



HEADLINES

FALL 2006

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UPCOMING EVENTS:

Walk for Thought
September 30
October 7

Wednesday Workshops
September 27
October 25
November 29

Brain Injury Basics I
October 17

Brain Injury Basics II
November 21

Check page 11 for more details on these events

Brain Injury Association of Minnesota helpline:
612-378-2742
1-800-669-6442

www.braininjurymn.org

RECYCLE NOW!



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



Important Election Information!

November 7, 2006 is General Election day, so mark it on your calendar to get out and vote! Read on for helpful information and tools.

- Turn to page 3 and read the executive director's column about the importance of working together to make a difference.
- Read the Legislative Corner on page 13 for an overview of the upcoming election and tips to make sure your voice is heard.
- Fill out and send in the voter registration card by October 17 on the back page to make voting day easy.

5th Annual Walk for Thought – Help Us Cross the Finish Line!

Staff Report

Each year in Minnesota there are more than 15,000 hospital-treated brain injuries. Despite this startling statistic, awareness about the causes and residual effects of brain injury remain low.

So what can you do to help raise awareness and prevent brain injuries? Put one foot in front of the other and join us at the 5th Annual Walk for Thought! Sponsored by the Brain Injury Association of Minnesota, the Walk for Thought is an annual public awareness and fundraising event. The 5th Annual Walk for Thought will take place at three Minnesota locations this fall:

- Sept. 30, Lake Winona, Winona
- Oct. 7, Como Park, Saint Paul
- Oct. 7, Blackduck High School, Blackduck

Registration for each Walk opens at 9:00 a.m. the day of the event and the Walks will start at 10:00 a.m. This family-friendly event is open and accessible to all; so bring friends, involve the kids and help make a difference!

In 2005 the event drew 60 teams and over 850 walkers. This year, our goal is to bring together more than 1,000 people in a celebration of life, hope and healing. Join us at the location closest to you and help us cross the finish line and meet our goals!



By signing up as an individual or team participant today, you'll show your caring and commitment to helping more people acknowledge brain injury, recognize the residual affects and understand its impacts. All the money raised will be put to work immediately to provide services that enhance the quality of life

Walk continues on page 4

Multicultural Outreach Program Receives Grant from the Medtronic Foundation

Staff Report

According to the Minnesota Department of Health, ethnic minorities in Minnesota, particularly African Americans and Native Americans, sustain more brain injuries than any other ethnic community. Navigating life after brain injury can be especially difficult for ethnic minorities because of culture and language barriers.

Thankfully, individuals affected by brain injury in Minnesota's ethnic minority communities and the professionals who support them will see an increase in culturally appropriate support services from the Brain Injury Association of Minnesota over the next three years, due in part to a Patient Link grant awarded by the Medtronic Foundation.

The three-year Patient Link grant of \$160,000 will help support

the Brain Injury Association of Minnesota's efforts to provide direct, ongoing individualized support for Minnesotans affected

by brain injury in the African American, Somali, Hmong, Native American and Latino communities.

Grant continues on page 12



Brain Injury Association of Minnesota

34 13th Ave NE, Suite B001
Minneapolis, MN 55413

Time Dated Material
Change Service Requested

Calendar of Events

Online Calendar of Events

The Brain Injury Association of Minnesota publishes a bi-weekly electronic newsletter, E-News, that alerts subscribers to events of interest to the brain injury community. Besides detailing events, it also informs subscribers about volunteer opportunities,

educational programming and more. This is a great opportunity for you to learn what is happening in the brain injury community on a regular basis

To sign up to receive E-News, send an e-mail with "Subscribe" in the subject line to enews@braininjurymn.org.

Education Class Listings are now part of the Education Corner

Headlines will now feature the Education Corner in each issue, which will include a full list of upcoming education opportunities sponsored by the Brain Injury Association of Minnesota. Turn to page 11 to read more.



JOIN us today to CHANGE tomorrow!

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

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

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

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

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

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

Please send me information about:

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



Brain Injury Association of Minnesota

34 13th Ave NE, Suite B001
Minneapolis, MN 55413
612-378-2742 or 800-669-6442
fax: 612-378-2789
www.braininjurymn.org
Email: info@braininjurymn.org

Mission

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

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Janis Carey Wack, Education Manager
Janice Webster, Volunteer Program Associate

Editorial Policy

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

Letters to the Editor Policy

Letters to the Editor should be limited to 300 words. Letters may be edited for spelling, grammar and length. In order for letters to be considered, please include your name, address and the daytime phone number of the author. The Brain Injury Association of Minnesota reserves the right to refuse letters for publication, and submission of material does not guarantee publication. Opinions expressed in Letters to the Editor are solely those of the author and do not represent the opinions or positions of the Brain Injury Association of Minnesota.



PERSPECTIVE

The Time to Get Engaged is Now!



The Brain Injury Association of Minnesota's Board of Directors announced in January of 2006 a three-year strategic plan that identifies public policy advocacy as the Association's number one goal. Concentrating on the estimated 100,000 Minnesotans living with a disability due to brain injury, they concluded that this was the best way to create long lasting solutions to the complex issues people face while rebuilding their lives. Although it is early fall as I write this piece, I continually remind those around me that the next legislative session is coming fast and we must be prepared to understand the issues and the election process that will be upon us very quickly. With your support, we've built a strong track record. However, 2006 is when the rubber really hits the road.

We are currently seeing the alignment of many factors that will set us on a path for the foreseeable future regarding brain injury policy in Minnesota and indeed the entire nation. These factors include federal budget issues like pending cuts to Medicaid/MA, the lack of funding for the TBI Act, and proposed cuts in the Defense budget for support of returning veterans with brain injury. In Minnesota, the legislature convenes in January to set the state's budget that will take us through the end of June 2009. Finally, 2006 is a huge election year with virtually every state and federal policymaker coming to the voters and asking for your vote to support their election into office.

We all need to make sure that we are not only "at the table" when these critical decisions are made, but that we also influence who is at that table. Elections and legislative sessions are more than political exercises that occur every year or two. They directly impact the quality of life for you, me and those we love around us. It is time to stand up and join together in the work of getting the right people into office. Many of our public policymakers have not

experienced brain injury, so it is our responsibility to provide them with information and education around the many challenges that brain injury brings to individuals. This will enable them to make the appropriate decisions regarding brain injury services while they are in office.

