



A Quarterly Newsletter

Volume 2 Issue 4

Message from the Executive Director

This letter is intended to inform the reader about where we have been and where we are going.

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When returning to school this can be difficult for children, especially if they have sustained a brain injury. Read this article to learn some tips for a smoother transition.

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Once a person takes a neuropsychological test it can be difficult to interpret the findings, but this article will give you some insight into the different facets of this test.

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Our Goal

Our goal briefly explains why our non-profit was founded and what we intend to do with this organization.

Brain Injury Resource Center of Wisconsin is a 501(c)3 non-profit organization which was founded by a mother-daughter team and is comprised of Lois York-Lewis and Bari York. They saw first hand the need to help survivors of brain injury in Wisconsin lead a fulfilling life after brain injury.

Tragedy brings to light a need in Wisconsin

This need was realized in 2005 after York sustained a severe traumatic brain injury. Once York was released from the hospital and re-entered daily life she found it to be very difficult if not almost impossible.

With the help of her family and their unconditional love they pressed forward. Realizing the challenges a person with brain injury can sustain and what they face once



they are released from the hospital, gave these two ladies the drive to move forward and develop this organization.

Doctors and nurses are there to help a person when they are in the hospital and a lot of times shortly thereafter, but what do they do after they have recovered to the point where they can re-enter daily life? This is where the

Brain Injury Resource Center of Wisconsin steps in to help you with this phase of recovery.

There was a lot of confusion during the "what now" phase of brain injury.

What now?

Confusion can be a part of the aftermath of brain injury, and the *Brain Injury Resource Center of Wisconsin* wants to help all survivors during this phase and after!

Bringing brain injury survivors together

While we do not provide medical assistance or legal advice, our Resource Facilitation service provides personal one-on-one connection to information and resource, we schedule, create, and facilitate statewide educational opportunities, provide outreach to underserved communities throughout Wisconsin, and bring brain injury survivors together through social interaction opportunities and gatherings, and more!

Welcome!

Dear Friends,

So many individuals are still unaware of what life is really like for survivors of brain injury. Getting the word out and raising awareness of this truly unique situation is easier than you may think!

Since our humble but enthusiastic beginning in Feb 2011, our team has been engaged in providing quality programs and services throughout the state of Wisconsin.

The BIRCoFWI also benefits from the talents and gifts shared by caring volunteers who believe that all survivors should be given the opportunity to regain the quality of life they so deserve, make friendships that not only give them a chance to reconnect, but allows them to ward off the sense of isolation that can so destructive to survivors.

BIRCoFWI has achieved many incredible accomplishments and that certainly lets the community as a whole know that BIRCoFWI, with the help of many, is on the move and getting better all the time.

Kindest Regards,



Lois York-Lewis

Executive Director

Upcoming events:

Also check our Calendar of Events

Education and Awareness Event:

When: October 20th from 10:00 a - 12:00 p

Where: Carroll University Graduate Center
2140 Davidson Rd.
Waukesha, WI 53186

Halloween Party:

When: October 20th from 6:00 p - 10:00p

Where: Same address as Education and Awareness Event.

Christmas Party:

When: December 8th from 1:00 p - 4:00p
Forest Park Presbyterian Church
2300 S. Sunny Slope Rd.
New Berlin, WI 53151

BIRC of WI Bulletin Editorial Staff:

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Jeffrey M. Barczynski (Editor)

Bill Holland (Photographer)

Difficult Transition Time For Children with Traumatic Brain Injuries

Editorial Contributor: M. Angela Dentice



Returning to school is a challenging transition for students with traumatic brain injuries. In the hospital or rehabilitation setting, the professionals (doctors, therapists, nurses) are familiar with traumatic brain injuries (TBI) and the effects that TBIs have on every day functioning.

Most school personnel are not as familiar with the resulting challenges – both academic and social – of a TBI. More importantly, fellow students usually have no familiarity with how a fellow student with a TBI has changed, and how difficult it is to navigate the school environment post-injury.

