

B I R C O F W I B U L L E T I N



**BRAIN INJURY
RESOURCE
CENTER** of Wisconsin

Introduction

Our headquarters may be in southeastern Wisconsin, but our hearts, hands, and help are statewide.

The *Brain Injury Resource Center of Wisconsin* is a 501(c)3 non-profit organization whose mission is to offer assistance and provide resources to people in Wisconsin who are living with the consequences of brain injury.

We would like to offer you a voice, to lend support (wherever possible), to provide hope, and most importantly just be there when you need us. No one should ever feel as if they are alone during their recovery and after. It is the *Brain Injury Resource Center of Wisconsin's* overall goal to make sure that does not happen.

Our Goal

This 501c3 non-profit organization was founded by a mother daughter team, which is comprised of Lois York-Lewis and Bari York, because they saw first hand the need to help survivors of brain injury in Wisconsin. This need was realized in 2005 after Bari sustained a severe traumatic brain injury. There was a lot of confusion during the “what-now” phase of brain injury. Confusion can be a part of the aftermath of brain injury, and the *Brain Injury Resource Center of Wisconsin* wants to make sure this confusion is non existent. Living, loving, and encouraging a survivor of brain injury for the past several years has not only shown us how hard it is to find answers, but how difficult it can be to get someone to really care about the little issues that occur after the fact. Keeping a silent voice, ignoring it, denying the condition, or hoping it will all go away some day isn't the answer and unfortunately not always the reality.

Save the Date!

KIDSfest

April 14th & 15th, 2012
10:00 a.m. – 5:00 p.m.

Wisconsin Exposition Center
at State Fair Park
8200 West Greenfield Ave
West Allis, WI 53214

TBI Global Picnic!

June 30, 2012
All Day!
Bluemound State Park
Bluemound, WI

Check our website (www.bircofwi.org)
for more details as they become
available as well as other events.

BIRCoFWI Bulletin:

Editor:

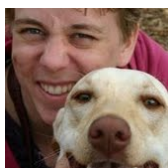


Jeffrey Barczynski Jr.
Editor
and
Writer



Bob Erdmann

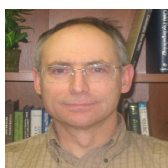
Writers:



Anna Diefenthaler



Angela Dentice



Dr. Nathan Glassman

Layout Editors:



Lois York-Lewis



Bari York
Layout Editor
and
Writer

Casting Call:

Have you ever written for a newspaper, publication; maybe you have an idea for a future story or perhaps you are a good analyzer of information and want to be an editor for the Bulletin.

Contact us!

Call us: (262) 770-4882

E-mail us: bari@bircofwi.org



Who:  **BRAIN INJURY
RESOURCE
CENTER** of Wisconsin

What: KIDSfest & Baby Expo

Where: Wisconsin Exposition Center at
State Fair Park (8200 West Greenfield Ave. West
Allis, WI 53214)

When: April 14 at 10:00am until April 15 at
5:00pm

Ticket Prices: Adults: \$3.00
Children: (ages 3-17) \$2.00
Family Pass: \$5.00 (North Shore Bank Locations in SE
Wisconsin, March 1st)

Event Details:

Come and have fun at KIDSfest & Baby Expo with the

Brain Injury Resource Center of Wisconsin!

Kidsfest & Baby Expo are two days of fun, entertainment, learning and hands-on activities. With four great stages and lots of special areas, 100+ exhibitors and vendors, Metroparent's KIDSfest / Baby Expo is a celebration of Wisconsin's best for families. Now with Baby Expo, even brand new parents can get the information, services, and products that beginning families really need—plus activities that will keep babies happy and toddlers tuned in..

Programs and Services:

A host of free programs and services for survivors and their loved ones (A Brief Overview)

The Brain Injury Resource Center of Wisconsin wants to thank everyone who attended and donated the "Salute to Brain Injury Survivors Fashion Show and Silent Auction" on Saturday March 24th. The event was a huge success and all monies will be used to further support our programs and services. A special thank you goes out to our wonderful models! Without all of you the event would have not been such a great success!