Past experience has shown that together we can make a difference. For example, let's look at Resource Facilitation, a program that has seen tremendous growth here at the Association. Prior to 2003, Resource Facilitation was a research grant funded to seek a better way to support people navigating the complex world of supports and services after a brain injury. We averaged about 16 referrals a month and were able to support nearly 200 people that first year. Today, Resource Facilitation is official state policy; we average 104 referrals per month and expect to support nearly 6,000 individuals in 2006! These are not just numbers; they are real people. Each person had a place to turn to for help that wasn't there before. So, what changed? How did this come about? The answer is public policy advocacy. Resource Facilitation exists because you

got involved and became engaged in the political process. Your advocacy created a state law in 2003 that has made this all possible.

I am inviting all of you to join us this fall and winter as we strive to make a difference in public policy efforts. For all of you that have worked with us in the past, we need your voice now more than ever. For those of you that have stood on the fence or have not been involved before, I invite you to step over the fence and experience the power of your voice. I remember about five years ago talking with a young lady that stated she never voted and didn't really believe in the system. Soon after she joined us she became the point person making Resource Facilitation a state policy! The future brings an enormous challenge and it also presents us with an incredible opportunity – an opportunity to create the changes that are so necessary to truly enhance the quality of life and bring the promise of a better tomorrow for all people affected by brain injury. Remember, *together we can make a difference*; I hope you will join us in these efforts, for we cannot do it without you.

Digesting Grief

Dr. Samuel Johnson, the eighteenth century lexicographer, considered by some to be the greatest English mind of his time, made a very astute observation on grief. He said "While grief is fresh, every attempt to divert only irritates. You must wait 'til grief be digested, and then amusement will dissipate the remains of it."

Those of us with a brain injury know this very well. The last thing we want, or need to hear, is one of those trite phrases which we all have heard like, "Well, you're lucky to be alive" or "You think you've got it bad..." or worst of all "I know how you feel." These genuine attempts at soothing our nerves come from the feeling that they need to say something; something positive and uplifting. As though we'd just turn our heads and say, "My God, you're right!



What business do I have to grieve? Thank you!" and then we'd go walking away whistling Zippety Dooh Dah. Of course, our friends and family members are only trying to offer solace; we certainly don't need to berate them. My point is that people don't have any generally accepted and useful way of responding to grief.

The most helpful thing a person can do is to acknowledge your grief and share it with you as best they can. As Nietzsche observed, "sharing joy increases it, and sharing grief decreases it." Unfortunately, very few people know of Dr. Johnson's quote and few spend their time pondering how to respond to tragedy, which is

why Nietzsche's observation is so sagacious.

What all this is leading up to is the fact that the only path past grief is to digest it. We need to accept our situation as bad and just feel

but there it is; every day the same as before. It is similar to when somebody has a loved one who remains in a coma. They can't grieve their passing because they haven't passed, and yet they aren't

The most helpful thing a person can do is to acknowledge your grief and share it with you as best they can.

it. Trying to ignore it or look at the bright side is not going to let it pass, nor is farming it out and trying to figure out a solution by rolling it over again and again in our minds.

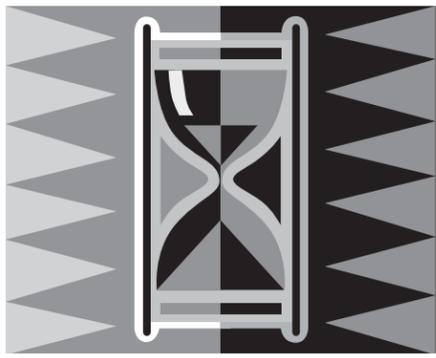
In most situations, one can only grieve for so long and our natural human response is to tire of the grief and move on. It is at that point that the bright words and encouragement, the numerous offered diversions can help us to finally get over it.

The tough part about brain injury is that you can't put it behind you. Yeah, if it were going to be over tomorrow we'd be through grieving soon enough,

really here either, so they are stuck in limbo, waiting.

That's where I was, and would still be, waiting to be better before I could move on. I would always be waiting to get better. I was like the person who says, "I'll be happy as soon as I win the lottery." I had made this agreement to be happy once I met an unlikely, if not impossible, condition. Ultimately, I decided that was not how I was going to live my life; waiting for the day I would wake up and not be brain injured anymore.

That was the first day I began living again after my accident.



NEWS BRIEFS

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

Out & About

The Brain Injury Association of Minnesota works hard to improve the general public's knowledge about the organization and about brain injury causes and symptoms in hopes of minimizing the prevalence of brain injury and creating an effective support system for those affected by brain injury. We've been up to a lot lately:

• On the radio:

Public Service Announcements that stress the importance of donning a helmet when enjoying recreational activities, such as biking, rollerblading and skateboarding, will be aired a few times each week on multiple radio stations in Minnesota. Tune into 99.9 KAUS (Austin), 105.1 KLTA/107.9 The Fox (Moorhead), 100.9 KOWZ (Owatonna), 106.9 KROC (Rochester) and 98.1 WWJO (St. Cloud) to catch the message!

• At Events:

Staff and volunteers represented the Association at many community events over the past few months, including the MN Safety Council's "Safe-A-Rooni," the Jacob Wetterling Foundation's "Kids' Safety First," and the "A Good Life Conference." The Association is also a health promotional sponsor of the Science Museum's "Body Worlds" exhibit which runs through December 3.

• In the News:

Our executive director authored an article in the June issue of *Minnesota Healthcare News* titled "Life After Brain Injury" and appointment of the Association's 2006-2007 Executive Board of Directors Committee was announced in the August 4th issue of the *Minneapolis/St. Paul Business Journal* and on www.BizWomen.com.

The Association is Growing

We're excited to announce that the Brain Injury Association of Minnesota's staff has grown to 29 people! This is tremendous growth considering that last year at this time the Association staff consisted of 18 people. The newly hired or transitioned staffers include:

- Laura Bye, Case Manager
- Kathryn Clark, Resource Facilitator
- Deborah Erickson, Administrative Assistant
- Nissa French, Public Awareness Director
- Anne Harnack, Associate Director of Services
- Kristina Krause, Resource Facilitator
- Tracey Nukula, Resource Facilitator
- Christina Saby, Resource Facilitation Supervisor
- Ardis Sandstrom, Executive Director
- Jill Tilbury, Case Manager
- Janis Carey Wack, Education Manager
- Sisavan Vang, Resource Facilitator

2006-2007 Executive Committee Announced

The 2006-2007 Brain Injury Association of Minnesota Executive Committee members were elected by member majority vote and are appointed for renewable one-year terms. Newly-elected Executive Committee members include:

- Sue Lepore, Executive Committee Chair
- Terri Traudt, Executive Committee Chair-Elect
- Dave Scott, Executive Committee Treasurer
- Kathy Anderson, Executive Committee Secretary
- Kate Shannon, Executive Committee
- Mike Strand, Governance Committee

The Executive Committee members will help guide the Association to continue its growth and ensure demonstration of best practices.

