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Brain Injury Basics
February 15

New in 2005:
Brain Injury Basics 2
March 15

Save the Date:
3rd Annual Xtreme Safety
Fest at the Mall of America
April 23

The 20th Annual
Statewide Conference
on Brain Injury
May 20 & 21

Check page 2 for more
details on these events

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

www.braininjurymn.org

Walk for Thought draws a thousand participants

Staff Report

MINNEAPOLIS - The 2004 Walk for Thought was the largest fundraising event ever in the 20 years of the Brain Injury Association of Minnesota's history. The walks in the Twin Cities and Blackduck drew nearly 1,000 people for a day of celebration, commemoration, and community involvement.

Nearly 1,000 people took their time, energy, and resources to promote the Association and the important issue of brain injury. In the course of this event, 1,000 people knocked on their neighbors' doors, made telephone calls, sent emails and letters, and told their personal stories about brain injury to countless Minnesotans. As with other Brain Injury Association of Minnesota activities, this was a tremendous grassroots effort of which we can all be very proud. Brain injury is considered the "silent epidemic" due to the low public awareness on this issue, but because of the



photo by Sharon Rolenc

In 2003, the Dragonfly Clan pledged to be this year's top fundraisers. Keeping their promise, they raised over \$5,100 for the 2004 Walk for Thought. Pictured from left to right: Jim and Sue Winkel, Team Captain Tracy Winkel-Johnson, and Chad Johnson.

efforts of a growing number of individuals, *we are making a difference.*

This year, over 50 team captains, 23 corporate sponsors, and 14 volunteers went over and

above the call of duty. This level of support is impressive and exciting as it demonstrates the

WALK FOR THOUGHT
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Waiting to work

Vocational Rehabilitation waiting list felt statewide

By Sharon Rolenc

After six years of a rigorous college course load, Matthew Balken was well on his way to establishing his career as a physics and science teacher. On April 24, 2004, the Erhard, Minnesota resident fell from a roof, landing on the back of his head. Balken fell so hard that he flipped over and hit the front, causing injury to multiple parts of his brain.

"I was in intensive care for 11 days, unconscious for 10 days, on life support for four days, in acute care for a month and then a rehabilitation hospital for another month," he said.

Balken sustained a brain injury that effected hearing in his left ear, nerve damage, coordination and balance, short term memory, problem solving, multitasking and other executive functioning skills.

"Those are the skills I really rely on as a teacher," he said.

The neuropsychological tests that he took put him in the average range for math. "That's nowhere near what I used to be.

The problem with those tests is that they are designed for a broad range of people and the average scores are based on that broad range," said Balken.

Concerned that he may not be able to teach at the same level as before, Balken turned to Vocational Rehabilitation (VR) to help him figure out his career options. VR is a government program designed for persons with disabilities who need support

services to prepare for work, or to find or keep a job. Services can range from minimal job coaching to proving a four year degree.

"One of the beauties of the VR program is that our services are tailored to the specific needs of the individual. The plans really run the gamut. There are some

WAITING
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CALENDAR of EVENTS

February 15: 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 & 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 & 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 four times a year. Class begins at 6:00 p.m. and runs until 8:30 p.m. Remaining dates for 2005 are May 17, August 16 and November 15. To register, call 612-378-2742 or 1-800-669-6442 in greater Minnesota.

May 20 & 21: 20th Annual State-wide Conference on Brain injury

Save the date! The 20th Annual Conference on Brain Injury will be held at the St. Cloud Civic Center in St. Cloud, Minn. Turn to page 7 for complete details!

March 15: 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. Class begins at 6:00 p.m. and runs until 8:30 p.m. Remaining dates for 2005 are June 21, September 20 and December 20.

April 23: 3rd Annual Xtreme Safety Fest at the Mall of America

Save the date! The 3rd Annual Xtreme Safety Fest is an exciting family activity with live BMX & Skateboard demonstrations, safety information and free helmets. Send the message to your children that they can play it safe while playing hard! The event takes place from 1:00 - 4:30 pm.

New this year - the Association will be taking its safety and injury prevention program on the road. Your organization has the opportunity to have the Association bring free helmets and safety information to your community event. Watch the Association website for RFP information.

Support Groups

Brain injury support groups can help you find others with similar experiences, useful information about brain injury and solutions to problems. The following results are just some of the key benefits of support groups:

- Emotional healing comes when people interact with other people.
- Sharing of similar experiences helps members feel less alone and more ready to deal with day to day issues.
- Education results from the exposure to information and personal experiences in a group.
- Socialization occurs when connections with people are made and confidence in social skills develops when appropriate interaction occurs in support groups.
- Safety, in the environment of a confidential, supportive, non-judgmental group, allows for honest disclosure and sharing of common difficulties.
- Self-expression, as emotions are experienced and released, creates a greater understanding of oneself.
- A sense of growth occurs as long-term members see new participants and reminisce about where they began and how far they have come in their personal journey.

The Brain Injury Association of Minnesota makes referrals to support groups throughout the state, including for persons with brain injury, their families and friends and for young persons.

These groups are autonomous, self-determined peer groups and are independent of the Association.

For meeting times, location, and a contact person for a specific support group, or for information about how to start your own group, call the Brain Injury Association of Minnesota at 612-378-2742 or 1-800.669.6442.

Letter to the Editor

Dear TBI Advocate,

The results are in and they are good! Overall, the TBI Act received a modest increase in funding. All TBI Act programs were level-funded (received the same amount of money as fiscal year 2004) with an increase of \$515,000 for TBI programs in the Centers for Disease Control and Prevention (CDC).

Our letter asked Congress to pass the House recommended \$1 million increase for CDC TBI programs. They compromised and approved \$515,000. That is doing well in the current budget environment!

We have no doubt that the thousands of emails and letters that flooded Capitol Hill in the past month had an impact!

With the budget for fiscal year 2005 set, we now shift our sights to the Reauthorization of the TBI Act itself in 2005.

We will need your continued support to make sure this important law does not disappear! Stay tuned and congratulations on a job well done.

Geoffrey M. Lauer

National Director of Affiliate Relations
Brain Injury Association of America



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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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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

Tips for a stress-free holiday season

Dear Readers –

Tis the season to be jolly! Or are you the one to be cranky, down, or depressed?

It tends to be more difficult for individuals with a brain injury to process multitudes of information and the holidays can more easily put individuals with a brain injury on overload. Why not simplify? The following are some suggestions that may help all put more enjoyment in this season.

- ✓ Cut down on cost. Make a budget and then cut it by 25%. Most people don't need a lot and *it's the thought that counts*. Making presents can be time consuming, but less costly as

From the Chair
Nancy Carlson

well. So, if you have the time, but not the money, go for it.

- ✓ Don't do all the work. This year might be the year to have a family celebration at another family member's house. If that doesn't work, have each family member bring part of the meal. Assign tasks for cleaning up. Put all the tasks in a jar and everyone pulls out one. *It's working together that counts.*
- ✓ Do something for yourself. Get a massage. Go to the Como Park Conservatory. It really doesn't matter as long as you also look out for your own self. You will need the energy and fulfillment that this can give you in order to successfully get through the

holiday season. *Make sure your life stays in balance.*

- ✓ Don't quibble about the small stuff. Things are bound to go wrong. When life is so busy, learn to say "*Oh Well*" to things that won't matter next week, next year, or five years from now.
- ✓ Learn from the past, plan for the future, but mostly *enjoy the present*. Individuals seem to be more relaxed as they concentrate on finding the good in the moment. We tend to be more anxious as we move into the future and picture everything that we have not done. All we actually have is the *present* and this can be your *present* to yourself.
- ✓ Reconnect with others. Find someone that you haven't

talked to in awhile and call them or write to them. This *giving of yourself* to another is one small way of making a big impact in both of your lives.

