

# BIRCoFWI Bulletin

A Quarterly Newsletter

Volume 3 Issue 3

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Photo was taken by:  
Gabriele Glauhs / Hillside Gardens



## 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 founded by a mother-daughter team (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 Bari sustained a severe traumatic brain injury. Once Bari was released from the hospital and re entered daily life she found it to be very difficult.

With the help of her family and their unconditional love they pressed forward. Realizing the challenges a person with a 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, Inc. steps in to help.

There can be 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, Inc. 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? 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! **CONTACT US FOR MORE INFORMATION:** [www.bircofwi.org](http://www.bircofwi.org)



# Welcome

Dear Friends,

What does it mean to enter the rehabilitation phase after sustaining a brain injury? The basic definition of rehabilitation means to enter the process of helping a person who has suffered a brain injury to restore lost skills and regain maximum self-sufficiency. What the statement doesn't tell you is that "rehabilitation" may take months or years or may turn into a life time of ups and downs. What the definition doesn't tell you is how will the family be impacted by the rehabilitation. Will they be able to accept the "type" of rehabilitation that is possible for the brain injury survivor? What further complicates the "understanding of rehabilitation" is when families, spouses, partners, children, employers, friends, and even strangers who a brain injury survivor may encounter in every day life are not always able to come to terms with or even accept what they hear, see, and feel as the survivors rehabilitation slows to a crawl.

For a moment, recall the poem by Robert Frost "The Road Not Taken," which can be found on The Academy of American Poets website, then consider this, "Am I the kind of person who is willing and able to stand at the side of a brain injury survivor?"

Two roads diverged in a yellow wood,  
And sorry I could not travel both  
And be one traveler, long I stood  
And looked down one as far as I could  
To where it bent in the undergrowth;  
Then took the other, as just as fair  
And having perhaps the better claim,  
Because it was grassy and wanted wear;  
Though as for that, the passing there  
Had worn them really about the same,

And both that morning equally lay  
In leaves no step had trodden black  
Oh, I kept the first for another day!  
Yet knowing how way leads on to way,  
I doubted if I should ever come back.

I shall be telling this with a sigh  
Somewhere ages and ages hence:  
two roads diverged in a wood, and I --  
I took the one less traveled by,  
And that has made all the difference.

<http://www.poets.org/viewmedia.php/prmMID/15717>

Be the wind beneath their wings and follow the Road Not Taken. Be the one to walk with the brain injury survivor during the rehabilitation journey of their life. You will be the better person for it in the end.

Kindest Regards,



Lois York-Lewis  
Executive Director

Also check out our Calendar of Events at  
[www.bircofwi.org](http://www.bircofwi.org)  
for more information!

## UPCOMING EVENTS:

### **Friendship Network Gathering:**

September 21, 2013 11:00 a.m. - 3:00 p.m.

Brain Injury Global Picnic at Smokey's Bait Shop in  
Pewaukee RAIN OR SHINE. Public Welcome!

October 19, 2013 3:00 p.m. - 8:00 p.m.

2nd Annual Friendship Network Halloween Party  
Must be a Brain Injury Survivor who is a Friendship  
Network Member to attend.

December 14, 2013 11:00 a.m. - 3:00 p.m.

3rd Annual Holiday Party

Must be a Brain Injury Survivor who is a Friendship  
Network Member to attend.

If you are a brain injury survivor and would like to  
attend our events, please visit the website listed above,  
put your cursor on "Resource Directory" and scroll  
down to "Friendship Network."