Conference Opportunities

The 22nd Annual Conference for Professionals in Brain Injury will be held April 19 and 20, 2007 at the St. Cloud Civic Center. Professionals who work with persons affected by brain injury should attend the Conference to learn about recent research, best practices and practical service strategies for helping people navigate life after brain injury.

New Conference offerings for persons affected by brain injury! Three separate full-day sessions will be offered throughout the state in 2007. Persons affected by brain injury are encouraged to attend one

of these Conferences. Planning is still underway, but time to network will be provided and topics will be pertinent and meaningful.

Visit our Conference Web page at www.braininjurymn.org/EvntAnnualCon.cfm for more information about these new Conference opportunities!

Peer/Mentor Support Connection – Informational Session

Support is of the utmost importance to persons affected by brain injury, which is by the Brain Injury Association of Minnesota now offers the Peer/Mentor Support Connection program. The program connects individuals with a brain injury or their family members (Peers) with trained volunteers (Mentors) who have a personal experience with brain injury.

An informational session about the program and how you can get involved will be held at the Miller-Dwan Hospital in Duluth on October 24.

For more information about the program or informational session, please contact the volunteer program associate at 612-238-2742 or 800-669-6442.

Walk, continued from page 1

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

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

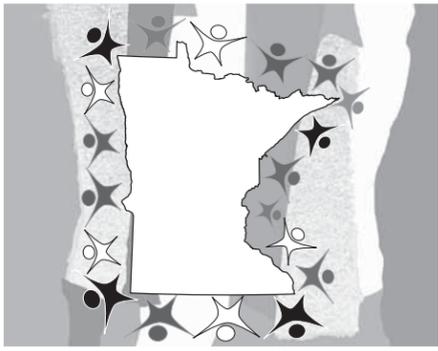
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Multicultural Corner

Mixing up the Right Recipe to Serve All Minnesotans Affected by Brain Injury



By Raye Black

When most Minnesotans sit down for dinner, they typically won't be scooping up a dish of gumbo.

When I followed the Mississippi River North from Louisiana in the 1990s, I didn't lose my appreciation for this tasty southern dish, or my gratitude for how coming together over something perfectly prepared, such as a steamy dish of gumbo, is central to building effective relationships and support systems.

So what does gumbo have to do with the Brain Injury Association of Minnesota? More than you'd think! Just like a good dish of gumbo, the Latino Outreach program (now the Multicultural Outreach program) started out with a homemade recipe – right here at the Brain Injury Association of Minnesota. An effective model to create and connect Latinos with brain injury resources and services hadn't been designed before, so the Brain Injury Association of Minnesota took on the project with the help of the Medtronic Foundation. Like any good chef, we embarked on an extensive effort to test out the possible mixture of ingredients and find the right

combination. After much primary and secondary research, we came up with four core elements for an effective Latino Outreach program:

- Partnerships and collaborations with existing service organizations
- Leading education classes and workshops for professionals and other leaders in the community
- Visibility at community events
- Presence in media outlets

When I joined the Brain Injury Association of Minnesota in January 2005 to expand the highly successful Latino Outreach program model into an all-encompassing Multicultural Outreach program, I began adapting the Latino Outreach model recipe to meet the cultural needs of other minority populations in Minnesota, including the African American, Native American, Somali and Hmong communities. Using this original recipe, we hope to build respect for differences and broaden the scope of needed services among existing multicultural service providers to improve the self-sufficiency of persons with brain injury in Minnesota's underserved ethnic communities.

With the help of the Multicultural Outreach Advisory Committee – complete with at least one representative from each of the

underserved communities of color we're targeting – I hit the ground running last year, reaching more than 800 professionals and persons living in the targeted underserved communities with information about brain injury. I continued ongoing outreach and maintenance of established collaborations of service providers within the Latino community and began fostering collaborations within the African American, Somali, Hmong and Native American communities. All that work made a difference – Multicultural Outreach efforts bridged 85 people to the Association's Resource Facilitation program last year!

So where do we stand today? Multicultural Outreach program staff and volunteers travel around the state to grow service provider collaborations and to reach communities of color through new venues, by participating in health fairs, hosting education events in rural Minnesota and taking part in media opportunities. And we can see the difference! The referrals of individuals in communities of color affected by brain injury have doubled since last year, which means more people are getting the help they need to return to a better quality of life.

To supplement our outreach efforts, I'm happy to announce that we've just published

our first program brochure! Translated in Hmong, Somali and Spanish, the brochure helps fill the communication barrier these communities often face by providing information about brain injury in multiple languages. (For copies of the brochure, e-mail me at rayeb@braininjurymn.org.)

As we continue our collaboration and awareness-building efforts, we're looking forward to a very bright future. Multicultural Outreach program efforts are sustained for another three years, thanks to the generous support of the Medtronic Foundation. With their support, we'll be able to branch out beyond mainstream organizations and spread the brain injury message across the state to smaller, grass-roots organizations that target specific ethnic communities and Minnesota homeless and family violence shelters.

When I return next issue, I hope to provide information about the communities of color we serve, such as cultural updates and fun tips to increase cultural competence. Because, as Mother Theresa once said, "Yesterday is gone. Tomorrow has not yet come. We have only today. So let us begin."

And in the meantime, if you need a good recipe for gumbo, give me a call.

Community Outreach Updates

Latino

Waldo Rivera joined the Brain Injury Association of Minnesota this year as the Latino outreach specialist. Rivera continues to build on existing partnerships in the Latino community, forge new collaborations and spread the brain injury message at events throughout Minnesota each month.

Native American

The past couple of months have been busy with education and awareness visits to Minnesota's reservations, including Leech Lake, Red Lake and Fond du Lac. We've built up such recognition that many now ask for our Multicultural Outreach coordinator by name and request for us to come back and participate in new educational events!

Somali

Many Somali immigrant children are unaware of the importance of playing safe and wearing a bicycle helmet. To help combat this, we led an educational event at the Cedar Riverside School to teach the importance of strapping on a helmet and more than 500 people attended!

African American

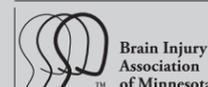
Partnership with One Stop Family Support Center, a community-based African-American organization, has really helped us build awareness about brain injury and our services in the African American community. Because of our education efforts with the staff, one to two individuals affected by brain injury are referred to us each week to receive assistance!

BRAIN INJURY DOES NOT DISCRIMINATE



Lesión Cerebral no discrimina
Травма головного мозга может произойти у каждого
Dhaawaca maskaxaddu waa ma kala sooce
Hlwb raug mob tsis cais leej twg li

Brain injury is always unexpected, it is always unwanted, and it is always life changing



Your brain is more fragile than you think. If you have ever hit your head hard enough to see stars, lose consciousness, or experience a concussion, we can help! Call the Brain Injury Association of Minnesota at 612-378-2742.
www.braininjurymn.org

Bringing help, hope and a voice.

