



# HEADLINES

SUMMER 2005

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Brain Injury Basics August 16

Brain Injury Basics 2 September 20

Walk For Thought, Lake Phalen, St. Paul October 1

Walk For Thought, Blackduck High School October 8

Check page 2 for more details on these events

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

www.braininjurymn.org

## Meth in Minnesota

By Sharon Rolenc and Matt Patton

“Methamphetamine is certainly the talk of the town right now, you can’t look at a newspaper [or] turn on the TV and not see something about it,” said Rick Moldenhauer, treatment services consultant for the Minnesota Department of Human Services.

While many Minnesotans may share similar sentiments with Moldenhauer, the link between methamphetamine (“meth”) use and brain injury is less commonly discussed. Media attention and statistics certainly indicate a rise in methamphetamine use across Minnesota. However, the existence of methamphetamine is nothing new. Moldenhauer describes the historical rise and fall of meth use evolving from diverted pharmaceuticals in the 1960’s to distribution by California motorcycle gangs in the 1980’s to the clandestine laboratories commonly encountered today; “Right now is basically the



photo by Andi Billig

Rich Wieber’s Bicycle Stunt Show performed at the Association’s 3rd Annual Xtreme Safety Fest at the Mall of America April 23. Story inside on page 6

Midwest’s turn at the latest speed epidemic amphetamine craze.”

This craze has indeed infiltrated Minnesota communities. From 2003 to 2004, 14% of those receiving chemical dependency treatment used methamphetamine as their primary drug. In fact, in many greater Minnesota counties, meth use is second only to alcohol as the primary drug of choice among the population in chemical dependency treatment centers.

### What is Methamphetamine?

Methamphetamine is a synthetically produced chemical that can be smoked, snorted, or injected and is known among users as “Ice,” “Crank,” and “Speed,” just to name a few. Although the drug is derived from over-the-counter medications that contain ephedrine or pseudo-

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## Peer, volunteer awards announced

### Staff Report

The recipients for the Brain Injury Association of Minnesota’s 2005 Peer Awards were announced during lunch at the Annual Conference in St. Cloud on May 20. The purpose of the Peer Awards is to recognize outstanding service to persons with brain injury. The following are three categories and recipients for these awards:

**First Year of Service Award – Melissa Narum of TBI Metro Services.** The First Year of Service Award recognizes a new professional whose initiative and dedication have made a positive impact on services for persons with brain injury.

This year’s award was presented to Melissa Narum of TBI Metro Services. Narum began her work with TBI Metro Services in March, 2004 as a Community Integration Service, Service Planner. TBI Metro Services is a program of Opportunity Partners. As a Service Planner, Narum is responsible for communication and coordination of the Interdisciplinary Teams (IDTs), helping them to develop and achieve their goals, and directing them to available services within the program. She has been studying to become a

Brain Injury Specialist, which has enhanced her knowledge in the field and enabled her to help her clients achieve even more successes.

Jay McKibbins, Day Programs Manager, nominated Narum. According to Jay, “Melissa used humor and patience to develop the trust that the clients have in her. They see her as someone that they can come to and talk about anything, and she will always listen and not judge them. From Case Managers, to

families, to co-workers, those who work with Melissa regard her with respect and confidence.”

**Career Service Recognition – Sue Lepore of Mayo Medical Center.** The recipient of this award has three or more years of experience working professionally with persons with brain injury. Their service contribution has dramatically

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Brain Injury Association of Minnesota

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## Minnesota Department of Health releases Traumatic Brain Injury data on hospitalizations

### Staff Report

On May 20, the Minnesota Department of Health (MDH) released a six-year report on hospitalizations for traumatic brain injury (TBI), a public health issue that frequently creates life-long disability.

The report was released during the Brain Injury Association of Minnesota's Annual Conference in St. Cloud.

"Most people don't realize the impact of traumatic brain injury because it's a disability that is often invisible," said Minnesota Commissioner of Health Dianne Mandernach. "This report provides numbers indicating how TBI affects Minnesotans. Most traumatic brain injuries are preventable, and we'll be using the data to plan TBI prevention programs for the state."

Some highlights of the report, covering 1998-2003:

- Each year, about 4,000 Minnesotans were hospitalized with a TBI, for a six-year total of 25,328 new cases.
- Unlike other conditions, TBI affects many ages: the peak age groups were infants, for whom the leading cause was falls; youth and young adults, for whom the leading cause was motor vehicle crashes; and older adults, for whom the leading cause was falls.
- The data showed an increase in TBIs in Minnesota over the six years. Previous national data showed a decreasing trend in TBIs. Epidemiologists are exploring the possible reasons for the difference between the state and national trend.
- Males were more likely than

females to sustain TBIs.

- The correlation between alcohol use and motor vehicle crashes was evident. Where blood alcohol concentration (BAC) level was reported by hospitals, higher levels were associated with a higher percentages of crashes.
- Although usage of personal protective equipment (helmets for bicyclists and motorcyclists, seatbelts for motor vehicle occupants) was not consistently reported, it appears that not wearing helmets was associated with more injuries for motorcyclists and for bicyclists.
- The rates of TBI were higher in the seven-county metropolitan area than in greater Minnesota.
- Blacks and American Indians were hospitalized for TBI more

often than their numbers in the population would indicate. Asians, on the other hand, were under-represented.

The MDH report, titled *Nonfatal Hospitalized Traumatic Brain Injury, Minnesota 1998-2003*, was produced by the MDH Injury and Violence Prevention Unit (IVPU) based on data reported by 133 Minnesota hospitals.