Tote Bag Program

Our Tote Bag Program has been designed for a family who's loved one is the victim of a moderate to severe brain injury. Getting "the call" rushing to the hospital, entering the Intensive Care Unit (ICU), and facing the unknown can be one of the most stressful situations anyone may encounter.



Peer Mentoring

A peer mentor is in the unique position of knowing exactly what you're facing-they've been through most of the same experiences themselves! There are many benefits realized from a peer-mentor experience.

Speakers Bureau

Comprised of brain injury survivors, family members, and individuals who have professional careers and/or have experience with brain injury. These speakers provide information about brain injury through personal stories and raising awareness to overcome barriers by enlightening the community, educators and students, health care professionals, civic groups, law enforcement and more.

Spiritual Outreach

Envision the BIRC of WI as a means to locate support that will enhance the spiritual and emotional needs of brain injury survivors and loved ones. This is an important component to acceptance and finding a quality of life. Our approach emphasizes the dignity of the individual by offering support during turbulent times. We believe that a person's spiritual and emotional well being plays an important part in overall health and recovery. Our spiritual Outreach focuses on concerns for the dignity of people, provides a steady course through turbulent times, and is respectful to the spiritual beliefs and needs of everyone. We encourage all brain injury survivors and their families to call upon the leaders of their own faith group to visit and provide support consistent with their faith practices.

Friendship Network

These social gatherings are intended to assist the brain injury survivor in building strong, long lasting bridges of trust, respect, understanding, and acceptance. As our network continues to grow, so does our outreach into the community. Gatherings range from backyard bonfires to evenings at the local comedy club from pizza nights to mini-golf adventures.

Pen Pal Program

With the onset of social media, texting, and emailing the art of writing a letter or sending a note has fallen to the wayside. But not quite! Our Pen Pal Program offers the participants not only the opportunity to converse with others that have similar interests but to hone their written and social expression skills.

Volunteer Program

Individuals volunteer for a wide variety of reasons, especially wanting to help others. Often these individuals derive "benefits" from volunteering. Instead of considering volunteering as something you do for people who are not as fortunate as yourself, begin to think of it as an exchange. Consider that most people find themselves in need at some point in their lives. Today you may be the person with the ability to help, but tomorrow you may be the recipient of someone else's volunteer effort.

Education and Training

As we move forward in 2012, the BIRC of WI will be conducting a variety of Education and Training activities. These range from "Day in the Life" events to specialized sessions. All activities revolve around the survivor in the "What Now" phase and are designed to encourage personal growth and development.

Resource Facilitation

We offer Resource Facilitation for those who are looking for answers. Not everyone is computer and Internet savvy. Not everyone has the time and/or patience to research thousands of website, resources, and tidbits available on the Internet. Not all resources and informational data can be found on the Internet either. Our Resource Facilitation Service is here to assist survivors and their families no matter where in the recovery process they may be. Inquires vary by situation and circumstance.



For more information visit our website at www.bircofwi.org

Traumatic Brain Injury and Service Dogs

How they can help

Editorial Contributor:

Anna Diefenthaler

According to the Americans with Disabilities Act (ADA) a service animal is any guide dog, signal dog or any other animal specifically trained to assist an individual with a disability. There is a misconception that these animals need to be licensed or certified by state or local government, this is not the case according to the ADA.

Service animals help to perform functions and tasks that individuals with disabilities have difficulty performing on their own or are unable to perform. When most people think of a dog helping an individual with a disability they think of a guide dog for someone who is blind.

There are many other types of service dogs that assist individuals with disabilities including hearing dogs, mobility dogs, psychiatric service dogs, or service dogs for someone who has autism just to name a few.

A service dog can help an individual to restore their independence by assisting them with things such as medication reminders, assist in someone's awareness of their surroundings, provide a reason to leave a distressing situation, retrieve items for the individual such as their medications, something to drink, their keys, the telephone or things on the floor as well as many others. In addition they may provide physical stability for an individual, for example they may assist in pulling a wheelchair, provide assistance for someone who has difficulty walking, or stability if one becomes dizzy.