Lawyers who represent children returning to school following a TBI can help their client (and the family) with this challenging reintegration.

The first order of business is to make certain that the client has been appropriately evaluated by the committee responsible for the IEP (individual educational plan). If the client is transitioning from a hospital setting, usually the hospital's staff will make the initial referral to the school for an evaluation.

The hospital personnel rarely attend the IEP committee meetings. The lawyer can be an advocate during this process to help insure the smoothest possible transition into school, and to be certain that the appropriate services are provided and the proper accommodations are made.

Other suggestions that the lawyer can help facilitate include the following:

- Contact therapists or psychologists from the hospital or rehabilitation setting to try to involve them in the IEP planning committee to assist the committee in planning for the student's weaknesses while emphasizing his or her strengths.
- Discuss the possibility of allowing the student to start with a half day program before transitioning into a full day.
- Suggest that the school psychologist educate other students to enable them to better understand

the changes they will come across in the classroom with a TBI.

- Suggest a buddy system with a fellow classmate.


Most important, the lawyer should understand that the IEP is an evolving process. It does not start and end with one meeting.

Rather, it should change as the client's needs evolve and change. Our job, as the lawyer, is to stay involved in the process and attend the routine IEP committee meetings.

The lawyer who represents a student with a traumatic brain injury who is returning to school should advocate for his or her client during this most challenging transition period.

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 Associate 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

Fatigue and Brain Injury

Editorial Contributor: Bari York

Fatigue is defined by the *University of Washington Medical Center* as an overwhelming lack of energy (2008). An interesting characteristic of fatigue is that it can be mental or physical.

Experiencing fatigue can affect a person in many ways, it can change the way someone does certain tasks or it can limit the number of activities they can do each day. After a brain injury is sustained a person can recover partially, but this feeling of fatigue will never go completely away.

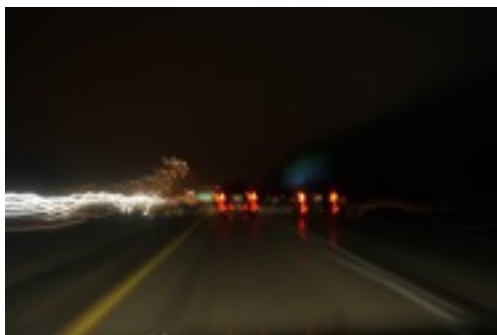
A question that comes up from time to time is “why does a brain injury cause fatigue?” This is simply because, the survivor of this injury is working their brain all the time at a higher rate than before.

If a person causes himself or herself to feel fatigued on a more constant basis this can interrupt the healing process. The survivors’ brain requires more energy to do even the simplest tasks.

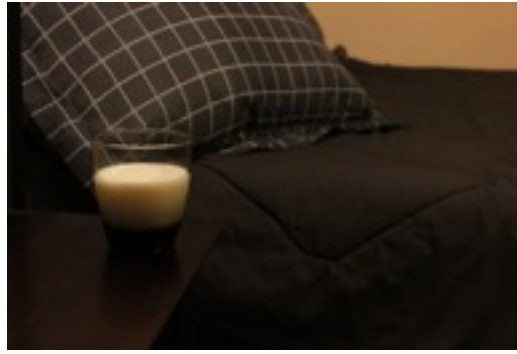
The list that follows are a few examples of strategies a person can use to save their energy.

- Take small breaks throughout the day
- Alternate hard tasks with easier ones
- Plan ahead and organize the work that needs to be done

If a person incorporates these strategies into their daily life they will find they have more energy to do other tasks and will not feel as fatigued.



How fatigue can impact an individual when driving at night.
This photograph was taken by Bill Holland.



A small glass of warm milk is a step you can take to attain a better nights sleep. This photograph was taken by Bill Holland.