The full report can be found at <http://www.health.state.mn.us/injury/pub/index.cfm>.

The mission of the IVPU is to strengthen Minnesota's communities in injury and violence prevention, through data collection and analysis, development and evaluation of prevention programs and policies, and provision of tools, technical assistance, and information.

## CALENDAR of EVENTS

To register for any of the following classes, please call the Association at 612-378-2742 or 1-800-669-6442 in greater Minnesota.

### July 20 - Long-Term Care and Participants with Brain Injury

The Brain Injury of Minnesota, in an effort to improve the quality of life of adults in group homes, independent learning centers, home health care, chemical health units and long-term care facilities, will offer a seminar to enhance communication and relationships between caregivers and residents. This "train-the-trainer" style program allows for easy, flexible training of staff of residential programs who work with persons with brain injury.

The Long-Term Care and Participants with Brain Injury class will be held on Wednesday, July 20 from 8:30 a.m. to 4:30 p.m. at the Association office at 34 13th Ave NE in Minneapolis.

### August 16 - Brain Injury Basics 1

Confusion. Frustration. Sorrow. Anger. Fear. Isolation. These are some emotions a person with brain injury may feel after injury. Families, friends and loved ones may feel this way, too.

Learn about the impact of brain injuries caused by concussion, traumas such as crashes or falls, stroke, aneurysm and coma.

Learn about what brain injury is; the common side effects of brain injury; compensation techniques; and tips about how to relate to people who have sustained brain injury.

These classes are offered the third Tuesday of February, May, August and November at the Association office at 34 13th Ave NE, Minneapolis, and in April and October in the St. Paul/East Metro area at the Luthern Church of Peace, 47 South Century Ave.

Class begins at 6:00 p.m. and runs until 8:30 p.m. Remaining dates for 2005 are August 16 and November 15.

### September 20: Brain Injury Basics 2

This new class at the Association addresses the life change that occurs with brain injury: major stages of adjustment, emotional aspects of the change and adjustment difficulties.

These classes are offered four times a year at the Association Office. Class begins at 6:00 p.m. and runs until 8:30 p.m. Remaining dates for 2005 are September 20 and December 20.

### October 1: 4th Annual Walk for Thought

2005 *Walk for Thought* date set for October 1, 2005 at Lake Phalen in St. Paul. Mark your calendar! If you have any questions on how you can participate as a *Walk for Thought* volunteer, please contact Brad Donaldson or Janice Webster at 612-378-2742. Team captain packets, registration forms and more info: [www.braininjurymn.org](http://www.braininjurymn.org).



**Brain Injury Association of Minnesota**

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Minneapolis, MN 55413  
612-378-2742 or 800-669-6442  
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[www.braininjurymn.org](http://www.braininjurymn.org)  
Email: [info@braininjurymn.org](mailto:info@braininjurymn.org)

#### Mission

The mission of the Brain Injury Association of Minnesota is to create a better future through brain injury prevention, research, education and advocacy.

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#### Editorial Policy

Headlines is published quarterly by the Brain Injury Association of Minnesota. The Editor reserves the right to edit submitted materials for style and space. The Association 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 Association 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 Association.





# PERSPECTIVE

Message from the Board of Directors

## An introduction from the new chair

As I sit down to write this letter, my mind is racing to try and assemble the right words to tell everyone involved with the Brain Injury Association of

Minnesota who I am and how I became involved. I must begin by saying *thank you* to everyone involved for electing me as the chairman. As I stood on the stage in St. Cloud and looked into the faces of all those people on Saturday, May 21, the feeling was overwhelming. The work being done by this organization is so important, and the people being served have such diverse needs, that I could only wonder how can I meet the challenges that this job presents.

At that point, I realized that I am just one small dot in the great big picture. There is a wonderful group of professionals, employees, and volunteers who are doing a great job. We have a terrific group of people on the Board of Directors with an incredible mix of talents, interests and ages who are very interested in helping us grow and improve the services we offer. One of the things a

### From the Chair Russ Philstrom

good leader does is to have a group of people around oneself who are smart, ambitious, dedicated, anxious to serve, and willing to look beyond the horizon for new ideas and ways to improve. While I must admit I still have concerns about how I can meet the challenge, I feel honored that I am surrounded by a team that is constantly looking for ways to better serve people affected by brain injury.

For those people who do not know me, I became interested in this organization in 1994 when I was recovering from an accident. I received information upon release from the hospital and eventually made a phone call to ask questions. Over the next several years there were calls between us and I attended an annual conference to learn more. In 1999, I expressed interest in joining the Board of Directors. In April 2000, I became an official member of the Board and have served on several committees over the last five years. I have been an active member of a support group in Brainerd and attended training to



become a facilitator of the group. I also take part in a support group in Grand Rapids as often as my schedule allows. Over the years, I have attended numerous meetings and spoken to groups about brain injury and what life is like afterwards. In 2001, I was appointed by Gov. Ventura to the Minnesota State Council on Disability and currently serve as Vice Chairman today.

While my life changed very dramatically after I was injured, it is not for the worse. My interests and my talents are certainly not the same, but my life continues to improve and

I certainly have learned to look at things from a broader perspective today. As we move forward let me ask each of you to take as active a part as possible in helping others. There are many ways to be part of this team and whether your contribution is financial, through volunteer efforts, employment or something else, your assistance is valuable and critical to our success. Thanks to each and everyone for being a part of this team. Together, we can make a difference in the lives of Minnesotans who live with brain injury.