Typically when someone thinks of a service dog they think of a Labrador and many people think this is a requirement. This is not the case these dogs can range anywhere from a Chihuahua to a Great Dane.

To learn about different breeds of dogs and what type may be best suited for you look at the American Kennel Club, <http://www.akc.org/index.cfm>. There are some breeds that may not be appropriate for service dog work including Boxers, Pekinese, Pug, Bulldogs and Shih-Tzu.

These breeds may have breathing problems and therefore may make snorting noises while working in the public eye.

When a patient who uses a Service Dog presents at a healthcare facility to seek admission and treatment, and provided that the patient meets established admission criteria, the facility is obligated by federal, and sometimes state law to admit both the patient and their Service Dog. A 1993 Americans with Disabilities Act (ADA) guidance memo written by the U.S. Department of Justice to Senator Danforth of Missouri states,

"Unless it is a religious entity or under the control of a religious organization, a health care facility, such as a hospital, is covered by the provisions of Title III of the ADA and the Department's Title III regulation as a place of public accommodation"... According to section 36.302(c), a public accommodation is required to modify policies, practices, or procedures to permit the use of a service animal by an individual with a disability.

The intent of this regulation is to ensure that the broadest feasible access be provided to service animals in all public accommodations, including hospitals and nursing homes. For further information regarding the laws and regulations when it comes to Service Animals please contact the Department of Justice 202-514-2000 or by email at AskDOJ@usdoj.gov.

In case hospitals or clinics under the control of religious organizations think they are off the hook, it is important to point out that if such a facility is the recipient of *any* federal monies, including Medicare reimbursements then, the institution is subject to Section 504 of the Rehabilitation Act of 1973. This federal law prohibits disability discrimination in any program or activity that receives federal financial assistance. So, these facilities are, in fact, legally required to accommodate disabled patients who utilize Service Dogs.

Many of the things listed in the first few paragraphs of this article as tasks that can be of assistance to an individual with one of many different disabilities, may also be of assistance to an individual with a Traumatic Brain Injury.

Please feel free to contact me (Anna) at the Brain Injury Resource Center at 262-770-4882 for more information.



Pictured is Diefenthaler's service dog Biff

Spring Break Activities

Editorial Contributors: Bari York and Jeffrey Barczynski Jr.

With the spring comes a warmer time of year, which means there are more activities one can do. The following is a small listing on some spring break activities that a person can do and what is great about the ones listed is that anyone can do them:

- **Hiking** can incorporate many of a persons senses and make them feel good both inside and out. For example, seeing the wild life, flowers, grass (something that was not very visible in the winter), and trees can appeal to your sense of sight. While hiking a person may feel happy, at peace or even calm.
- **Mini Golfing** is exciting and fun for everyone! It not only is a good past time to share with friends, it can also create memories and bring families together. The neat part about going mini golfing is being able to experience the different courses and the different golf items available at each golf course.

- **Gardening** can be very versatile, meaning that it can be done anywhere and with anyone. With gardening also comes getting dirty, but if you don't mind it then it would be worth a try. Gardening relieves stress and keeps you focused on a positive activity while also letting a person have the freedom to choose whatever plants they would like. A person can grow as their garden grows.

- **Bike Riding** is a sport that is very enjoyable. Paths for biking are not a rarity in Wisconsin; in fact they are more common than one might think. Feeling the wind blow through your hair and feeling this on your face is quite enjoyable. Make sure to get fitted for a proper helmet to prevent any further or any new damage to the brain.

The activities above are just a couple of selections, but are not in anyway a full listing of ideas to enjoy the spring. Get out of your house and get into one of these fun and safe activities!

Healthy Eating

Editorial Contributor: Jeffrey Barczynski Jr.

Healthy eating is about feeling great, having more energy, and keeping yourself as healthy as possible. Learning how to “eat smart” can reduce the risk of illnesses, plus a boost in energy, sharper memory, and a balanced mood.