### **BIRC of WI Bulletin Editorial Staff:**

**Lois M. York-Lewis** Executive Director & Mother of a TBI Survivor (Editor and Writer)

**Bari L. York** Director of PR and Mktg & TBI Survivor (Editor and Writer)

**M. Angela Dentice** Pitman, Kyle, Sicula & Dentice S.C.. (Writer)

**Bob Erdmann** Certified Biblical Counslor (Editor)

**News-Medical.net** (Writer)

**Carrie Belsky** Director of Employment Services, MVR, CVE, CPVRs, (Writer)

**Vicki Davis, Esq.,** Pledl & Chon, S.C. (Writer)

**Ultra Thera Technologies Inc.** (Writer)

**Maria's Caregiver** (Writer)

**Gabriele Glauhs** Graphic Designer and Gardener at Hillside Gardens (Photographer)

Photo was taken by:  
Gabriele Glauhs / Hillside Gardens

## Vocational Rehabilitation and the TBI Survivor

Written By M. Angela Dentice / Pitman, Kyle, Sicula and Dentice S.C.

*Taking a closer look at the different models contained within vocational rehabilitation*

The return to work after suffering from a Traumatic Brain Injury or "TBI" can be one of the most beneficial steps TBI survivors are able to take throughout their post-injury lives. Returning to a working environment is a significant step towards a return to one's independence and everyday life while also providing a sense of accomplishment through being employed and providing a work product or service to the community.

Furthermore, participating in a work environment also offers an inherent evaluation of a TBI survivor's recovery and rehabilitation progress post-injury and throughout the rehabilitation process. As a result, many states provide vocational rehabilitation programs that work with TBI survivors in order to help prepare them for a successful return to the workplace and also with all job seekers suffering from other disabilities.

These vocational rehabilitation programs fall into one of three categories: the program based model, the supported employment model, and the case coordination model. These models are differentiated based upon how and when the rehabilitation process is structured, be it prior to employment, during employment, or an overarching holistic approach that incorporates services both before and during employment.

The "program based model" was first developed and described by Ben-Yishay et al. in an article from the NYU Medical Center head trauma program and focused specifically upon TBI survivors.<sup>2</sup> This model uses a front-loaded approach with immediate intensive work skill training, rehabilitation, trials, and evaluations.

Upon the satisfactory completion of the program the participant will then undergo job placement and is given transitional support before beginning work and maintaining employment independent of the vocational services. However, the weakness with this frontloaded approach is that it is premised upon the assumption that a rehabilitation plan can address and successfully treat any and all complications before participants are exposed to the workplace environment.

Comparatively, the "supported employment model" does just what its' title states; it provides support. This model is a continued and involved program that focuses on immediate job placement for TBI survivors which is then supplemented with individualized training, job coaching with a professional job coach, and long term oversight or monitoring.

These services are provided at the jobsite during employment and aim to help immediately address, solve, and integrate positive workplace habits and practices. As a result, this model of vocational rehabilitation is more of a deferred or continued process in the workplace and requires cooperative employers who are willing to work through this process as opposed to the program based model which does not provide job placement until participants are deemed fully rehabilitated.

Finally, the case coordination model is a more individualized and holistic approach in which a case coordinator evaluates the needs of the individuals and subsequently refers them to specific services.

These services are normally a mix of both programs based as well as support based rehabilitation measures and focuses upon identifying the individual cases needs early, providing specialized vocational rehabilitation services and interventions. Presenting the participants in work trials, and finally introducing them into a sliding scale supported employment model based on their progress and needs.

The Wisconsin Department of Workforce Development (DWD) offers a multitude of services for all job seekers with disabilities. The DWD provides a long list of services and, as a result is most akin to the case coordination approach to vocational rehabilitation.

Survivors of a TBI may contact the DWD for all types of services including general career guidance and job search or placement assistance, rehabilitation and vocational training, transitional services, supported employment services, and even assistance with small business planning or obtaining occupational licenses or equipment.

Overall, the Wisconsin DWD offers a myriad of vocational rehabilitation services that can be individually tailored to TBI survivors. This type of broad program is an excellent example of the case-coordination model that offers a combination of the best characteristics of both the program based and supported employment models.

The author thanks Marquette University Law student Ryan Session for his assistance in writing this article.



**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 Associate of Justice. Before attending law school, she taught handicapped children.

