

BIRC Bulletin

The BIRC Bulletin is meant to provide its readers with information about brain injury, recovery and everything in-between. Our goal is for the BIRC Bulletin to be used for informational purposes and for readers to be able to use the BIRC Bulletin in combination with our Resource Facilitation Service to obtain the information they are seeking.

The BIRC Bulletin has now changed to being published bi-annually, in March and September.

Inception of the Publication

BIRC Bulletin has always been offered free to its' readers to encourage usage and availability. The BIRC Bulletin, previously known as the BIRCofWI Bulletin, was first published in September of 2011.

The mission statement of this publication has always been to "**provide** knowledge about a variety of brain injury related issues/topics through a publication format."

How You Can Help

If there is a location that you feel would be perfect for the BIRC Bulletin

Contact us today!

The BIRC Bulletin covers the latest information affecting people living with brain injury, their families, and caregivers. The Bulletin includes, but is not limited to, Facts and Statistics, community support groups and programs, human interest stories, living in the world of brain injury features, along with issues of medical concerns, hot topics, current and future treatments available, and care options.

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Slow Down!

Neuro-fatigue Written by: Ms. Kathy Richardson, Resource Facilitator

Neuro-fatigue is commonly defined as the awareness of a decreased capacity for physical and/or mental activity due to an imbalance in the availability, utilization, and/or restoration of resources (energy) needed to perform an activity. Resources may be physiological or psychological.

At a physiological level, fatigue is caused by damage to neurotransmitters or neural connections, due to brain injury. This damage impairs the processing speed, attention, memory and executive functions of the brain making cognitive functioning very exhausting for the brain.

When a brain is injured, it takes a lot more energy to perform even the simplest of tasks. This is called *Primary fatigue*.

Primary fatigue may also be associated with muscle weakness or injuries in the peripheral nervous system. Psychological fatigue is a "state of weariness related to reduced motivation, prolonged mental activity, or boredom that occurs in situation such as chronic stress, anxiety or depression."

Neuro-fatigue is one of the most debilitating consequences of a brain injury. It affects everything the injured person does, both physically and cognitively.

Neuro-fatigue Facts

FACT: Seventy

percent (70%) of

traumatic brain

injury survivors

suffer neuro-

FACT: Brain

injury survivors

have less than

reserve others

the energy

have.

one-third (1/3) of

fatique.

Neuro-fatigue is one of the most debilitating consequences of a brain injury. It affects everything the injured person does, both physically and cognitively.

This type of fatigue is called Secondary fatigue and often gets worse with stress.

A person's emotions also become very raw when they are experiencing **neuro-fatigue**. After initially sustaining a brain injury, a survivor will find that they tire easily, even after a simple activity like watching TV or having a conversation with someone.

As time goes by, a survivor is likely to try and push themselves to do more things, resulting in **neuro-fatigue**. Accepting that you no longer have the same physical and mental stamina that you had before your injury goes a long way in managing **neuro-fatigue**.

Please also remember that it will take your brain longer to recharge itself since your brain injury.

Signs of fatigue:

- Pale face
- Glazed eyes
- Irritable
- Making mistakes
- Loss of concentration
- Headaches

Avoiding Fatigue:

- Know your limits, don't over schedule yourself.
- Pace yourself, take breaks.
- Exercise for 30 minutes a day.
- Eat a well-balanced diet at regularly scheduled times.
- Don't nap during the day.
- Don't drink caffeine after noon.
- Schedule all your activities for the day and follow your schedule!
- Prioritize your activities.
- Do things requiring the most energy in the morning.

2

CONTINUED

- Do one enjoyable activity each day.
- Avoid stressful situations.
- Do one relaxing activity each day.
- Take your medications according to prescriptions.
- Conditions That May Cause or Increase Fatigue:
 - Depression
 - Sleep apnea
 - Insomnia
 - Seasonal allergies
 - Hypothyroidism or other endocrine disorders
 - Respiratory or cardiac problems
 - Headaches
 - Lack of exercise
 - Vitamin deficiency/poor nutrition
 - Stress
 - Anemia
 - Medications
 - Illness
 - Chronic pain
 - Sensory overload

There may come a point sometime when you can barely stand up, because you are so fatigued. When this happens the only thing you can do is recharge by getting some rest and a good night's sleep.