Set yourself up for success; plan small, adaptable steps rather than one big change. If you fine-tune your diet slowly with commitment, you will have a healthier diet sooner than you think. Instead of counting calories, look at the color, variety, and the freshness of food to judge which ones are right for your body. Make it easy by using food you love with easy recipes that include fresh ingredients. **Bonus Tip:** add a salad or use olive oil instead of butter when cooking; these are small-big steps that lead to a healthy diet.

Water helps flush out waste products and toxins from our body. Dehydration causes tiredness, low energy, and headaches. Feeling thirsty can be mistaken as hunger, drinking enough water is one of the most important steps to healthier eating.

Exercise does not require a workout routine. Try doing anything active every day, such as any of the Spring Break Activities above. Find an activity that you like and one that keeps your body moving.

Moderation is a key foundation of healthy eating. If you crave sweet, salty, or unhealthy foods, start by eating smaller portions, and do not eat them as often. Later you may find that you do not think of them as much. Think smaller portions. When dining out portions may be large, try having an appetizer in place of an entrée, or share a meal with a friend. Visual cues can help with portion sizes as well. Try using smaller plates, and a smaller amount of your favorite condiments.

Think of food as nourishment for your body rather than something to make you feel better. Chew food slowly, and savor the flavor. When you feel hungry drink a glass of water to see if you were thirsty. While eating stop before you feel full, because it takes a few minutes for your brain to tell your body that is has had enough. A good healthy breakfast can jumpstart your metabolism, then smaller healthy meals through the day will keep your metabolism going strong.

With **fruits and vegetables** try to eat a rainbow of colors every day (greens, sweet vegetables, fruit). Look at the colors as different vitamins that your body needs. One last thought, is to eat as much fresh, all natural foods as possible. Look at how many ingredients are in processed food, most of which your body does not need.

Neuropsychological Assessment Series:

Part 2: Why Neuropsychological Assessment? Who refers?

Editorial Contributor: Dr. Nathan Glassman

In Part 1 of this series, Neuropsychological Assessment was introduced. When the survivor is consistently oriented, that is, consistently aware of time, place, and situation for at least several days, they are ready for more comprehensive neuropsychological testing.

Neuropsychological assessment is comprehensive. The neuropsychologist or her assistant will administer tests of memory, attention span, problem solving, mental quickness, mechanical or visual skills, language, personality and emotional functioning, and even strength and dexterity of the hands.

However, not all neuropsychologists administer the same tests, because there is a range of professional opinion about which tests are used in neuropsychological assessment. Tests are chosen by the Neuropsychologist on the basis of the survivor's general level of functioning, age and education, and the issues to be addressed in the assessment.

The testing will probably take several hours, as long as a full day. This may be accomplished in one or two long appointments, or in a series of shorter appointments, depending on the survivor's stamina.

It is often done more than once, at several month or longer intervals, to document progress and recovery.

WHY IS NEUROPSYCHOLOGICAL ASSESSMENT DONE?

Neuropsychological assessment consists of a comprehensive assessment of thinking skills, emotions, and behavior. Other testing such as MRIs can indicate the health of brain structures, but not how well it is working.

Brain abilities are scientifically measured by a Neuropsychologist. Think of this as a sample of what the brain can do, which is a very good indication of how healthy the survivor's brain is, and how well it is recovering.

Neuropsychological Assessment is used to help document the nature and extent of the effects of brain injury on the survivor's daily functioning. That is, it can help identify the effects of brain injury on the survivor's thinking skills, emotions, and behavior, defined in a broad way.

Assessment can help identify **WHAT** cognitive or emotional problems exist, **HOW SEVERE** they are, **WHY** the survivor is having problems, **HOW TO TREAT** behavior or emotional problems, and **ESTIMATE RECOVERY**.

If there are legal issues being addressed after the injury, the survivor may be referred for neuropsychological assessment as part of the legal process. Examples of common legal issues that arise are Worker's Compensation, Guardianship, personal injury, and criminal responsibility.

WHEN IS NEUROPSYCHOLOGICAL TESTING DONE?

Neuropsychological assessment might be done in an inpatient hospital, rehabilitation program, or delayed until the survivor is attending a rehabilitation program. Testing is often done more than once, usually at intervals of several months or longer.