September is National Preparedness Month

By Sarah Johnson
Public Awareness intern

John began Monday like any other day. He rose at 4:00 a.m., made breakfast and headed out the door to drive to his job at the bakery. While walking to his car, John slipped on a patch of ice and fell down all seven steps to the sidewalk.

John could tell he had twisted his leg and he could no longer move to get himself to the car or back inside his house. Before, this type of situation would have caused John to become flustered and unable to identify the next steps he should take. But John knew what to do. He had recently prepared for situations like this with his family, so he took out his personal information card from his wallet and started dialing his emergency contacts. John was able to reach one of his neighborhood friends who got him the help he needed.

Emergency situations can surface at any time, in any place. Preparing for these situations can help you act in a calm and reasonable manner and take the appropriate steps to get the support needed.

According to the American Red

Cross, the most important steps in being prepared for emergency situations are:

- Learn
- Plan
- Assemble

While many of us identify emergencies as disasters, such as fires, tornados and floods; smaller events, such as power outages, snow days or even a bee sting can also be types of emergencies.

The following checklist will help you prepare for emergency situations. Check off the steps as you complete them and become well equipped to handle whatever situation comes your way.

Learn

The first step is to learn about what emergency situations are possible in your area. Anything seen as a disaster to you is an emergency, so make a list accordingly to help ensure you feel prepared in any situation.

For example, Minnesota winters can bring freezing temperatures and a lot of snow. If this situation poses a risk to how you live, add it to your list.

Plan

Planning for emergency situations is crucial. There are

many ways to help you prepare for different situations:

- Ask your friends and family to help. They can help you identify emergency situation and create your emergency plans.
- Consult the experts. There are many emergency agencies which offer examples and checklists to help you deal with different types of situations. See the box on this page for more information.
- Customize your plan. Some people remember what action to take by using visual cues, such as post-it note reminders. Think about what tools help you remember what to do and incorporate them into your plans.
- Accommodate your medical needs. Have extra medication or a medication list in your emergency kit so you or emergency personnel can meet your healthcare needs.
- Write out clear, concrete action steps for each plan. Be sure to include evacuation routes and safe areas for each emergency situation.
- Create a personal information card. Type up important phone numbers and contacts on one side (e.g. family, friends, neighbors or local emergency agencies) and personal information that emergency

Consult these sites for more preparedness tips!

- Emergency Preparedness Educational Institute (www.getprepared.org)
- Minnesota Homeland Security and Emergency Management (www.dps.state.mn.us/homsec/HSec_Disaster_Plan.asp)
- American Red Cross
 - www.redcrossstore.org/shopper/ProdList.aspx?LocationId=1
 - www.redcross.org/services/prepare/0,1082,0_91_,00.html
 - www.redcross.org/prepare/ECCard.pdf
- Council on Emergency Preparedness and Individuals with Disabilities (www.disabilitypreparedness.gov)
- National Organization on Disability (www.nod.org/resources/PDFs/epips1disability.pdf)

personnel may need if you're unresponsive (e.g. medications, allergies, instructions for accommodating your brain injury). Keep a copy of the card in your wallet or purse and post it by your home phone.

Preparedness, continues on page 7

For Learning...



For Living...



Quality of Life Areas:

- * Relationship Building
- * Memory Enhancement
- * Socialization Skills
- * Recreation Planning
- * Coping Techniques
- * Health and Wellness

Day to Day Activities:

- * Grocery shopping
- * Cooking
- * Money management
- * Grooming
- * Housekeeping

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Peer/Mentor Support Connection Needs You!

Staff Report

Are you open, a good listener, friendly, caring and willing to share your experiences with brain injury? If so, you would be an excellent candidate for the Peer/Mentor Support Connection program with the Brain Injury Association of Minnesota.

Support is one of the most important factors that goes into recovering from any sort of trauma. Here at the Brain Injury Association of Minnesota, support is available for those who have sustained a brain injury and their family.

The Peer/Mentor Support Connection program is run by the Brain Injury Association of Minnesota as a way to connect people who have recently sustained a brain injury with those who have already been through the experience themselves. It is another way to assist those affected by brain injury to navigate the new challenges brought on by brain injury.

The Peer/Mentor Support Connection program is available to those who want to either

help someone with what they themselves have gone through (Mentor) or needs support with the situation they are now going through themselves (Peer).

Mentors currently working with Peers:

- those who have sustained a brain injury from a car crash, motorcycle or bike accident, stroke or a brain tumor
- spouses and parents of those who have sustained a brain injury

This is the kind of program that makes a difference in the lives of all who are involved.

At the Brain Injury Association of Minnesota, training sessions are offered four times a year for those who wish to be a Mentor. A five-hour training session and provides the skills and tools necessary to support a Peer in the program. Training involves sessions on learning to deal with confidentiality, personal boundaries, encouragement and program expectations.

Trained mentors make a

commitment to connect with the matched Peer for a year through phone or e-mail. Evelyn Anderson, who is currently a Mentor says, "At first I was nervous about what we would talk about or having to come up with questions. But it was such a good match – we hit it off right away and the conversation just flowed."

This is the kind of program that makes a difference in the lives of all who are involved. Those who are acting as Mentors are doing so because they wished this type of program had been available to them when they were first learning to live with a brain injury. Anderson says, "Not only does it make you feel good to help others, but this program helps you realize the progress you have made since your experience with brain injury."

If interested, contact Janice Webster at janicew@braininjurymn.org or at 612-378-2742 or 800-669-6442.

Preparedness, continued from page 6

Assemble

When assembling supplies and information for emergency situations, remember to keep it simple.

☐ Make a binder for yourself and organize it by emergency situation. Have a tab for each situation you make a plan for. Put your typed plans in each section and also share a copy of this binder with your family and friends.

☐ Prepare an emergency kit full of the basic necessities. The American Red Cross sells ready-made emergency kits with the basic necessities, such as band aids and a cold pack, and also suggests other items you may need.

☐ Practice the steps you should take in emergency situations with your family and friends. Running through your emergency plan even once will help you become familiar with the steps you need to take.

Preparing for emergency situations empowers you to handle the situations that can take place in our every day life.



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

*National Institute on Disability and Rehabilitation Research





Volunteer Corner

Volunteer Spotlight: Irma Hauser

Irma Hauser has been a volunteer since January 2005. She learned about volunteer opportunities with the Association through an e-mail from her employer, Medtronic. One afternoon every other week, she comes to the office straight from work to volunteer. Irma has really helped staff stay on top of class evaluations from participants attending Brain Injury Basics. She's kind, great on the computer and so nice to work with.