Everything else will have to wait until you feel better. During times of extreme stress, such as the holidays, you need to closely monitor your fatigue and take a break when you feel it coming on.

You should seek medical help for your neuro-fatigue when you are having difficulty getting out of bed, you are not able to do things you enjoy, you are not sleeping well at night, you feel as though you have brain "fog", or you are having difficulty taking care of yourself or your family.

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Appreciating the Simple Things

Coronary Artery Bypass Surgery and MCI Written by: Lois York-Lewis, Executive Director and Co-founder

It was just another day in April of 2017 when my father arrived at the hospital for coronary bypass surgery. Little did we know that complications would surface and that post-surgery he would be affected by short-term memory and a condition later diagnosed as MCI (Mild Cognitive Impairment).

According to ¹HealthGuideInfo.com, "Why mild cognitive impairment after bypass surgery occurs is not fully understood, there are some theories about why it happens. Some believe that trauma during surgery may be a cause. Cross clamping to close the aorta can cause small strokes by breaking off plaque into the bloodstream.

The development of small clots may occur during surgery when the patient is being supported by the bypass machine. Blood flow changes may occur because the bypass machine pumps blood differently. Elderly patients, and others who are susceptible, may experience cognitive impairment because of this."

The ²Mayo Clinic further details that "Mild cognitive impairment (MCI) can involve problems with memory, language, thinking and judgment

The Mayo Clinic further details that "Mild Cognitive Impairment (MCI) con involve problems with memory, language, thinking and judgement that are greater than normal age- related changes."

Coronary Artery Bypass Surgery Facts

FACT: Heart bypass surgery, also known as coronary artery bypass surgery,

aims to replace damaged **arteries** in the heart.

FACT: This surgery is used

when the coronary arteries become blocked or damaged. that are greater than normal age-related changes."

At age 81, my father (who as a career over-the-road truck driver with an exemplary safety record) now faces bouts of confusion and recall issues. We were concerned that this diagnosis would cause him to lose the one freedom that was most near and dear to him, his ability to drive.

After months of physical recovery and waiting for signs of cognitive improvement, we were finally ready to face the issue at hand, could he drive again. Once the decision to find out was made, my parents and I sought the guidance and expertise of an Adaptive Driving Specialist.

Following a thorough evaluation and behind the wheel assessment, we were advised that dad would indeed retain the freedom to drive if he followed the evaluation guidelines and complied with the limitations.

Wisconsin currently has only five qualified evaluators and one only works with the Veterans Administration. Persons with TBI (traumatic brain injury) and ABI (acquired brain injury) might want to consider having their driving skills evaluated (as my father did) to give themselves and their families a clear picture of the person's ability to safely operate a vehicle.

There is a nationwide organization known as the Association for Driver Rehabilitation Specialists, ADED. The ³ADED states, "The aging of Americans promises to increase substantially the numbers of people at risk for disability. What's more, by 2030, 60 million 70-year-olds will be licensed to drive, spurring a need for more qualified driver rehabilitation specialists, certified driver rehabilitation specialists, and driver rehabilitation programs." My father falls into this category, which is the category of aging Americans and his risk came from sustaining an MCI after bypass surgery,

With each passing day, Dad experiences ups and downs but has accepted the limitations imposed on his driving. However, it's the simple things in life, knowing that he can still go to Wal-Mart, drive to the gas station for his lottery tickets, and treat my Mom to

CONTINUED

breakfast or lunch out really impacts his outlook. He still struggles when he is tired, sick, or just out of sorts, but he knows another day brings another chance to get out and about and enjoy life. After all, it really is the little things that mean a lot.



