's program services, call **Peggy Kraemer** in Spring Lake Park: 763-783-2813 OR **Brigid Alseth** in Golden Valley: 763-520-0420  
Visit Rise's web site at [www.rise.org](http://www.rise.org)

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# PERSPECTIVE



## A Goodbye Message

Dear Friends,

It is with truly mixed emotions that I write this article while trying to blend current affairs such as March brain injury awareness month and updating you about changes here at the Association.

As many of you already know, August 29, 2008 will be my last day as the Executive Director of the Brain Injury Association of Minnesota. I am truly grateful and humbled that I have had the opportunity to be a part of such partnership and collaboration for almost 10 years. I am particularly fortunate to have the privilege of knowing Ellie Hands and Tom Gode, the visionaries who led this organization before me, and the passion that they brought to an issue that has affected so many of us. Over the years I have had the honor to work with great staff members, an incredible board of directors, volunteers, professionals

and dedicated donors. Without the guidance and assistance of a very broad range of people I could not have done my job. I can not begin to count the number of times over the years one of you have stepped up to the plate and said "yes" after I have picked up the phone or e-mailed someone asking for a favor or assistance. Thank you for your support.

Through brain injury awareness month we are able to expand the knowledge and understanding of the impact of brain injury to our neighbors and community. Only a couple of years ago the number one cause of brain injury was motor vehicle crashes. Today the cause is falls. Are we prepared to address the implications of an aging population and the treatments necessary to assist in the transition back to their home? There is no doubt in my mind that the many changes we as a community have initiated, and those that will be implemented, will result in the Association and the State of Minnesota being better able to serve Minnesotans with brain injury and their loved ones. Each day I see Association staff provide resource facilitation, case management, outreach into underserved communities and education that change people's lives. I have had the opportunity to witness and be involved in the

evolution of services that so many of you provide daily and I am sure that the future will bring new ways and means to further our effectiveness and ability to serve people with brain injury.

The Brain Injury Association of Minnesota is growing each day with new individuals becoming involved. In 2007 the Association provided information and resources to more individuals than ever before, exceeding the contacts made throughout all of last year. More people than ever before join us weekly as volunteers to help with administrative tasks, public awareness, fund raising, peer mentoring, citizen advocacy, support groups, and education.

Although brain injury has had a lot of exposure to the media due to the war in Iraq and sports injuries, brain injury remains little known by the general public and many professionals still do not understand the uniqueness in service needs. We have a lot of work ahead of us to educate our neighbors and community. Identification and services for persons with brain injury still lag behind other disabilities; brain injury is over represented in the nursing homes, the homeless population and the corrections population, while it is still identified as the "low incidence"

population with few services in place to assist the individuals' return to the community becoming more vulnerable in times of budget deficits. Over the last two years the Association has made great headway in finding income through sources other than government contracts and fees. As members of this Association, we need to stand vigilant and continue to expand our fundraising through individuals and corporations to make us less vulnerable to governmental changes. I ask all of you to share our voice and mission as we increase involvement in the Walk for Thought, our largest single fund raiser and public awareness event. There is much to do.

I am proud of the strong work the Association staff provides as we move forward in our mission "To enhance the quality of life and bring the promise of a better tomorrow for all people affected by brain injury". The board of directors is well on its way toward hiring a new Executive Director and the Association stands ready to embrace change and build capacity.

Again, thank you for 10 years of support and guidance and I look forward to seeing many of you at the Annual Conference.



## Eye of the Storm

Some times I feel like the guy in the middle. All the destruction going on around me and here I sit in the calm center. Everyone else seems very worried and concerned about the whole situation; and here I am in this quiet cocoon. I feel as if it isn't really happening to me because if it was I'd darn sure be doing something about it.

It's not that I cannot understand the situation; it's just that it's beyond my immediate grasp. There are decisions to be made

with details to consider. When I make a suggestion it seems somebody is always quick to point out some apparently glaring and obvious angle I have overlooked. Invariably, this is due to my self-centered thoughtlessness.

Like a child, I make mistakes. Unlike a child, I am not forgiven or allowed to grow into an adult. I am either expected to change overnight or not expected to ever change.

One example is in being successfully employed. When I first went back to work I made a lot of mistakes, mostly with failing to follow rules and procedures in a very structured environment. These were all lessons I had learned when I had part time jobs in high school, things that were tolerated (most of the time) while I learned the boundaries of an employment contract. Of course, now it was assumed I knew all these things, but I didn't, and it was very touch and go until I did

manage to learn them all over again.

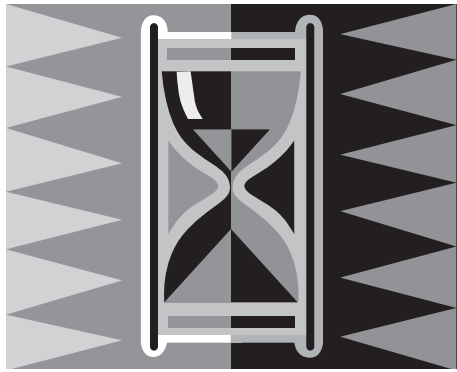
Most people can eventually seem to grasp that traumatic brain injury takes an unusually long time to heal. They (as well as you) learn that it takes time to learn to walk and talk and read and write. Why is the ability to make adult judgments and decisions not given the same allowance?

There are all sorts of traumatic brain injury symptoms like impulsiveness and executive function deficit that seem to obscure another very real issue. I was 25 years old when I had my accident and I had 25 years of learning how to make decisions, 25 years to learn from my mistakes. Now I have to start all over again from scratch and I have all those things like impulsiveness and executive function deficit to make it even more difficult.

On top of that I have some very real confidence issues. When something happens and I find out

all over again that I make bad decisions, when the last time I could remember I was okay at decision making, it really saps my ego. It is another part of the "loss of sense of self" with which survivors like me must contend. It's frustrating and humiliating. It is frustrating because nobody wants to start a long process all over again, especially a difficult one, and it is humiliating because I once again feel like I am less of a full person; less of a competent adult.

I must also admit that maybe my caregivers aren't making mistakes in estimating my abilities. Maybe I just think they are and it is another problem of my own perception of the world around me. But how can I be wrong all the time? It certainly feels like I am sometimes, and maybe that is why I still have executive function deficits.



# 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

Please see the article on page 10 for media and events for March Brain Injury Awareness Month.

## HRSA State TBI Grant Update

At the quarterly nurses training on January 9, Association Education Manager Janis Carey Wack conducted an introductory TBI training for Department of Corrections (DOC) directors, supervisors, and nursing staff. On January 23 she presented from the transitional care unit (the DOC's on site 'hospital') to staff unable to make it to the previous training.

On January 10 and 11, Robert Karol, Ph.D., LP, Bethesda Hospital conducted a two day in-service training for approximately 125 behavior health services staff that included directors, supervisors, mental health, chemical dependency, and sex offender treatment staff.

On January 16 Janis trained community corrections staff in Stearns County. Among staff attending this training were supervisors and agents working with offenders who are supervised in the community.

January 24 began a series of meetings to finalize the summary of the second year of the grant and begin the process of the third year grant application. Key players were Sharyl Helgeson,

Ardis Sandstrom, Dr. Adam Piccolino (new DOC project supervisor) and TBI Project Coordinator Beth Hopkins.

On January 29 John Corrigan, Ph.D., consulted with chemical dependency staff at Minnesota Correctional Facility in Lino Lakes about working with offenders with a TBI. On January 30th he presented to a variety of DOC behavioral health services staff on working with offenders who have a TBI and chemical dependency issues. Over 75 staff attended this day long training.