Tis the season to be jolly. This is if we can remove some of the stress that has been building up in our lives since we have been listening to the "*should*" and "*ought*" messages. It might be time to change a few traditions, sit back more, relax more, and enjoy your true meaning of this season.

From all of us at the Brain Injury Association of Minnesota, Happy Holidays and may you have a grand new year.

Traveling and traumatic brain injury

Here & Now

Mike Strand



My wife and I live relatively modestly so that we can afford to travel. To this end I travel quite a bit. Since my accident I have been to Scandinavia, Russia, Spain, the Caribbean, and most recently, to the Mediterranean. If you do get a chance to travel, I will offer some insights that I have made pursuant to traveling with a brain injury.

Most countries are not as wealthy as the U.S. so they can not afford to make everything handicapped accessible. In fact, with the notable exception of the Scandinavian countries (Finland, Sweden, Denmark, and Norway) almost no effort is made to accommodate mobility impaired individuals. Even the Scandinavian countries wouldn't pass ADA muster in the United States.

It is imperative you travel with a non TBI person. It is easy enough to get lost in your own city or state with a tbi, being in a place where the roads are laid out strangely, the rules are different, and the signs may be in another

language and maybe even another alphabet, is a recipe for trouble.

In fact, by analogy, traveling around a local city can be as confusing for a brain injured person as traveling in a foreign city is to an ordinary person. Putting a brain injured person in a foreign city takes it a level beyond.

It is important to realize that restaurant customs in Europe are very different. Eating at a restaurant in Europe is considered an event. Meals are eaten leisurely. If you are interested in eating in less than two hours go to a deli or any of the ubiquitous American fast-food dining establishments.

In Europe, after you have been served the wait-staff will not bother you again unless you signal to them that you want something or would like the bill so you can pay. To interrupt your meal, even by asking if everything is okay, or asking if you might need something, is considered the acme of rudeness, and they don't do it.

The tip is usually included in the check, if not, rounding up is considered appropriate. Waiting on tables is a serious job and the wait-people are paid quite well... They are not expected to live on their tips. Most Europeans don't tip unless the service is really exceptional.

I was in Athens after the Olympics and the Special Olympics were just finishing up.

Athens was notably prepared for the event with ample accommodations. I was amazed to see an elevator installed at the Acropolis, which is set on a hilltop with sharp cliffs all around, for the benefit of mobility impaired sightseers. Like most ancient ruins it is not a very accessible area. The guide book even advises that only people who are in good physical condition should attempt visiting the Acropolis. I was thinking that even if you took the elevator to the top you'd still have to be in really good shape to navigate your wheelchair over the rugged terrain, in fact, you'd probably have to be...an Olympic athlete. Well, they were Olympic athletes, and with some difficulty they were making their way around. Somebody should have been handing out medals for that!

Uneven surfaces were a constant hazard to me wherever I went. Like many brain injured people I have a hard time seeing variations in steps and curbs. When you visit anywhere that is very old you will encounter irregular stones and steps. My good friend and fellow traveler, Vonda, was very astute at pointing hazardous areas out to me and helping me negotiate the terrain. If I had traveled alone I probably would have had another brain injury from tripping over a curb or something.

Time changes can be very trying. In fact, for many they may be the single most limiting factor while traveling. Although fifteen years post accident I do alright, I don't think I would have fared so well during the first five years.

Fatigue in general is the single biggest issue with which I must contend when traveling. It is no fun for anyone to travel while tired and cranky, and even less fun to travel with someone else who is. Be prepared to schedule ample rest time. If you can afford it, I think the best way for a disabled person to travel is on a cruise ship. Rather than packing and unpacking, it's like waking up in a different city every day. Best of all, they handle everything for you. All you have to do is be at the meeting area on the ship that they tell you to be at and they whisk you off for your day's adventure. Cruise ships are VERY accessible, so no problem there. And remember to bring your appetite because the food, which is included in the ticket price, is delicious and never ending.

I really enjoy traveling and I find that with very few exceptions, and observing certain guidelines, tbi survivors can enjoy themselves just as much as anyone. Oh yeah, you might want to take some pictures to help you remember the trip.



NEWS BRIEFS

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

Resource Facilitation

More and more hospitals throughout the state are discovering that the Resource Facilitation Program is a useful tool for their discharge staff. By providing this free resource to your patients, it can help:

- Save time and provide support to your discharge planners, nurses, social workers and others involved with the discharge process.

- Provide quality customer service to your patients and serve as a positive indicator of patient experience.

- Support your patients after they leave the hospital to cope with the issues of living with a brain injury.

The Resource Facilitation Program is a free follow-up service through the Brain Injury Association of Minnesota. It provides support for Minnesotans to cope with the issues of living with a traumatic brain injury and help them transition back to work, school and their communities. **This service does not replace any medical or rehabilitation follow-up that may be needed.** It is intended to support patients and their families, as well as help ease the minds of healthcare professionals, knowing their patients are getting follow-up support on a regular basis. The program is funded through a contract with the Minnesota Department of Health, making it possible for every hospital in the state to offer the program as a free service to their patients.

For persons with brain injury, Resource Facilitation can help:

- answer questions,
- problem-solve issues,
- identify resources within your community, and
- educate family members, employers, and educators about what it means to live with a brain injury.

For persons with brain injury, or family members who missed this opportunity through their hospitals, it is still possible to self-refer to the Resource Facilitation program.

For more information, contact the Association at 612-378-2742 or 1-800-669-6442.

Courage Center Closes Day Programs

On November 12, Courage Center closed their Adult Day and Structured Day programs. The decision to close the programs resulted from a number of economic factors including a soft economy following 9/11. These included cuts in federal, state and local funding for social service organizations such as Courage; lower levels of donations to support programs and services; and significant increases in medical insurance and basic operating costs.

The Courage Center expressed a commitment to working with consumers, their families, case managers or others to help through the transition. For more specific program or transition questions or concerns contact one of these people:

Adult Day participants:

Nancy Huizenga, Vocational and Community-Based Services Director, 763-520-0313
Brigid Alseth, Adult Day Program Director, 763-520-0420

Structured Day participants:

Karen Larson-Hahn, clinical director, Mental Health & Family Support Services, 763-520-0354
Sharon Rendack, supervisor, Behavior Services, 763-520-0441

For more information about other resources for Adult Day and Structured Day programs in your community, contact a Resource Facilitator at the Brain Injury Association of Minnesota at 612-378-2742.

Bethesda Now Admitting Teens

Bethesda Rehabilitation Hospital will now accept patients as young as sixteen, which includes the Brain Injury Care Unit on the St. Paul campus.

Within Brain Injury Care there are three inpatient programs: Brain Injury Rehabilitation, Neurobehavioral Crisis and Assessment and Neurobehavioral Brain Injury.

The Brain Injury Rehabilitation is meant for patients who need intense physical and cognitive rehabilitation, while the other two programs focus more on the behavioral aspects of BI.