Normalized blood flow

http://images.lifescript.com/images/ebsco/images/si55551781.jpg

¹ http://www.healthguideinfo.com/congestive-heart-failure/p115730/ ² https://www.mayoclinic.org/diseases-conditions/mild-cognitive-

impairment/symptoms-causes/syc-20354578

http://www.aded.net/

⁴ healthline.com/health/heart-bypass-surgery



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How **YOU Can Help**



In order to ensure the Brain Injury Resource Center of Wisconsin, Inc. is here for years to come we need your help!

Use Pay Pal Giving Fund as a way to donate to the Brain Injury Resource Center of Wisconsin, Inc. and insure that 100% of the donation gets to our organization!

Pay Pal covers all fees associated with making an online donation.



Your Brain Injury Identification / Wallet Card is a key part of life, and whether you are at home, on your way to visiting friends or just out and about, having some form of ID on you is important so that you remain safe and secure. A Brain Injury Identification / Wallet Card is a valuable tool that can assist not only law enforcement and First Responders but people in general and now they are almost necessity wherever you go!

Brain Injury Identification / Wallet Cards do so much more than just show your name and your picture, they offer other valuable information which has come from a reputable source.

You may ask yourself, "Why should I carry a Brain Injury Resource Center of Wisconsin - Brain Injury Wallet Card?"

The complexities of brain injury can make it difficult for people to ask for support. Carrying an official Brain Injury Resource Center of Wisconsin - Brain Injury Wallet Card can provide you with the confidence to know that if you need help, your needs can be easily identified, whether in social situations, or if you come into contact with police officers or other emergency services.

Visit the home page of our website today, click the example below for more information.

BRAIN IN If I am experienci Communicate in Avoid Misunders	URY IDENTIFICATION CARD ng a crisis call my emergency contact a calm, non-confrontation al manner anding-Please Read Reverse Side	Symptoms Poor coordination/bala Slurred Speech Inpaired Hearing/Visio Difficulty Concentratin	of brain injury include nce • Confusion • Dizziness • Delayed Thought Processing • Initability or impatience			
	Myname is	 Memory Problems 	 Impaired Judgment 			
6-1	First and Last Name Here	 Aggressive Behavior Anxiety 	 Inappropriate Behavior Impulsivity 			
	My Emergency Contact Information	BRAIN INJURY RESOURCE	This Brain Injury Identification Card has been issued by the Brain Injury Resource Center of Ulicconvin durum birsoful ord			
Contact 1 - First and Last Han	e (xxx) xxx+xxxx	- carriering	mecanen (ministra comica g			
Contact 2 - First and Last Han	e (xxx) xxxx-xxxxx	The holder has verifi	cation on file with the BIRCofWI that a			
Date of Issuance:mm/dd/yyyy		brain injury has been diagnosed by a medical profession				

The brain is an amazing organ. Therapists and medical experts have been prescribing playing games as a form of therapy to aid brain injury recovery. Take a few moments and use the "All About the Brain" word search as a tool to start your journey towards game playing as a means for a cognitive workout!

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	Fro	ontal L	obe.			Tei	mpora	l Lobe	Ś			Occip	oital L	obe				Pariet	al Lob	е	
Learn more about the lobes of the brain and the basics of brain injury																					
						https:	://ww	w.bir	cofwi.	org/a	ll-abo	out-br	ain-ii	<u>njury.</u>	<u>html</u>		-				
	Find the effects associated with TBI and ABI as listed below																				

Emotions Memory Personality Vision Prob	lem Solving Fatigue
Organization Speaking Attention Concentration Bala	nce Sadness
Dizziness Moodiness Judgment Perception Acqu	uired Traumatic