Beth Hopkins continued RBANS (Repeatable Battery for the Assessment of Neuropsychological Status) testing on offenders, randomly selected from the original 1,000 who were screened last fall. She administers and scores the battery and Dr. Adam Piccolino (Neuropsychologist, DOC) interprets and, if necessary, administers additional tests. Testing has been completed for approximately 45 offenders to date currently housed at correctional facilities in Rush City, Willow River, Moose Lake and Faribault.

On February 14 Ardis Sandstrom and Beth Hopkins updated the Department of Human Services TBI Advisory Committee about the current direction and progress of the grant.

On March 11 a meeting occurred to discuss preliminary data with the Minnesota Department of Health on the female (100) and juvenile (50) original TBIQ results.

## Landlubbers and Seadogs Wanted for 4th Annual Family Retreat!

By Phil Gonzales

Dust off your tri-cornered hat, get your plank out of storage and hoist the Jolly Roger! The 4th Annual Hearts\*Heads\*Hands Together TBI Family Retreat is right around the corner and this year it's sporting a jaunty pirate theme! Yes, you read correctly. Pirates, whether hooked, from Pittsburgh or of the Caribbean, have long captured the world's imagination. And now, they're helping bring together the families of children living with brain injury for a three-day outdoor get-together that educates, celebrates and exercises the body, mind and spirit.

The Low Incidence Project of the Minnesota Department of Education and the Brain Injury Association of Minnesota are looking for families that would enjoy a weekend away, a slice of the outdoors and a chance to share their experiences in a structured supportive environment. Parents will attend discussion groups and enjoy recreational activities while their children are partnered with experienced volunteers for creative and physical activities. Children with brain injuries (5-17) and their siblings (any age) are invited to participate!

This year's retreat promises more of the fun that has made the last three retreats so successful:

- Evening Campfires,
- Crafts and activities for kids and teens
- Parent discussion groups
- Hoops in the gym
- Swimming in the indoor pool
- Nature walks
- Therapeutic Massage for parents
- Volleyball Tournament
- Ice Cream Social
- Pirates!

The Family Retreat is being held at Camp Courage in Annandale, Minnesota. It begins the evening of Friday, May 2 and runs through noon Sunday, May 4. A registration fee of \$30 is required, however this fee will be returned upon completion of the retreat.

For registration and activities information, please contact Deb Williamson at 612-638-1532 or [dcwilliamson@district287.org](mailto:dcwilliamson@district287.org).

### Volunteers Needed for Retreat!

If you are interested in volunteering your pirate skills for the Saturday of the Retreat, we would love to talk to you. Please contact our Volunteer Manager, Lee George at 612-378-2742, 800-669-6442 or [leeg@braininjurymn.org](mailto:leeg@braininjurymn.org).



Brain Injury Association of Minnesota

## Multicultural Corner



By Raye Marie Black

Falls are now recognized as the leading cause of brain injury among the general population of the United States and Minnesota comprising 28 percent of the 1.4 million annual brain injuries. They are also a leading cause of brain injury in multi-cultural communities.

In Minnesota, communities of color have an incredibly high rate of brain injury. The incidence rate among these two groups is up to four times higher than among the rest of the population. While the leading causes of the injuries are motor vehicle crashes and assault, falls still rank very high on the list.

Currently there are numerous efforts being made to educate the multi-cultural and general population on the risks associated with falls. In addition to the Brain

Injury Association of Minnesota's efforts at addressing brain injury from falls, local clinics are heightening awareness of the impact falls can have on one's overall quality of life.

Clinics that are culturally sensitive to multi-cultural populations have programs in place to educate their patients about falls prevention. The Multicultural Outreach program partners with these clinics to provide support for consumers. These partnerships

have proven successful in addressing fall-related brain injuries. Together, the Association and the clinic staff educates the consumer about the importance of preventing future falls.

Through our partnership with clinics in multi-cultural communities, the Brain Injury Association of Minnesota's Multicultural Outreach service works to prevent fall-related brain injury in Minnesota's many diverse communities.

# Centers for Disease Control and Prevention "Help Seniors Live Better, Longer" initiative

By Phil Gonzales

As part of the Brain Injury Association of Minnesota's observance of Brain Injury Awareness Month, the Association and Hennepin County Medical Center are promoting the Centers for Disease Control and Prevention's national initiative "Help Seniors Live Better, Longer: Prevent Brain Injury."

The Initiative was designed to raise awareness of brain injury, its causes, symptoms and consequences among the children and caregivers of seniors. Currently, falls are the number one cause of brain injury in seniors. Therefore, fall prevention and brain injury prevention go hand in hand.

As the body ages, so does the brain. It can be tempting to think of the brain as something permanent, unchanging. Thinking about our brains getting older and losing some of their effectiveness

is uncomfortable, especially since it is inevitable. The brain atrophies over time, shrinking and making it more susceptible to damage. The outer surface thins, white matter decreases and chemical messengers reduce in number. All of these things result in slower communication between the brain and the rest of the body.

According to a December 2007 study done by the Harvard University Department of Psychology, even the healthiest brain loses coordination with age. Individual systems fall out of sync with one another. When these systems stop syncing up, a person starts to experience behaviors most people think of as "elderly" e.g., a hesitant gait, flashes of forgetfulness and a wandering mind. None of these factors mean a person has lost any mental capacity, but it does make them more susceptible to falling down the stairs or even tripping while crossing the living room.

The CDC estimates that one third of all adults over the age of 65 will fall in any given year. About 15,000 of those people will die and one third of those will die from brain injury. In Minnesota, seventy-five percent of all fall related deaths are in adults aged seventy-five and over.

As part of its initiative, the CDC is offering on its Web site a booklet, a tri-fold brochure and a fact sheet covering questions and answers family and caregivers may have about preventing, recognizing and responding to TBI in seniors. An e-card, magnet and poster covering the same topic are also in development. For more information, visit [www.cdc.gov/BrainInjuryInSeniors](http://www.cdc.gov/BrainInjuryInSeniors).




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



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

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

Call for more information:  
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612-378-2742  
[www.braininjurymn.org](http://www.braininjurymn.org)

 **Brain Injury Association of Minnesota**  
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# Education Corner



By Janis Carey Wack

The Brain Injury Association of Minnesota is shining a light on the

issue of brain injury from falls. During Brain Injury Awareness Month the Association unveiled a new curriculum especially geared toward senior citizens which will be a fun energized approach to learning safety tips and information about brain injury. Many of the predictors for falls relate to cognitive and physical changes (such as gait impairment, seizures and use of mobility assistive devices) following such events as strokes and prior falls. Statistics indicate that a person who has sustained one brain injury is at greater risk for subsequent injury as from falls.

Falls resulting in traumatic brain injury are the leading cause of death for senior citizens age 75 and older. When we think of falls our first thoughts revolve around broken hips or limbs which are also significant among seniors; brain injury is often overlooked. Even though it is easy to imagine a person striking their head if they fall hard enough to break something else, the memory issues and confusion that can accompany an injury are explained away as "simple old age." Unintentional falls, as described by the Minnesota Department of Health, peak during the winter season with more men than women sustaining falls. Indeed falls are now the number one source of traumatic brain injury nation wide.

Many proactive things can be done to promote safety and reduce the risk of re-injury. The new curriculum offered through the Association will present this information in an interactive, engaging format, offering "serious fun with a serious message."

## Department of Corrections

Work has continued with the Department of Corrections (DOC) as several training sessions have occurred this past quarter. Staff at Shakopee Women's facility and Red Wing Juvenile facility invited the Education Manager to present information about brain injury to

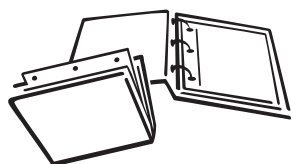
those specific populations. Also, Hennepin county staff had the opportunity to attend training hosted by the Plymouth Adult Facility. DOC Educators and Health Services Staff participated in training sessions which highlighted concerns unique to those groups of professionals. Many brain erasers were distributed as "visual cues" to correctional staff to remember to consider brain injury as they work with offenders.