IS NEUROPSYCHOLOGICAL ASSESSMENT REALLY NECESSARY?

After learning all of this, TBI survivors and their families might be thinking that they don't want a neuropsychological assessment. Long hospital stays are exhausting to all involved, and people may just want to go home.

Or, therapy appointments may already take up much of the day, and needing to schedule another appointment, especially a long one, may feel overwhelming. Families may be worried that the testing will upset the survivor.

Also, a survivor may not think neuropsychological testing is necessary if they believe that they do not have any cognitive or emotional deficits, or that they will recovery fully. Finally, many individuals are also concerned about the cost of testing. But neuropsychological assessment is covered by most health insurance plans.

HOW ARE REFERRALS MADE?

A physician, vocational rehabilitation counselor, Worker's Compensation Case Manager, attorney, or family member can request referral for neuropsychological assessment. The neuropsychologist or insurance may require a physician or legal referral.

Continued...

HOW DOES NEUROPSYCHOLOGICAL ASSESSMENT HELP SURVIVORS?

1. Cognitive strengths and weakness are identified, and emotional problems are diagnosed. This assists the survivor, treatment team, and family
2. Documentation of injured brain areas and the status of recovery.
3. Emotional issues are identified and diagnosed, such anxiety, depression, or apathy, as well as any significant changes in personality or behavior since the brain injury.
4. Recovery is estimated. The neuropsychologist will give an opinion on the prognosis, such as how long recovery might take, and what abilities are likely to recover.
5. Rehabilitation plans and treatment recommendations are made. This helps the survivor, physician and family know how to best help during recovery. Early treatment of some problems will likely be more effective. Recommendations will help compensate for problems that are not quickly improving, such as being forgetful or disorganized.
6. To get professional assistance in planning for the future, such as returning to work or school, driving, family obligations (caring for children, doing chores around the house), or participating in social or recreational activities. The survivor often needs assistance in this process, from professionals as well as family and friends.
7. To assist in legal issues, such as Worker's Compensation, long term or Social Security Disability, or for personal injury lawsuits.



Nathan Glassman PhD, ABPP, is a Psychologist Board Certified in Clinical Psychology, in independent practice at Glassman & Stanik LLC, in Milwaukee, Wisconsin. He has specialized in rehabilitation and neuropsychology for over 20 years, and worked with survivors in the entire continuum of brain injury recovery. He also does assessment in forensic cases involving civil actions and criminal cases.

Ψ GLASSMAN & STANIK, LLC CONSULTING PSYCHOLOGISTS

7635 WEST OKLAHOMA AVE., SUITE 201
MILWAUKEE, WI 53219 414-444-9811

Glassman & Stanik LLC specializes in psychological and neuropsychological evaluation of persons with brain injury or neurological disease, along with appropriate therapies and community reintegration.

Speakers Bureau: Shaun Best

Editorial Contributor: Bari L. York



Shaun Best is from Smackover, Arkansas and is part of the Brain Injury Resource Center of Wisconsin, Inc.'s speaker's bureau. Best's first cognitive challenge came in September of 1977 when he was hit in the head by a motor vehicle and he had no helmet on.

After this initial injury Best sustained 40 additional cognitive challenges. Twenty-four of these additional cognitive challenges were sustained at Southern Arkansas University due to their non-compliance with the federal disabilities act.

This is the reason why Best joined up with the Wal-Mart Foundation, Pilot Club foundation and the Southern Arkansas University Foundation to make the Disabilities Act of 1990 accessible for all students. The following interview was conducted to learn more about Best.

Interview

What can you bring to this speaker's bureau?

- I bring an optimistic perspective of self to our community. I can add reassurance that cognitive challenges, no matter how large, some can be conquered. The challenges of others negative perspective (disabled, retarded, handicapped, etc.-disability environment/atmosphere) of our recovered state should be positively changed for the betterment of our human race. I personally activate, educate, initiate, motivate, stimulate, & validate that some with cognitive challenges can succeed!

Why do you feel you would be a valuable member of the BIRCoFWI's speaker's bureau?