Neurobehavioral Crisis and Assessment is a short-term program designed for people with severe behavioral problems or consumers with brain injuries who need an assessment. They offer both assessment services and crisis stabilization plans. The intent of the Neurobehavioral Brain Injury program is to treat behavioral problems on a long-term basis: people with good rehabilitation potential but with behaviors that inhibit the rehabilitation process.

Dr. Robert Karol is both the Program Director of Brain Injury Services and the Director of Neuropsychology and Psychology. "A few months ago we started taking adolescents into the program," said Karol. "We had decided there was enough of a community there that we should."

For more information, or to contact Bethesda's Brain Injury Care Admissions office, call 651-232-2760 or 1-800-566-2720.

Association Offers Brain Injury Basics, part 2

New for 2005! Your comments on the BIB feedback forms have made a difference! In response to the concerns and needs of our consumers, the Association has added a Part 2 class to its cornerstone Brain Injury Basics (BIB). This free intermediate workshop will address the life change of having a brain injury: major stages of adjustment, emotional aspects of the change and adjustment difficulties. Adjustment to disability may be described as a series of stages or major tasks, which may not always be neat and orderly. Individuals progress through stages at different rates, and adjustment is a life-long process. Emotional aspects of disability may be a major factor in outcomes. The schedule for 2005 is as follows: Third Tuesday of March, June, September and December, from 6:00 PM-8:30 PM

Association Offers Family Retreat

The Brain Injury Association of Minnesota will offer a family retreat at Camp Courage on May 6 - 7, 2005. The camping experience begins Friday evening and concludes mid-afternoon on Saturday. Three meals are included in the retreat.

Families needn't worry about "roughing it" – the retreat doesn't require sleeping in tents. Camp Courage has lovely cabins, situated in a rustic environment. If you have a school aged child with a brain injury, this retreat is designed just for you. Families are welcome

Camp Courage is a completely accessible facility. The retreat provides a structured, enriching personal and recreational experience. Watch Enews, the Association website and the next edition of HEADLINES for more details. For more information, contact Anne Schuller, Education Coordinator at annes@braininjurymn.org, or by phone at 612-378-2742; or Deb Williamson, State TBI Specialist via email at dcwilliamson@int287.k12.mn.us or by phone at 612-638-1532.

Special thanks to Medtronic

On October 29, 2004, Medtronic hosted a support group leader training day. They generously provided a room, break foods, and lunch for 28 current and future support group facilitators.

The training was planned by the Brain Injury Association, the Epilepsy Foundation, American Parkinson's Disease, and the Minnesota Stroke Association.

A special thanks to Jerry Hartlaub (retired Medtronic employee and board member of the Epilepsy Foundation) and Kathleen Lynch (Medtronic employee) for their contributions. Jerry Hromatka led the group through facilitation skills training, and Adine Stokes led a session on working with caregivers.

Thanks again to Medtronic for their generosity and support.

Brain Injury Association of Minnesota Adds Case Management to its Services

By Ellen Kuschke

This September, the Brain Injury Association of Minnesota added Case Manager Michelle Brandes to its Minneapolis staff. "Case management was just a natural next step for us," said Associate Director Ardis Sandstrom. "The response from the resource facilitation program has been very positive, so case management is just taking it a step further. We're really looking at [providing] a full continuum of services; addressing the needs of all people with brain injury."

A case manager's main function is to coordinate services and assist individuals to live at the highest level of independence possible as they adjust to the issues related to their traumatic brain injury (TBI).

Most TBI consumers and family members quickly learn the need to explain traumatic brain injury to everyone, sometimes even case managers. However, when consumers get referred to Michelle Brandes at the Brain Injury Association, this isn't necessary. Brandes has worked with people with TBI as a social

worker with Courage Center. She has an established history providing case management for persons with brain injury.

"When the consumers are referred to me, a lot of times it's a big relief for them. The family members don't have to explain anything," said Brandes. "They feel much better, working with the Brain Injury Association and someone with experience [dealing with TBI]. It really raises the consumer's comfort level, too."

According to Brandes, one of the most vital (and lesser known) aspects of case management is re-socialization. After sustaining a brain injury, many consumers endure a long hospital stay, personality changes, memory losses and mood disturbances. These demanding changes create a different lifestyle, often an isolated one. The aftermath of a brain injury can cause a definite lack of social involvement.

There are many available services to address this problem: individual living skills classes, community day programs, support groups and sports and recreation sessions. Services like these help people with TBI to

adjust to life with a disability and create a socially healthy lifestyle. Unfortunately, many people with TBI and their families are often unaware of these resources. A case manager notifies consumers of the services available to them and coordinates these services.

Since case managers coordinate care with the government and the healthcare

industry, the job demands attention to detail and a lot of paperwork. However, to Michelle Brandes, the focus of the work remains clear: "Putting the person first. We make sure their safety and health needs are met within their community."

For more information about case management, contact Michelle Brandes at 612-378-2742.



photo by Sharon Rolenc

Former board of directors and staffers gather at the 20th Anniversary Party. From left to right: Baba Finch, Chris Duff, Fran Conklin and Vicky Vogels

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Medications Used in the Treatment of Brain Injury

By Kenneth R. Britton, DO

Brain injury, whether acquired through trauma, vascular injury, lack of oxygen, or tumors, can have a serious negative impact on our ability to think, remember, move, care for our personal needs and work. Physicians who treat brain injury often use medications to help promote brain recovery, treat symptoms related to the brain injury, or improve function. Depending on what problem the physician is trying to address, they can prescribe a number of different types of medication and also make a choice between different medications of the same or similar type. It is common to use medications that work in different ways together at the same time to improve the results and to minimize any side effects.

This article will address the different types of medications, how and why they are used, what to expect from them. Every brain injury is unique so the medication

plan must be individualized, but there are some common guiding principles that can be followed.

Essentially every medication has good points and bad points. The good points are called the therapeutic effects or benefits. The bad points are called side effects. Generally, medication is used for the therapeutic effect, but once in a while one will be used for the side effects. One example is Trazodone, a fairly weak antidepressant that is often used to help with relaxation and sleep at night. Side effects can develop right away or after time. With some side effects they get better in a few days after the body gets used to the medication. In other cases they stay the same or get worse with time.

Some medications can be helpful in the short term, but cause more problems in the long term. An example is many of the calming medicines (Ativan and Haldol to name the most common). They work very well to control agitation or aggression, but

generally make people sleepy and mentally slow, which is a problem for a survivor who is working hard to stay awake and stay focused.

Every medication choice has the potential to be helpful and also to be not helpful or at times harmful. Physicians generally will not know how a specific individual will respond to a medication until it is tried. For this reason, physicians tend to start at a lower dose and slowly increase it while monitoring the survivor for positive as well as negative responses. If this is done through the clinic it may mean that more frequent visits are required until everyone is satisfied that the right medication at the right dose is being prescribed. If there is ever a question or concern about possible side effects from a medication the clinic or doctor should be notified as soon as possible.

For most persons with brain injury there is a period of up to two years after their injury where the brain is healing. This healing

is most dramatic in the first few months and generally slows down after 3-6 months, but it can still mean a significant change in the survivor's ability and need for medication. As a result of this changing condition, the medication strategy may also change as time progresses. Generally, this means that medications that were helpful earlier in the recovery may be able to be reduced or eliminated as time progresses. However, at times the medication will be used on an ongoing basis. Again, if in doubt this should be discussed with the physician.

