

BIRTMCofWI Bulletin

Vol 6 Issue 4 | Quarterly Newsletter

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Brain Injury Resource Center of Wisconsin, Inc. Home Office (as of 9/15/2016)

511 N. Grand Waukesha, WI 53186

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, Inc. is a 501(c)3 non-profit organization which was co-founded by a mother-daughter team (Lois York-Lewis and Bari L. York). They saw first hand that they needed 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 first realized in 2005 after Bari sustained a severe traumatic brain injury from a crash involving the car she was a passenger in and a semi-truck. Once Bari was released from the hospital and tried to

re-enter daily life she found it to be very difficult.

Their main goal is to help with this transition back to daily life once a brain injury is sustained. With the help of her family and their unconditional love, they pressed forward.

This gave Lois and Bari 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 the brain injury survivor has recovered to the point where they can re-enter daily life?

This is where the *Brain Injury Resource Center of Wisconsin, Inc., BIRCoFWI*, steps in to help.

There can be a lot of confusion during the "what now" phase of brain injury recovery.

What Now?

Confusion can be included as part of brain injury recovery, and the *BIRCoFWI* wants to help all survivors during this phase and after!

Bringing Brain Injury Survivors Together

Are you a brain injury survivor looking to make a social connection with other Brain Injury Survivors and those who have the compassion to understand brain injury? Gatherings are scheduled to assist the brain injury survivor in building strong, long lasting bridges of trust, respect, understanding, and acceptance.

Be part of our social and skills program today! Download your form from our web store.

I love you means that I accept you for the person that you are and that I do not wish to change you into someone else. It means that I will love you and stand by you even through the worst of times. It means loving you when you're in a bad mood or too tired to do the things I want to do. It means loving you when you're down-not just when you're fun to be with. "I love you" means that I know your deepest secrets and do not judge you for them-asking in return only that you do not judge me for mine. It means that I care enough to fight for what we have and that I love you enough to not let you go. It means thinking of you, dreaming of you, wanting and needing you constantly, and hoping that you feel the same way for me.

Dear Friends:

Our fourth quarter bulletin focuses on Relationships. As we say good bye to 2016, it is important to take a moment to think about all those whom we have come in contact with over the past year.

How did we treat one another? Did our thoughts and emotions take over? Did we value the person or judge them? Did we ever take the time to reflect on who we are and how we impact others?

Relationships, by definition, are based on our behavior towards and how we deal with each other. Living with a traumatic brain injury can sometimes cause the individual to be unaware of or not in control of their behavior. Stop for a moment and ask yourself, "If it was me (if I had a TBI) how would I want to be treated?"

Look at this issue of the Bulletin and read "Stories in the Cozy Corner" section. In this issue Bari L. Rieth will interview Mark and Amy Schmitt. Their story speaks volumes about relationships and life after brain injury. Enjoy!

Lois M. York-Lewis

Lois York-Lewis
Executive Director, Mother, Wife and Daughter to TBI Survivor's

Brain Injury:
I can explain it to you, but I can't understand it for you™

BIRCOFWI™ Bulletin Editorial Staff:

Lois M. York-Lewis Executive Director, Mother, Wife & Daughter to TBI Survivor's (Editor & Writer)

Bari L. Rieth Director of PR and Marketing, TBI Survivor & a Wife, Daughter & Grand-daughter to TBI Survivors (Editor & Writer)

Lucille J. Krebs TBI Survivor (Editor)

Kathy Richardson Resource Facilitator & TBI Survivor (Writer)

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Brain Injury Resource Center of Wisconsin, Inc. in the CommunityTM



BIRC GIFTS

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WAUKESHA, WI 53186

TUES - THURS
1:00 PM - 5:00 PM

- HANDMADE ITEMS
- HIGH QUALITY DONATED ITEMS
- ART AND PHOTOGRAPHY
- WOOD CREATIONS
- EDUCATIONAL MATERIAL

Saturday, December 10th
9:00 - 3:00 p.m.

Lake Mills Winter Market
Lake Mills Middle School
(Cafeteria & Gym)

318 College St. Lake Mills, WI 53531

Free to attend!

**Be sure to stop by our booth to view
handmade items, photography and
paintings created by brain injury
survivors and supporters!**

Saturday, December 17th
1:00 - 5:00 p.m.