Tips for Managing your Sleep

Editorial Contributor: Bari York

The following is a listing of activities, foods, and more to avoid before you decide to rest. These tips are from a Lash & Associates Publishing/Training Inc. brochure, *Sleep after Brain Injury*.

- Avoid alcohol, caffeine, nicotine, and sugar after 4 p.m. or 5 hrs before bed.
- Avoid drinking large amounts of anything after dinner, unless it is a small glass of milk.
- Eating to much before bed is not recommended, but don't go to bed hungry.
- Avoid exercise a couple of hours before bed.
- Don't use the bed for anything other than sleep, sexual intercourse or cuddling.
- Don't take sleeping medications late in the night. Take medicine 30 minuets before bed.
- Do stressful activities in another room.
- Avoid over-arousal before bedtime.

The following is a list of a few things that will help you sleep:

- Make a sleep routine and stick to it!
- Do something relaxing right before bed.
- Sleep in a cool, comfortable, dark place.
- Drink a small glass of warm milk.

Sleep Disturbance

Editorial Contributor: Bari York

Having trouble sleeping is more common than a person may think. According to the National Sleep Foundation, “forty-eight percent of Americans report insomnia occasionally while 22 percent experience insomnia every or almost every night” (2011).

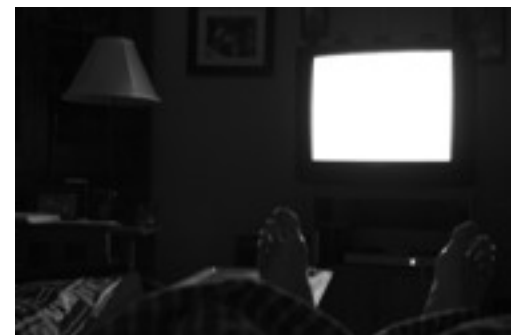
According to a poll conducted by the National Sleep Foundation, women experience trouble sleeping at a higher rate than men. Of the 22 percent of people that experience insomnia, women are 1.3 times more likely to report this sleeping disturbance.

Insomnia can also be costly, meaning that nearly 14 billion dollars are spent on this. A person may wonder if this is such a problem there must surely be a solution or treatment for this.

There is a treatment for insomnia, and when the treatments previously listed to help you get a better night sleep do not work or stop working, than medication becomes a common treatment for insomnia.

Taking sleeping medication has specific guidelines, which are:

- Begin using the lowest possible effective dose.
- Medication for sleeping should be a short-term solution for problems with sleep especially when this medication is used nightly.
- Use this medication sporadically if you intend to use this on a long-term basis
- This medication should only be used if it is in combination with good sleep practices and/or behavioral approaches.



Many people suffer from Insomnia and when the tips to the left do not help you may want to consider taking a sleeping aide.

This photograph was taken by Bill Holland.

The information above was provided by a tip card created by Lash & Associates Publishing/Training Inc and can be purchased from www.bircowfi.org. The title of this tip card is “Sleep after Brain Injury.”

Neuropsychological Assessment Series Part 3: Getting Feedback And Understanding Test Results *Editorial Contributor: Dr. Nathan Glassman*

In Part 2 of this series, the importance of getting neuropsychological assessment was discussed. The comprehensive testing of brain skills such as attention, memory, language, and problem solving, as well as psychological functioning, gives a good indication of the health of the survivor's brain, how it is functioning, and how you are coping with your brain injury.

Comprehensive testing is usually done when the survivor is consistently oriented to time, place and situation, and is often done more than once. Test results can assist survivors and their family in making important life decisions, treating emotional or behavior problems, and in legal proceedings such as disability determination or Worker's Compensation.

AFTER THE EVALUATION

Once the evaluation is completed, many people feel exhausted by the process. They may feel that they have done badly because they have made mistakes, or did not do as well on certain tests as they would have before the injury.