Reason for volunteering: To do something different from my paid job and help out somewhere, somehow. I've been told I'm too helpful, but I can't help it!

What I do when I'm not at the Brain Injury Association of Minnesota: I have grandchildren who visit often and keep me very busy. This summer they stayed for a month so it was like have three kids. Besides spending time with my grandkids, I enjoy movies, sewing and baking.

Best thing about volunteering at the Brain Injury Association of Minnesota: It's a different atmosphere than what I'm used to and sometimes you need that change. The people are nice too!



Irma Hauser



Volunteers preparing bulk mailing

Attention Vocational Rehabilitation Providers

Did you know you may be able to conduct job assessments for your consumer at the Brain Injury Association of Minnesota? We work with individuals who want to test their work readiness, improve employment skills or gain experience before seeking paid employment. And while people are doing that, they are helping people with brain injury by providing administrative support to a very busy staff.

We welcome one-time volunteers participating in vocational evaluations or assessments. We also have several ongoing office positions for volunteers, including administrative assistant and database assistant. Or, we can work with volunteers and job coaches to create an internship experience.

Volunteers are provided with training and feedback throughout the experience. Our office in Northeast Minneapolis is wheelchair accessible and offers free parking.

You can learn more by visiting our Web site at www.braininjurymn.org/vo.cfm. There is a complete list of volunteer positions and descriptions and new opportunities are posted on our site as they develop. If you think your consumer might benefit from volunteering with us, contact the volunteer coordinator at 612-238-3234 or 800-669-6442.

"Thank you so much for giving [our consumer] the golden opportunity to work on the special projects. Your willingness and enthusiasm in helping to set up a challenging vocational evaluation experience provided a wealth of valuable information that will be useful in the vocational planning process. Your expert guidance and support was also greatly appreciated."

- Patrick Bilbrey, Certified Vocational Evaluator with Opportunity Partners

Volunteering is Good for Your Health

In recent years, several studies have shown the benefits of volunteering. If you've been looking for a reason to get involved with your community, these may be just the kick-start you need to get inspired.

Did you know that volunteering has been shown to reduce stress?

- According to Harvard cardiologist Herbert Benson, known for his work on the relaxation response, the health benefits of doing good things for others are similar to those experienced by anyone who practices yoga, spirituality and meditation, namely a slowing down of heart rate and a decrease in blood pressure.

Volunteers report improved social and communication skills

- 79% of volunteers said that their volunteer activities helped them with their interpersonal skills, such as understanding people better, motivating others and dealing with difficult situations
- 68% of volunteers said that volunteering helped them develop better communication skills

The Brain Injury Association of Minnesota has many volunteer opportunities for people with a range of skills and interests. For a complete listing of openings at the Brain Injury Association of Minnesota, visit www.braininjurymn.org/vo.cfm

Volunteers Needed for Consumer Guide Distribution

The Brain Injury Association of Minnesota is looking for volunteers to help spread the word!

Volunteers are needed across Minnesota to distribute our *2006 Consumer Guide of Brain Injury Resources* to community locations. It could be local senior centers, clinics, churches, libraries, community centers or anywhere else you think our message should be received. It is up to you how much time and how many Consumer Guides you drop off, but whether you can spare an hour or a whole day, we need your help to reach every Minnesotan affected by brain injury!

Just brainstorm places in your area where our message should be visible and keep track of the places you drop them off (we'll include a report form to send back to us). If you are in the metro area and can pick up the Consumer Guides (and save us the cost of postage) that would be great! Otherwise, we will mail them to you.

This is a great one-time volunteer project for anyone, anywhere in Minnesota.

If you are interested, please contact the volunteer coordinator at 612-378-2742, 800-699-6442 or kimberlyf@braininjurymn.org.



Education Corner

Bridging the Knowledge Gap



By Janis Carey Wack

What's new in education at the Brain Injury Association of Minnesota? More than a

few things! First, let me introduce myself, Janis Carey Wack, as the new Education Manager. I previously worked at the Brain Injury Association of Minnesota managing the Case Management and Resource Facilitation programs and transitioned into the Education program in mid-July after the previous education manager, Anne Schuller, and her husband moved "Up North". I have worked in a variety of positions and settings serving people with disabilities and look forward to bringing that experience to this position.

The Blue Book

So how can the Education Program at the Brain Injury Association of Minnesota help you? We have numerous opportunities for persons affected by brain injury, their loved ones and the professionals who support them to learn about brain injury and related issues. In fact, we just published our bi-annual "Blue Book," an education catalog filled with details about our upcoming workshops, trainings, classes and other education program offerings. This is a great "one stop" way to learn all that is going on for education from the Brain Injury Association of Minnesota; below is a peak at what we can offer you!

- **Professionals:** Our Wednesday Workshop series offer affordable ways to earn those important CEU credits!
- **Persons affected by brain injury:** Our "Brain Injury Basics" series is free for

those affected by brain injury and can offer information and tips to help you and your loved ones adjust to life after brain injury.

Contact me at 612-238-3246, 800-669-6442 or janiscw@braininjurymn.org if you'd like a copy of the latest "Blue Book" for yourself or to distribute. You can also check out our Web site, www.braininjurymn.org, and our bimonthly E-News for Education program updates.

Trainings can be tailored to fit your needs and can be hosted throughout Minnesota, including your facility.

The Annual Conference

Along with regular education workshops, classes and trainings, the Brain Injury Association of Minnesota also holds an Annual Conference. Last year the Conference was held over two days with one day devoted to

programming for professionals and one day devoted to persons affected by brain injury. Planning for the 2007 Annual Conference is already underway and we've come up with a new format designed to better suit your needs!

In 2007 the two-day Annual Conference for Professionals in Brain Injury will be held April 19 and 20 at the St. Cloud Civic Center. Watch for more information on our Web site, E-News and next edition of *Headlines* for three separate full-day conferences which will be held throughout the state for persons affected by brain injury.