## Educational Opportunities

Brain Injury Basics classes are scheduled through the year. Please check out the calendar in this section and also on the Web site. Professionals have several ongoing education opportunities to choose from within the Wednesday Workshop series. Topics through June include; Mild Brain Injury, Communication Disorders, Nutrition, Dementia and Behavior Interventions. Also, Long Term Care classes are available each quarter. Registration for these classes is through the mail with the Education Services Learning Opportunities booklet registration form, online via the Web site or Enews and by calling the Association. CEU's are provided to professionals for all training through the Association.

Education Services provides many ways for individuals to learn more about brain injury, living with a brain injury, caring for a person with a brain injury or serving a person living with brain injury. You are invited to check out our education offerings and to broaden your knowledge, deepen your understanding and advocate for change.

Check out the Association's web site for more information at [www.braininjurymn.org](http://www.braininjurymn.org), or call the Education Manager at 612-378-2742 or 800-669-6442.



## 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.

*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.

*May 28 – TBI and it's Association with Dementia*, presented by Thomas Misukanis, Ph.D., LP, ABPN from Minnesota Clinical and Neuropsychological Associates. Dementia will be defined along with a discussion about cognitive reserve and the cumulative effects of brain injury. Recent research which reflects a relationship between traumatic brain injury and the early onset of dementia will be reviewed.

*June 25 – Practical Behavior Strategies for Professionals*, presented by Jodi Greenstein, MSW, LICSW, CBIS from Courage Center. Discussion will focus 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. Participants will also learn how to involve the individual's team in successfully addressing behavioral concerns.

### 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. Classes are May 20 and July 15 at the Association's office in Minneapolis from 6–8:30 p.m.

*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. Class is held June 17 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. Staff play an important role in enhancing quality of life and promoting adjustment to life after a loved one's brain injury through their caregiving. The class is on April 22 at the Association's office in Minneapolis from 6–8:30 p.m.

### Long-Term Care and Participants with Brain Injury

Participants will learn to enhance relationships with staff and residents, create quality home environments and methods to manage interruptive behaviors. Class is June 26 from 8:30 a.m. to 4:30 p.m. at the Association's office in Minneapolis. Call the Education Manager at 800-669-6442 or 612-378-2742 for more information.





# Volunteer Corner

By Lee George

Volunteering at the Brain Injury Association of Minnesota is a great way to ensure that quality services will be provided to individuals with a brain injury. Volunteering also allows individuals to gain professional skills. Opportunity Partners has collaborated with the Brain Injury Association of Minnesota since 2000. The mission of Opportunity Partners is to “empower individuals with disabilities and special needs to achieve maximum self-sufficiency in the community.”

Two of our long time associates with Opportunity Partners are Jackie Thom and Shawn Zimmerman. Through Opportunity Partners, Jackie and Shawn are able to provide a wide range of employment, residential and educational services to people ranging from teens moving out of the school system to senior citizens in retirement.

Jackie received a Bachelor of Science degree in Vocational Rehabilitation from the University of Wisconsin Stout and has been working with individuals with disabilities for approximately five years. Shawn obtained a Master



Jackie Thom and Shawn Zimmerman from Opportunity Partners  
Photo by Lee George

of Science degree in Vocational Rehabilitation from the University of Wisconsin Stout and has worked with individuals with disabilities for approximately 10 years. Jackie and Shawn provide vocational evaluations for individuals looking to get back into the workforce.

A vocational evaluation is a complete assessment of an individual’s performance level. The evaluator will, through interviews, observation and on the job interaction determine what kind of work would be a good fit for the individual when they seek permanent employment. Opportunity Partners finds places for these individuals to work for their evaluations.

Jackie and Shawn say, “The Association is one of our

finest evaluation community sites. There is a great deal of variety in the work here, and the staff is flexible, accommodating and pleasant. They offer valuable feedback regarding our clients’ work habits and skills, and

they consistently find work to be performed. It is a realistic vocational setting and an informative place to assess our clients.”

You can learn more about Opportunity Partners at [www.opportunitypartners.org](http://www.opportunitypartners.org).

**Where we have been:**

2007 was a great year for volunteering! Volunteers helped ensure quality services and support to individuals affected by brain injury all over Minnesota. Over 400 volunteers completed 10,388 hours of service! These individuals sent out information packets, directed phone calls, gave presentations, helped at the Walk for Thought, took pictures, did research, mentored and much

more. In 2007 volunteers gave the Association through their service \$194,900! Thanks to all of you, for the support and help you have brought to the people of Minnesota.

**Where we are going:**

There are many ways to get involved in 2008. On May 8 we will be holding our Event Volunteer Training. This is open to any individuals who are interested in helping people learn about brain injury and the Association at health and resource fairs around the state.

Volunteers help the Resource Facilitation team ensure quality services are being provided to Minnesotans by becoming a Volunteer.

We are still looking for groups, businesses, and organizations who wish to take advantage of the Association’s Speakers Bureau. These individuals are prepared to tell people about their personal experience with brain injury and where people can find support. If you are part of a group that could benefit from hearing from one of our speakers contact our Volunteer Manager at 612-378-2742 or 800-669-6442



## Helping patients rebuild their lives

**Mayo Clinic Physical Medicine and Rehabilitation**

provides comprehensive rehabilitation and medical services for people with traumatic brain injury and other types of acquired brain disorders