## Finding your true self after brain injury

One of the losses that we must face with a brain injury is the loss of identity. All of the things that make up who we are suddenly are changed or gone. Sometimes our personalities change, our likes and dislikes, our temperament. It is as if our personalities were represented by a carefully adjusted row of dials on a stereo and someone came along and changed all the dials, turned some all the way up and others all the way down, and some were left alone.

Yet through all that you know who you are. Even if everything about you has changed, you are still you. How can that be?

Are you your memories? If you lose your memory of something you are still you. If you forget to pay a bill you still owe the money. No, you can not be the sum of your past.

Are you your abilities? Your abilities change daily, so you can not be your abilities.

Then you have your social identity. The persona you don when you step out into the world. You know that this is definitely not who you are.



It is an aspect of your self, you should cherish it as such, but it is not you.

You have your inner identity; the part of you that feels joy and sadness, desires and dreams, hope and frustration. As much as you value that person, this too is not who you are.

Beneath all of this resides your true self. This quiet observer who sees all that goes on. When you lose your temper, this is the voice that reminds you to get a grip. This is your conscience that gently reminds you that you are going astray. This is your true heart that feels honestly. This is that elusive self that Buddhist monks spend all that time meditating and trying to get in touch with.

You have a bridge to this self knowing that even Buddhist monks

do not (unless they have a brain injury). All the outside shells of identity that monks strive to separate from themselves, all those false fronts with which ordinary people cloak themselves, all those identities change with a brain injury. You know you are not that confused, shattered, and frustrated image that others see. You are not that outward manifestation.

Other people build these false fronts to face the world; this is the armor everyone dons as they make their way in the world. Their armor

becomes who they are, they can no longer see where the armor stops and their true self begins.

Your armor is destroyed and your energy is spent. Others can only see the damaged armor, but you know perfectly well that the real you lay within. The real you; complete and perfect as the day you were born. Who you really are is fully capable of loving and caring and being human.

When you get right down to it, this is all that really matters.

### Leaders Needed for Advisory Committees



The Brain Injury Association of Minnesota is looking for leaders from communities of color to serve on the African American and American Indian Advisory Committees. Committee members will help guide the direction of the Multicultural Outreach program. For more information, and a detailed position description, contact Raye Black at 612-378-2742.





# NEWS BRIEFS

What's new at the Association and in the brain injury community

## New Outreach Case Manager Joins Association

The Brain Injury Association of Minnesota welcomes Jackie Lothert as its new Outreach Case Manager. Lothert will perform the duties of a contracted case manager for both Hennepin and Ramsey counties. She will also be working closely with members of the Latino community, providing brain injury education, resources, case management, and a number of other duties.

Lothert's professional career started early when she found herself counseling elementary school friends. "It was a given that I would continue down the path of social services," she said. After high school, she completed courses through her work at R.E.M. Inc., a series of group homes for individuals with developmental disabilities.

Lothert graduated from Winona State University with a Bachelors of Science degree in Social Work. During her college years she volunteered at Grace Place, Inc., a resource center for at-risk and/or pregnant young women. She spent a semester of study in Cuernavaca, Mexico, taking courses in both social work and Spanish, which sparked an interest for working with diverse cultures. The experience also led to an internship position at the Intercultural Mutual Assistance Association, a self-help organization for immigrants and refugees.

For more information about Case Management or Multicultural Outreach Services at the Association, call 612-378-2742 or 1-800-669-6442 in greater Minnesota.

## El Enlace Nuevo Une la Asociación

La Asociación de Lesión Cerebral de Minnesota darle la bienvenida a Jackie Lothert para la posición de Asistente Social para los condados de Hennepin y Ramsey. Lothert También estará trabajando con los miembros de la comunidad Latina, la dando información de lesiones cerebrales, recursos, apoyo, y mucho más.

Su carrera profesional empezó en la escuela primaria. Lothert estaba

siempre ayudando sus amigos con sus problemas. Lothert siempre supo que continuaría en servicios sociales. Después de escuela secundaria, trabajó con R.E.M., que son hogares residenciales para individuales con incapacidades de desarrollo.

Lothert se graduó de Winona State University con licenciada en trabajo social. Durante mis años universidades, ofreció su tiempo a Grace Place Inc., un centre de recursos para las adolescencias en peligro y/o embarazadas. También Lothert pasó un semestre en Cuernavaca, México, donde estudió trabajo social y español. Allí, llegó a ser interesado en trabajar con culturas diversas. También, la experiencia resultó en una posición de práctica a Intercultural Mutual Assistance Association, una organización de autosuficiencia para los inmigrantes y refugiados. Para más información sobre asistencia social o servicios multicultural a la Asociación de Lesión Cerebral, marca 612-378-2742 o 1-800-669-6442 para La Lesión Cerebral Línea de Ayuda en Minnesota.

## Driving Study Participants Needed

Sister Kenny, Courage Center, and the University of Minnesota are conducting a pilot study of a device that stimulates automobile driving.

Please contact the study coordinator if you:

- Have had a brain injury or stroke at least 3 months ago
- Have problems with memory, dividing attention, or solving problems
- Are not driving because of doctors orders, but would like to start driving again
- Are 21-65 years of age
- Have a valid driver's license
- Are willing to complete:
  - paper and pencil assessments
  - a simulated driving assessment
  - an on-road driving assessment

The study results will remain private and can **not** be used to decide if you should return to driving. Participants will be paid \$50 per session for up to 2 sessions.