- I've been successful in conquering many cognitive challenges over the last 33 years. The areas where I'm able to contribute are increased self-esteem, increased persistence, increased determination, etc. Remember the State of Arkansas proved me incompetent to teach in both state & federal court. The cognitive challenges on the campus are one reason Southern Arkansas University was able to prove me incompetent. I've been successful in surviving many wrong medications and diagnosis's, some defined as life ending, like organic brain syndrome, etc.

What can you educate people on? What topics?

- I can educate people on the following topics: patience, persistence, determination, long suffering, desire to succeed, etc.

Why is it important for you to speak with people on the topic of brain injury?

- Reality of personal experiences encourages success/authoritative proof Howard Gardner who wrote The Unschooled Mind, for others.

Speakers Bureau:

BIRCoFWI's Speakers Bureau is comprised of brain injury survivors, family members, and professionals who work with brain injury survivors. Our speakers provide information about brain injury to raise awareness and overcoming barriers. Our Speakers' Bureau is constantly under development and working to meet the needs of individuals in Wisconsin whose lives have changed or have been touched as a result of a brain injury.

We welcome your participation!

Contact us today to become a member of our Speakers Bureau or view and print the application from our web store! www.bircofwi.org



Bari L. York is the Director of Public Relations and Marketing, she is also a part of the Board of Directors for the BIRCoFWI

Sharing Stories in the Cozy Corner

Bari York

My injury occurred in June of 2005 and at that time I was 15. My 16th birthday was looming near, August 24th to be exact. School was done for the year, I finished a dance recital, a couple of weeks earlier I was in a school play and a couple of months earlier I got 2nd runner up in the Miss. DMW dance pageant.

I was on top of the world in almost every aspect, but the events that would unfold on June 17, 2005 would force me to come crashing down. On this day a friend and I had decided to attend a birthday party for another friend of mine.

That day I had drivers' education class and he picked me up from this class to go to the party. I was in my first week of drivers' education and we hadn't gotten very far, but everything he would tell the class would not help me that very night.

My Mom, Lois York-Lewis and I had made an arrangement since my friend lived in Menomonee Falls, which was a half hour from my house, that she would drive to his house and we would meet her there and she would take me home from that point. As per our agreement I called her once we were about to leave the party.

The last memory I have of this night was leaving the party and then my memory cuts out. What I am telling you from this point is what I have heard from different people.

We were driving down Calumet Rd. heading towards 81st when we approached an uncontrolled intersection with our side having the right-away and the other side having a stop sign. When we approached this road my friend saw the semi truck coming and in a last effort to get away from this massive truck he tried to swerve out of the way.

The semi-truck collided with our car and I have been told that he fell asleep behind the wheel and did not wake up until the truck was on top of our car.

My injuries included a laceration on the right side of my head, a five inch laceration on my calf that they had to sew through three layers of flesh to close, five fractured ribs, one bruised lung, one punctured lung, there were tears to my spleen and liver and I had a blown right pupil.

Those injuries were rather minor compared to the severe traumatic brain injury. Once I had recovered to the point where I could semi realize what was going on, I knew that my world was dramatically changed.

As I said I was a dancer and now all of my dancer friends except for one were (how I perceive it) afraid of me. They weren't sure how I would act so instead of wanting to be there for me they couldn't be.

Now I understand and I hold no resentment against them, my injury was too severe, too complicated to understand and they were just high school students; that was too much for them to comprehend. I didn't really understand my injury then and now as I look back on it how could I possibly expect them to understand.

Fast-forward to February of 2011 when my Mom and I co-founded the Brain Injury Resource Center of Wisconsin, Inc. Along with this organization we created the first group where brain injury survivors can get together and just hang out.

This is how the "Friendship Network" was created. From this Friendship Network I have met many new people who I consider my friends.

It is so great, because everyone in the network either has a brain injury or has the ability to understand brain injury. This is a place free of judgment, ridicule, and is truly a group of people that "get it."