It is not unusual for the survivor to feel frustrated, angry, or discouraged after the testing. It may be helpful for survivors and their families to remember that getting a perfect score on most neuropsychological tests is rare.

The tests are designed to challenge people at all levels of ability, so making errors or not knowing all answers is completely normal. Also, the tests given probably included some selected to challenge the skills areas in which the survivor was having problems.

On the other hand, the testing may have been easier than the survivor expected, and they may feel good about their recovery of thinking skills since the injury. Either way, detailed results will not be available until the neuropsychologist scores and interprets the test results.

GETTING FEEDBACK ABOUT THE EVALUATION

The next step in the neuropsychological evaluation process is finding out the results. Sometimes general feedback will be given at the end of the evaluation, but getting the Neuropsychologist's report with specific results and recommendations may take as long as several weeks.

Many neuropsychologists will schedule a feedback session, and this is often covered by insurance. Try to schedule the session for a time and day when you will feel mentally and physically alert.

When the feedback session has been scheduled, plan to be ready for the session. Go with family or friends you feel comfortable with, and give yourself plenty of time before and after the meeting to avoid feeling pressured or rushed.

In the feedback session, the Neuropsychologist will give you a lot of information about your performance and the test results. This can be overwhelming.

Try to keep your emotions in check and take notes, or have someone take notes for you. The neuropsychologist might be willing to give you a summary of the results if you request this from him or her.

UNDERSTANDING NEUROPSYCHOLOGICAL TEST RESULTS

It can be helpful in understanding the results of the assessment if you have some questions for the neuropsychologist. Examples of questions that can be helpful in starting a meaningful discussion include:

1. What are my main strengths and weaknesses?
2. What will help me improve my weak areas, or compensate for them?
3. Are there any restrictions on my activities?
4. What is expected as far as my continued recovery for the next 6 months to one year?
5. What are your treatment recommendations to help me do my best as I continue to recover?

One of the challenges of getting the results is that you might not understand the feedback, or you might not agree with some or all of the conclusions and recommendations. It is difficult to hear that you have problems that you either don't think you have, or don't recognize.

It is common for survivors to lack at least some insight, and sometimes, even

basic awareness, of their limitations after brain injury.

Although it is possible that the neuropsychologist has made a mistake, it is more likely that you do not have insight into the problem or problems the neuropsychologist has identified.

If this happens, listen to the feedback as calmly as possible, although you might indicate that you do not agree with it. Plan to talk over the results after the evaluation with someone you trust.

This will help you to be objective and open-minded about your strengths and weaknesses. This will also help you be better able to work on the problems in rehabilitation.

Finally, keep in mind that the neuropsychologist is trying to be as accurate as possible in their evaluation, but tests are not perfect, and there is some degree of error, just as there is with any medical test or procedure.

Neuropsychologists tend to be conservative and cautious.

This is because medical professionals would rather err on the negative side, (predicting less ability or improvement), not promise everything will be "all right", because your recovery may not be as well as you hope.

In conclusion, completing a neuropsychological evaluation, getting the feedback, and understanding the results can be a long and complex process. It can be an emotional process as well, and getting emotional support can help you get through the process.

Finally, the results might include information that you do not understand or agree with, and this can produce strong emotional reactions. Getting assistance and emotional support from friends and family, and asking questions, can help you get the most benefit out of the process.



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.

Brain Injury Resource Center of Wisconsin

Sharing Stories in the Cozy Corner

Larry Strait

On June 20, 2005 while training for an upcoming 150 mile bicycle race, I was involved in a bicycle crash that resulted in sustaining a serious TBI. Initial diagnosis was I would not survive and would die in the coma state.

Contrary to that initial diagnosis, I did survive and a significant part of my life returned to that which I had prior to the accident. That same scenario repeated for each phase of my recovery.