Frontal Lobe	Temporal Lobe	Occipital Lobe	Parietal Lobe
The Frontal Lobe is located just	The Temporal Lobes are located on	The Occipital Lobe is located at the	The Parietal Lobe is near the back
behind the skull of the forehead,	each side of the head above the	back of the skull. This part of the	and top of the head. It's involved
and it governs our ability to reason,	ears. They control hearing and are	brain controls vision as well as	with visual attention, sensation
make judgments, organize	related to smell, taste and short-	vision processing.	(touch and pressure) and
information and control some	term memory (especially visual and		integration of senses
motor/muscle functions	verbal).	Occipital Lobe Functions	
		Vision	
Frontal Lobe Functions	Temporal Lobe Functions	Vision Processing	Parietal Lobe Functions
Attention and concentration	Memory		Sense of touch
Self-monitoring	Understanding language (receptive		Spatial perception
Organization	language)		Differentiation (identification) of
Speaking (expressive language)	Sequencing		size, shapes, and colors
Motor planning and initiation	Hearing		Visual perception
Awareness of abilities and	Organization		
limitations			
Personality			
Mental flexibility			
Inhibition of behavior			
Emotions			
Problem solving			
Planning and anticipation			
Judgment			

Common Problems After Focal Brain Injury

Our Brain Makes Us Who We Are Written By: Dr. Nathan D. Glassman, PH.D., ABN, ABPP



These differences can be due to age, gender, education, experiences, and genetic background. When the brain is injured such as from a fall or vehicle accident, or from an illness such as a stroke, brain functioning can be significantly changed.

The most significant effects of brain injury include changes in social and emotional control, and the survivor's awareness of problems and need for help.

The brain consists of long cells called axons, and glial cells, which nourish and support axons. Axons are not directly connected but have spaces between them called synapses.

Neurotransmitters are the chemicals which travel across the synaptic space and allow brain areas to communicate. This allows us to see, hear, control our body, and experience emotions.

When the brain is injured, individual axons or other cells will die if they are injured. This disrupts the movement of neurotransmitters and electrical activity in the brain.

The most significant effects of brain injury include changes in social and emotional control, and the survivor's awareness of problems and need for help.

Focal Brain Injury Facts

FACT: If the injury occurs in a relatively smaller area, it is known as a Focal Brain Injury.

FACT: If many axons are injured or sheared, is it Diffuse Axonal Injury. If this is a relatively smaller area, it is known as focal brain injury. Frontal and temporal lobes are often damaged in car accidents. If many axons are injured or sheared, it is Diffuse Axonal Injury. This could affect the corpus callosum (joins left and right half of the brain), or communication between to front and posterior (occipital) brain areas.

When a larger area or the entire brain is affected, it is called global brain injury. Sometimes focal and global injuries occur.

Axons can be specialized for communication and are coated with a myelin sheath to make information travel faster. They appear white and are also called myelinated or "white matter."

Effects of Focal Brain Injury:

The effects of a brain injury depend on the type and extent of the injury as well as individual characteristics of the injured individual, such as age, intelligence, and so on. Brain injury affects behavior, as most behaviors rely on several brain areas acting together as a network. Sometimes, no obvious changes in behavior or functioning occur, depending on the areas which have been damaged.

<u>Frontal Lobes</u>: Control alertness, self-awareness, emotions, thinking/judgment, and behavior. Frontal brain damage can reduce speech, motivation, affect social skills, slow thought process, and reduce empathy. The individual may know what to do but not do it. The individual may not learn from their past mistakes.

<u>Left Hemisphere</u>: Individuals tend to be aware of their deficits. They often have difficulty with language, either speaking, listening, or both, as well as reading and writing.

They may have difficulty with the muscles on the right arm, leg or trunk. They may have extreme, or catastrophic, reactions to stressful situations.

<u>*Right Hemisphere:*</u> Survivors are often not aware of their problems. They will likely not think they need help and will over-estimate their abilities.

They may have weakness in the left arm or leg, and not be aware of the left side of their body, or space on the left (this is "left neglect"). They may have difficulty with planning and anticipating.

They may have difficulty understanding social cues such as body language or voice inflection. They may have reduced empathy and appear apathetic or emotionally "flat" and appear to be depressed. However, they may deny that they are depressed.

In the future, they are at risk to be severely depressed.

CONTINUED

<u>Temporal Lobes</u>: These lobes are below the frontal lobes. Injury to the left temporal lobe can affect speaking (non-sense words) and speech understanding, as well as reducing awareness of these problems.

Learning and memory of verbal information (stories, word lists) may also be difficult. Injury to the right temporal lobe causes difficulty remembering designs, patterns, and routes (in a store, around town).