Friendship Network "Just Like Me"

The Friendship Network "Just Like Me" was such a huge success. While the current "Just Like Me" gatherings are for ages 21 and above, by contacting the *Brain Injury Resource Center of Wisconsin* at admin@bircofwi.org or by calling (262) 770-4882 you can make a request for a Friendship Network gathering in your area! All you have to do is get a couple of people that would be interested in attending, and that is all you need to do! If brain injury touches your life, we want to touch yours too! We are there for anyone, and as our tag line goes, *Our headquarters may be in southeastern Wisconsin, but our hearts, hands and help are statewide.*

An Evening with Margery Sinclair

Editorial Contributor: Bari L. York

At Hammer Rehab & Fitness Center on February 18, 2012 at 6:00 p.m. the Friendship Network had the honor of sharing an evening and having an etiquette dinner with presenter Margery Sinclair. Sinclair has done a variety of different etiquette dinners around the world and each one is designed for the culture in which she is teaching etiquette to.

Since 1980 Sinclair has been teaching etiquette all over the world, but her business is based in Milwaukee, Wisconsin. As was said previously she has traveled all over the world, including 118 different countries.

Since Sinclair has been to 118 different countries one would tend to think that she would be an expert on etiquette in an circumstance in any culture or country.

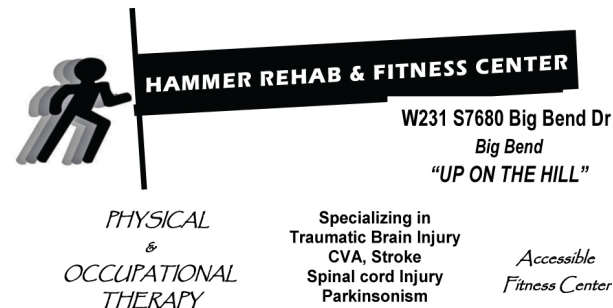
A scrumptious dinner was served featuring lasagna, vegetarian options were available as well, minestrone soup, Italian bread, cupcake for desert and to finish off the meal European style, a salad at the conclusion of the meal. Sinclair started off by telling us about proper etiquette and then everyone was served their meal.

Sinclair finished off the evening with adding a few more tips on which manners are good manners. The attendees enjoyed the evening and enjoyed the learning opportunity as well.

The Brain Injury Resource Center of Wisconsin, Inc. would like to say a special thank you to everyone who attended this event as well as Margery Sinclair who was the presenter. The information that follows is some of what was covered during this dinner.

GOOD MANNERS ARE GOOD BUSINESS E.Q. TEST (ETIQUETTE QUOTIENT)

1. What is the first and most fundamental rule of etiquette? **Treat others the way you want to be treated.**
2. What is the correct response to "How do you do?" This question has **no answer.**
3. What is the correct response to "How are you?" **Fine thank you or I am well and you?**
4. When deciding what to wear to a business lunch or dinner, which two people should you keep in mind?
Your **boss** and your **guest/host.**
5. What does R.S.V.P. stand for in French and what does it mean in English?
French = **répondez, s'il vous plait**
English = **Please reply**
6. You are taking a friend out to dinner and the check is \$238.73. How much is a 15% tip? **\$35.81**
7. When and why do you write thank you notes? After an interview, next day or same day. **As soon as possible.**
8. True or False: Americans **should** eat European style. False, Americans **may** eat European style.
9. What does "hidden handles," mean? Having the handles cupped in your palm,
10. Should you eat salad on your left or is it for the person on your left? **Yes** you should eat it, because it is meant for you.
11. Should you drink the beverage on your right? **Yes**, it is your beverage.
12. Why might a fork or spoon be placed above your plate? For **dessert.**
13. Where does the napkin go when you are finished eating, but everyone is still sitting at the table? The napkin **stays on your lap**, if you leave the table then leave your **napkin on your seat.**
14. What is the "I am finished" position of the silverware on the plate to show the server that you are done eating? Silverware should be **diagonally towards the right.**
15. Your parents used to cut up all your food into small pieces; should you still do that? **No**, you should cut one bite at a time.
16. Should you butter one bit of bread at a time? **Yes**
17. How do you politely refuse food that you do not like?
Say **no thank you**
18. Is food correctly "served from the left and cleared from the right?" **Yes**
19. As a guest in a restaurant, you should order from the "middle of the menu," but what does that mean? Your not ordering the **most expensive** and not the **cheapest** either.
20. Does a socially graceful person have both "company" and "everyday" manners? **No**, only have **one set of manners.**