If interested, please contact: Mr. Nathan Frenzel, study coordinator, 612-625-6808.

## Resource Facilitation feedback request

Attention Discharge Planners - your feedback is valuable to us! Please help our program to grow and better serve the people of Minnesota who live with TBI, their families and the professionals who work on their behalf. Take a few moments to fill out a survey on the Brain Injury Association of Minnesota's website at [www.braininjurymn.org/ResFacFeedback.cfm](http://www.braininjurymn.org/ResFacFeedback.cfm).

## New "Provider Spotlight" in Enews

Calling all professionals! Starting with the August 10 Enews edition, the Association will include a "Provider Spotlight" section in our bi-weekly email newsletter. This is a free opportunity for professionals in the brain injury community to highlight their services. This is open to any service provider that supports persons with brain injury, including (but not limited to): hospitals, rehabilitation centers, residential services, legal resources, home health care, vocational rehabilitation, chemical dependency, counseling and behavioral services, education programs and centers for independent living.

Please send your business cards to: Brain Injury Association of Minnesota, Attention: Sharon Rolenc, 34 13th Ave NE, Suite B001, Minneapolis, MN 55413. Every other week, a card will be drawn and the professional contacted. If selected, you will have a week to submit an information piece of up to 150 words, highlighting your services, contact information and web address. This is a fantastic opportunity to get the word out about your place of business, and strengthen professional ties within the brain injury community.

## COURAGE CENTER



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- ◆ Home and Community-based rehabilitation
- ◆ Independent living skills
- ◆ Mental health and family support services
- ◆ Sports and recreation
- ◆ Support groups
- ◆ Vocational services
- ◆ Wellness and fitness
- ◆ Services available in Golden Valley, Stillwater, Burnsville and Forest Lake

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## Resource Facilitation: Extending service from hospital to community

By Janis Carey Wack  
Social Services Director

It's every parent's nightmare. A trip to the ER; your child is seriously injured. Hearts palpitating, adrenaline pumping, you try very hard to pay attention to the Doctor, but you can't tear your eyes away from the little face barely visible on the gurney. Fast forward 3 months. The same child and same parent are now working on "getting on with life." What would that encompass? How overwhelmed would you be? This is a common experience for families.

We hear from families that they would be lost without the support offered to them via the Resource Facilitation program here at the Brain Injury Association of Minnesota; feeling isolated in their experience, unable to plot out their next steps and learning the hard way when crises arises.

Resource Facilitation works to support individuals living with a brain injury and their families. Professionals also benefit from the Resource Facilitation program through requests for information, resources and education about brain injury. When survivors transition home from the hospital, questions about how to handle different situations fly fast and furious. It is impossible to think of

everything and to remember it all! But a referral to Resource Facilitation at the point of discharge can assure families and hospital staff that there is support waiting for them once they get home and settled.

The hospital staff who have worked so hard to save the life, to fight off infection, to teach new skills and old ones, who work along side the individual round the clock, deserve to know that there is programming waiting in the community when their patient returns home.

This can happen if Resource Facilitation is part of the discharge process. Staff working with families to put discharge plans in place can present this option and then follow through with the formal referral. It is a simple two step process that does not involve learning complicated eligibility criteria, making requests for medical records or encountering waiting lists.

The referral to Resource Facilitation requires a signed Release of Information with the person's name, address, phone, date of birth and language spoken, that is faxed to the Brain Injury Association of Minnesota. That's it! Once the fax arrives, the information is entered into the database and a Resource Facilitator is assigned.

The Resource Facilitator will personalize all information for individuals and their families. Every brain injury is unique and every individual's and family's needs are different.

About two weeks after the referral a personalized packet of information is sent to the home. Then a call is placed to the family within six weeks. This allows the individual and the family time to return home, get settled, and reacquaint themselves to their environment and routines. Staff members of the Resource Facilitation program are very sensitive about not overwhelming families during this sometimes stressful period.

At the six week call the Resource Facilitator works with the person and family about what they feel is important. With each subsequent phone call at six, 12, 18 and 24 months, the Resource Facilitator provides information, education about brain injury and its after effects, resources available to meet the unique needs of the individual and family and support that is positive and affirms and empowers the person. As a consumer driven program, the person or family can exit Resource Facilitation at any time.

This consumer driven long term follow along service can last up to 36 months. Individuals and families are

not limited to scheduled calls, and may contact their Resource Facilitator as issues arise.

Each Resource Facilitator covers a region of the state and becomes an expert on the resources available in those areas. Non English speakers are accommodated by interpreters that are arranged in advance to insure their needs can be well understood and resources communicated thoroughly.

Resource Facilitators have provided individuals, families and professionals with a wide array of resources: vocational, educational, recreational, governmental, health and safety as well as basic needs such as housing, food and transportation.

The program does not provide medical or psychological counseling services because the structure of the program does not allow for such intensive services. Individuals and families are referred to medical and counseling professionals (often to their primary physicians) for those concerns.

The Resource Facilitation program extends quality care from the hospital into the community and provides a safety net for individuals living with brain injury and their families. For more information, call 612-378-2742 or 1-800-669-6442.



## Helping patients rebuild their lives

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

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

\*National Institute on Disability and Rehabilitation Research





## Xtreme Safety Fest grows in numbers, awareness

### Staff Report

BLOOMINGTON – Helmeted heads flooded the Mall of America rotunda as the Association hosted its Third Annual X-treme Safety Fest on April 23. Rich Wieber's Bicycle Stunt Show wowed audience members by performing tricks – flipping and twisting bikes, wheels and bodies midair. Bike demos were held throughout the day and performers ranged in age from 6 to 35 years old. All performers wore safety helmets and audience members learned that you can still play it safe while playing hard.