<sup>1</sup> Joanna Kristin Fadyle & Kathryn M. McPherson, *Approaches to Vocational Rehabilitation After Traumatic Brain Injury: A Review of the Evidence*, *J. Head Trauma Rehabilitation* 2009;24(3): 195-212, 198 (citing Yehuda Ben-Yishay et al., *Relationship Between Employability and Vocational Outcome After Intensive Holistic Cognitive Rehabilitation*, *J. Head Trauma Rehabilitation* 1987;2(1):35-48).





# Programs and Services

## Resource Facilitation and Related Programs

Downloadable forms for these various programs are available on our website, [www.bircofwi.org](http://www.bircofwi.org), place your cursor over "Resource Directory" and the drop-down menu lists our different programs the Brain Injury Resource Center of Wisconsin has to offer.

### Resource Facilitation:

If you are unable to find the answers you seek on our website, please be sure to take advantage of our personalized Resource Facilitation Service. This service is an extension of our website and other programs and services. It touches the minute to minute, day to day way of life post-brain injury.

### Peer Mentor:

Support is one-on-one between an individual new to brain injury (peer) who is connected with another individual (mentor) who has been living with brain injury, is a family member of the person who sustained a brain injury, or a support person of someone living with a brain injury.

### Return to Work Program:

Our Return to Work Program does not get you ready to work, but is there to assist you and your employer with questions and answers.

## Social and Skill Building Programs

Downloadable forms for these various programs are available on our website, [www.bircofwi.org](http://www.bircofwi.org), place your cursor over "Resource Directory" and the drop-down menu lists our different programs the Brain Injury Resource Center of Wisconsin has to offer.

### Friendship Network:

These Social Gatherings are intended to assist the brain injury survivors in building strong, long lasting bridges of trust, respect, understanding, and acceptance.

### Pen Pal Program:

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.

### Spiritual Outreach Program:

This program 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.

### Support Groups:

Review our Resource Directory link for a support group near you!

## Education, Awareness, Prevention, Assistance, Other

Downloadable forms for these various programs are available on our website, [www.bircofwi.org](http://www.bircofwi.org), place your cursor over "Resource Directory" and the drop-down menu lists our different programs the Brain Injury Resource Center of Wisconsin has to offer.

### Education and Awareness:

Various education and awareness events and classes are available. For more information please visit our education and awareness link, which can be found under our Resource Directory> Programs and Services.

### Assistance to Professionals:

Professionals can have confidence knowing that the statewide support services the Brain Injury Resource Center of Wisconsin offers to individuals affected by brain injury will help to provide a continuum of care for their clients.

### Advocacy:

Please visit [www.bircofwi.org](http://www.bircofwi.org), go to our Resource Directory, on the drop down menu click programs and services and scroll down to near the bottom of the page. A person can learn about the different forms of advocacy.

### Speakers Bureau and Volunteers:

Send an email to [admin@bircofwi.org](mailto:admin@bircofwi.org) and let us know if you would like to be part of our Speakers Bureau or become a Volunteer.



## The Silent Epidemic is No Longer Silent

*Members of our Social Programs share their opinions on the topic of recovery and is it better to recover at home or in a rehabilitation facility.*



**Opinions from members of the social programs.**

*Is recovery better achieved at home or in a rehabilitation facility?*

**This question was posed to the members of the social skills program and the graph at the right depicts their answers. From this question, the answers point to recovery being most successful at home.**

The majority of the responses indicate that the rehabilitation process at home is better, because the survivor is surrounded by people (their family) that will love them through the good and bad times. Also the survivor is surrounded by items that are familiar to them, which may trigger their memory.

Another response indicated that recovering at home is best for both the survivor as well as their family members. They further mentioned that by helping their loved one recover they would have no unrealistic idea's of what they could or could not do post injury.

While this may be helpful to some, another participant suggested that those who choose to recover at home; it may be beneficial for their loved one, but it can put strain on the family. For example, taking their loved one to doctor appointments.