Curriculum Spotlight: Support Group Facilitator Training

The Annual Support Group Facilitator Training took place on August 23 and featured Ted Bowman, who discussed practical

Education, continues on page 11

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Similarities in Intervention Methods with Methamphetamine Addicts and Traumatic Brain Injured Clients

By Rick Moldenhauer, MS, LADC, ICADC, LPC, treatment services consultant, Chemical Health Division, DHS, State of Minnesota

In working with addicts newly engaged in abstinence from methamphetamine use, I have found similarities to those not exhibiting a pattern of addiction, rather a symptom cluster often associated with traumatic brain injury (TBI). Symptoms can be mild, moderate, or severe, depending on the extent of the damage to the brain, regardless of its etiology (blunt force trauma or methamphetamine induced neuro-chemical alterations). Some symptoms are evident immediately, while others do not surface until a period of time has passed after the injury/termination of chemical use. A person with a mild TBI may remain conscious or may experience a loss of consciousness for a few seconds or minutes. The person may also feel dazed or not like himself for several days or weeks after the initial injury. Other symptoms of mild TBI include headache, confusion, lightheadedness, dyskinesia, blurred vision or tired eyes, tinnitus, lethargy, insomnia, behavioral or mood changes (anhedonia), and trouble with memory, concentration, attention, or thinking.

A person with a moderate or severe TBI may show these same symptoms, but may also complain of a headache that gets worse or does not go away, repeated nausea and/or emesis, convulsions or seizures, hypersomnia, mydriasis, slurred speech, weakness or paresthesia, dyskinesia, and/or increased confusion, restlessness, or

Methamphetamine addicts tend to be awake for days (4-5 days continuous is not uncommon) and “crash” for 2-3 days of fitful sleep. Repeated cycles circumvent the circadian rhythm, bring about symptoms commonly found in mood disorders (flat affect, constricted range of emotions, various difficulties with executive functions of the frontal lobe, etc.).

Given these similarities, a successful method of dealing with methamphetamine addicts is approaching them from the stance one works with a TBI. In this article, I suggest methods of intervention based on 1) difficulty with concentration (time on task), 2) working with reduced impulse control, 3) constricted range of emotion and flattened affect and 4) deficits with executive functioning.

Difficulties with concentration

Many addicts enter treatment with noted decrease in short term memory and concentration, or time on task. This is especially prominent in traditional treatment where there is a large amount of reading and written assignment work. This will quickly overwhelm the client, increasing already underlying anxiety and agitation, potentially resulting in elopement or request of discharge. Programs can consider a number of options here.

The written assignments can be reduced in volume and re-written if necessary, using mono-syllabic vocabulary and short, closed-ended questions allowing for simple, uncomplicated answers. Rather than asking “what chemicals have you regularly used in the past six months?” ask “did you use _____ in the last

is the same – completion of the task – but it is in smaller portions allowing for shorter attention span and decreased concentration span. For those with more severe impairment, consider having assignments read to the client and staff write brief responses. Or verbally complete the assignment and denote it as such. The flow of therapy during interaction allows for far more expression than forcing someone to try to write down answers in a vacuum.

Working with reduced impulse control

Walking hand in hand with increasing anxiety and agitation is lack of impulse control. This will be demonstrated in somewhat tolerable methods, such as verbal interruptions of others during group process, attempts to dominate discussion during family work, etc. It may also take more objectionable and disruptive behaviors in a program; shouting obscenities, sexual acting out, etc. Management of the behavior and its often underlying etiology (anxiety) are both achieved by control of the environment and guidance of the situation. Environmentally, stimulus reduction is a long known successful method of reducing acting out behaviors (e.g. indirect lighting; soft colored walls (blue); calm, background music; staff walking calmly rather than hurrying and frantic to get somewhere). The program has control of the physical environment, which sets much of the mood for both staff and client. If you work in a community mental health center or locked residential unit, you do have some control over the physical environment/structure of the facility.

Behavior of clients is a bit more difficult, but not impossible.



Rick Moldenhauer conducting a recent training.

Clients are willing to allow the therapist to do the work if they want, and are also willing to engage in battle with the therapist whenever allowed. Both must be avoided. Therapists need to be aware when they are working harder than the client. Impulsive behavior is often a by product of being overwhelmed. Just as assignments need to be fairly closed ended and direct, so are goals and objectives on treatment plans and expectations of daily milieu. Concrete, black and white goals and objectives are easier to understand and follow. “Client will...” rather than “Client should....” Initial goals will need to be more behavioral, and as faculties begin to return (either initial treatment or in following aftercare) more tradition insight oriented methods can be employed.

Constricted range of emotion and flattened affect

Both mood and affect are often altered in the methamphetamine addict during initial abstinence. During initial abstinence, emotions will present more intensely, escalate and transition erratically. Neuro-vegetative signs of depression (anhedonia, sleep disturbance, decreased libido, etc.) are common. Rapid cycling between little affective presentation and acute anxiety (overwhelmed) or aggression are not uncommon.

Many addicts enter treatment with noted decrease in short term memory and concentration, or time on task.

agitation.

The DSM-4R lists among its criteria for amphetamine intoxication (292.89) papillary dilation (mydriasis), nausea and vomiting, psychomotor agitation, muscular weakness, confusion, seizures, dyskinesia, dystonia, or coma. While the “high” of methamphetamine lasts an average of 8-10 hours, continued assaults on the brain and body bring about a variety of medical conditions found in malnourishment and dehydration.

six months” allowing for binary answers of “yes” or “no”. Follow with graduated scales of use: “1-2 times a week” or “3-4 times a week” and so on. Make written assignments a set of talking points rather than an end unto themselves.

With the reading component, consider smaller assignments. Rather than “read chapter one by Friday” it would be “read the first five pages by tomorrow, pages 6-10 the following day, pages 11-16, etc”. The end product

Education, continued from page 9

group management skills, and Kelly Grosklags, who spoke about ambiguous loss and grief. It was a full day devoted to assisting support group facilitators to feel empowered in their roles.

Hospital Outreach

Presentations to hospital staff regarding brain injury awareness and the Association's Resource Facilitation program continue as a means of sharing why it's important to give persons affected by brain injury access to our long-term support program. Free one-hour presentations, which offer one CEU for those attending, have been held at numerous Minnesota hospitals. Most recent presentations were at Lake Regional Hospital in Fergus Falls and the Alcohol and Drug Abuse program through Regions hospital in St. Paul.

To schedule or attend one of our affordable and timely trainings, contact Janis Carey Wack, education manager at the Brain Injury Association of Minnesota at 612-238-3246, 800-669-6442 or janiscw@braininjurymn.org. Also, if you have topic ideas for Wednesday Workshops or would like to be a volunteer presenter, please contact Janis.

Education Calendar

Save the Date – Upcoming Education Opportunities!

Registration is required for all education opportunities. Call 612-378-2742 or 800-669-6442 to register or for more information.

Wednesday Workshops

September 27 – Return to Driving after a Brain Injury, presented by Connie Shaffer, program director for Driver Assessment and Training at Courage Center in Minneapolis.

October 25 – A Clinical and Personal View of Traumatic Brain Injury, presented by Scott Lucas, Ph.D., LP.