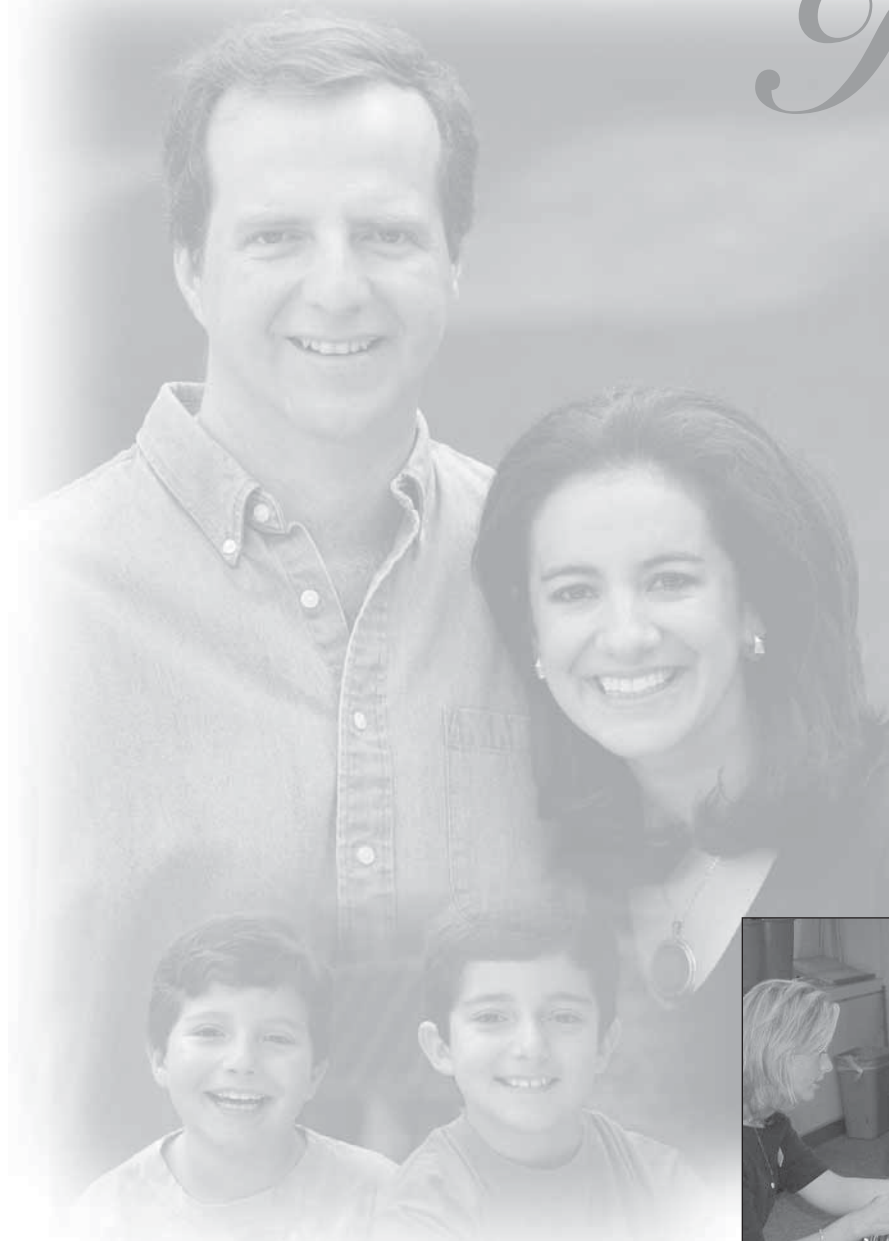
**Why Mayo Clinic?**

- Level 1 Trauma Center
- Only Midwest NIDRR\* designated Traumatic Brain Injury Model System
- Comprehensive outpatient and inpatient evaluation and treatment programs
- Accredited by Commission Accreditation of Rehabilitation Facilities (CARF) and Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

Mayo Clinic  
200 First Street SW  
Rochester, MN 55905

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

\*National Institute on Disability and Rehabilitation Research



*Dr. Rockswold, continued from page 1*

**Into what age range do seniors fall?**

**GR:** It's important to realize that from a health standpoint, some 80 year olds are doing as well as some 60 year olds. I'm exaggerating a little bit but certainly some 75 year olds are healthier and more active than some 65 year olds. There is going to be a bell shaped curve around a particular age so "senior" is a relative term.

**What kind of routine can a person expect, if they've sustained a mild brain injury and come to the Brain Injury Clinic?**

**GR:** When a patient comes to the clinic, we sit down and talk to them; we call it taking their history. What are their symptoms? When did they hit their head? What's bothering them? We get an idea of what their general health status is. And then there would be a neurological exam to assess any possible deficits or problems that they have.

**What does a neurological exam usually consist of?**

**GR:** We look at the patient's cranial nerves, we look to see if there is an asymmetry in their pupil size, how it reacts to light, how they move their eyeballs around, their facial movements, if there's any weakness in their extremities. We check their balance, what is their gait like? We use tandem walking where they walk in a straight line. We check their properception, or the ability to tell where their joints are in space. We check their mental status. Are they orientated? Are they lucid? Are they expressing themselves well? Do they have any kind of aphasia or difficulty with their speech?

Equally important, or more important, is their history. What kind of problems are they having? Are they having trouble sleeping, are they having headaches? Are they having dizziness? Are they having cognitive intellectual problems? So you take that history and you look for an event:

did the patient fall, did they stumble, climb a ladder and fall off, did they trip on a rug, etc. And you make at least an initial evaluation and possible diagnosis. I think that's the value of a clinic

where they can take that patient and treat them comprehensively.

Once you've accumulated that history, you decide upon testing. A CT scan is a very straightforward way to rule out any hemorrhage or persistent blood clots. And then this is where the Mild to Moderate Traumatic Brain

Injury clinic really comes in. The clinic has a whole team including neuropsychologists, psychologists, physical therapists, occupational therapists, speech and language therapists, and others that will go into assessing the patient.

In neurosurgery we tend to take care of the more acute end of things. If a patient has a blood clot, does it need to be drained? Can it simply be checked with another CT follow-up? And then, of course, we take

care of the more serious patients that come in on the ambulance.

**How do you differentiate the symptoms of brain injury from the symptoms of other conditions of aging?**

**GR:** If symptoms are due to aging and dementia it's going to be a gradual, subtle onset with no point in time where symptoms began. With a trauma you can get a history. In the last several weeks, but sometimes it could be several months, there's usually an event after which this patient has deteriorated. Now, it could be more complicated if they have had some gradual onset dementia along with their head injury. Part of the clinical challenge is to sort out what the cause is because they could co-exist and that could be confusing.

One of the reasons the Traumatic Brain Injury Clinic exists is because [people with mild to moderate brain injury] get lost in the woodwork. Because their symptoms are relatively mild they are not understood. Or they've had a more serious brain injury and they keep having trouble yet they can walk and talk. I think the value of being able to do

*Dr. Rockswold continues on page 11*



**Dr. Gaylin Rockswold**



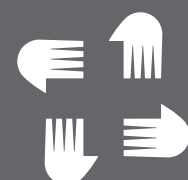
**Experts focused on brain injury care and rehabilitation**

**Traumatic Brain Injury Center**

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



Hennepin County  
**Medical Center**

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# Legislative Corner

Keeping up to date with public policy

## 2008 Legislative Session Update



By Jeff Nachbar and Michelle Traxler

The Brain Injury Association of Minnesota has set four top legislative priorities for 2008:

1. Strengthening Minnesota's seatbelt law.
2. Increasing transportation option for people with disabilities.
3. Expanding services and supports for people with brain injury while exploring opportunities for reform of Minnesota's health care system.
4. Protecting Minnesota's Traumatic Brain Injury Fund.

The Minnesota State Legislature began their work on February 12. They got off to a fast start by addressing both transportation and health care, two of our most critical issues, in the first couple of weeks.

First out of the gate was the Omnibus Transportation Finance Bill. It passed both the House and Senate and was then promptly vetoed by Governor Pawlenty. The Governor's veto was overridden on the following Monday and it became law without his signature. After securing the additional transportation funding provided by this bill, we turned our attention to transportation policy to ensure that transit got its fair share in both the metro as well as greater Minnesota.

Health care reform efforts also got off to a fast start as health committees in both the House and Senate picked up on the work done over the summer and fall by the Governor's Health Care Transformation Task Force and the Legislative Health Care Access Commission. After presenting the reports from both work groups, legislation was introduced to turn many of the recommendations into law. These comprehensive and complex bills will have to go through many committees before they can be sent to the Governor. It is likely that they will be changed and modified along the

way.

Then, at the end of February, we learned that the official State Budget Forecast projected a state budget deficit of \$935 million. Since the state must balance its budget, we quickly began preparing for potential budget cuts.

As of this writing the Governor has proposed \$524 million in cuts to health and human services, the House is working on \$131 million in cuts and the Senate has \$205 million in health and human services cuts in their financial bill. It will be tough going from now through the end of the session in May and we hope we can count on your help with your elected officials to minimize the impact of potential cuts to health care. If you haven't already become a Citizen Advocate please go to [www.braininjurymn.org/advocacy.html](http://www.braininjurymn.org/advocacy.html) and click on "Advocacy Action Center" to sign up.

Below are more specifics on some of our key priorities

### Increasing Transit Opportunities (HF2943/SF2695)

As mentioned above, the Transportation Finance Bill became law over the Governor's veto. With funding in place we are working on a transit bill (HF2943/SF2695) that would address transit needs all across the state. It would require the Minnesota Department of Transportation (MNDOT) to meet 80 percent of unmet transit needs by 2015 and to meet 90 percent of these needs by 2025. It would require both MNDOT and the Metropolitan Council to report to the legislature each year on the status of unmet transit needs and on their plans for meeting these needs.

Our hope is that this bill will provide the tools the legislature needs to hold the State accountable to meeting the unmet transit needs of all Minnesotans. We also want to make sure we take best advantage of this historic increase in transportation funding to make real improvements for people using public transit. Please ask your legislators to support this bill.