In the beginning this can be a weekly or even daily occurrence and with the different doctors schedules, the survivor needs someone to be

dedicated to their care if the family chooses to have them recover at home.

For example, when I sustained a severe traumatic brain injury my Mom choose to stay home with me. It was not always easy on our family, but this is what my Mom choose to do and she would not regret it for a second if asked.

Not all families have this option and for those who do not it can be very helpful to have their loved one in a rehabilitation facility during their recovery. This way the family can still come and visit, but it also takes some of the pressure or worry off of the family.

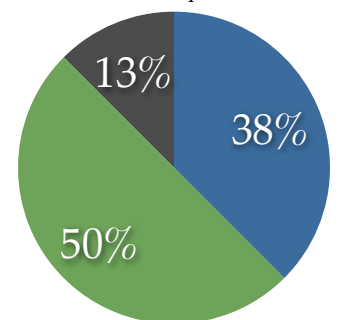
A member of the Social Programs said to me in an email that "it did a lot of good for (her) recovery and being able to have therapy all the time helped, which sped up the recovery process." Another thought on this topic is that the home environment may not be stable, it could be very chaotic and possibly dangerous, said a caregiver.

Another key component to consider is what is the survivors

current state? Can they walk and talk are they able to do even the simple acts of daily living (i.e. using the restroom).

**If they are not able to do these acts will you, as the caregiver, be willing to help them?**

When this question was posed I received some responses that indicated that they were not sure which one was better, because they either did not remember or were never admitted to a rehabilitation hospital.



- Rehabilitation/Hospital
- Home
- Undecided

## Returning People With Brain Injury to Work

*Written By Carrie Belsky and Mark Dudzik / Milwaukee Center for Independence*

*Challenge is that no two brain injuries are alike*

Almost 6,000 Wisconsin residents sustain a brain injury every year. Individuals with traumatic and acquired brain injuries experience a vast array of physical, cognitive and psychosocial changes that can make it difficult to return to pre-injury employment and create challenges in defining new employment opportunities.

But returning to work is necessary, as employment remains one of the most important outcomes of a successful recovery. It provides not only financial support but plays an important role in establishing personal identity, building self-esteem, connecting the individual to the community and providing structure and purpose to the day.

What makes returning people to work challenging is that brain injury is complicated – no two brain injuries are alike. Brain injury affects specific areas of performance and presentation, with survivors experiencing significant cognitive, physical and psychosocial impairments that create barriers to seeking and maintaining employment.

Brain injury affects a person's executive functions, impairing one's ability to reason, plan or follow through on tasks. It can impede a person's ability to communicate, losing the ability to clearly share thoughts and express feelings.

A brain injury can also impact memory or cause confusion, which can lead to safety or behavioral issues. Add to that the physical changes that often take place with respect to balance, motor control and endurance along with the emotional impact and subsequent personality shifts, and you can easily see why rediscovering yourself after brain injury is a crucial part of the recovery process.

It's easy to appreciate why someone with a brain injury would need a great deal of support to return to work. Using vocational rehabilitation services is a critical step in this process.

**This includes intensive services designed to provide opportunities to address changes that have occurred while acknowledging the strengths and abilities that remain -- and which can be applied to an employment situation.**

The vocational rehabilitation process consists of gathering information about the individual and creating a vocational profile. This includes learning about a person's work history and

skill set prior to the injury, taking into account a person's interests, values and strengths, and pinpointing areas of need or potential barriers.

**Strategies and accommodations are designed and introduced to minimize barriers and increase independence and successful performance.** Once complete, the focus falls to formulating a vocational goal or objective based on the information learned throughout the process.

Accommodations and strategies in the workplace are critical to the overall success of the person returning to work. They can include shortened hours, modifying equipment such as adding an amplifier to the phone, building in rest breaks, using checklists or color-coding to aid memory, limiting distractions and even using a job coach or internal support to provide assistance on the job.