The purpose of the event was to raise awareness about the importance of wearing a helmet as a means of brain injury prevention when biking, skateboarding, in-line skating or riding a scooter, and to focus this objective on pre-teens and teenagers. Less than one percent of teens wear their helmets. According to the Center for Disease Control, this also tends to be the age group that has the highest injury rate due to risk-taking activities.

Despite the beautiful April weather, crowds of people showed up at the Mall to watch and

participate. The X-treme Safety Fest had an extreme turnout of over 1,000 people throughout the day. This year the Association distributed 300 free helmets to audience members – an increase from 200 helmets last year. Helmet recipients were asked to fill out a safety questionnaire and share demographic information. Of the helmets distributed, 164 helmets went to children age 9 or under and 46 helmets went to kids age 10-14, the event's two targeted age groups.

Holly Kostrzewski made an appearance as Miss Great Plains and shared her story of brain injury through poetry. Kostrzewski has dedicated her platform to brain injury awareness and prevention. In 1999, she sustained a life-changing brain injury during a motor vehicle crash, and has faced significant challenges during her on-going recovery. Through determination, faith and a positive attitude, Kostrzewski graduated college with honors and now serves as the Injury Prevention Program Coordinator for the Fond du Lac Band of Lake Superior Chippewa. Kostrzewski also founded the HUGS (Helmet Use and Grab your Seatbelt) program.



photo by Carrie Stewart

Sharon Rolenc, Public Awareness Director, helps a bike event participant get just the right fit with her helmet.

The event wouldn't have been possible without the participation of key organizations and individuals. The Association wishes to thank the following individuals and organizations: Beth Evans and the Mall of America staff; the Rich Wieber Bicycle Stunt Show; Holly Kostrzewski, Miss Great Plains; the Gannett Foundation; Big Shoe Entertainment, the Bowden family,

Natalie Schmit, and the dozens of volunteers who helped to make the event possible.

The Association is in the planning stages for next year's X-treme Safety Fest. The tentative date is set for March 25, 2006. For more information or to participate in next year's event, please contact Sharon Rolenc at 612-378-2742 or 1-800-669-6442.

## Comprehensive Brain Injury Care and Rehabilitation

Hennepin County Medical Center  
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Level 1 Trauma Center

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### Awards from page 1

improved the quality of life of persons with brain injury.

Lepore was one of the original therapists in the Mayo Brain Injury Outpatient Program where she began her journey to becoming an expert in the field of Cognitive Rehabilitation and Community Reintegration Outpatient Group. She went on to co-found Mayo's Interdisciplinary program for Cognitive Rehabilitation and Community Reintegration Outpatient Group.

Lepore teaches at the Mayo School of Allied Health. She has also mentored many less experienced therapists and challenged them to grow professionally and supports that growth in numerous ways. She is active in fundraising for the Brain Injury Association as well as other nonprofit organizations. More recently, she is the lead therapist on a study investigating the efficacy of cognitive rehabilitation done via the internet. After more than 25 years as a practicing OT, Sue will be retiring from the Mayo Clinic in the near future.

"Sue truly exemplifies the Mayo model of care-the needs of the patient come first. For the patient with TBI, she has an abundance of patience and encouragement, but at the same time is firm as they learn new adapting skills to be successful in life," said Carolyn Schwanke, mother of patient Lepore has helped.

#### **Service Provider of the Year – The Miller-Dwan Rehabilitation Center Brain Injury Team**

This award recognizes an organization or service provider whose vision and mission have consistently "opened doors" for persons with brain injury. Through coordinated efforts, this agency has provided opportunity, enhancement or restoration of meaningful purpose in the lives of people with brain injury.

The Miller-Dwan Rehabilitation Center Brain Injury Team (BI) has been working with rehab patients for the past 11 years. In 2003, the BI team served approximately 89 patients. Over the past 11 years, that would be 700 or more lives impacted by this team, plus their affected families. Represented on the team are Occupational Therapy, Neuro-Psychology, Speech Language Pathology, Physical Therapy, and Social Service. Collectively the team members have 52 years of experience. The team has been accredited by the Commission for Accreditation of Rehab Facilities (CARF) for the past nine years.

David Schunk, LSW, nominated the team. "This team is a group of wonderful individuals who always put the patient first. Each member

contributes to the practice of the others and the brain injury team as a whole strives to give the patient the best experience and outcome possible," said Schunk.

The following professionals were also nominated for peer awards: Annette Pearson of Vinland Center, Pamela Linnan of Fairview Ridges Hospital, Susan Howry of Howry Residential Services, Inc., Linda Griffith of Courage Center, Jennifer Kahn of Courage Center, Lori Graybill of Hope Technologies, Inc., Lori Wirtzfeld of REM Central Lakes, Inc., Independent Lifestyles, Inc. - A Center for Independent Living, Boston Healthcare Systems, Inc. and Courage Center.

May 21 also marked a day of celebration as the Association recognized outstanding volunteers and professionals with the following awards:

**Elinor D. Hands Outstanding Achievement Award – Dr. James Malec of Mayo Medical Center.** This award recognizes a person who has significantly advanced the cause of brain injury services or who exemplifies accomplishment after brain injury. The award is named for Ellie Hands, the Association's first Executive Director, in honor of the significant impact she had in shaping services for people with brain injury in Minnesota.