Mechanical skills may be reduced. Vision on the left side can be affected. Understanding of melody in music and speech can be reduced.

<u>Occipital Lobes:</u> These areas in the back of the brain control vision, and awareness of vision. Depending on the location of damage, the survivor can have difficulty recognizing people or objects (the "what" system) or recognize movement (the "where" system), identify colors, or do complex motor tasks.

<u>Parietal Lobes:</u> Damage to these areas can affect attention and short-term memory. Copying pictures, puzzles, or figuring out mechanical devices can be difficult. Senses such as vison and touch can be affected.

Awareness of deficits can be reduced.

<u>Conclusions</u>: Although many problems can be caused by brain injury, social and emotional problems contribute to disability. Most brain injury survivors do not return to their previous jobs or work.

Most live with family (parents, spouse). Most need assistance to be as active as possible and keep busy.

Many are at risk for depression and may have problems with drug abuse or drinking alcohol in the future.

A survivor's strengths are related to many factors, but a good support system is very important. If a survivor is aware of their deficits and problems, they will also be more likely to seek or accept help.





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Journaling, It's All About You

A Journal Isn't Something That is Right or Wrong Written By: Denise M

Our minds are like a shopping cart.

We travel through life picking up things, experiences, ideas, relationships, likes and dislikes; good and not so good, and place them in our "cart." At some point the shopping cart becomes full and then what?

Simple put it in a journal! Keeping personal records of thoughts, feelings, events; dreams, visions, goals; ideas, lists, prayers and more it goes back centuries. With a physical writing instrument in hand and with paper in which to write on, journaling has been used by some of history's greatest minds and can be used by us, now, for the same reasons.

Those reasons vary depending on who is doing the journaling, but the one thing at the core of journaling is, **it's all about you**! First, a journal isn't something that is done right or wrong, because it's yours. You choose how you journal. Nor is it for anyone else to read or look at because it's yours and yours alone. Neither does it have to be drudgery or another thing that HAS to be done; like brushing your teeth or doing the dishes.

Journaling is about the process and it can be one of routine and habit or not, no two people journal the same.

Journaling Facts

FACT: Journaling helps to keep history from being lost.

FACT: Journaling exercises faith muscles, fights self-pity and despair and increases joy in living and sets our mind on things above. You get to decide when and how and how often it's done; but when it's done you will find that journaling is a wonderful thing for your mind's life loads.

How? By using the combination of the left brain's analytical and rational side, (the writing part), the right side has the freedom to do what it does best, (create, work out and feel.) For those who have experienced trauma; such as a brain injury or for those who are caretakers for brain injury survivors, **journaling will aid in the healing process**.

Begin where you are. And do so without the burden of electronics. Grab a pen, one that fits your hand and feels comfortable; a pen with an ink flow that's easy. Then, find or buy a notebook or an actual journal or whatever paper you want to fill and write.

Start with a few minutes and soon you'll be lengthening that time because when we journal we are free to unload whatever we need to; or create story ideas and develop characters; or draw and sketch our feelings; express anger, disappointments and even confessions.

When we engage in journaling, healing happens!

Journaling is about the process and it can be one of routine and habit or not, no two people journal the same. Regardless of how you journal, it's about slowing down and pausing

Investigating life and paying attention. Journaling allows us to observe with all our senses.

If you're one who likes to photograph your memories, you can add those photos to your journal. Adorn your pages with colors using the various hues to describe your mood.

Ask yourself questions and answer them. Be alert to the wonderings you wonder.

Map your day with sketches and short descriptions to keep a visual record of your daily activities. Write poetry, song lyrics, and snippets of what you're learning and growing from.

If you're a collector of nature's treasures, glue them into your journal or take photographs of these wonders and write about them. Too, if you want to pass along wisdom and things you're learning or memories from your past, journals can have a far more reaching effect to our family members. What we've experienced can be shared with those who come after us and aid them in their own life's journey. Our history matters, journaling helps to keep that history from being lost and forgotten.