Technology is increasingly playing a key role in assisting the employee, too. A phone can be programmed to ring every 20 minutes as a reminder to check for emails or attend to a new task.

Employees with a brain injury can use the Smartphone's audio, video and writing features to record information or instructions, and its calendar, alarm clock and to-do-list features can help them manage daily tasks. For those who cannot write, iPhones and iPads allow for dictation – and the list of assistive technology is still developing.

While our primary concern is our client, our role is also to provide support to the employer. This occurs in the form of sensitivity training, recommending strategies and accommodations, and teaching key staff how to best work with the individual in his or her position.

If the person is attached to an employer, MCFI can work with human resources to determine if returning to work is a viable option through task analysis and onsite assessment; MCFI can also negotiate job duties or modifications to the schedule as appropriate.

**The Nexday program at our campus in Bay View, we are even better able to provide seamless delivery of services and a continuum of care for people recovering from brain injury.**

There, our interdisciplinary teams, which includes medical staff, therapists, a neuropsychologist, certified brain injury specialist, certified vocational evaluator and rehabilitation counselor, and employment specialists, provide person-centered care based on individual assessed needs and the specific goals and desired outcome of the individual and his or her support system.

Nexday also offers a family resource center, where anyone can access the latest literature on brain injury. Support groups for survivors, families and children will also be held, as we recognize brain injury has an impact on the entire family.

**Nexday is a comprehensive brain injury program designed to support independence at home, at work and in the community.**

Our innovative design allows the individual to re-establish ties to the community, build confidence and enhance his or her abilities while taking the next steps toward achieving the goal of employment.



*Carrie Belsky, director of Employment Services at MCFI, is a certified vocational evaluator, certified private vocational rehabilitation specialist and specialist in traumatic brain injury and return-to-work practices. She has a master's degree in vocational rehabilitation from the University of Wisconsin-Stout.*



*Mark Dudzik is a brain injury survivor, participant of the MCFI Nexday program and a newspaper editor and reporter who is currently working on his goal of returning to work.*



## Guardianship and the Road to Recovery

Vicki Davis / Esq., Pledl & Cohn, S.C.

*Taking a closer look*

For some individuals with a brain injury, guardianship will be a part of their lives forever. **For others, guardianship is a stepping stone in a recovery process that may eventually no longer be necessary.**

If it is necessary to appoint someone to make medical and financial decisions immediately after the initial injury, a temporary guardianship may be necessary. It can be put into place quickly, but it can only last up to 120 days – which may not provide enough time to recover decision-making abilities after a traumatic brain injury.

If more time is needed, “Permanent Guardianship” is available. A permanent guardianship will remain in place until the individual passes away – IF no one takes any steps to modify or terminate the guardianship.

In order to evaluate whether it may be time to change or end a guardianship, it’s important to review what guardianship actually means for the individual. Some rights may be lost completely, such as the right to vote, execute a will, or serve on a jury, the right to marry, donate organs or other body tissue, consent to sterilization, or to have a driving, fishing or hunting license.

Other powers may be transferred to the guardian, such as those involving informed consent to medical treatment and medication, decisions about where the person lives, social services, and other important decisions related to health and finances. As you can see, a person under guardianship may be without the ability to enjoy some of the basic liberties that adult citizens can expect to enjoy.

Before a guardian is appointed, the court evaluates an individual’s need for guardianship based in large part upon the report of a physician or psychologist, and then decides whether the individual meets the legal standard.

A legal standard is a set of circumstances that must be met in order for the court to appoint a guardian.

Think of it like a hurdle: unless each of the circumstances is met, you do not “clear”

the hurdle and there is no guardianship. Once established, the burden is on the person seeking to end the guardianship to show that the person no longer meets the legal standard.

For guardianship of the person, for example, the standard is as follows: The individual, 1. Due to an impairment 2. Is unable effectively to make or communicate decisions or receive or evaluate information 3. To such an extent that the individual is unable to meet the essential requirements for his or her health and safety.