### Primary Seatbelts (HF106/SF16)

The bill passed all necessary Senate Committees last year and

is awaiting action on the Senate floor. While it is likely that the stand-alone bill will not get out of the House Public Safety and Civil Justice Committee, we still hope to get it passed using an alternative strategy. Perhaps last year's Omnibus Transportation Policy Bill will include our seatbelt language or the 2008 transportation policy bill will. No matter what strategy we come up with it will probably be late in the session. We need to keep the pressure on House members to support it if it does make it to the floor either as a stand alone bill or an amendment to another piece of legislation.

### Health Care Reform

It is still not clear exactly what the impact of the proposed budget cuts will be on the many legislative efforts to reform Minnesota's health care system. Some ideas seem to be catching on while others are seen as too expensive. For example, many legislators seem to like the idea of creating "Medical Homes" to help coordinate overall health care for people.

The term medical home is a bit misleading because it is not a physical structure; rather it is a philosophy of care whereby one place takes responsibility for the whole person. So much of our health care system is fragmented into specialists who might not be necessarily talking to each other. The goal of this reform is to better coordinate care, increase

communication and thereby improve the person's health and save money in both the short and long-term.

It is beyond the scope of this article to capture the complexity of health care reform, but if you are interested, sign up to become a Citizen Advocate and we will keep you posted.

### State Budget

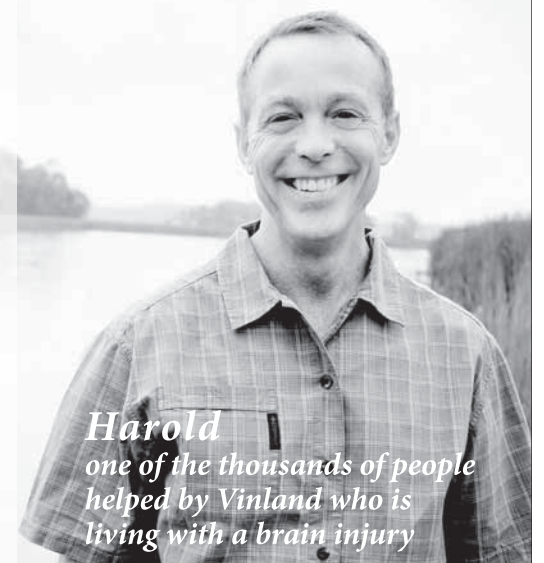
It's beginning to look more and more like the vast majority of our efforts this year are going to have to be put into protecting health care services for people with disabilities. Since 2003, there have been over \$500 million in cuts to disability programs in our state. It seems whenever Minnesota is facing a budget crunch, health and human services are asked to bear the majority of cuts. Balancing the state's budget on the backs of Minnesotans with disabilities is never a constructive way to solve a budget crisis. Whether you feel Minnesota should raise taxes or reorganize programs to fix its budget, please let your legislators know how you feel about this.

Remember, if you want to stay up to date on legislation, get talking points on issues, find sample letters and see what is happening at the Capitol go to [www.braininjurymn.org/advocacy.html](http://www.braininjurymn.org/advocacy.html) and click on "Advocacy Action Center" or contact Jeff at [jeffn@braininjurymn.org](mailto:jeffn@braininjurymn.org)

## Full lives for people with disabilities

**Vinland National Center** helps adults with brain injuries lead full and rewarding lives.

Through training, counseling and physical activity, Vinland empowers people with brain injuries to live independently and achieve new levels of physical, mental and social health.



*Harold*  
one of the thousands of people helped by Vinland who is living with a brain injury

For more information, please call **763.479.3555** or visit our web site at [www.vinlandcenter.org](http://www.vinlandcenter.org)

# Brain Injury Awareness Month kicks off with Governor's Proclamation

By Pat Marciniak

Every 23 seconds someone in the United States will sustain a traumatic brain injury. To raise awareness about this silent health epidemic of brain injury and support the 100,000 Minnesotans living with a disability due to a brain injury, **Governor Tim Pawlenty proclaimed March, 2008 as Brain Injury Awareness Month in the state of Minnesota.**

Additionally, on March 11, Hennepin County Commissioner Linda Koblick issued a resolution approved by the Board of County Commissioners recognizing March as Brain Injury Awareness Month in Hennepin County.

In conjunction with these proclamations, the Brain Injury Association of Minnesota participated in media stories, radio public service announcements (PSAs) and marketing activities to raise awareness about brain injury and promote prevention, which is the only cure for brain injury.

Media activities for March included interviews with Erwin Concepcion, Ph.D., L.P., Ardis Sandstrom and Pat Marciniak on the **Northern Lights Community Affairs Program** which aired on March 2 and 16 on **WLTE 102.9 FM** and **KZJK-HD** pure jazz.

A year-long marketing campaign with Clear Channel began with targeted prevention and awareness messages aimed at an audience of parents, athletes and coaches on **KFAN and KFXM Sports Radio** during the High School Hockey Tournament

and Championship games. Sixty commercial messages throughout the tournament were heard along with ten sponsorship billboards.

Throughout the month of March, **KTLK Radio** aired a total of 45 spots through radio personality Dan Conry. These spots were geared to brain injury awareness and also encouraged listeners to take the "brain quiz" through Dan's Web page, which connected them to the Association's site. Subway restaurants partnered with the Association on the quiz through donating gift certificates to the first 100 individuals who take the brain quiz. In addition, Ardis Sandstrom was interviewed on Dan's morning show on March 19.

The Association's awareness reach was also seen throughout the state of Minnesota on **WCCO TV**. During the first week of March the Association ran a 20-second commercial which aired seven times on **WCCO TV** called "Leading the Way in Minneapolis-St. Paul."

**WCCO Radio** aired awareness PSA messages from the Association throughout the month of March in addition to PSA's from the Minnesota Wild showing their support of March as Brain Injury Awareness Month.

An interview on the Don Shelby radio show on **WCCO**

**Radio** with Ardis Sandstrom and Dr. Gaylan Rockswold (HCMC) about brain injury in relation to Minnesota Gopher Hockey player, Tom Pohl, also presented a lead into the Association's story and phone bank on **WCCO TV** that evening.

On March 17, **WCCO TV** aired an in-depth special report on brain injury and safety prevention through health reporter and anchor, Dennis Douda on the 10 p.m. newscast. This feature included an interview with Dr. Andrew Kiragu, (Medical Director, Pediatrics Intensive Care Unit, HCMC), Ardis Sandstrom and the Keaton Bowden family along with a phone bank staffed by members of the Association and medical experts Kristin Ryan, Psychologist (South Metro Human

Services); Robert Karol, Ph.D., L.P. (Bethesda Hospital); Kenneth Britton, D.O. (Bethesda Hospital) and Patty White, O.T.

for HCMC. The video of this special feature and a link to the Association's site will be archived on **WCCO's** "Links & Numbers" and "Special Reports" Web pages.

A follow-up story on **WCCO TV's** Morning Show the next day included information on our phone bank, Keaton's story and an interview with Brad Donaldson on spring prevention tips.

A new ad debuted in March

to raise awareness about brain injury titled "Life can change in an instant" with photos of a bicycle crash, a fall and motor vehicle crash. These ads ran in **Minnesota Health Care News** and **Access Press**, which featured a full-page write up on brain injury awareness and an interview with Jean Zera.

The March/April 2008 edition of AAA's **Home & Away** magazine ran an article on bicycle safety featuring information provided by Public Awareness.

## Awareness Events

The Association partnered with Hennepin County Medical Center (HCMC) in collaboration of the Center for Disease Control and Prevention (CDC) initiative to "Help Seniors Live Better Longer: Prevent Brain Injury." That collaboration resulted in taking part in HCMC's Senior Resource Fair on March 5.

Pat Marciniak attended an Executive Women's International (EWI) meeting and spoke to the group about the Association and brain injury prevention. During Brain Injury Awareness Month, EWI sent out and e-mail notifying members of our story on **WCCO TV** along with a link to the Association's Web site.