The table below lists some of the common medications used that seem to be most helpful in brain injury treatment.

This list does not include all of the medications that can be used in the treatment of brain injury related problems, but it does have

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Medication Type	Examples	Benefits	Side Effects
Alerting	Ritalin, Provigil, Stratera	General alertness and focused attention	Excessive stimulation, fast heart beat, high blood pressure
Antidepressants	Effexor, Celexa, Lexapro, Prozac, Zoloft	Increases serotonin, and sometimes norepinephrine levels in the brain to let the brain work better. Increased responsiveness and faster mental processing. Also prevents or treats depression related to the injury.	Excessive stimulation, changes in appetite, restlessness. Can cause increased irritability at times.
Dopaminergic agents	Bromocriptine, Amantadine	Increases dopamine levels in the brain. Improved alertness and processing. May also help with language function.	Nausea and sometimes excessive stimulation
Atypical antipsychotics	Seroquel, Zyprexa, Risperdol	Calming effect and improves restlessness and agitation generally without excessive sedation.	May cause sedation and mental slowing.
Non-narcotic pain medication	Tylenol, Ibuprofen, Celebrex	Treat pain, especially if headache or trauma. May be used on a scheduled basis to control and prevent pain, or as needed.	Watch for stomach problems, but generally well tolerated and should not cause sedation.
Narcotic pain medication	Percocet, Vicodan, Morphine, Tylenol #3	Good for acute pain, especially if trauma is present. Control of pain likely to improve overall function, including cognition.	Can cause sedation, mental slowing, and decrease inhibitions leading to more behavior problems. A non-narcotic is preferable over narcotic pain medication if at all possible.
Seizure medicines	Dilantin, Keppra, Depakote	Control seizures. For most persons with TBI this is mainly used early in recovery. If no seizures have occurred, the medication may be able to be stopped.	Sedation and mental slowing.
Anti-spasticity medicines	Baclofen, Zanaflex, Dantrium	Control spasticity and spasms that cause pain, limit function, or limit positioning.	Generally cause sedation and mental slowing in brain injury. Use with caution, but may also want to consider other treatments like Botox or Intrathecal Baclofen (ITB).

Date set for 20th Annual Statewide Conference on Brain Injury



Staff Report

MINNEAPOLIS - The Brain Injury Association Annual Conference is now set for May 20-21, 2005 at the St. Cloud Civic Center. The conference planning committee decided on "Bridging Islands" as this year's theme. Keynote speakers for the event include Dr. Al Condeluci and playwright/storyteller Kevin Kling.

Dr. Al Condeluci is one of America's leading consultants on human services and community issues. He's campaigned for a number of policy changes regarding people with disabilities, including the Americans with Disabilities Act of 1990. He speaks to national and international audiences reaching over 10,000 people each year. As United Cerebral Palsy (UCP)

of Pittsburgh's current executive director, Dr. Al Condeluci has 28 years of service at UCP of Pittsburgh and is internationally recognized as a leader in human services.

Condeluci is also a professor at the University of Pittsburgh's School of Social Work and a Masters professor in Nonprofit Management at Robert Morris University. Three of his books, *Interdependence* (1991), *Beyond Differences* (1995), and *Cultural*



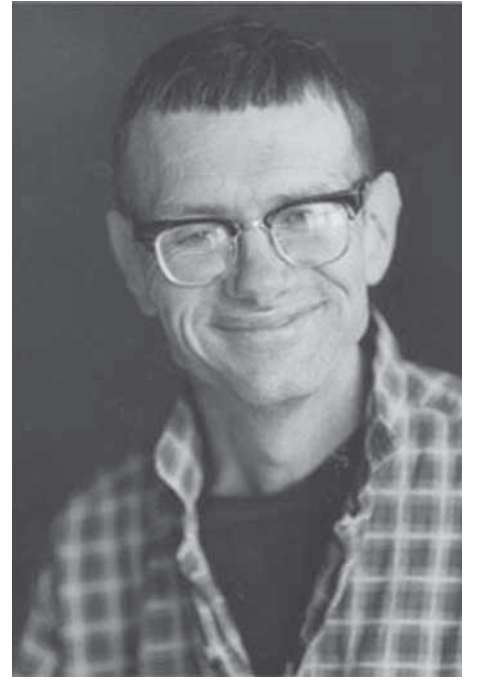
Dr. Al Condeluci

Shifting (2001) are being used in more than 100 colleges and universities. Dr. Condeluci's latest

book, *Advocacy for Change: A Manual for Action*, serves as a hands-on guide for community activists.

Kevin Kling is a local playwright, humorist, storyteller and stage performer. When he writes, the details are usually specific to the upper Midwest, but his work is more of a universal experience: full of childhood stories and topical observations. Kling has the ability to capture the many details of a moment in just a few words. As he explains it, "I have a small command of the English language so I try to make each word a hero."

A Minnesota native and graduate of Gustavus Adolphus College's Theatre Program, Kling has been awarded many prestigious arts grants and fellowships including The National Endowment for the Arts, The McKnight Foundation, The Minnesota State Arts Board, The Bush Foundation and The Jerome Foundation. A central figure in the Minneapolis Theatre community, Kling has written over a dozen plays and adaptations. Kling is a frequent storyteller on National Public Radio's "All Things Considered." and has addressed



Kevin Kling

disability issues in many of his creative endeavors.

The 2005 annual conference planning is underway. Sponsorship materials will be mailed in early January. For more information about conference sponsorship and exhibit opportunities, call Ottar at 612-238-3235. To volunteer at this event, contact the Volunteer Coordinator, Kimberly Ferencik at 612-378-2742.



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*National Institute on Disability and Rehabilitation Research



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people who come to us who have marketable skills, but because of limitations associated with their disability, they are having difficulty accessing the job market. They might be involved with VR for less than a year. There are others who come who don't have marketable skills and based on their aptitudes and abilities and interests, they may involve themselves in a four year college program," said Paul Bridges, interim director for rehabilitation services for the Department of Employment and Economic Development (DEED), the division of the government that oversees VR.

In cases like Balken's, persons with disabilities turn to VR to help determine if they can return to their profession at the same level as they were pre-injury, what accommodations they would need to return to work, or if they can't return to the same job, what other employment or training options exist.

To Balken's surprise, he didn't qualify as a "priority one" candidate, and was told he most likely would not be served by VR at all.

"We determine who is in what priority category based on how the person gets along relative to seven areas of functioning. An individual has to have serious functional limitations in terms of employment in three or more areas in order to be considered in the first priority group," said Roberta Pisa, director of consumer and staff services for DEED.

The seven areas of functioning are mobility, self-direction, self-care, interpersonal skills, communication, work tolerance and work skills.

"[Vocational Rehabilitation] seems like a great program for everyone but me. I was told at my last doctor's appointment that for the outside observer, I'm recovering quite well. I can talk well, I can move around okay. But it's the things that people can't see that are my main deficits. That's the hardest thing to cope with," he said.

Balken admits that he could probably land a low-skilled retail position. "But I didn't go to college for six years to do that because I fell off a roof. It's like you're supposed to accept a lesser job or lesser career, when you wouldn't have to if you had a little help, and it's impossible to get back into the swing of things all by yourself. That's very hard to accept when all you want to do is return to being a productive,

working person again."