Malec is the Director of the Mayo Clinic Traumatic Brain Injury (TBI) Model System Center, one of only 16 centers in the nation funded by the National Institute for Disability and Rehabilitation Research. Malec is a nationally recognized speaker and presenter, a prolific writer of articles relating to TBI research and rehabilitation, and he sits on a variety of advisory boards.

"Dr. Jim Malec has long been a leader in MN brain injury community, and he has served on the Brain Injury Association Board of Directors. Through his work at Mayo, Dr. Malec has established MN as a leader in brain injury rehabilitation and return to work research. Jim has always had great relationships with persons with brain injury, whether current patients or people who are many years post injury," said Tom Gode, Executive Director of the Brain Injury Association.

**2005 Volunteer of the Year – Jim Land.** This award recognizes a volunteer whose initiative and dedication have made a positive impact on services for persons with brain injury. Land is a computer programmer who has been instrumental in developing all of the online forms for the Brain Injury Association website, in both English and Spanish. He also developed an interactive map where consumers can click on their county of residence and are connected directly by email to the



photo by Sharon Rolenc

Peer Award Recipients, from left to right: Melissa Narum of TBI Metro Services, Sue Lepore of Mayo Clinic, and Stacey Rautio and Marcie Crain of Miller-Dwan

Resource Facilitator (support person) assigned to their area. Land has been a contract programmer in the Twin Cities since 1997 and has collaborated on programming web sites for several local organizations. His most notable contracts include the University of Minnesota, Lexis/Nexis, and NCS Pearson.

"Jim's work has allowed persons with brain injury more direct access to Association staff, and allowed Association staff to have more direct feedback from consumers about our services. His generous volunteer contributions have allowed us to take on projects we may not have otherwise done. His talents have allowed us to dream large with our website," said Tom Gode, Executive Director for the Brain Injury Association of Minnesota.

**2003 Distinguished Volunteer Service Award – John Lucia.** This award recognizes long-term commitment and volunteer service to the organization. Lucia is a waiver case manager at Ramsey County and has been instrumental in setting up and assisting with the registration desk at the Association's annual conference for several years. He has assisted in making the registration process a relatively painless process for all who come to the event, and is gifted at attending to the needs of a diverse conference audience ranging from professionals to caregivers to persons with brain injury. "John is the perfect volunteer, a self starter, and he needs no direct supervision. We know every year that if John Lucia is volunteering, the registration process will go smoothly. He's a hard worker, always welcoming, and very fun to work with," said Mark Hahn, Administrative Staff, Brain Injury Association of Minnesota.

**Organizational Support Award - UPS.** The Organizational Support

Award is presented to an organization that has shown particular dedication to our mission and our long term service goals. The Brain Injury Association depends on outside organizational support for innovative programs that are less likely to receive funding from more traditional sources. Examples of such innovation include the Multicultural Outreach Program and Kids REACH Program that developed into pediatric portions of the Resource Facilitation Program. Organizational support provides the Association with the ability to address the issues of brain injury with a creative mindset and an innovative spirit.

This year the recipient of this award is the UPS Foundation. UPS has contributed to the Brain Injury Association of Minnesota since 2003 and was particularly instrumental in the development of a significant portfolio of pediatric resources. This program has been an incalculable resource for families across the state addressing the particular and unique challenges faced by a child with a brain injury. With the assistance of organizations like UPS, the Brain Injury Association of Minnesota can continue to think of new ways to address very complex issues.

On behalf of the board of directors, staff and members of the Association, we want to thank all reward recipients for their contributions to the brain injury community. The 2006 annual statewide conference on brain injury is scheduled for May 19 and 20, and will be held at the Earle Brown Heritage Center in Brooklyn Park, Minn. Watch the Association website in the coming months for sponsorship and exhibit information.



## Eliminating Isolation Through Our Community Events



By Tom Gode  
Executive Director

Twice a year I am strongly reminded of why I work for a nonprofit. The first event, the Annual Conference, was held in St. Cloud last month, and, once again, the event made me proud to be part of this organization and the work that we do. The presentations and keynote speakers were incredible, the 520 participants were engaging, and our staff and volunteers did a spectacular job of making sure everything ran smoothly. I assure you that everyone that works at the Association left the conference more energized than before it began.

What is it about a conference that can have this affect? I believe it is the sense of community that the event fosters. Brain injury, despite its prevalence, is largely unknown to the average Minnesotan. As a result, we continue to witness the isolating nature of this epidemic. Brain injury all too often becomes an individual challenge, or an individual family's challenge, when it really needs to be a societal challenge. It's too big for individuals to shoulder on their own.

The isolation isn't restricted to just those individuals who live with the affects of the injury - professionals in this field can experience it too. Some days at the Brain Injury Association have an isolating effect—there are days when it can be frustrating to explain to a seemingly unresponsive audience about what a brain injury is, or where they come from, or why it's important for everyone to understand. These are the days we want to throw our hands up and say "people, this is important stuff!"

And then along comes the conference. After weeks of planning and coordinating, we all show up at the convention center and here are hundreds of people that are working,

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*The smiles, laughter, and perseverance I experience at the Walk for Thought are the reasons I work in this field. It reinforces what I believe is the best representation of the human spirit.*

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living, advocating - all on behalf of brain injury. Here there are people that know brain injury as well or better than we do. Here we are not alone. Here there is hope. And it feels great! Not only are we not alone in this cause, but we have a great group of people who are as dedicated as we are. It's a functioning community and a wonderful source of support.