The **Minnesota Wild** selected the Brain Injury Association of Minnesota as their March "Charity of the Month." The Association was featured at the Wild's March 9 game with a 60-second video presentation, an in-arena PSA

*Brain Injury Awareness Month continues on page 11*



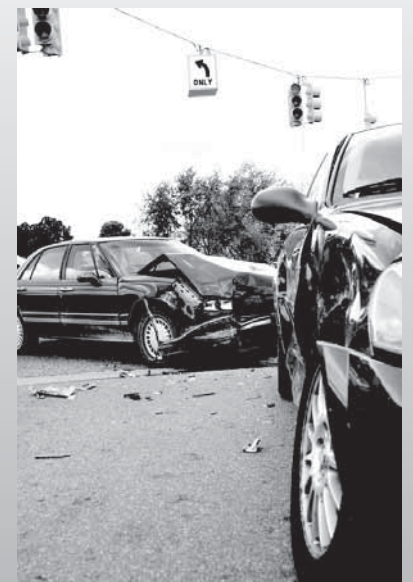
Association staff and medical support at the WCCO phone bank.

Photo by Pete Klinkhammer

## Life can change



## In an instant



**Brain injury can happen to anyone, anywhere at any time. It affects 100,000 Minnesotans, their loved ones and their friends. Brain injury shatters lives. The Brain Injury Association of Minnesota helps put them back together.**

**If your head has ever been hit hard enough to see stars, lose consciousness, or experience a concussion, we can help! Call 612-378-2742 or 800-669-6442, or visit our Web site at [www.braininjurymn.org](http://www.braininjurymn.org) for more information.**

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*Brain Injury Awareness Month*  
continued from page 10

about the Association, write-up's in their monthly magazine and on their Web site along with links to the Association's Web site and literature displayed at their Community Booth throughout March. Through the generosity of Minnesota Wild player, Marian Gaborik, the Association was able to share this day with children that have experienced a brain

injury and their families to watch the game from his suite.

The Association has made some good headway but we have only just begun to

get our message out to the public about brain injury awareness and prevention. Many more activities are in the works as we aim to educate the media, professionals and general public about brain

injury.

YOU as a consumer can also advocate by calling your favorite television, radio station or newspaper and speaking with an assignment editor to ask for more news coverage about brain injury and also by thanking a station when a story is run. You may also direct them to the Association's Web site at [www.braininjurymn.org](http://www.braininjurymn.org) for more information. Be sure to watch



New Wild fans Emily and Katherine with mother Pamela.

*Photo by Pat Marciniak*

for updates in the Association's electronic newsletter and quarterly publication on where we have been and where you can see us next.

## Mike's Big Brain Bash 4.0 a Rousing Success!

Local author and Association Board member Mike Strand held Mike's Big Brain Bash 4.0 at the Winthrow Ballroom in Hugo, MN on March 1. This marks the fourth year of the event which raises brain injury awareness as well as funds for the Brain Injury Association of Minnesota. This year was also the Bash's most successful.

This year's Big Brain Bash featured music and dancing by local band Jonah and the Whales, who generously donated a portion of their proceeds to the Bash. Also featured was a silent auction which pulled in a record \$3,200.

Mike's Big Brain Bash 4.0 brought in over \$4,200 for the Association and also brought press coverage about the impact of traumatic brain injury to the St. Croix Valley Press.

*Dr. Rockswold, continued from page 8*

a neuropsychological test and evaluate this is that you can tell the patient or family that these are your problem areas; this is what you can expect in terms of improvement over this time course. And we can interface and advocate for the patient in terms of their workplace or nursing home or other setting to explain and run interference for them so to speak. The worst thing for a head injury is to get stressed and get too much pressure in terms of what they're expected to do.

### And, what can be done for a brain injury?

**GR:** Well, there's no medication you take to clear up a brain injury. We're doing research to improve outcome in traumatic brain injury, but in terms of these mild brain injuries, there's nothing you specifically do to make them better. It's a matter of Mother Nature and healing. But during that period of time it's very important to give them help in putting them in an environment that's conducive to their recovery.



## ON YOUR SIDE. BY YOUR SIDE.

For more than 35 years, the law firm of Schwebel, Goetz & Sieben has represented the victims of traumatic brain injury and their families.

If you or a loved one have suffered from a brain injury, your well being comes first. Attorney Paul Godlewski,

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.

As always, there are no fees unless you receive a settlement. For a free consultation, call 612.344.0327.

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# 23rd Annual Conference for Professionals in Brain Injury

## Annual Conference

The 23rd Annual Conference for Professionals in Brain Injury is scheduled for April 17 and 18, 2008 in St. Cloud, Minnesota at the St. Cloud Civic Center. If you are a professional and haven't received a copy of the registration brochure you can visit our Web site at [www.braininjurymn.org](http://www.braininjurymn.org). New this year is the ability to register and also pay on-line! Go to [www.braininjurymn.com/conference.html](http://www.braininjurymn.com/conference.html) and click register. If you would like a hardcopy of the registration brochure just call the office at 612-378-2742 or 800-669-6442 and one will be sent to you. Deadline for registration is April 12, 2008. The conference lineup is full of stellar presentations topped off by nationally known and highly esteemed Keynotes, Dr. Tim Feeney and Dr. George Prigatano. The 36 breakout sessions planned for participants represent the breadth of practice and innovation of services in Minnesota and nationally.

Special Guest Speaker, Trisha Meili, will have a book signing and presentation open to the general public on Thursday afternoon, April 17, 2008, from 4:15 to 5:00 p.m. She will speak about her own personal experience as the "Central Park Jogger" and her journey through recovery and reclaiming her life. The tickets for this event are \$25 for the general public and are on sale through the Association by calling 800-669-6442.

## George Prigatano

George P. Prigatano, Ph.D. graduated from Bowling Green State University, and then joined the faculty at the University of Oklahoma Health Sciences Center, directing the Neuropsychology Laboratory (1972-1978). In 1979 he was a Visiting Scholar at Stanford University. In 1980 he established a neuropsychological

rehabilitation program at Presbyterian Hospital in Oklahoma City, which resulted in the book, *Neuropsychological Rehabilitation after Brain Injury* (1986).

In May of 1985 he established the Section of Clinical Neuropsychology at the Barrow Neurological Institute at St. Joseph's Hospital and Medical Center, and in 2001 was named the Newsome Chair of Clinical Neuropsychology. He has worked on the problem of impaired awareness after various forms of brain injury. This resulted in the edited text with Daniel Schacter entitled: *Awareness of Deficit after Brain Injury: Theoretical and Clinical Issues* (1991).

In 1999, he published *Principles of Neuropsychological Rehabilitation*. The thrust of his clinical and research work has been to study both cognitive and affective disturbances associated with brain injury, and to apply that information to the rehabilitation of brain-injured adults and children.

In 2003 he received the Jim Thorpe Award for Excellence in Rehabilitation Services and Research, and was designated Distinguished Lecturer of the Year by the Swedish Neuropsychological Society. Dr. Prigatano has served as the first President of the Academy of Multidisciplinary Neurotraumatology since November 2003.

## Tim Feeney

Tim Feeney, Ph.D., is the Clinical Director of School and Community Support Services in Schenectady, NY. He has assisted numerous school districts and state offices in the development of system-wide changes in order to provide sustainable, high quality, and cost-effective special education and rehabilitation services. For the past 10 years he has also been the Project Director of the New York Neurobehavioral Resource

Project, a New York State Department of Health grant-funded program developed to support individuals with brain injury and significant behavioral challenges to live successfully in their home communities.