Sometimes we need help with ideas; play games by imagining. Imagine yourself having a discussion with your pet or an inanimate object like a rock. Write the discussion down and have fun with it. Maybe experiment with the same object or pet using various tones like annoyance or worried, happy or grumpy.

Try viewing familiar things in your own home or bedroom from different angles and see things differently; or, maybe imagine how other people see things you see. Journaling these imaginings may not only add some fun to the writing, but it may expand our thoughts and feelings and cause us to get outside ourselves and our own situations.

Journaling helps us to get to know ourselves better and when that happens we are freer to understand others.

Then there are lists. Making them is a way of not only unloading things from your mind, but a way to remind yourself of things, people, activities that need to be paid attention to. If your mind is like mine, my thoughts often swirl about; leaping from one thought to another. Instead of my mind being in control I am and listing helps me to remember things I don't want to forget.

Journaling and making lists keeps our brain uncluttered so we can focus on what we're doing in the moment.

Another benefit of journaling is keeping a record of things we're grateful for. When I regularly jot down things (big things, i.e. safety for traveling and little things, i.e. hot running water), my mind and heart are emptied of negativity.

Too, I often keep track of prayers and in that tracking, I see God's answers which renew my mind daily; and I am amazed that God really does care about everything we care about. Journaling exercises faith muscles, fights self-pity and despair and increases joy in living and sets our mind on things above.

Where ever your life's journey has taken or is taking you, journaling is one of the most beneficial things we can do. And it's simple because it's all about you!

(If you're looking for more specifics on journaling I highly recommend the book "Journal Sparks – Fire Up Your Creativity with Spontaneous Art, Wild Writing, and Inventive Thinking", by Emily K. Neuburger. Also, you can find some great journaling articles online. Google journaling and read on.)

*Denise is a published author and was the facilitator for our 2017 journaling workshop. To schedule your own journaling workshop, contact us.







<u>A Simple Conversation Leads to a better</u> <u>Understanding or Awareness</u>

Brain Injury is Still Brain Injury Written by: Mrs. Bari L. Rieth



"The Australian health system is widely regarded as being world-class, in terms of both its effectiveness and efficiency," according to the Australian Government.

"Brain Injury Australia is not a service provider as that role is performed by our member organisations in each state and territory." (BIA. 2018)

The first time I recall hearing of this healthcare system was when my husband and I were on our honeymoon in Fiji in October of 2015.

Medicare Facts

The resort happened to have a couple from Australia there as well. During a morning breakfast we were conversing with this couple who informed us about the wonderful health care they offer to the citizens of Australia.

FACT: In

- Australia Medicare is

available to

everyone.

FACT: In the United States Medicare is only available to those 65 and older. They told us how great it was to have this in place for them and that this Healthcare System offers

- their citizens:
 aged and community care services
 - family and children's services
 - disability programs
 - public health initiatives
 - Medicare and pharmaceutical funding
 - health services for Aboriginal and Torres Strait Islanders
 - hospital and healthcare funding
 - emergency services for people in crisis.

Through research, I discovered that they use the term "Medicare" as a name for the medical treatment that all Australians receive. The aim of Medicare is to "give all Australians, regardless of their personal circumstances, access to health care at an affordable cost or at no cost."

A difference between the Australian Medicare and the United States Medicare is, this program is not available to all U.S. citizens, but it is available to "any individual 65 years of age or older who is a United States citizen and paid into the Medicare system through their payroll taxes is Medicare eligible."

Those in charge of the Australian Health Care system were not available to speak to the services they offer brain injury survivors at the time this article was published. However, I was able to find on <u>Brain</u> <u>Injury Australia's</u> website that, "Brain Injury Australia is not a service provider as that role is performed by our member organisations in each state and territory," which is similar to our <u>Brain Injury Association of America</u>.

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Visit our website for more information

A Fact Sheet for YOUTH SPORTS PARENTS

This sheet has information to help protect your children or teens from concussion or other serious brain injury.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI— caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - > Work with their coach to teach ways to lower the chances of getting a concussion.
 - > Emphasize the importance of reporting concussions and taking time to recover from one.
 - > Ensure that they follow their coach's rules for safety and the rules of the sport.
 - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no "concussionproof" helmet. Even with a helmet, it is important for children and teens to avoid hits to the head.