For many individuals, the answers to these questions are a clear yes or no. But what about people who are in a more “gray” area, or those who are expected to have significant gains in functioning over time?

There is also an option to change the guardianship to be less restrictive of the person’s rights – to restore rights or decision-making powers that have been removed. However, you must be able to prove to the court that the change is in the person’s best interests.

Throughout the road to recovery, as a person regains his or her capacity, it is appropriate to reevaluate the need for certain protections related to decision-making. It is important to ask the right questions about the person’s ability to self-advocate and make safe decisions.

In order to do that, you should seek input from a doctor or psychologist, other professionals involved in the recovery process, friends and family, and of course, the individual him or herself.

### **Also keep in mind that making an informed decision means:**

- Being able to understand information needed to make the decision
- Being able to understand the outcomes and the consequences of the decisions made
- Having a method of expressing the decision
- NOT a “perfect” decision every time or the first time!

At the point in recovery where the level of oversight that comes with a guardianship is no longer necessary – there are other options available. A person who acknowledges that he or she still needs help with important decisions and is willing to share some decision-making power is a great candidate to use Powers of Attorney for health care or finances to get through to the next step.

**Informal supports such as a dual signature or joint checking account, bringing a loved one along to appointments, or signing release authorizations for health care providers are other ways to ensure you are being protected without the loss of liberty associated with guardianship.**

If you are ready to make a change in your guardianship or that of a loved one – consult with a disability advocate or an attorney who specializes in guardianship to help guide you along the way.



**About the Author:** Victoria Davis is an associate attorney at Pledl & Cohn, S.C. in Milwaukee, Wisconsin. She specializes in disability law, and represents clients in the areas of guardianship, special education, children’s disability services and special needs planning. She serves as a guardian *ad litem* for children and adults in juvenile, family and probate court, and also practices family law.

## Sharing Stories in the Cozy Corner

### A Story To Painful To Remember

By her Caregiver / BIRCoFWI Bulletin

*Telling My Story: Maria G.*

I have spent my life working in group homes, institutions, state hospitals, private homes, caring for people with disabilities of all kinds, including TBI, but also DD, CD, ED, MI, MR, and any other kind of acronym you would want to see. This type of service has been my passion, long before I earned a Bachelor's Degree in Social Work.

My path and Maria's had crossed once or twice, but we didn't know each other very well. She was the kind of intentional, put-together beauty, tall, elegant, with beautiful hazel eyes.

**She modeled often for side jobs, and acted here and there in music videos and projects.**

Maria also presented as having mental illness, and would "self-medicate", a condition observable to people who live or work with mental health issues. It is unclear what happened that Tuesday morning in 2007, the true circumstances that led up to Maria's injury.

**Every person involved has a different perspective.**

These different perspectives include everything from an accidental overdose to suicide attempt to homicide attempt. Maria believes that her ex-husband Paul was trying to kill her, and carries a grudge against him to this day, like a second skin.

Paul was on the phone with Maria on the morning of her injury, officially listed as simply "an overdose", but he was never physically with her. Maria's mother accused him of homicide, but detectives and police cleared him of all charges after an investigation.

Maria was a Montessori schoolteacher with a Master's Degree in French. When her landlord and friend, Eric, noticed her car at home on

a school day, and knowing that she was having some mental health struggles lately, including medication changes went in to check on her.

**Eric found Maria lifeless and pulse-less on the kitchen floor, having aspirated on her own vomit.**

He called 911 and started CPR. Maria remembers none of this, and very little from that moment on.

She survived this overdose and spent three weeks in a coma, many months in rehabilitation at a variety of locations. She was encouraged by visits and audio tapes of her children's voices (a boy, at the time 7 and girl 3), support from her family, friends and hospital staff.

Maria was placed in several different group homes, and would be found either sleeping or wandering to the bar. Feeling compelled to try to find a better quality of life for Maria, Eric and his family / friend's pooled their support network of skills, talent, finances, and bought a distressed farmhouse in the country.