Doctors made their negative but realistic projection, and I responded with a positive step towards a complete TBI recovery. The sequence of my recovery that followed the 2 week period in a coma was 2 months in Intensive care, and then 6 months at a rehabilitation hospital where I was an inpatient for 3 months and then an outpatient for 3 months.

This positive recovery resulted despite medical projections that I was dead while in coma, to projections of life long vegetative state, to conditions of limited brain capability that required 24/7 care, and finally projections of a full recovery with minimal reduction in brain capabilities. Doctors termed my recovery a miracle, but I attribute it to a few but significant things I did during my recovery.

My simple but important formula was first, I tried to never give up, no matter medical projections, and secondly, I made a commitment of always retaining an attitude of happiness and being positive. During a TBI recovery period, the brain is conducting a very complex rebuild process, and it is these attitudes that help energize the brain during this time.

Also I took very seriously everything that doctors instructed to me and my caretakers, we always followed these requirements precisely. Lastly, like all TBI survivors, changes had occurred to my brain, and thus it

was important that I accepted the fact that there were changes, and then find ways where I could change my lifestyle and life so they were in harmony with the changes to the brain.

My story has a very happy and positive ending, and that is the reason I am motivated to tell other TBI survivors. My intent is not to give to others a *magic formula* for a positive recovery. Rather I present here what I did to achieve my *miracle* recovery, in hopes it will help others to use as a guideline and help them in ways to also achieve positive recovery results.

The brain is the most complex organ within our body.

Therefore, it stands to reason that each TBI survivor is unique in the impact of the TBI on the brain, and unique in what is required during its recovery.

Over the time I spent in TBI recovery, I found that my commitment to never give up, and to always remain happy and positive, became harder to achieve. During the first 5 years following my accident, I opposed what others were telling me about the fact that I had changed and become a different person.

My opposition crested in 2010 when I was terminated from my job as an executive and project manager engineer for reasons I lacked job performance. During my career of over 40 years, I was considered a *star*, and I was the one to go to for the most difficult and highest priority situation.

My sense of optimism, happiness, and confidence was suddenly replaced with feelings of despair, depression, pessimism, and the fear of an unknown future. I also had a feeling of anger because I still refused to accept that TBI had changed my brain.

It took me until last year 2011, to accept that my TBI had changed me. Once I accepted that fact, I started an effort to convert my life so it blended with those changes of my brain. This mission of changes has immersed me in a life that is the happiest and most joyful period of my life.

Those changes included my going from an introverted to an extroverted person, from the quiet reserved person to a person that finds it easy to start a conversation, and a person that tends to be the humorist (*class clown*) in any situation. I went from engineering based personality to a person that is considered a promoter and cheerleader.

The talents that I lost in engineering and technical skills have been replaced with talents as a gifted artist, excellence in communication, and people skills.

My story began the day I crashed my racing bicycle during a training run for an upcoming 150 mile Boston bicycle race. Racing while drafting alongside a teammate, I crashed while going over 35 mph.

My teammate did not see what caused the crash, nor do I remember the crash because of my 2 month duration of traumatic amnesia. Therefore the reasons for the crash will never be known.

I was wearing a helmet, but because of the intense nature of the crash, and my skidding on my head on the pavement for over 50 ft., upper portions of the helmet were torn away. I was airlifted from the crash scene in Cape Cod Massachusetts, to a Boston Hospital.

Family members were told I would not survive, and I would die in the coma state. Church clergy were called to give last rights.

After 2 months in Boston hospital in the Intensive Care Unit,

ICU, I spent 6 months at a brain rehab hospital in Cape Cod. There I went through rehab to regain my cognitive skills, my balance so I could stand, walk, and climb stairs without falling.

I was also being treated for the immense mental state I was in because of my fears, depression, and being very unhappy. It has been more than seven years since the accident.

Those years have been a period of my life that could certainly be called traumatic, with things that happened to me that were positive, and things that were negative. I lost my job, my wife and marriage, I have sleep apnea, and very minor and very infrequent balance issues.