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury. Signs Observed by

Parents

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows mood, behavior, or personality changes.
- Can't recall events prior to or after a hit or fall.

Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

Talk with your children and teens about concussion. Tell them to report their

concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Remind them that *it's*

better to miss one game than the whole season. GOOD TEAMMATES KNOW: To learn more, go to

www.cdc.gov/HEADSUP



Centers for Disease Control and Prevention National Center for Injury Prevention and Control

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<u>Tough Love</u>

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Succeeding as a spousal caregiver means knowing when to ask for help, finding time for yourself, and making peace with your partner. Written by: Paul Wynn

Teena Cahill, a clinical psychologist in her midforties, had been married for only seven years when her husband, Brooks Dyer, had a cerebral hemorrhage one night. Rushed to a local New Jersey hospital, the 53-year-old former jet pilot and American Airlines captain sustained significant physical and neurologic damage. In fact, the physicians at the hospital said he would not live.

Cahill refused to accept that prognosis and transferred Dyer to the Hospital of the University of Pennsylvania in Philadelphia, where he remained alive but in critical condition. He was unresponsive for many days and experienced multiple seizures and a stroke. Despite her husband's complications, Cahill could tell there was hope. "But I also realized we had a long road to recovery ahead of us," she says.

Dyer remained in the hospital for three months. By the time Cahill brought him home, he was still confused and dealing with short-term memory loss, but he was slowly becoming more aware of his situation. For the next six months, Cahill devoted her life to caring for her husband. She stopped working full time and tended to all his medical and physical needs during his rehabilitation—an exhausting undertaking, she admits. Once he regained some mobility and was able to talk, Cahill enlisted the help of family, friends, and outside aides so she could focus on her career again.

Almost 24 years later, Cahill and Dyer are still married, and she remains his primary care partner (a term she prefers over caregiver). She cherishes that role because it allows her to spend as much time as possible with him. Cahill is grateful her husband survived and recovered to the point where he can communicate, shower, and get around with the help of a walker. "He's a great guy, and I still love him very much," she says.

FOR BETTER OR WORSE

About one in 10 caregivers looks after a spouse, according to a 2015 joint report by the AARP and the National Alliance for Caregiving. For some couples, like Cahill and Dyer, the marriage grows stronger. But for far too many, the marriage disintegrates when one partner becomes the caregiver, says Diana Denholm, PhD, a psychologist in West Palm Beach, FL, and author of *The Caregiving Wife's Handbook* (Hunter House, 2012).

REASSESS YOUR ROLES

Gender roles and responsibilities in the marriage may also change. The husband might need to start cooking for his wife as she recovers from surgery, for example, or the wife might have to mow the lawn or shovel the driveway if her husband is diagnosed with a disabling or degenerative illness.

RESIST TAKING ON EVERYTHING

Many caregivers throw themselves into their new role so wholeheartedly that they neglect their own care or forget to consider how their spouse might be able to contribute.

AVOID ISOLATION

Spouses who become caregivers may feel isolated from family, friends, and colleagues, which may discourage them from talking about their situation.

CULTIVATE HEALTHY COMMUNICATION

Being able to talk to your spouse candidly is important for every marriage, but it's especially crucial for couples in which one person is taking care of the other. Partners may need to have delicate or difficult conversations about everything from toileting to the changing nature of their intimacy.

BE OPEN TO INTIMACY

Some spouses may want to maintain the same level of intimacy as they had before their partner's health changed, says Cahill. For other couples, the sexual part of their relationship may be over, or they may need to put it on hold until the sick spouse gets better. Either way, it's important to talk about sex and intimacy so that each partner understands the other's needs, and to manage each other's expectations.

GUARD AGAINST DEPRESSION

Sadness is a normal reaction to watching your spouse's health decline or your relationship change.