Maria moved out to the farmhouse where her needs are tailored to her in ways that include accommodations for her severe hearing loss, a sober / health centered environment, and a positive, happy environment.

As a result of her extensive injuries, Maria has virtually no short-term memory. She has constant neurological pain, emotional pain, and suffers from isolation, depression, mental illness, altered mental state, constant suspicion of conspiracy to harm her, an extremely low frustration tolerance.

Maria's pre-injury girlfriends tell me that she never wanted to see the "old side of 30 years old" and Maria is horrified every time she re learns her age. Sometimes, rarely, parts of the old Maria surface.

**Although she does not accept this, she is still as beautiful and captivating as ever.**

She has a remnant of a sense of humor, albeit dark, a fondness for vegetarian food and sweets.

Maria's strong medications and mental state keep her living in a catch-22 fog. If she cuts back her pain meds, she cannot function with her pain.

Her meds are strong narcotics that leave her mind dull and her body sapped of energy.

**In a constantly altered mental state.**

Maria is apathetic to her surroundings and to her loved ones without cues and reminders. Her life is a struggle every day to find any spark of a smile, but when one smile is seen, I am very glad for her.

In many ways, caring for Maria's case has been one of the most gut-wrenchingly hard situations I have encountered. It helps me to try to let go of the blame regarding the self-destructive nature of her condition, and accept her for who she is.

Part of Maria's compelling journey is that she is someone who captivates everyone's attention. She did just that at the Second Annual Brain Injury Survivor Fashion Show.

The theme of this fashion show was a "Day in the Life" of a brain injury survivor. Her survival is nothing short of a miracle, and her successes are a reason to rejoice and celebrate.

Even though Maria has daily struggles, those struggles were not apparent as she so effortlessly walked the runway. This fashion show brought out even more of the fun-loving side of Maria.

**Telling your story is more than just putting your thoughts on paper. "Sharing Stories in the Cozy Corner" is a place for survivors and families to reach out to others to offer hope, inspiration, conquer challenges, and know that they are not alone.**

**Share your story by contacting our Bulletin Coordinator Bari York  
(bari@bircofwi.org)**



## A Daughter So Loved UltraThera Technologies, inc. / GyroStim The New Innovative Technology



*The Gyrostim originated from a families desperate desire to help their child.*

*How Gyrostim was born and why it came to be. The innovative technology created for a little girl to help her walk inspires many.*

The GyroStim Balance Training System is a fully automated, computer-controlled multi-axis rotating chair designed to provide precise, powerful and controlled motion profiles to individuals ranging from small children to senior citizens, to elite athletes, to those with significant disabilities.

The GyroStim originated from a family's desperate desire to help their child. Founder and CEO, Kevin Maher, **has a daughter diagnosed with severe cerebral palsy.**

Kevin, with an engineering background in the semiconductor manufacturing industry, *refused to accept* the limitations of existing treatments and therapies intended to help improve her condition. He called on his 25 years of engineering experience to design and build therapeutic devices that could

improve the measurement, control, and intensity of therapies to help his daughter.

Along with his wife Rhonda, who became their daughter's therapist, the Mahers put these innovations to work and soon were elated with their daughter's unexpected and rapid progress.

Witnessing his daughter's remarkable gains and appreciating the therapeutic value of his equipment, Kevin found his equipment capturing the attention and approval of researchers, therapists and educators. **Their acknowledgement of the immense need for his innovative products and their encouragement to bring them to market reinforced his decision to move forward.**

Originally inspired to help improve the balance of one special little girl, the GyroStim is now helping a much larger number of individuals at locations around the world including Tampa/FL,

Santa Maria/CA, Dallas/TX, Atlanta/GA, Toronto/CAN, Quebec/CAN, and the Netherlands, with many, many more GyroStim locations planned for the future.