Christmas Around the World -
BIRCOFWI Holiday Party

The Lodge in the Community Room,
1408 Rockridge Road, Waukesha, WI

All participants will be assigned a
themed dish biased on our
international theme.

**Please RSVP by December 8th to
kathy@bircofwi.org or
call Kathy at (262)-770-4882**

Resource Facilitation: Wheelchair Safety

Written by: Kathy Richardson / BIRCoFWI Bulletin Staff



1. Provide regular maintenance and keep your wheelchair in good repair.
2. Lock the brakes before getting in and out of the wheelchair or reaching forward for items.
3. Never attempt to reach for an object if you have to move forward in the seat or reach between your knees.
4. Don't pull backwards on doors or other objects when sitting in a manual chair.
5. Don't attempt to go up a curb.
6. If you have a power wheelchair, program the speed so that it does not go any faster than you can handle.
7. Lift the footplates up before getting in or out of chair.

8. Make certain removable arms and leg rests are secure before using.
9. Do not put heavy loads on the back of wheel chair.
10. Don't remove anti-tip bars or wheels on your wheelchair.
11. Keep loose objects away from wheel spokes.



12. Put a tall flag on your wheelchair if you ride in the streets.
13. Put lights on your wheelchair if you ride at night in the streets.
14. Avoid going up or down steep inclines.
15. When your casters start fluttering, replace them immediately.
16. Avoid riding in the rain.

17. Keep a toolkit with you for emergencies: Phillips and flathead screwdrivers, Allen wrench set, crescent wrench, spoke wrench and a tire repair kit.
18. Always back the wheelchair onto a wheelchair lift. Lock the brakes or turn the power off.
19. After backing your wheelchair in, turn it to face forward.
20. During transport, your wheelchair needs to be secured to the floor of the vehicle.

Keep in mind your center of gravity to maintain stability & balance!

Please either give the Brain Injury Resource Center of Wisconsin, Inc. a call at 262-770-4882 and ask for Kathy or email her at Kathy@bircofwi.org if you are affected by brain injury directly, indirectly or in some way.

What Lobe Does What?

Written By Lois York-Lewis, Pictured: Bari L. Rieth / BIRCOFWI Bulletin Staff



The **Frontal Lobe** is located just behind the skull of the forehead, and it governs our ability to reason, make judgments, organize information and control some motor / muscle functions

Frontal Lobe Functions:

Attention and concentration, Self-monitoring, Organization, Speaking (expressive language), Motor planning and initiation, Awareness of abilities and limitations, Personality, Mental flexibility, Inhibition of behavior, Emotions, Problem solving, Planning and anticipation, Judgment



The **Occipital Lobe** is located at the back of the skull. This part of the brain controls vision as well as vision processing.

Occipital Lobe Functions:

Vision, Vision Processing



The **Parietal Lobe** is near the back and top of the head. It's involved with visual attention, sensation (touch and pressure) and integration of senses

Parietal Lobe Functions:

Sense of touch, Spatial perception, Differentiation (identification) of size, shapes, and colors, Visual perception



The **Temporal Lobes** are located on each side of the head above the ears. They control hearing and are related to smell, taste and short-term memory (especially visual and verbal).

Temporal Lobe Functions:

Memory, Understanding language (receptive language), Sequencing, Hearing, Organization

Why Should You DONATE Today?

It's Simple - We are not a membership based organization, government grants and foundation funds are in short supply, and brain injury survivors in Wisconsin are counting on you!

Need a Tax Deduction?

Out of respect for privacy, donor names will not be published on our website or listed in our annual report unless otherwise authorized

We are a 501(c)(3) organization

Donating as little as \$1.00 per family member goes a long way!

If your personal budget is feeling the pinch, why not ask your employer to host a green and purple day, chili cook-off, bake sale, or any easy to run event that does not interfere with the work day.

Contact us today and we will send information about our organization to share at any work-place fundraiser event.

Brain Injury Resource Center of Wisconsin, Inc.

Mailing Address: **P.O. Box 808 Muskego, WI 53150**

Phone: (262) 770-4882 / Fax: (262) 436-1747

admin@bircofwi.org

www.bircofwi.org

<http://www.bircofwi.org/for-you.html>

Common Barriers to Participation Experienced by People with Disabilities

Written by: Lois M. York-Lewis / BIRCOFWI Bulletin Staff



Nearly everyone faces hardships and difficulties at one time or another; but for people with disabilities, barriers can be more frequent and have greater impact. The World Health Organization (WHO) describes barriers as being more than just physical obstacles.