Vocational Rehabilitation has a long history of successfully assisting persons with disabilities in their return to work, and for the first time, has been faced with difficult decisions to make about their budget. VR instituted a waiting list for priority one consumers on January 15, 2004. Currently 2,600 priority one consumers and another 2,896 consumers in priority two, three and four are waiting for services.

"It would be a bit of a misnomer to say that [priority two/three/four consumers] are on the VR waiting list, because it is highly unlikely that we will be able to provide them with traditional, full VR services," said Bridges.

According to Bridges, the waiting list is due to several years of flat funding from the federal government, coupled with rising costs in post-secondary education and healthcare for staff.

Historically, a waiting list for VR services goes back as far as 1993 (fiscal year 1994) when the priority categories were first established. "Under federal regulations, we were instructed to establish a priority for service and a waiting list when we find ourselves in a situation of not being able to serve all eligible consumers," said Bridges.

Between 1994 and today, categories were progressively closed for services, starting with category four, and put on a waiting list. When fiscal year 2004 started in October 2003, VR continued to bring in priority one consumers until January 15 when the waiting list was implemented. From January 15 through August 15, no one was taken off the list. Since August, 300-600 consumers have been taken off monthly.

The effects of the waiting list have made a significant impact on people with disabilities and service providers throughout the state.

An office of empty chairs

Five years ago when he opened Opportunity Partner's office at the Bloomington Workforce Center, Ray White described the office as "bustling" with a steady stream of consumers referred by VR. As a supportive employment vendor for VR, Opportunity Partners provides the employment counseling and job coaching necessary to get consumers back in the work force.

When the waiting list was implemented for VR services, White witnessed a dramatic drop in activity. "It was a slow process and it just continued throughout the year until finally, when I would walk into the office in the morning, the chairs where clients

used to wait to see counselors were vacant," he said.

White is very concerned about the lasting ramifications caused by the waiting list. "The waiting list discourages applicants. The concern is there are individuals out there that are not accounted for who will not receive assistance. When they hear that there is a waiting list, and that they might not even get served, they think, why even apply?"

The gap in employment history is a typical barrier to employment, said White. The waiting list increases that gap. "As clients wait, their job history becomes extremely damaged. This is really going to hinder serving clients," he said.

The waiting list also exacerbates emotional barriers to employment. "[It] depletes the positive energy and motivation needed for a successful job-hunt. Those with mental illness like depression can be affected in a very negative way. A lot of the folks coming to us for assistance have a motivation problem, and we have to fire them up and really create an interest in where they want to go, where they want to be. Without that help, this really doubles the [negative] effect," said White.

White says that the waiting list has forced his organization to think creatively on how it can meet the needs of the persons with disabilities. One of the services Opportunity Partners now offers is a private pay option for supportive employment. Five families have opted for this service and two job placements were made fairly quickly.

"[The waiting list] is going to make agencies like ours shuffle, reorganize and maybe come up with some different programs," said White.

Mayo Makes Adjustments

Rachel Scanlan has also reshuffled the way she does her job. As Vocational Case Coordinator for Mayo Medical Center's Brain Injury Rehabilitation and Research Programs, Scanlan's work has always been tied closely with VR services.

Typically, Scanlan gets involved with consumers early in their rehabilitation process, long before they are ready to go back to work. By getting involved early, she helps shape the therapy process to meet the employment needs of the consumer.

Many of Scanlan's consumers do not have a job to go back to, or the job they had was filled due to the length of their absence. This

is where community supports are critical. One of the most important services Mayo accesses through VR are the work trials or "job try-outs."

"It's an opportunity for people to go out and work a job for a short period of time with the assistance of a job coach. It may be an area of interest, or it may be similar to a former job that they once held and they wanted to see if they did indeed still have the skills. It's part of the evaluation phase, so an employer is not obligated to hire them, so there is no pressure there. If the person doesn't do well, it's okay because they didn't actually go out into the real world of work and burn a bridge by being terminated or having other problems," said Scanlan.

Because of the close connection to VR, Scanlan's work has been dramatically affected by the waiting list. "We have people that have gone through our program and are all geared up to work, but need more support. They need some evaluation or work trials or they might need some training. But when that resource isn't there, there is a huge gap. So it's changed the way I do my job. As soon as I'm seeing people, even as early as the initial consultation, I'm getting them set up with VR. I have to explain, well, you're not ready to work, you're not really ready to do these vocational things, but because of the waiting list, I need you to set up a meeting [with VR] and we'll go through the intake together," she said.

Scanlan has also relied more heavily on county services as a result of the waiting list. However, Minnesota counties are limited in what they can fund, and waiver programs aren't of help to people that are not eligible for Medicaid or public assistance.

"It is very confusing for folks and cause us a great deal of stress as well, partly because the waiver program is supposed to be the payer of last resort. Vocational Rehabilitation is supposed to pay for the evaluation, and you can't use waiver dollars until that's happened. If you can't get that to happen, people are going without services and that's been frustrating for a lot of folks," said Charity Floen, home and community care program manager for Olmsted County, where the Mayo Medical Center is located.

The importance of advocacy

Scanlan, White and Balken all stress the importance of speaking

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up.

“This is important stuff. These are people that want to go back to work, people who need to go back to work. These are young people – people who should not be sitting for the next several years not working,” said Scanlan. She practices what she preaches, and has been involved in advocacy for VR services at the local and federal level.

Scanlan is thrilled with the increased level of response from her consumers. “I’ve seen people that probably never would have been active in voicing their concerns, talking to their legislators. We encourage people to do that. I think it often carries so much more weight than me as a professional saying ‘you need to fund this, we need more money.’ There’s more power when a person says ‘hey, I want to work, I’m ready to go, I need this service, but it’s not there.’”

White encourages involvement by urging consumers to get on the waiting list. “Whenever I get a phone call about services, I ask [the consumer] to please, please put their name on the list, because

they never know when something might come along. Do whatever you can, keep stirring the pot, keep things in motion and don’t quit.”

Balken has gotten involved by attending the Brain Injury Association of Minnesota’s Legislative Home Visit in his district. “I sat next to my representative during the meeting. He couldn’t believe what I was going through,” he said.

White worries about the long-term effects the VR waiting list will have on society. “I can’t help but believe that if these people aren’t being served somehow, someday through the state of Minnesota, it’s going to come out some other way. Either they will end up on the streets, in the hospital, in mental institutions or in prison. I just see the costs being incurred elsewhere. We all have limitations and assets and skills. If we’re not going to be protected, what does this mean for society as a whole?”

“If you don’t say something, funding for VR and services like it will go away,” said Scanlan.

Tips for Conquering the Waiting List Woes

- 1. Get on the List!** Don’t let the thought of a waiting list discourage you from applying for vocational rehabilitation services. Make sure that you document any deficits or barriers to employment before attending the intake meeting, so that you can clearly articulate your needs.
- 2. Help create a demand for service.** If you don’t qualify for priority one, make sure that you are categorized as two, three or four and put on the appropriate list. Your presence on the waiting list demonstrates a demand for services.
- 3. Become a Citizen Advocate.** Contact your state and federal legislators and share your story. Write letters, make phone calls, send emails, and if possible, arrange in-person meetings. Hearing from professionals in the brain injury field will never carry the same power with lawmakers as hearing a personal story from their constituents. Contact Shannon Robins at the Brain Injury Association of Minnesota for more information at shannonr@braininjurymn.org or by phone at 612-378-2742, or 1-800-669-6442 in greater Minnesota.
- 4. Contact a Resource Facilitator** at the Brain Injury Association of Minnesota for assistance. They can help problem-solve and connect you to other resources in your community. Call the phone numbers listed above and ask for the Resource Facilitator that serves your area of the state.
- 5. Volunteer.** Volunteering can help you build up marketable skills, provides a valuable source of feedback about your job performance, and allows you to “test the waters” for returning to work. Check out Volunteer Match at www.volunteermatch.org. Don’t want to hassle with a volunteer search over the internet? If you live in the Twin Cities Metro area, contact the Volunteer Resource Center at 612-379-4900. For volunteer opportunities at the Brain Injury Association of Minnesota, contact Kimberly Ferencik at kimberlyf@braininjurymn.org or at the phone numbers listed above.