Over the course of the past 15+ years, Dr. Feeney worked in a variety of capacities in human services including: special education teacher, program director of a state program for individuals with autism, coordinator of educational services, coordinator of behavioral services, staff psychologist, consulting behavior specialist, and an Assistant Professor of Special Education at the Sage Colleges in Troy, New York. In addition to his experiences working with people with brain injury, he has extensive experience developing services for individuals on the autism spectrum, including work with school districts to support students with autism, Asperger Syndrome, and pervasive developmental disorders. He has been responsible for the procurement and coordination of over \$3,000,000 in grant-funded programs serving individuals with developmental disabilities and challenging behaviors, autism, and persons with brain injury and challenging behaviors.

Dr. Feeney has authored over 40 scholarly journal articles and book chapters and is co-author of the book, *Collaborative Brain Injury Intervention: Positive Everyday Routines*. He travels worldwide, speaking to audiences about collaborative supports for individuals with brain injury, various disorders, and individuals with challenging behaviors.

## Trisha Meili

In 1989 Trisha Meili was attacked in New York's Central Park, brutally beaten, raped and left for dead. When she was discovered hours later, she was in a coma,

suffering from exposure, a massive brain injury and eighty-percent blood loss. Known to the public only as The Central Park Jogger, Meili's story provoked worldwide outrage and a call to attention for the thousands of victims of rape and assault.

Fourteen years later, Ms. Meili revealed her name to the public and came forward as a proponent of victim's advocacy, a speaker and lecturer. She also published a memoir on her recovery, *I AM THE CENTRAL PARK JOGGER: A Story of Hope and Possibility*.

In addition, Meili has served as an advocate trainer for the Sexual Assault and Violence Intervention Program (SAVI) at Mount Sinai Hospital, as an officer on the Board of Directors of Gaylord Hospital where she did much of her rehabilitation, and as Chairman of the Board of the Achilles Track Club that helped her run the New York City Marathon in 1995.

Recently, Trisha was the recipient of the Leadership Award from the National Center for Victims of Crime, the National Courage Award from the Courage Center, the Pacesetter Award from New York Hospital Queens, the Spirit of Achievement Award from Albert Einstein College of Medicine, the Courage Award from Boston's Magic 106.7 Exceptional Women Program and an Olympic Torchbearer in New York City.

Today, Trisha speaks to groups, including businesses, universities, Brain Injury Associations, sexual assault centers and hospitals, about her journey of recovery and healing. With her work, book and lectures, she offers lessons on how to manage through unpredictable change, whether personal, professional economic or spiritual. Her story has encouraged people worldwide to overcome life's obstacles – regardless of what they might be – and get back on the road to life.

**23rd  
Annual  
Conference for  
Professionals  
in Brain Injury  
Asking the Right  
Questions:  
Sharing New  
Answers**

**April 17 & 18  
St. Cloud Civic Center**

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 Feeney 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 Feeney



Dr. George Prigatano

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

## Preventing Traumatic Brain Injury in Seniors

The Centers for Disease Control and Prevention have several tips for seniors to help prevent traumatic brain injuries:

- Encourage exercise – Help the person in your care begin a regular exercise program, if their doctor agrees. Exercise is one of the best ways to reduce older adults' chances of falling. It helps them become stronger and feel better. Strength training with exercises that improve balance and coordination, like Tai Chi, are most helpful. As a safety precaution, you should check with the older adult's doctor about which exercises are best for her or him
- Make the home or surroundings safer – About half of all falls happen at home. Here are some things you can do to make the home and surroundings safer for an older adult:
  1. Remove things you can trip over (like papers, books, clothes, and shoes) from stairs and places where you walk.

2. Remove small throw rugs or use double-sided tape to keep the rugs from slipping.
  3. Keep items you use often in cabinets you can reach easily without using a step stool.
  4. Have grab bars put in next to your toilet and in the tub or shower.
  5. Use non-slip mats in the bathtub and on shower floors.
  6. Improve the lighting in your home. As you get older, you need brighter lights to see well. Hang light-weight curtains or shades to reduce glare.
  7. Have handrails and lights put in on all staircases.
  8. Wear shoes both inside and outside the house. Avoid going barefoot or wearing slippers.
- Ask the health care provider to review all medicines – Ask the doctor or local pharmacist to look at all the medicines the older adult takes. These might include some that

don't need prescriptions, like cold medicines and various supplements. As people age, the way some medicines work on the body can change. Sometimes those changes can make an older person drowsy or lightheaded, which could lead to a fall

- Take the person in your care for a vision check – Make sure an eye doctor checks to be sure eyeglasses are correct and that there are no conditions that limit vision, like glaucoma or cataracts. Poor vision can increase the chance of falling.

For more information, visit the Centers for Disease Control and Prevention at [www.cdc.gov/BrainInjuryinSeniors](http://www.cdc.gov/BrainInjuryinSeniors).



Brain Injury Association of Minnesota

## 7th Annual Walk for Thought

Save the date for the 7th Annual Walk for Thought on October 4, 2008. Our goal is to raise \$110,000 this year.

Originally started by a handful of motivated volunteers, the Walk for Thought has grown tremendously over the last few years. Last year more than 1,200 people participated in the 6th Annual Walk for Thought.

Keep up-to-date on the 7th Annual Walk for Thought by visiting our Web site at [www.braininjurymn.org/walk.html](http://www.braininjurymn.org/walk.html).



A concussion can leave you feeling out of

**focus.**

At Bethesda Hospital's Concussion Clinic we can help.

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

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

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

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# Donor Spotlight

## Oak Park Heights Wal-Mart

A local woman's initiative pays off

By Beth Skwira

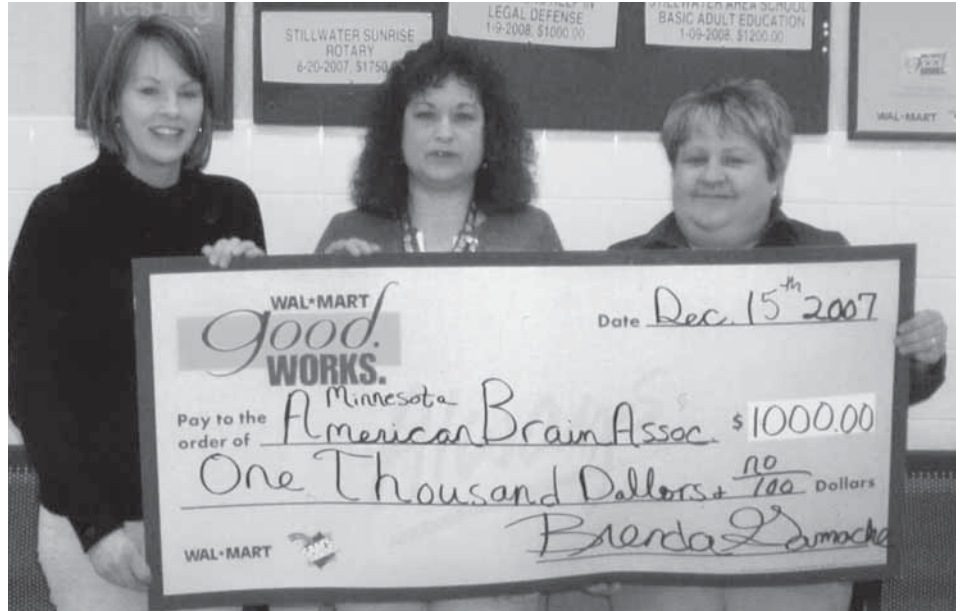
In December of 2006, Colleen Lyon's brother, Jim was injured in a work accident, and their family was changed forever. As a result of the accident, Colleen became passionate about helping people who have sustained a brain injury and began looking for a way to improve her brother's situation. This led her to get involved with the Brain Injury Association of Minnesota. Colleen, along with her brother and sister in law, attended our Annual Walk for Thought last October but she wanted to do more.