Here is the WHO definition of barriers:

Factors in a person's environment that, through their absence or presence, limit functioning and create disability. These include aspects such as:

- a physical environment that is not accessible,
- lack of relevant assistive technology (assistive, adaptive, and rehabilitative devices),
- negative attitudes of people towards disability,
- services, systems, and policies that are either nonexistent or that hinder the involvement of all people with a health condition in all areas of life.

Often, there are multiple barriers that can make it extremely difficult or even impossible for people with disabilities to function. Here are the seven most common barriers.

Often, more than one barrier occurs at a time.

1. Attitudinal
2. Communication
3. Physical
4. Policy
5. Programmatic
6. Social
7. Transportation

For more information about these barriers please contact us at the Brain Injury Resource Center of Wisconsin, Inc. by calling (262) 770-4882 or stop by our location at 511 N. Grand Ave. Waukesha, WI 53186.

TBI Humor: Serious Funny Business

Written by: Jeffrey Sebell / Brain Injury Survivor, Writer

My life after my TBI has been shaped by humor, to the point that my cognitive therapist thought I was making too many jokes and she tried to teach me how not to be funny. I felt as though she was trying to take away an essential part of me...

TBI Humor Is...

We are all familiar with Brain Injury humor. BI humor is that self-deprecating humor we use to make light of something that happened so we don't get upset at ourselves, or so other people don't feel uncomfortable.

Using BI humor is our way of defusing, what can be, an awkward situation with laughter, and it is also useful in building relationships when we feel may not be part of what's going on. TBI humor comes naturally to us right after our injury when we are trying to deal with all the changes we have undergone, and it is partly an extension of how different we feel from everybody else.

We use this humor to point out the irony of our current status in life after such sudden and dramatic changes. BI humor is one way we can face these changes with a smile, be with other people, and

learn about ourselves at the same time.

It is self-deprecating humor at its finest, and it works very well at putting others at ease, while it also keeps us from taking events in our life too seriously and beating ourselves up when we hit rough patches.

The Essence of Brain Injury Humor

We use BI humor as our protection; it is the winter overcoat that protects us against the reality of the cold, cruel world around us. When we use it to make light of ourselves and our situation, it keeps the serious, angry and depressed monkeys off our backs; you know, those monkeys that cause us to rage at ourselves and doubt ourselves when we mess up.

Our humor lets others know we can poke fun at ourselves and our predicament, and that we are facing the challenges in front of us, undaunted by how difficult they are. In some ways this is great, but in other ways it is harmful.

While BI humor allows us to deal with situations in the short run by being funny and lighthearted, the long term costs are: the loss of our dignity because we make ourselves the butt of all the jokes, and the increased focus we put on our brain injury by making these jokes. The reality of BI Humor is that we are beating ourselves up with laughter.

This works against us as we try to move forward with our lives.

Focusing on our deficits, whether by being angry or by using humor, doesn't work.

Brain Injury humor is only valuable up to a certain point.

Is Brain Injury Humor a Crutch?

We do need TBI humor to help establish our identity after brain injury and to cope with the changes that have occurred in our life. Humor acts as a cushion as we learn about ourselves, find a way to accept ourselves and attempt to reintegrate ourselves back into society.

Often times though, we continue to look at BI humor as a saving grace when, in my opinion, it is not. For example, I'm sure you've heard the phrase, "If I didn't laugh, I would cry."

This statement reveals something about the darkness and sadness that is behind the humor, and shows what we are trying to escape from by making these jokes.

This statement doesn't have to be true.

It all depends on how you deal with your life and how you relate to your brain injury.

How do we move on?

Over time, as we, hopefully, are able to put our injury in the rearview mirror, we can develop ways to deal with situations other than to make ourselves the butt of jokes. As we learn to adapt to our new status in the world, we need to find a way to accept ourselves and move beyond the Brain Injury humor which may make us feel better right now, but shows other people we don't treat ourselves with respect.