MAINS'L SERVICES, INC.

WALK FOR THOUGHT from page 1

Association's growing capabilities to reach a broader audience.

The Dragonfly Clan, lead by Team Captain Tracy Winkel-Johnson, held to her promise to become the top fundraising team for 2004. The Dragonfly Clan raised over \$5,100.

"My inspiration for fundraising for the Walk for Thought would have to be my brother, Steve, who we lost to a brain injury. Participating in the Walk, really throwing myself into it, seems like a good way for me to positively honor my brother's memory and keep his spirit alive while also doing something to help others," said Winkel-Johnson

Two teams raised over \$3,000: Region's Hospital and Keeping Ahead. Craig's Cracked Cranium, the Mindful Mayo Walkers, Spin to Win, Stampeding Turtles, Team Eclectic, Team Nichole, Team Ottar and the Montes are teams that raised over \$1,000.

Top fundraising individuals with over \$500 a piece include Kristi Buschke, Byron Wills, Deborah Wagner, Craig Martinson, Sue Winkel, Tracy Winkel-Johnson, Tom Bang, Mike Carter, Sue Larsen, Denny Anderson,

Judy Vallancourt-Yerhot, Terry Sandstrom, Shannon Robins, Connie Schmitz, Tawnya Panek, Kathy Puetz, Sharon Christensen and Amy McVary.

All proceeds from the walk will directly benefit the Brain Injury Association of Minnesota's multiple services and programs that serve persons with brain injury.

Picture galleries from this year's walks in Phalen and Blackduck, including team pictures from the Phalen walk are available on the Association website.

Thanks to our participants, sponsors, volunteers, staff, Walk Committee and board of directors for their support and commitment to bring hope, help and a voice to the 94,000 Minnesotans who live with a disability due to brain injury. The Walk would not have been as successful without everyone's involvement. The steps we took during the Walk for Thought will help thousands of Minnesotans affected by brain injury achieve even greater strides of their own.

Watch the Association web site, www.braininjurymn.org, in the coming months for details on next year's walk.



picture by Sharon Rolenc

Alicia Warden, senior at Blackduck Highschool, organized the Blackduck Walk for Thought, under the guidance of retired Blackduck High school teacher Shirley Deno.



pictures by Sharon Rolenc

Walkers take a break from the 2004 Walk for Thought to pose for a scenic picture



picture by Carrie Stewart

Volunteers of all ages turned out at the walk to help with set-up, registration, pictures and the water station.

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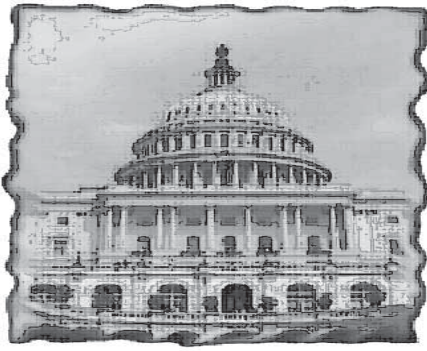
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LEGISLATIVE CORNER

Keeping up to date with public policy

Thank you to all who participated in Legislative Home Visits!

By Shannon Robins

The Brain Injury Association of Minnesota would like to extend a special thank you to those very dedicated people who helped to coordinate and host Legislative Home Visits in their communities. Thank you also to those who took the time to participate and courageously share their stories at the Legislative Home Visits.

The information gathered from participants at Legislative Home Visits creates the foundation for the Brain Injury Association of Minnesota's Legislative agenda for the upcoming session while the coalition work that the Association is involved in helps to focus and shape the policy initiatives.

The people who came to the Legislative Home Visits

and shared their stories and perspectives were repeatedly told by legislators across the state that the input they received at the Visits will greatly impact the legislators' ability to protect the services and supports that are important to their constituents whose lives are impacted by brain injury. However, the elected officials also warned participants that they need to consistently and continually speak-up about the decisions being made at the Capitol during session.

Based off of the information gathered at the Legislative Home Visits and through coalition involvement, the Brain Injury Association of Minnesota's legislative initiatives will address concerns raised about a broad spectrum of issues.

These issues include things like: Vocational Rehabilitation

and job supports, Medical Assistance (MA) Home and Community Based Waivers (Traumatic Brain Injury (TBI) and Community Alternatives for Disabled Individuals (CADI) Waivers), passage of a primary seatbelt law, restoring the Special Education funding, limiting the use of Aversive and Deprivation Procedures and the use of law enforcement in schools, repealing the co-payments for Medical Assistance prescription drugs and medical visits, and repealing the \$500 limit on Dental Services covered under MA.

As Minnesota enters another legislative session with a projected budget deficit of over \$700 million before inflation (about \$1.4 billion with inflation), the disability community will be targeted for further cuts and restrictions in eligibility for the services and supports that are needed. More than ever, we need to be vigilant in our efforts to protect those services and supports that are state funded and continually educate our elected officials about the benefits that these services provide.

As our elected officials are faced with the daunting task of balancing a continually decreasing budget with steadily increasing demands, we need to remember that they are humans and can only protect what they are able

to make the case for to other legislators and the Governor. The other thing to keep in mind is that the Association, along with other disability advocates, will have to concentrate on highlighting and supporting the programs that help the state save money.

The Association is dedicated to keeping its Citizen Advocates informed of what issues are being discussed, as well as when and how to make an impact at crucial times during this session. If you have not already done so, please sign-up to be a Citizen Advocate today so that we can keep you informed.

Communication with Citizen Advocates is primarily done through email, so if you do not have email access, we will still keep you posted during Action Alerts, but will not be able to update you weekly. Please contact Shannon Robins today at shannonr@braininjurymn.org or 612-378-2742 to learn more about being a Citizen Advocate.



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Make Room for Creative Errors: *Aphasia, Poetry and Making Sense of it All*

By Elizabeth Sowden

“Why this distracted talk?

It’s not my fault I rave.

You did this.

Do you approve of my love-
madness?”

—from *The Essential Rumi*,
translated by Coleman Barks

This stanza comes from Rumi, a legendary Sufi poet who lived and wrote in the thirteenth century. Rumi addresses God in this stanza, but for persons with aphasia and their family members, these words can be all too familiar. The words coming out of an aphasic person’s mouth may be long strings of meaningless sentences, or they may be short clipped phrases that can signify any variety of actions, statements, commands or desires. Caring for a person with aphasia can seem like a surreal nightmare. Can he understand a word I say? I have no idea what she wants; does she even know? It’s critical for family members of a person with aphasia to remember one thing: though the words may not come out right, having aphasia does not entail madness.