One call was all it took. Colleen called the Association looking for information about how we support the community. She wanted to present a grant request to the Oak

Park Heights Wal-Mart where she is a manager in the hardware department. The Development staff worked with Colleen on putting together a grant request which Colleen then submitted. A month later, the Association received a check for \$1,000 from Wal-Mart!

According to Marcy Allen, Oak Park Heights Wal-Mart #1861 Assistant Manager, "each Wal-Mart has individual giving programs, grant distribution, and procedures unique to that particular store." So procedures will vary depending on location.

Colleen enthusiastically says, "I challenge anyone who works for Wal-Mart who has been affected by brain injury to contact their store's Promotional Committee representative and write a grant to help the Brain Injury Association of Minnesota. If I



Beth Skwira (on left) receives a grant donation from Colleen Lyon and Marcy Allen from the Oak Park Heights Wal-Mart.

Photo submitted

can do it, anyone can!"

Thank you, Colleen and your family. And thank you to the Oak

Park Heights Wal-Mart for your generous donation!

## Member Spotlight: Kreg Kauffman

By Anne Vanasek

Since 1995, Kreg Kauffman has been an important member of the Brain Injury Association of Minnesota. As a personal injury lawyer, Kauffman frequently witnesses the hardships one encounters after experiencing a brain injury. One of the first things he does when he meets a client with a brain injury is recommend the Association.

"It is difficult to find a place where a person with a brain injury can go to get all of the information that they need," Kauffman said.

"The Brain Injury Association does a great job at fulfilling that need."

The availability and expertise are a part of the reason membership is important to Kauffman. "Brain injury is never planned; there is no training or preparation for survivors and their families," Kauffman said. He believes people living with brain injury are grateful for having a network of individuals with similar experiences as well as professionals who are knowledgeable about brain injuries, so they can receive the support and education that they need.

Kauffman has enjoyed

advocating for the betterment of lives of individuals with brain injury. Many people who experience a brain injury need housing, transportation, medical and financial assistance; he provides his professional help to the many people who need this support.

Not only has his professional work had an influence on the brain injury community, but so has his active involvement in the community. Kauffman's participation at the Brain Injury Association has included attending and assisting a number of training

programs, speaking at the Association's state conference and working on behalf of brain injury funding changes.

He is also a member of the Brain Injury Community Committee in Rochester. He appreciates the support and relationship that the Brain Injury Association and the Community Committee have for one another.

Kauffman's dedication and compassion for the brain injury community is respected and immensely appreciative. His membership recognition is deeply deserved.

## Members Unite for Brain Injury

By Anne Vanasek

The Brain Injury Association of Minnesota is calling on YOU to become a member of our growing organization. By becoming a member, you are saying, "I support the Brain Injury Association of Minnesota. I agree with their mission. I want to see their services and supports grow and expand."

In the past year Association members have:

- Planned and participated in the much anticipated and successful 2007 Walk for Thought
- Welcomed advocates testifying at the Capitol
- Served as spokespersons in media interviews, through the speakers bureau
- Provided strong leadership in the community by serving on the

- Association Board of Directors
- Acted as volunteers at the Association offices, translating passages for the Consumer Guide and directing phone calls.

Membership is not about what you receive; it is about what you believe in and support by bringing help, hope and a voice to all those affected by brain injury. As a member, you have an opportunity to enhance the quality of life and open the door to more opportunities and a better tomorrow for the 100,000 Minnesotans living with brain injury.

Can we count on you to meet this challenge?

### How to Become a Member

Fill in and cut out the form below and send it along with your membership payment to the Brain

Injury Association of Minnesota. Memberships are active for a full twelve months.

If you have any questions call

the Brain Injury Association of Minnesota at 612-378-2742 or 800-669-6442, or write to us at info@braininjurymn.org.

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Membership Type:

Individual (\$35)

Limited Income (\$5-35, amount is your choice)

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Individual Lifetime (\$1,000)

Payment:

Check (payment enclosed): \_\_\_\_\_

Credit Card

Visa  MasterCard Name on card: \_\_\_\_\_

\_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Please mail to: Brain Injury Association of Minnesota; 34 13th Avenue NE, Suite B001  
Minneapolis, MN 55413

Jean Zera, continued from page 1 just severe pain.”

Jean’s son, a surgeon at Hennepin County Medical Center (HCMC), encouraged her to make an appointment at HCMC’s Mild to Moderate Traumatic Brain Injury Clinic. There, she was given the proper tests to determine the extent and severity of her injury. She learned her impact with the stairwell had caused her brain to bounce off the back of her skull, resulting in a brain injury.

“They gave me tests like ‘how many continents are there?’ and [I thought] any fool knows that, you know? I didn’t. And there were so many questions that I would have known normally. And that is how they discover what part of your brain is injured. But, I didn’t know that then.” Jean was so self-conscious about her test results, that she was reluctant to return.

It is this reluctance for treatment, coupled with the embarrassment of potentially displaying vulnerability that Jean credits for many people in her generation not seeking proper medical care.

“In my generation, you had to be half dead to call an ambulance or go to the emergency room,” she says, “We are more aware of injuries now than we were, but not

as much as older people need to be.”

According to Dr. Gaylan Rockswold, Chief and Professor of Neurosurgery at HCMC, “I think as a general rule the elderly are not as quick to go to the doctor.” If an individual doesn’t bring a head injury, even a seemingly minor bump on the head to the doctor’s attention, “there might be what we call a chronic subdural hematoma or some problem that gradually sneaks up.”

Jean was referred to the Brain Injury Association of Minnesota’s Resource Facilitation service in April of 2005. According to Jean, contact with her facilitator has been very positive. “It was nice to get a call every now and then to ask how I was doing and if I needed anything. It was very personal to me,” she says. Jean counts herself lucky to have a large family surrounding her, with professional knowledge and ready support. She notes that many people don’t have those family resources and that is where the Resource Facilitation service is so important.

Jean now lives with a noticeable short-term memory loss, frequent headaches and hand tremors. The tremors have kept Jean from pursuing one of her greatest

passions: painting.

For the past thirty years, Jean has studied acrylic, oil and watercolor painting. The fruits of her efforts are on display throughout her home. Beautifully vibrant flowers, painted in extreme close up, adorn the walls of the living room.

“I’ve been working a lot in oils because oils are more forgiving,” she states, “Acrylics dry so fast and watercolors show every mistake.”

Her basement has been refinished and doubles as a mini gallery. Her daughter arranged the painting by subject and color. Native Americans, lonely docks, orchids, southwestern cityscapes and wild animals adorn the walls.

Her hand tremor went away for a while but it has recently returned, making painting difficult. “If I ever get back to painting, I’m never going to move!” she says.

Jean uses several techniques to counter the effects of her short-term memory loss. She makes sure to read something several times over, until the information sinks in. “And writing things down is absolutely essential,” she adds. “I can remember the words to every song I grew up with, but I can’t remember sometimes what I ate last night. It’s just strange. Very strange.”

Today, Jean is very conscious of the possibility of further accidents. “You have to turn the lights on. Even if you think you know what’s in a room, you have to turn the lights on and see what’s in your path. I turn on three lights on the way up and down the steps now.”

She also implores seniors to seek immediate medical attention for falls, even if they don’t immediately think something is wrong, and to not be embarrassed if it turns out nothing is wrong.

CDC studies indicate that seniors who receive medical attention in the first hour after a fall have a ninety percent chance of returning home, while those who do not receive help in the first six hours have a ninety percent chance of entering a nursing home.

“We ought to be educated on what to do. Don’t be ashamed to ask somebody to help you, even if you’re not sure what you’ve done to yourself,” Jean pleads. She has learned, too well, the consequences of brain injury. “It’s dangerous. It’s fatal sometimes. It lasts an awfully long time. I’m going on my fourth year and I don’t feel that I’m really finished with it. If I dwelt on it I’d be miserable. I try to get along with what I’ve got left to use.”



## 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  
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