TBI Humor: Serious Funny Business

Written by: Jeffrey Sebell / Brain Injury Survivor, Writer

Our goal in life is to move beyond our injury, yet when we rely on BI humor we sabotage ourselves and get in a rut by making fun of ourselves and our situation. Why is it okay for us to treat ourselves like that when we don't want others to treat us like that? Eventually, as time passes after our brain injury, we need to consider ourselves a person in the world, deserving of respect from others and from ourselves.

The importance of Brain Injury humor to a TBI survivor is clear, but so should be the idea that we need to learn how to deal with our life, not escape it by making fun of ourselves. Cracking jokes about how you do things and your inabilities is a reflection of how you value yourself. We need to learn how to treat ourselves with dignity and respect because that is the only way others will, and because we deserve it.



WHY A DONATION BOX / COIN BOX PROGRAM?

Little by little, (a dime here, a quarter there) folks in Wisconsin can do a lot! It might not seem like much, but when thousands give, those coins help one survivor, one family at a time! The BIRCOFWI Donation Box/Coin Box Fundraising Program is just one of our ongoing efforts. Just how powerful is the small change dropped into each Donation/Coin Box? If every individual dropped a penny into a BIRCOFWI Donation/Coin Box, we could raise the funds needed to support our mission as well as our Programs and Services, Education and Awareness efforts, and many of our on-going initiatives.



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Domestic Violence, Brain Injury and Psychological Trauma

Recovering from a Brain Injury is Possible!

Written By: Rolf Gainer, Ph.D. / NRI at Brookhaven Hospital

A cause of brain injury that has been under-reported is domestic violence. Often the victims of domestic violence do not seek health care after the assault or they live in areas where the healthcare services lack the expertise and resources to identify brain injury. The nature of the victim's relationship with the perpetrator may further prevent them from calling for help from the police, advocacy organizations or healthcare professionals. They may be one among several victims in a family or they be the one who absorbs the abuse to protect the others. Domestic violence is not confined to the poor, it occurs in all economic groups and involves men as well as women and children. For many it's "a private issue" or "secret" that is kept hidden.

In the aftermath of abuse, the consequences of brain injury may be confused with mental health or substance abuse problems and not understood as the outcome of

repeated blows to the head or strangulation attempts depriving the victim of oxygen during a violent attack by a domestic partner. The person who is agitated, depressed, forgetful, confused, having slurred speech, experiencing headaches, pain, vertigo and other physical symptoms that we associate with brain injury may be not appropriately diagnosed and treated. In situations where the abuse is ongoing, the effects of repeated brain injury are cumulative and not unlike those experienced by a boxer or football player who has had multiple concussions. Health care professionals need training in recognizing that the pattern of symptoms following domestic abuse may, in fact, be brain injury and learn to look for the real cause of problems.

In studies of the prison populations in many states, more female inmates were found to have experienced brain injuries than males. The higher rate of injuries was correlated with exposure to domestic violence. Do the behavioral and cognitive effects of brain injury account for some of

the problems which land women in prison?

And, then we have the toll of psychological trauma, of living in fear of each attack and of the next event which could happen tomorrow or at any minute in a relationship characterized by explosive violence. Coupled with the effects of brain injury, PTSD symptoms are real and complicating factors.

As healthcare professionals we need to increase our awareness of domestic violence as a cause of traumatic brain injury and understand the cumulative and total effects of violence on the person. The victims of domestic violence are exposed to enormous and ongoing risk for severe brain injury and psychological problems stemming from trauma.

NRI NEUROLOGIC
REHABILITATION
INSTITUTE AT
BROOKHAVEN HOSPITAL

Sharing Stories in the Cozy Corner: Mark Schmitt

In the Middle of the Night

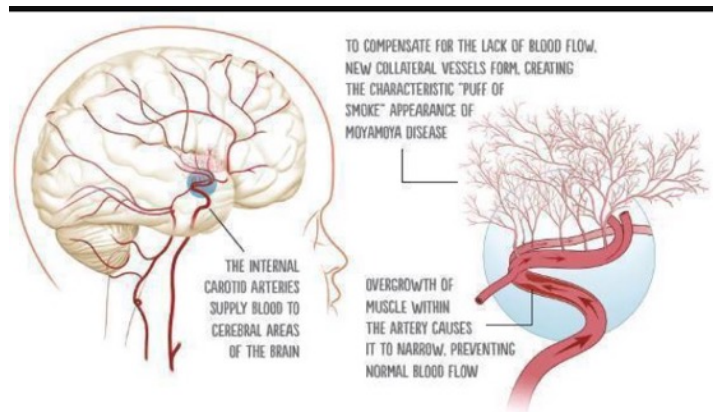
Written by: Bari L. Rieth / BIRCOFWI Bulletin Staff

Aimee Schmitt was suddenly woken during the night of May 07, 2015 by a loud boom. Hearing this sound and recognizing that it was not a normal sound, for the home where she lived with her husband Mark Schmitt, made her spring out of bed to discover what had caused it.