Aphasia is a condition that results from brain injury, usually in the aftermath of a stroke. The portions of the brain where language and linguistic ability are stored are injured, creating difficulty with language, including speech, comprehension, and the ability to read and write. Don MacLennan, Speech Pathologist at the Minneapolis VA Medical Center, defines aphasia as “a disorder of language.” Injuries that cause aphasia usually leave the frontal lobe intact. “The frontal lobe is like a ‘conductor,’ on a train. It interacts with memory and controls attention. [People with aphasia] can understand functionally,” said MacLennan.

There are three main types of aphasia—fluent, non-fluent, and global. Fluent, or Wernicke’s, aphasia is exactly what it sounds like: a person with fluent aphasia can speak in long, flowing sentences that have correct grammatical structure, but the words the person uses might be made up, nonsense words. Persons with fluent aphasia are often completely unaware of their difficulties.

Non-fluent, or Broca’s, aphasia, is the exact opposite of fluent aphasia. Persons with non-fluent aphasia speak in two word phrases, such as “walk dog,” which can mean “I am going to take the dog for a walk,” “You go take the dog for a walk,” or “the dog is walking.” Persons with non-fluent aphasia are often very aware of their difficulties, which can be very frustrating for them.

Persons with global aphasia have severe difficulties with communication, and are very limited in their ability to comprehend and speak. There is also what is called anomic aphasia, which means that the individual has difficulty remembering certain words, particularly the names of things.

Additionally, there is Landau-Kleffner Syndrome, which is a childhood disorder that includes the gradual or sudden loss of the ability to understand and use spoken language. Eighty percent of children with Landau-Kleffner Syndrome (LKS) experience epileptic seizures, occurring mostly at night. Many behavioral disorders accompany LKS, including hyperactivity, aggressiveness, and depression. LKS may also be referred to as Infantile Acquired Aphasia, Acquired Epileptic Aphasia, or Aphasia with Convulsive Disorder.

It’s overwhelming, right? No matter which one of these types of aphasia your loved one has, you will find it extremely challenging to care for him or her. The loss of linguistic ability is a devastating one. We all too often judge the intelligence of others based on their language skills, which, as you may be discovering now, is inaccurate.

“Language is a tool. It’s not absolutely required. People with aphasia usually have good memory and reasoning...aphasic people know what the point is,” said MacLennan.

Language is one of those things we take for granted—one of those things we hurt badly for once it’s gone, one of those things that causes us to grapple with meaning as we recover from the shock of losing something so vital, something so inherent within us. We may not realize all the things we do with language until we can’t do them any more: the comedian loses his ability to tell jokes, the cynic her ability to process sarcasm, or the writer his ability to turn the blank page into a story or poem with a life of its own.

We may not realize all the things we do with language until we can’t do them any more: the comedian loses his ability to tell jokes, the cynic her ability to process sarcasm, or the writer his ability to turn the blank page into a story or poem with a life of its own.

You have lost something here too: your loved one’s accomplishments you once took pride in are no longer possible. A part of the way you interacted with each other, such as humor, is now gone. Perhaps this change places a strain on your relationship. You might be thinking, “What do we do now?”

Perhaps the most positive step you can take is to view your loved one’s aphasia as a gift. In her essay, “Celebrating Aphasia Poetry Power,” Chris Ireland, a poet who has aphasia, writes “Before I published [my poetry] in the journal, I discussed with the editor. She was correcting. I explained that these are *not* spelling errors, but ‘creative errors’ to show aphasia.”

Here’s an example of one Ireland’s creative errors: ‘inside my own rhymns/internal rhymn.’ In the word ‘rhymn,’ there’s a clear fusion of the words ‘rhyme’ and ‘hymn,’ which can be interpreted in indicate a celebration of poetry, of words, and of ‘creative errors’ that come from aphasia. The aphasic mind is still a creative mind, a mind still capable of profound meaning.

Also, just because something doesn’t make sense doesn’t mean it’s not beautiful. In “The Creative Process: Reflections on the Invention of Art,” the poet AE Housman wrote: “Even Shakespeare, who had so much to say, would sometimes pour out his loveliest poetry in saying nothing...[it] is nonsense, but it is ravishing poetry.” Learn to find beauty in the nonsensical and the disorderly. Make room for creative errors in your life.

According to MacLennan, the one of the best things you can do if you feel you’re having difficulty accepting and understanding the changes that come with aphasia is education. Learn all you can about aphasia, be creative with communication techniques, and remember that when your loved one makes an error in speech, do not correct him, for if he has non-fluent aphasia, it will only frustrate him, and if he has fluent aphasia, he may not understand why you are correcting him.

For more information, check out the National Aphasia

Association’s website, www.aphasia.org. This website has articles, information on research, and contains information in Spanish, Haitian-Creole, Russian, and Chinese. “Aphasia Inside Out: Reflections on Communication Disability” has essays written by individuals with aphasia, including the one by Chris Ireland. It’s an enjoyable read, and it’s full of information that will provide you with very useful insight.

“Take language out of the equation,” said MacLennan, and you’ll see the same smart, funny, caring person you’ve always known.

The Write Aid

- ❖ Encourage persons with aphasia to write. Though writing may be difficult now, encourage them to view it in a new way—allow them to let poetry show them what they are capable of. (According to MacLennan, “It can’t hurt. It might not be therapeutic ...but it can’t hurt.”)
- ❖ Children with Landau Kleffner Syndrome who learned to write before the onset of LKS may still be able to write, so encourage your child to write as much as possible to alleviate some of the frustration your child may have with oral communication.
- ❖ Keep a journal of your own feelings, frustrations and desires. It’s your private writing so don’t hold back. Your feelings are valid too—once you get them out, you’ll be able to deal with them and it will be better for you and your loved one.
- ❖ Try writing your own “aphasia” poetry with creative errors—write down any word that comes to mind, even if it’s a nonsense word. Do this not only for the satisfaction of creating but also to help you get used to the idea that not making sense isn’t a bad thing.

Blood test being developed for TBI diagnosis

By Kelly Paradis

Any fan of science fiction knows that in the future, doctors will be able to quickly scan their patients with a handheld tool and determine instantly what is wrong. In the case of traumatic brain injury, the future may be right around the corner. Researchers have been developing a simple blood test to confirm that someone has sustained a traumatic brain injury (TBI) and even the degree of injury.

When the brain is injured, scientists are discovering that there are distinct protein patterns that emerge around the injured tissue. Researchers at the University of North Carolina at Chapel Hill found that the scar tissue that forms on the brain or spinal cord after an injury prevented healing and regeneration of cells.

This scar tissue contains a protein called palladin, which UNC researchers first identified in 2000. Palladin seems to control the way that cells regenerate in an injured area of the brain and also serves as a marker pinpointing

the injured area, with more cells showing up around the damaged area.

One challenge of TBI is identifying it quickly so that the injured person is given the appropriate treatment. Current tests using computed tomography (CT) scans and magnetic resonance imaging (MRI) can be expensive and inaccurate. Plus, they may not be readily available to some patients, depending where they live.

While testing for brain injury through protein markers would be a welcome addition to any traditional medical practice, it becomes a lifesaving tool in the hands of a field medic in the military. Brain injuries are an unfortunate reality in military life and being able to quickly identify and treat wounded soldiers and civilians can mean the difference between life and death. This is especially true in triage situations when limited resources means choosing who will get medical help immediately.