PHYSICAL
&
OCCUPATIONAL
THERAPY

CALL FOR DETAILS 262-662-9760

Legal Corner

Parents and Lawyers Working Together Towards a Common Goal

Editorial Contributor: Angela Dentice

Spring is here...bringing us sunshine, flowers and a day to celebrate the mothers of children who have survived a brain injury. Spring is a time to celebrate the unique gifts that mothers give to all children – especially their children who have sustained a brain injury.

As a lawyer who has represented children and young adults who sustained a brain injury, I have witnessed firsthand the “natural tension” that exists between the lawyer for and the mother of the injured child.

As lawyers we have the burden of insuring that the full extent of the disabilities and damages suffered by our injured clients are fully and completely communicated to the defendants, insurance companies, defense lawyers and potentially the juries. Thus, if there is evidence (stemming from the opinions of professionals who have treated our clients or from our expert witnesses) that our clients will not be able to graduate high school or college, obtain a competitive job, marry, and/or raise children, we must communicate this difficult evidence during discovery and at trial.

We are aware that our clients have one opportunity to be “made whole.” They can file one lawsuit and have one day in court to obtain deserved and needed compensation for all of their injuries and damages.

Undervaluing the clients’ injuries and damages does a disservice to our clients.

Yet, the parents of our clients who have sustained a brain injury (and especially their mothers) have another set of responsibilities. The mothers of these children want to insure that the brain injury does not change their childhood experience and they want to “normalize” these children as much as possible.

As mothers they must “believe” in their children and have as a goal that their child will...someday.... graduate high school or college, obtain a competitive job, marry and/or raise children...no matter what the evidence or cadre of professional experts have to say. It is for this reason that these mothers are often not present for the portions of the trial when testimony contrary to their beliefs and hopes will be presented.

Thus, the tension that exists between lawyer and mother is “natural” and, I dare say, necessary for the wellbeing of these children. As lawyers, we should embrace this difference and put it into perspective.

Mothers do what they should do. We, as lawyers, do what we should do.

And as a lawyer who is also a mother.... I salute the mothers of children who have sustained brain injuries in their undying belief that these children will attain the highest potential recovery.



About the author: Ms. Dentice represents adults and children who have sustained brain injuries as a result of the negligence of others. In 2010, she received the Trial Lawyer of the Year Award from the Wisconsin Association of Justice.

Before attending law school, she taught handicapped children.

WISCONSIN'S LEADING TBI ATTORNEY

M. ANGELA DENTICE



M. Angela Dentice represents individuals throughout Wisconsin who have sustained a brain injury, including a traumatic brain injury, post-traumatic concussion or birth injury.

Ms. Dentice and her staff have worked with some of the leading experts in the area of TBI. These include neurologists, neuropsychologists, life care planners and vocational counselors from around the U.S.

Before attending law school, Ms. Dentice was a teacher of handicapped students.

Because each person's injuries are unique, Ms. Dentice handles each client in a personal manner. She can give you the personal attention you deserve.

CONTACT MS. DENTICE TODAY 414-259-1000

PITMAN, KYLE, SICULA & DENTICE, S.C.
1110 N. OLD WORLD 3RD STREET - SUITE 510
MILWAUKEE, WI 53203

Want More Information?



If you would like a copy of this bulletin or more information about any of the articles within, please contact the Brain Injury Resource Center of Wisconsin at admin@bircofwi.org, or visit our website at www.bircofwi.org

Thank you for reading and make sure to look for the next bulletin!

We are here to help!

**Look for our next issue coming out
July 2012**

Brain Injury Resource Center of Wisconsin

P.O. Box 808
Muskego, WI 53150



Our headquarters may be in southeastern Wisconsin, but our hearts, hands and help are statewide.