The second time I get this rejuvenation is the Walk for Thought. The feeling of community is amplified by the sight of 1,000 individuals walking and rolling around a modest Minnesota lake on a modest Minnesotan morning; it is an inspiring thing to see. The smiles, laughter, and perseverance I experience at that event are the reasons I work in this field. It

reinforces what I believe is the best representation of the human spirit.

Good things are in store for the 2005 Walk for Thought. The event is growing and getting more attention than ever; I encourage you to participate, your friends and family to participate, and together let's continue to build this community and eliminate the isolating nature of brain injury. Coming off a great conference, I'm already excited about the next event!

For more information on how you can get involved, visit the Brain Injury Association of Minnesota's website at [www.braininjurymn.org](http://www.braininjurymn.org) and follow the event links to the Walk for Thought. More information will be sent via US Mail within the next few weeks—keep your eye on the mailbox!

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# LEGISLATIVE CORNER

Keeping up to date with public policy

## Keeping the momentum going through advocacy

By Tom Gode  
Executive Director

As we go to press, the Minnesota state legislature is in special session with most issues critical to Minnesotans with brain injury still hanging in legislative working groups waiting for the Governor and leadership to come to agreement on committee budget targets. Without the budget targets, most of this year's proposed legislation will not move forward. The 2005 legislative session has been a great reminder of the value and the impact of grassroots involvement, the value of each of you talking with your legislators about brain injury, the challenges, what is working and what is not. This session brain injury repeatedly came up in legislative committee discussions, not by our

staff and advocates, but by legislators who have become educated on the issue and believe they can improve the quality of life for Minnesotans with brain injury, or prevent future injuries from occurring. Legislators in both the House and the Senate, from both sides of the isle are getting the message from you.

Minnesota public policy for people with brain injury is facing a transition that will need all of our support if we are to maintain the momentum we have achieved. Shannon Robins, Director of Public Policy for the Association has departed for Chicago to pursue her graduate degree in Public Policy. Shannon grew the public policy program from a small seasonal program to become a leader in the disability policy arena. Her genuine concern for each individual she met

made her a great spokesperson for all of us. Her passion to improve the quality of life for individuals by giving our citizen advocates the tools to educate policy makers has created a wonderful foundation for our policy program. Shannon's success at the legislature set a course and a standard for all of us to follow. We miss her and wish her the best of luck at school.

I'm excited to announce that Jeff Nachbar started June 6 as the Association's new Director of Public Policy. Jeff comes to us with many years of community building, grass roots organizing and legislative lobbying experience. Most recently Jeff worked on issues involving the reduction of under age drinking. I hope you will all welcome him as he begins to get his feet on the ground. Jeff is learning on the job about brain

injury, as the special session required that he jump in his first day by attending a legislative hearing. And so it goes.

June 4, the first class of the Minnesota Advocacy Project met at the Association office. These are individuals who have chosen to improve their advocacy skill and commit to working to change the public systems that impact the lives of people with brain injury. The Minnesota Advocacy project runs throughout January and is a joint project of the Brain Injury Association and the Mayo TBI Model System.

Hopefully by the time this newsletter hits your homes, the special session will have ended and the issues that are most important to Minnesotans with brain injury will be law. Stay tuned and stay involved.



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## Bridging islands, building community at the annual conference

By Sharon Rolenc and Andi Billig  
Public Awareness

Over 500 people, and nearly 50 exhibitors and sponsors came together to connect, network and learn more about brain injury at the Brain Injury Association of Minnesota's 20th Annual Conference in St. Cloud on May 20 and 21.

Humor, friendship, family and community building were prevailing themes at the event.

Dr. Al Condeluci kicked off the event each day with a keynote address focused on building community. He used humor throughout his talks, emphasizing his points with the use of *Far Side* cartoons by Gary Larson, an anthropologist – turned cartoonist. Condeluci challenged professionals to examine the current paradigms they are working under. Condeluci explained that the medical model was great for acute care, but the isolation indicative of this model does very little to equip people with “social capital.” He defined social capital as relationships and friendships and how these relationships cause you to be more tolerant, cooperative and reciprocal as a human being.

“The top three indicators of quality of life – regardless of culture – are healthfulness, happiness, longevity – all tied to social capital. The more social capital you have, the happier you are, the healthier you are and the longer you live. Without it – the sooner you die,” said Condeluci.

He stressed the importance of moving out of the medical model once a person is out of acute care, and more into a community-building model focused on getting persons with disabilities jobs, increasing home ownership, and creating opportunities for friendships.

“You and I do not do illness work. Somewhere, somehow, if we are to survive as a community, we’ve got to uproot this medical model – leave it where it’s helpful, and create another model that will serve us better in building community,” he said.

Humorist, storyteller and playwright Kevin Kling wrapped up the Conference with true Minnesota humor. Drawing from experiences in his life, Kling drew the audience in immediately with a tale of growing up with his brother in Minneapolis, where they used a small engine to power a mini bike, go carts, or



photo by Sharon Rolenc

Dr. Al Condeluci emphasizes the importance of social capital for persons with disabilities.

anything else they could think of - which usually led to trips to the emergency room. He also told of his motorcycle accident that happened in 2001.

Kling showed the audience that friends and family are an important part of life. In relating a story about his mother and how wonderful they are, Kling reminded the audience

what a magical device mother’s purses are, for they often contain just about everything needed for any situation. Wrapping up the Conference, Kling gave the audience a quick lesson on the musical language of Minnesota: “I ain’t gonna pay no money for a corn muffin that’s half dough.”