ASK FOR HELP

Caring for someone takes both a psychological and a physical toll, according to a 2012 study in the *Journal of the American Medical Association*. Citing anecdotal evidence that many caregivers die before their sick spouses because they have neglected their health, Dr. Jacobs emphasizes how important it is to ask for help to ease the burden of caregiving. "From the beginning, it's vital to determine what resources are available from family, friends, and the community," he says.

CARVE OUT "ME" TIME

Asking for help is important, but so is scheduling personal time.

The information above is a preview of the helpful information found in the August/September 2016 issue of Neurology Now. You can also view this story online by clicking the picture at the top of the story or by visiting the link below: http://journals.lww.com/neurologynow/Fulltext/2016/12040/Tough_Love__Succeeding_as_a_spousal_caregiver.14.aspx

Telling of the Tale: A Survivor's Story

Kyle Castellion Written by: Mrs. Bari L. Rieth

What happened to Kyle Castellion on June 10, 2012? No one can say, because no one saw the accident.

What we do know is that Kyle was driving his motor cycle in Burlington, WI and like many people in their early twenties thought he was invincible, therefore he was not wearing a helmet. It is still unclear as to what caused the collision.

"A father and daughter were driving and saw a puff of dust over a hill," Amy Castellion, Kyle's Mom, told me in an interview and went on to further explain that if the two of them hadn't stopped for further investigation that Kyle would not be here.

Amy would like to thank the "father and daughter who investigated the puff of smoke they saw, all of the paramedics in Burlington and the town of Lyons and anybody who was there for saving his life!"

At the scene the paramedics intubated Kyle before flight for life took him to the hospital. Once Amy received the news she rushed to the hospital where she found out that her son would not make it through the night.



Despite odds Kyle made it through the night! During the accident, he sustained massive frontal lobe damage.

Amy was left wondering what she should do and where she should turn. Fortunately, "divine intervention," as Amy has said, lead her sister-in law (Kim Kortendick) to see a listing for the Brain Injury Resource Center of Wisconsin, Inc. after doing a google search using the key words "brain injury help."

The Brain Injury Resource Center of Wisconsin, Inc. (BIRCofWI) has been a major support, "you guys have the resources to know where to go next, resources are huge," Amy explained. Signing up for the "<u>Resource facilitation Service</u>" the BIRCofWI offers is the first step to take.

Resource Facilitation is a partnership that helps individuals and communities choose, get and keep information, services and supports to make informed choices and meet their goals. The collaborative process involves participants (individuals with brain injury and their personal support systems) working in partnership with facilitators (individuals who provide assistance in navigating systems) to achieve agreed upon goals.

Through Resource Facilitation Kyle and Amy have gained not only a vast amount of services and resources, they have become part of the family at the BIRCofWI.

Because of where Kyle's brain was injured he now has limited short-term memory, which he compensates for by using the strategy of repetition. "For example, if he goes to the bathroom (in an unfamiliar environment) he won't remember where he was supposed to be or what he needs to do next," Amy explained.

Having short-term memory problems have greatly affected Kyle's ability to find employment and to obtain his drivers license back. Through working with the BIRCofWI, Inc., Kyle has learned strategies for overcoming short-term memory problems, search for further employment and obtain his drivers license once again.

Amy called the BIRCofWI for guidance in this area and Lois York-Lewis gave her some strategies to use with Kyle, "let him drive short familiar routes and do this multiple times until these routes become a memory," Lois explained to me.

Using this strategy of repetition has not only allowed Kyle the ability to obtain his drivers license again, but also to gain a sense of independence back.

What is Kyle doing today?

Currently Kyle is enrolled in Bright Futures out of Beaver Dam. This program allows him to work on the skill of socializing with others, learning what conversation is and is not appropriate, in a safe environment. "Three times a week they go to the YMCA; they also go to St. Vincent De Paul's, Bethesda or the Food Pantry to volunteer, every Thursday they go bowling" Amy explained in the interview.

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Join our mailing list today to receive our semi-annual e-publication!

Thank you for reading!

Be sure to look for the next issue of the BIRC Bulletin, which will be released in September 2018!



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