November 29 – Behavior Analysis and Modification: Concepts, Perspectives and Selected Psychological Issues, presented by Robert Karol, Ph.D., LP, program director of Brain Injury Services and Director of Neuropsychology/Psychology at Bethesda Rehabilitation Hospital, and head of Karol Neuropsychological Services and Consulting.

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

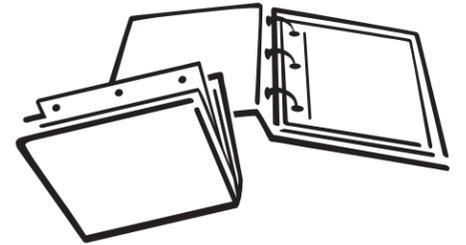
An introductory class that defines what a brain injury is and what side effects are related to brain injury. The class also teaches various skills such as how to relate to persons with brain injury and compensation strategies. This class will be offered on October 17 at the Association's office in Minneapolis from 6:00 – 8:30 p.m.

Brain Injury Basics II: Adjustment to Disability

This class addresses the various adjustments and life changes that individuals face after a brain injury. The major stages of adjustment along with the emotional aspects of change and the difficulties that go along with those will be discussed. Class will be held on November 21 at the Association's office in Minneapolis from 6:00 – 8:30 p.m.



Brain Injury
Association
of Minnesota



Customized Staff Training Opportunities

The Brain Injury Association of Minnesota also provides customized training opportunities for professional staff throughout Minnesota! A certified trainer is available to lead trainings focused on Supported Employment, Case Management and Brain Injury, Domestic Violence and Brain Injury, Long-Term Care and Participants with Brain Injury, and Shaken Baby Syndrome/inflicted Traumatic Brain Injury. Call 612-378-2742 or 800-669-6442 for more details.



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

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Grant, continued from page 1

In addition to the Brain Injury Association of Minnesota's ongoing Multicultural Outreach program efforts, the new Patient Link grant from the Medtronic Foundation will enable the Brain Injury Association of Minnesota to provide the following in 2007:

- Free trainings to community corrections providers serving a significant number of offenders of color;
- Prevention curriculum to culturally specific/multicultural clinics and childcare providers;
- Information and education to culturally specific/multicultural organizations in greater Minnesota;
- Complimentary consultations at culturally specific/multicultural organizations.

"A core component of our mission is to ensure that people from all backgrounds have access to the best health information, support and care available," said Penny Hunt, executive director, Medtronic Foundation. "The Brain Injury Association of Minnesota has demonstrated the ability to reach out to cultural communities that can be underserved. We are

confident the expansion of this effort will greatly benefit thousands of Minnesotans with traumatic brain injury, and their families, who rely on the Association's resources and support."

The Patient Link grant marks an unprecedented 11-year partnership between the Brain Injury Association of Minnesota and the Medtronic Foundation that was established to help better meet the needs of Minnesota's multicultural communities. The latest grant from the Medtronic Foundation brings total support of the Brain Injury Association of Minnesota's Multicultural Outreach program efforts to more than \$411,000.

"We applaud the Medtronic Foundation for being the longest-standing supporter of our Multicultural Outreach program," said Ardis Sandstrom, executive director, Brain Injury Association of Minnesota. "Because of dedicated partners like the Medtronic Foundation, we can build awareness of cultural differences and ensure access to appropriate support services to ultimately improve the self-sufficiency of all persons affected by brain injury in Minnesota's ethnic minority communities."



Ardis Sandstrom of the Brain Injury Association of Minnesota; Penny Hunt, David Etwiler of Medtronic; Anne Harnack, Raye Black of the Brain Injury Association of Minnesota.

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Legislative Corner

Keeping up to date with public policy

Election Season Is Here!



By Jeff Nachbar

2006 is by far the largest and most important election year Minnesota has seen in a very long time – almost every elected official is up for reelection! Every seat in state legislature, both the House and Senate, is up for election, as is the Governor, Attorney General and Secretary of State. There are at least 28 legislative seats where the incumbent is not running for reelection. At the federal level, all eight U.S. House seats and one of two Senate seats are also up. Three of these nine races are also for open seats. In fact, the only two major politicians not looking for your vote this year are President George Bush and Senator Norm Coleman.

This really gives you, as a voter, a tremendous amount of power to influence who is elected and what issues are seen as important. As our executive director pointed out in her column, if we want to create long lasting solutions to brain injury issues, we have to make sure that the right people make the right decisions during the policy making process.

Are you willing to get involved and make a difference? We at the Brain Injury Association of Minnesota can help. First ask yourself these questions:

- **Are you registered to vote?** If not, fill out the attached registration card on the back page and mail it in by Oct. 17. Need another registration card? No problem. Visit our “Advocacy Action Center” at <http://capwiz.com/braininjurymn> to print additional forms.
- **Have you moved since you last registered?** If so, you’ll need to register again. Simply fill out the attached registration card on the back

Do you know when and where to vote? Do you need help finding out about who the candidates are and what their positions are on issues important to you? We’ve made it easy to find this information online! Visit our “Advocacy Action Center” at <http://capwiz.com/braininjurymn> and click on “Elections 2006.” You can “click” around to get more specific information on any race or candidate you are interested in. This is a great tool with lots of valuable information!

Besides becoming informed about the voting process and the candidates up for election this fall, now is also a great time to ask candidates questions about issues of concern to you. Keep a list of questions handy for when they knock on your door. Find out when and where candidate forums will be held in your area, then attend and speak out. Somebody needs to ask the tough questions; why not you? Write a letter to the editor of your newspaper about a critical issue and the importance of the elections. If you find a candidate you really like, sign up to volunteer on their campaign. Talk to your friends, family, neighbors and loved ones. The adage that the world is controlled by people who show up is especially true right now!

Medicaid/MA a top priority for the disability community in 2007

Making our voices heard during the 2006 election process is just one strategy, albeit a critical one, in our work this year and beyond. We must always keep our eyes on the prize and remember that each strategy is but a building block toward something bigger, which is accomplishing the Brain Injury Association of Minnesota’s mission to enhance the quality of life and bring the promise of a better

above the rest.

Medicaid, which is also called Medical Assistance or MA, is the largest single source of health care

a reduction in the number of case managers or an increase in case loads for existing case managers. The next major step for MA will be

By bringing our voices together we can help ensure that MA is there for people to help meet the tremendous need for quality, accessible health care for all Minnesotans with disabilities.

funding for people with disabilities. It is a partnership between the federal government and the state. Access to MA programs can have a tremendous impact on improving the quality of life for all people affected by brain injury. Consequently, the lack of MA programs or the inability of people to access these programs can have a severe, negative effect. MA is a complex program and while we can’t expect people to understand it all, we know many of you have experience with some part of MA and understand how it impacts you and/or your family. By bringing our voices together we can help ensure that MA is there for people to help meet the tremendous need for quality, accessible health care for all Minnesotans with disabilities.