Imagine finding your husband lying on the kitchen floor and unable to communicate. Her first thought was to call 911, which was the correct move, because of what would happen next.

"Mark was lucid for 20 minutes before he went into a coma," Aimee explained to me in an interview. She insisted that the emergency personnel take Mark to Aurora St. Luke's Medical Center, St. Luke's; in Milwaukee because she knew that they had a Neuro ICU.

Later the doctors discovered that Mark had an uncommon disease called "MoyaMoya." According to the Mayo Clinic, MoyaMoya Disease is a rare blood vessel disorder where ultimately the blood supply to your brain becomes reduced and this condition can cause a mini stroke.



This disease is actually most commonly found in children and traditionally is found in Japan and other countries in Asia, but has made a rare occurrence here in North America.

After arriving at St. Luke's, Mark would stay there for his initial recovery, which lasted three weeks before he was moved to Sacred Heart where he would

remain from May 29th until July 3, 2015. Following this long ordeal of recovery came out patient therapy that he had three days a week all day from July-December of 2015.

During our interview you could see the struggle to recall information in Mark's face as he tried to recall various facts and often turned to Amy for the correct answer. Despite what has happened to Mark he remains positive and has coped well stating that the most challenging aspect of his injury is "trying to find a new normal in my life."

Trying to find a new normal can be challenging at best, but Aimee is so very proud of her husband for adjusting to his new way of life and being able to "go with the flow."

It is very evident that there is a tremendous amount of love between the two of them and this can be seen in the way these two look at each other and how they have such a tremendous amount of respect for one another.

In a post made to Facebook on October 12, 2016 Aimee mentioned that Mark's EEG that was taken in Madison

was perfect and that they can now wean him off of his seizure medication, which will be a gradual process, congratulations Mark!

Even in the interview Mark would often give a great big smile, which is a true testament to his attitude post

injury.

Cognitive skills, fine motor skills as well as being able to figure out what logically comes next are areas Mark is constantly working on when he is here and during his week. A strategy that Mark and Aimee have developed, which he finds very useful, is on

Sunday they go over what the next week will look like.

This includes: what he will be doing, what time, on what day, who will be taking him and picking him up.

It is very important for him to stick to a routine and part of this routine is starting the day with a trip to the gym followed by:

Mark's Routine (for example):

Monday – Tai Chi

Tuesday – Art Therapy

Wednesday – Ceramics

Thursday – He works at our location, 511 N. Grand Ave.

Waukesha, on various wood projects.

Friday – He takes a break and

watches some TV on this day

Saturday – Start the day off with a picnic breakfast

Sunday – Prep for the week ahead

In the last Bulletin, the Cozy Corner featured Mark's cousin Wendy Crass. What a remarkable story the both of them have and it gets better, because they are progressing wonderfully everyday!

This interview was conducted between Mark and Aimee Schmitt and Bari L. Rieth

References:

http://www.mayoclinic.org/diseases-conditions/moyamoya-disease/basics/definition/con-20035963?mc_id=google&campaign=288473801&geo=9018821&kw=moyamoya&ad=97475375681&network=g&sitelrget=&adgroup=21357782921&extension=&target=kw-1544691780&matchtype=e&device=c&account=1733789621&placementsite=enterprise&gclid=CPK5lrb i588CFQuSaQods48FvA

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Mrs. Bari L. Rieth

by calling 262-770-4882 or by email at bari@bircofwi.org

Want More Information?

Be sure to visit our website today! Archived copies of the BIRCOFWITM Bulletin can be ordered via our web store at

www.shop.bircofwi.org

Look for our next issue

coming out

March 2017!

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

Brain Injury:

I can *explain* it to you, but I can't *understand* it for youTM