But I am now working as a volunteer for BIRC, as a Sunday school teacher and Christian youth leader, and a volunteer to help kids that are in foster homes. I have hobbies of artwork paintings, photography, wood working, and running that included my first 26 mile marathon.

I am in the process of writing a book about my TBI experience, and have titled it *Not now Larry I have More for You to do*. My inability to gain employment, forced me to retire a year ago.

Yes I suffered a TBI, yes I recovered, yes I lost my job and marriage, but I am now living, without question, the happiest and most positive time of my life.



Larry Strait running a marathon in Boston, Mass.

Friendship Network "Just Like Me"

The Friendship Network "Just Like Me" gatherings are currently being conducted in Milwaukee, Waukesha and Winnebago Counties. These gatherings can take place either quarterly or monthly. Do not mistake these gatherings for support groups, because they take on an entirely different feel. The location of these gatherings is in a non-medical setting, rather we get together at each others houses, go to comedy sportz and even a Brewer game! 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.*

Spotlight is on:



Susan C. Kratz MS, CRC, LPC

Division of Vocational Rehabilitation Counselor

Speakers Bureau



A very effective way of really getting the point across to somebody is to have an expert or an authority on the subject present the information. For example, a group of individuals hearing about how a brain injury can affect learning may be more interested in what an educator who works daily with brain injured students has to say than they would be in the views of a layperson.

Speakers can narrow the gap between talking about something and fully understanding it. For this reason our Speakers Bureau programs are a very popular and an effective means of promoting education and understanding.

The following is from one of our speakers and demonstrates how vital these individuals are to our organization.

The spotlight is on:

Susan C. Kratz MS, CRC, LPC

Division of Vocational Rehabilitation
Counselor

First encounter with Brain Injury

Kratz had her first experience with individuals who sustained a brain injury when she was an intern with DVR.

This first experience was one that gave her a vast amount of knowledge about brain injury and what she can offer people.

She commented about this particular client saying that "when my term ended with DVR, it appeared the parents were still struggling to accept those things that changed" about their son.

How Interest Evolves

This interest developed from working with and for her various clients. In When she entered the field she was mainly interested in helping clients with various mental health issues, but brain injury was not something she considered prior to meeting her clients who have sustained a brain injury.

Many people are unaware of what DVR is and Kratz wants to share this knowledge with our clients and let them know what DVR can do for them.

Education

Kratz feels that DVR can bring so much information to people suffering from the consequences of whatever their disability may be. Another way people can use DVR to their advantage is by means of an outreach program.

Receiving her bachelors in psychology from Carroll University, formerly known as Carroll College, in 2005. She continued her education at the University of Wisconsin Milwaukee where is graduated from and received her masters in Educational Psychology with a focus on Rehabilitation Counseling in 2007.

Work-life

All of this prior schooling and real-world experience helped prepare her for what was to lay ahead, which included a position with DVR as a Vocational Rehabilitation Counsler in Milwaukee. "I've worked in Milwaukee since my hire date and I am assigned to seven high schools as well as a general caseload" said Kratz.

Kratz takes pride in herself and her abilities when she proudly states "I have since worked with several individuals who have sustained brain injuries that are successfully returning to work now." Kratz continued by saying that "this has been and continues to be a team effort that could not have been done without the guidance and support from brain injury specialists."

Available Resources

Kratz likes being able to connect people with the different resources that are available. During our interview she also mentioned that "some people may think that they are not available to them." The main aspect of DRV that Kratz wants to bring to individuals who have survived brain injuries, is the different resources and information.

The resources that Kratz uses with people are out there and she likes to do the leg work involved to get her clients these resources.

WELCOME!

With that being said, the Brain Injury Resource Center of Wisconsin would like to welcome her to our Board of directors. We feel that her areas of knowledge and the different experiences she has had will help the Brain Injury Resource Center of Wisconsin move forward.