### 1<sup>st</sup> Annual Hearts \* Heads \* Hands Together TBI Family Weekend



The Minnesota Low Incidence Projects and the Brain Injury Association combined efforts to offer a family retreat. The retreat took place at Camp Courage on May 6-7. The camping experience started Friday evening, and concluded mid-afternoon on Saturday. Three meals were included, and participants slept in lovely cabins along Cedar Lake. An indoor gym and pool, outdoor basketball court, and nature trails were also available for families.

The event provided an opportunity for families to share time together. Families who have a child with brain injury between the ages of 5 and 12 attended the event. Families enjoyed a relaxing evening around the campfire Friday. While parents attended a variety of informative and relaxing activities on Saturday morning, the children and siblings were able to enjoy activities accompanied by dedicated volunteer companions. Children’s activities included Make ‘n Take craft projects (painted rocks, tissue paper flowers, and bead bracelets), and the creation of a PowerPoint slide show that showcases their abilities. Everyone watched the PowerPoint presentations after lunch and enjoyed a performance by CLIMB theatre.

The weekend went very quickly, and families requested having this kind of opportunity again, but with more free time planned (for resting, swimming, relaxing), as well as using an entire weekend for the event. The 2006 Family Retreat is scheduled the first weekend of May at Camp Courage.

### A special thanks to our 2005 Conference Sponsors:

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## Meth from page 1

ephedrine, the full recipe calls for many additional, highly caustic, chemicals. Among the ingredients used to manufacture methamphetamine are battery acid, hydrogen chloride gas, freon, lye, anhydrous ammonia, and hydriodic acid, components that users are either unaware of, or choose to ignore. The true dangers of methamphetamine use lie in the highly toxic and addictive properties of this chemical cocktail, a combination that quickly leads to neuron-specific death and thus directly to brain injury.

### The Meth - Brain Injury Connection

As methamphetamine's distribution and manufacturing processes have changed over time, so has its chemical nature. Today's meth is stronger, more potent, and wreaks greater havoc on the brain than ever before. As Moldenhauer describes, chronic meth users exhibit symptoms similar to patients with traumatic brain injury, "Memory impairment, cognitive impairment, inability to do basic psychological assessments. You take people who have been awake for three, four days at a time, sleep a day or two, go up on another run for the last two or three years and you ask them what day it is or what month it is and they honestly don't know. So it is a kind

of induced TBI that you hope... may correct itself."

According to Nancy Carlson, Psy.D., L.P. from Karol Neuropsychological Services and Consulting, meth affects the brain in several ways, but three major factors contribute to short-term, and possibly long-term damage. Methamphetamine significantly increases the dopamine levels, decreases N-Acetylaspartate (N-A) levels, and damages neuron endings.

"The two areas that are affected the most in the brain are the limbic system and the hippocampus. These effect memory and emotion, which leave users more impulsive as a result," said Carlson. With low impulse control, meth users are much more vulnerable to reusing and developing a pattern of addiction.

The belief that neurologic symptoms of methamphetamine use are due to structural damage to the brain is supported as well by current neuro-imaging research. Recent publications in the *American Journal of Psychiatry* have documented losses of dopamine transporters in detoxified meth users that mimic the reductions seen in patients suffering from Parkinson's disease, both of which correlate with decreased performance on simple motor and learning tasks. These changes were observed almost a year after drug use, suggesting that these impairments are not the result of the actual "high" produced by the

drug, but rather appear to reflect permanent damage left in the aftermath of meth use and may place users at a higher risk for developing additional neurodegenerative diseases.

While early studies offered a grim prognosis for recovery from these damages, Moldenhauer indicates that the most recent investigations show some recovery in memory and cognitive processes as well as emotional affect over time, however how much recovery is still unknown. Many of these studies are in their infancy and have yet to accumulate longitudinal data.

"Methamphetamine does cause some brain damage. No one disputes the short-term damage. What is disputable is whether the damage is permanent. It's not worth the risk when you don't know about the [probability of] recovery. And if you put this chemical into an already damaged brain, chances are that it's going to cause some exponential difficulties," said Carlson.

The short-term damage as a result of meth often leaves patients frustrated and unable to keep up with the pace of traditional treatment programs, and thus successful recovery has required the retooling of conventional programs in order to take into account the specific brain injuries demonstrated by this population. This "meth-friendly" approach involves cutting down individual sessions to an hour or two

while lengthening the overall period of treatment, in an effort to minimize frustration, tension, and feelings of being overwhelmed.

"Things have to be presented in multiple formats, including visually and verbally. Material needs be presented in smaller chunks for these individuals, and they need to be assessed to find out their status cognitively so that we know best how to approach them," said Carlson.

Research has shown that the dangers of meth are not limited solely to users, but exist for individuals living in neighborhoods where methamphetamine is being produced, as well as friends and family members who may, knowingly or unknowingly, come into contact with a space used for manufacturing this highly toxic drug. For these reasons, it is crucial that individuals educate themselves on the consequences of using substances like this, and protect their loved ones from the social, emotional, and biological damages that are caused by methamphetamine.

"You only have one brain. Why do something to damage it?" said Carlson.

*This article is part of the series "Meth in Minnesota" by the Brain Injury Association of Minnesota. Watch the Fall edition of Headlines for the next article in the series.*

## For Learning...



### Quality of Life Areas:

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