Banyan Biomarkers (www.banyanbio.com) is one group that is focusing on developing field

testing for the military. According to Banyan's website, nearly half of all combat deaths are the result of head injuries. The improvements in soldier body armor and medical treatment, while increasing the survival rate of the soldier, has also led to an increase in TBI among the wounded. Injuries that would have been fatal in the past no longer are, but many are left struggling with the lingering effects of brain injuries.

According to the Center for Disease Control, at least 5.3 million Americans are living with a disability from a TBI. Over 300,000 sports-related brain injuries occur each year. Many of the symptoms are subtle or don't appear right away. Often the effects of the injury make it hard for the person to realize or admit that they are having a problem that might be brain-related.

Some common symptoms, like feeling tired, unmotivated and having a hard time sleeping are also seen in people experiencing depression or other illnesses. Tools like the protein-detecting blood test should quickly clear up any confusion by identifying

whether it is a brain injury at fault and giving persons with brain injury the diagnoses they need to manage their recovery.



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Association Volunteers contribute over 3,000 hours in 2004

The Brain Injury Association of Minnesota is the only nonprofit organization in the state dedicated solely to serving the needs of the 94,000 Minnesotans who live with a disability due to brain injury. Our mission is to create a better future through brain injury prevention, research, education and advocacy.

In order to fulfill its mission, the Association relies on a great group of volunteers who work in a variety of roles, from translators to receptionists, event set up to data entry. Volunteers contributed more than 3,000 hours in 2004!

The following people have warmly contributed their time and talent to support persons with brain injury and their families in 2004. For their continued support, the Brain Injury Association of Minnesota sincerely thanks ALL of them:

Kathy Anderson
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Heidi Wilcox
Tanika Williams
Deb Williamson
Andrea Winget
Caroline Winget
David Winget
Pat Winick
Ben Wolfe
Judy Yerhot
Jeff Zinn
Our sincerest apologies to anyone whose name we accidentally omitted.

Help Persons with Brain Injury and Their Loved Ones

Volunteer to help with Brain Injury Basics Classes

The Brain Injury Association of Minnesota is looking for a friendly outgoing person to assist with "Brain Injury Basics" (BIB) classes by preparing refreshments, helping with room set up and greeting participants as they arrive at our office. This volunteer is key to providing a welcoming, helpful environment for class participants, many of whom are persons with brain injury and their family members. We need a volunteer from 4 pm – 6:30 pm the third Tuesday of every month and ask for a six month commitment. This is a great opportunity for youth 14 or older or for a parent and child (age 7+) to volunteer together. There is free parking and we are near a bus route. The Brain Injury Association of Minnesota is committed to providing a friendly, supportive, professional experience for its volunteers. If interested, contact the Volunteer Coordinator at 612-378-2742 or kimberlyf@braininjurymn.org. For a listing of other volunteer opportunities, visit the Association website at www.braininjurymn.org.

WISH LIST

We welcome a variety of in-kind donations at the Brain Injury Association of Minnesota. The following are a few of our immediate needs:

- IBM compatible computers – 500mhz or better, 256RAM or better, 6 gig hard drive or better
- Computer accessories including anti-glare screens, keyboard trays, wrist rests and power strips
- Scanners
- Laser printers
- Copier
- Tickets to local events (sports, theater, music, etc.) to use as volunteer thank you gifts

If you would like to donate these or other items, please contact Mark or Kimberly at 612-387-2742. Thanks!



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- Dr. Tim Tinius
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- Community Solutions Fund
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TRIBUTES

- In honor of the 50th Anniversary of June & Pete Medernach
- Mr. Matthew Morelli



94,000
 Minnesotans live
 with **brain injury.**
 These are some of our faces.

We're the boy next door, your grandparents,
 your neighbor's best friend, your spouse.

**Become a member today of the
 Brain Injury Association of Minnesota
 and make a difference in the lives
 of people you already know!**

Name: _____
 Address: _____
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I am (please check one):

- A person with brain injury
- Family member/friend
- Professional

Sign me up for:

- Headlines Online, a free electronic newsletter published bi-weekly.

Payment Method

- Check payable to Brain Injury Association of Minnesota
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 Brain Injury Association of Minnesota
 34 13th Ave NE, Suite BOO1, Minneapolis, MN 55413

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Turn your used car into cash
 for the Association.

For more information,
 visit www.donateacar.com
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Please note that the process takes up to
 two weeks and the Association cannot
 store your car.

MEDICINE from page 6

the most common. You should speak with your treating doctor about any concerns related to the medication routine currently being used. If there is still a concern your doctor can refer you to a physician knowledgeable in brain injury treatment and the use of these medications.

Dr. Kenneth R. Britton, DO, is the president and founder of Britton Center for Spine, Sport, and Neurologic Rehabilitation. He is board certified in physical medicine and rehabilitation, and his areas of specialty include physical medicine and rehabilitation and geriatrics. Dr. Britton serves as medical director for Bethesda Rehabilitation Hospital/Rehabilitation Care, Red Wing Health Center, Britton Center, and is the interim medical director for Courage Center. Dr. Britton currently serves on the Brain Injury Association of Minnesota Board of Directors.



*How far
can you go
on strength of spirit alone?*

Bethesda Rehabilitation Hospital

Member of HealthEast
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Reinventing Lives

Judging by Matt's strides, there's no telling. Physical therapy gave him the power to take the first step beyond a severe brain injury. But it's extraordinary devotion that restored his ultimate source of strength – his faith. And on the road to recovery, that's a force we draw from every step of the way.

Estate planning provides long-term sustainability for society



By Ottar Schmitz

My wife and I are expecting our first child, which is very exciting. We are entering a strange and foreign new world of changing tables, bassinets, car seats, and a strange clothing article called a "onesie," which is essentially a large sock with arms.

My wife is enthralled with many of these accoutrements while I, true to the cliché, have been thinking primarily about money. How are we going to pay for all

these things? Day care costs *how much?!? Per day?!?* If you are looking for an adrenaline rush akin to bungee jumping, check out the financial cost calculators that give future predictions for college tuition.

Luckily I am still filled with endless optimism for our future child and feel quite confident in the academic and athletic scholarships that will undoubtedly come our way. Why wouldn't our child be exceptional in every way? And so forth.

Hidden among all of these new responsibilities to consider is the matter of our estate. One must think of such things when becoming a parent, right? My wife and I are modest folks, but nevertheless we want to be responsible parents even in the event of our *very* untimely passing.

Furthermore, despite all of our newfound desire to provide our new child with every possible comfort and opportunity, we also want to pass along an important

value that we share: the support of non-profit organizations that effectively meet our paradigm for a caring society, a healthy environment, and a peaceful world.

So in our estate planning (such as it is), we are directing a percentage of our net worth (such as it is) to several organizations that we feel are important to us and the long-term sustainability of our society.

Despite the above lofty aspirations, estate planning feels a bit like mowing the lawn or washing windows: you know you should do it one of these days, but it's not much fun to consider doing right this minute, especially since it involves touchy subjects including that of your own mortality. However, just with many other chores, it feels better once it's done!

Lastly, please consider the Brain Injury Association of Minnesota when doing your estate planning. We have established ourselves as one of Minnesota's most effective non-profit

organizations and the services and education we provide are having a positive effect on our community by increasing the quality of life for those living with disabilities and increasing the awareness and preventive measures that will help avoid brain injuries in the future. *We are making a difference!*

Ottar Schmitz is the Development Coordinator for the Brain Injury Association of Minnesota.