This illustration was done by
TBI survivor Larry Strait

A person sustains a brain injury and all of a sudden their world changes dramatically in an instant. The friends they once knew now stare at them with confused looks on their faces.

Perhaps some may be afraid that this person who sustained a brain injury will hurt them.

This is unfortunate, but is a reality for too many people. Largely this is due to the public not being properly educated on the topic of brain injury.

Brain injury is often referred to as the "silent epidemic." According to the *Office of Protection and Advocacy for Persons with Disabilities*, "every 23 seconds, one person living in the United States of America will sustain a brain injury" (2012).

The prevalence is there, but what happens to these individuals? Some heal and go on with their lives, but for the vast majority they are left with major impairments and are thrust into a world where some people do not understand or do not try to understand and judge right away.

This lack of understanding can lead to a person socially isolating themselves from others. Social isolation, as defined by *The National Academies Press*, as the "absence of social interactions, contacts and relationship with family and friends, with neighbors on an individual level and with society at large (2012).

The unfortunate factor with isolation as Dr. Markell, Froedtert and the Medical College of Wisconsin licensed psychologist, said in an interview "people have not always chosen this" (2012). Meaning that people can be isolated, because of a situation out of their control such as: physical, economic, geographic, and culturally as well.

Going with the idea that not everyone has not chosen this, isolation can occur when you are being cut off from something Dr. Markell said. People can make a decision to isolate themselves, but as was said previously they don't always choose this.

The question comes up of can isolation interfere with a person's ability to work and according to Dr. Markell "yes, if a person has a depressed feeling about their isolation it may affect the person's ability to work and maybe even to function" (2012).

A person that is not able to function is more likely to have fewer friends than others. Dr. Markell confirmed this comment by stating that not being able to function in the long run can cause a person not to develop friendships.

The following are some suggestions on how to go about reincorporating yourself back into daily life and to remove the isolation factor. These suggestions might seem obvious to some, but not for all and it is these individuals that this list is truly intended for.

This list has been developed by Dr. Markell and have been agreed upon by researchers in traumatic brain injury and the National Resource Center for Traumatic Brain Injury. The following suggestions are:

- Do things you enjoy each day
 - Use grooming and dressing skills to be sure you look good when you go out
 - Exercise regularly, maybe in an organized class
 - Volunteer for a group you support
 - Be active in a religious group
 - Check the local newspaper for free activities and make yourself go
 - Be ready to talk about a topic that interests you
 - Ask questions of others and work on being a good listener
 - Recognize others' emotions and show understanding
 - Learn a new skill by taking a workshop or course
 - Attend a support group meeting
- Meanwhile,
- Avoid Alcohol and bars
 - Do not over-rely on the Internet, TV or video games to fill your time

The list above gives some great ideas to eliminate or reduce the feeling of isolation. The Brain Injury Resource Center of Wisconsin wants to thank Dr. Markell for sharing this valuable information with our readers.



Miracle Point Brain Injury Society would like to thank you
for your support of our 1st Annual Golf Outing Fundraiser.
Because of YOU it was a great success!
We look forward to seeing you next year.

Thank You!

Jessie

Laura Dale

Nate & Becky

April
Jesse
Alivia

Adam

KEITH & MELISSA

ERIC & Tiffany Turner

Mindy & Clark
March 14, 2015

Crystal

Steve, Ron & Barb

Our support came in the way of information shared and items donated to this event. The Brain Injury Resource Center of Wisconsin received this in the mail and was overjoyed with the amount of success they had!

We are always happy to help, ready and very willing. This thank you card is very appreciated from the Miracle Point Brain Injury Society! It is great to see everyone's face. We look forward to this event next year!

Ψ GLASSMAN & STANIK, LLC

CONSULTING PSYCHOLOGISTS

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West Allis, WI 53227 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.



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&
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Want More Information?

If you would like a copy of this Bulletin or more information about any of these 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
March 2013