MA is currently under siege. The Federal Deficit Reduction Act of 2005 (DRA) cuts MA nationally by \$11 billion dollars over the next five years and gives states greater flexibility in implementing their state programs. These federally mandated cuts are already having an impact at the county level with

when the state sets its next two-year budget during the 2007 legislative session which begins on January 3rd. This is where decisions about how much money will be spent, who qualifies for what programs and how much income and assets people can keep and still be eligible for services. We hope to be actively involved in this process and are counting on you to be with us. Your stories demonstrate to policymakers the real life impact of the decisions they will make.

Hopefully by now, you can see why it is so important to educate yourself about the issues, talk to your friends, neighbors, and loved ones, get involved in the 2006 elections, tell your story to policymakers and participate in our budget campaign at the state Capitol.

If you have any questions, comments, ideas or need additional help, e-mail me at jeffn@braininjurymn.org or Kim Kang kimk@braininjury.org or give us a call at 612-378-2742. or 800-669-6442.

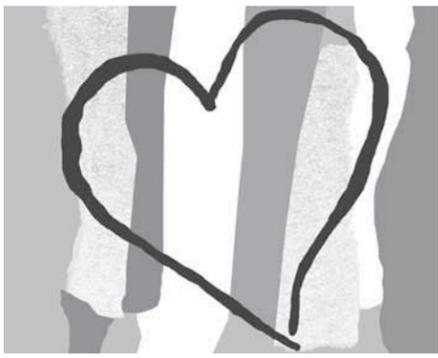
The adage that the world is controlled by people who show up is especially true right now!

page and mail it in by Oct. 17. Visit our “Advocacy Action Center” at <http://capwiz.com/braininjurymn> to print more.

tomorrow for all people affected by brain injury. As we look at which policy issues can have the biggest impact on our ability to reach this mission, Medicaid/MA stands out



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Donor Spotlight

Staff Report

The Brain Injury Association of Minnesota is very grateful to Stan and Joan Nickells for more than 20 years of support. They have dedicated an exceptional amount of time and resources to providing help, hope and a voice for people affected by brain injury.

In the early 1980s, a group of family members and professionals noticed a need and decided to organize the Head Injury Association of Minnesota. The Nickells, who at that time were working with their son at a brain injury rehabilitation program at Abbott Northwestern Hospital, were invited to attend the first meeting, and they say they "never looked back."

Since then, the Nickells have been committed volunteers and donors. Stan was on the board of directors for three years and spent

one year as chairman. Stan also was a one time co-chair of Food for Thought, an event that the Nickells' say they always enjoyed.

Now Stan and Joan have made the transition to Walk for Thought. Stan told us "it's great, from the standpoint of getting lots of people involved; that's why we like it."

In the future, the Nickells would like to help increase recognition for brain injury and the Brain Injury Association of Minnesota. The incidence of brain injury is greater than that of multiple sclerosis, HIV/AIDS and breast cancer combined, yet it is still a silent epidemic.

*Would you like to donate?
Contact the Development
Officer at 612-378-2742 or
800-669-6442.*



Stan and Joan Nickells

RESOURCE FACILITATION

Providing Free
Support for
Minnesotans After
Brain Injury



Life after brain injury can be overwhelming. The Brain Injury Association of Minnesota can help with its Resource Facilitation program! While many participants are referred at the point of hospital discharge, anyone can self-refer or be referred by any professional.

Persons affected by brain injury — including the person who's sustained a brain injury or their loved one — can benefit from:

- **Statewide, two-year telephone support** program to assist with navigating life after brain injury
- **Scheduled support calls** every six months or more as needed
- **Assistance** with identifying resources and problem-solving
- **Classes and information** to help educate family, friends and employers about brain injury
- **Interpretation services** for non-English speakers

Professionals supporting persons with brain injury — including social workers, discharge planners, rehabilitation staff, residential staff, nurses, etc. — can benefit from:

- **A statewide service** that will strengthen quality consumer care
- **A simple referral process**
- **Assurance** that there is a service available to support consumers

Want more information?

To sign up for Resource Facilitation or to refer someone, contact the Brain Injury Association of Minnesota at 612-378-2742 or 1-800-669-6442, or visit our Web site at www.braininjurymn.org, or fax us at 612-378-2789.



Brain Injury
Association
of Minnesota



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Brain Injury
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Methamphetamine, continued from page 10

The therapist must initially be aware that these are common symptoms during initial abstinence from methamphetamine, and may not necessarily be an indication of a co-morbid disorder. While medication is a form of assistance, it is not the only form of assistance. These swings do seem to abate with time.

the program is presented to the client. Strong confrontation raises anxiety, producing quick and intense transitions, usually toward defensiveness, anger and outright aggression. Consistent re-assurance of hope for ongoing abstinence is vitally important, especially in the face of much of what the media presents (inaccurately) about methamphetamine.

amount of use, length of time, last period of use, etc. Difficulty with concentration, inability to perform mathematics or logical trains of thought, memory (short term retention) will present with varying degrees of inhibition. Method of achieving goals and objectives should involve recognition rather than recall. Consistent repetition of smaller goals are essential. As mentioned above in the example of drug history, recognizing that drugs you may have ingested in the last 30 days from a list is easier than trying to remember them and write them down on blank paper. This is also important in relapse prevention planning. Asking someone what they can do different to be safe and sober is going to be difficult because most of their life has recently been spent doing the exact opposite.

In other words, they don't know. Provide a list of ideas/activities, assist the client in choosing a few and plan out who, what, when, where and how. Assist the client in doing it; don't do it for them. Recovery is not a spectator sport.

In summary, the method you present your programming seems to have a greater effect than the philosophical orientation of it. Traditional, abstinence based 12 Step programs, harm reduction, medication assisted therapies, and TBI interventions all share a common goal: to help the client heal from the damage that has occurred. Using smaller portions of programming, simplified behavioral goals, repetition of key concepts, and consistent reinforcement over a long period of time seem the most effect method of intervention for both TBI and methamphetamine addiction.

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Much of the non-medication management of these symptoms is also found in management of the environment. Controlling cues and stimulus are key to avoiding external stimulus for cycling. Also important is how

Deficits of executive functioning

Some of this has already been mentioned, but noted deficits of executive functioning are more the norm than the exception with methamphetamine addicts. This is present in a range based on



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Let us review whatever information you have about your injury. If it turns out that your disability may have been preventable you are entitled to receive compensation to pay for the best care available, as well as for other losses.