**If this product is of interest, please indicate so by contacting the manufacturer's via their website at: <http://www.gyrostim.com>.**

On this website the viewer will find more information about the product, how to locate a GyroStim, how to purchase one as well as information to contact the manufacturer.

Please be aware that by using the *Photo of creator Kevin Maher* provided link to contact the manufacturer, they cannot address any medical questions or provide any medical advice. Please see your physician for any questions related to this device and perhaps bring along this article and any information you feel would be helpful.

## Ψ GLASSMAN & STANIK, LLC CONSULTING PSYCHOLOGISTS

2448 South 102nd Street, Suite 270  
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Glassman & Stanik LLC specializes in psychological and neuropsychological evaluation of persons with brain injury or neurological disease, along with appropriate therapies and community reintegration.



### LAKEVIEW RESIDENTIAL SERVICES

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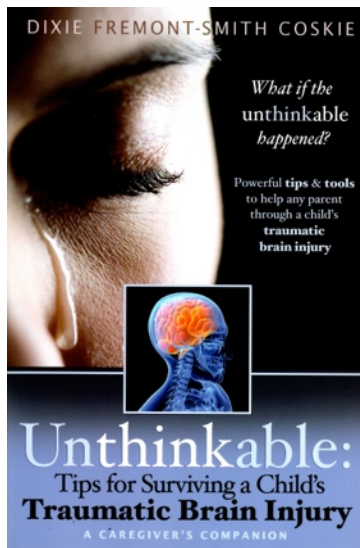
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Excerpt from: *Unthinkable*  
Tips for Surviving a Child's Traumatic Brain Injury  
By Dixie Fremont-Smith Coskie



## Traumatic Event

### At The Accident Scene

- Do not panic
- Assess the situation and bodily injuries, but do not move the body
- Ask if anyone knows CPR or if there is a doctor present
- Put pressure on any severely bleeding wounds
- Ask someone to call 911 and your spouse/partner
- Keep the victim warm (ask if anyone has a blanket, use jackets, etc)
- Ask someone to direct traffic until police arrive
- Let the police deal with traffic control, the witnesses, and the details of what happened
- Breathe in and out; wait for the ambulance; pray
- If you are not allowed in the ambulance, ask a neighbor or friend to drive you to the emergency room

### In The Emergency Room

- Although you will be severely stressed, before signing forms for any procedure to be done, ASK what you are signing and what the consequences will be for doing so, as well as what the consequences will be if

you do not. For example, what are the risks and potential complications? What kind of burdens and side effects will the proposed treatment impose?

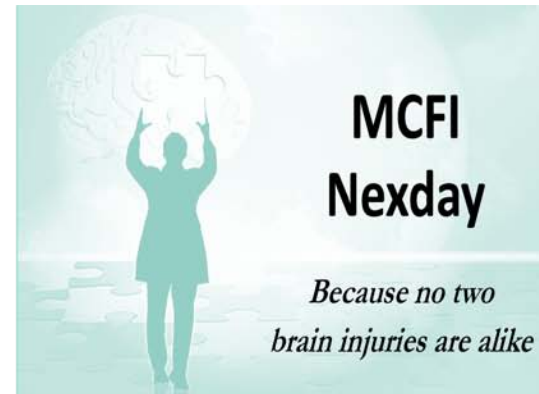
- Stay out of the way so the medical professional can do what's needed, but don't leave your child unless the doctors insist or you are feeling queasy, faint, or about to throw up. If you feel ill, let a nurse know
- Ask questions when appropriate. What's going on? How extensive are the injuries? Are the injuries life-threatening? What is being done?
- Do not become hysterical; losing control will promptly land you in the waiting area, away from your child
- If the injuries are life-threatening and you are religious, ask for a chaplain, priest, rabbi or spiritual director
- If your child is taken to a trauma center, ask if you accompany him or her in the ambulance or helicopter. If not, have a friend or neighbor drive you to the trauma center. DO NOT DRIVE YOURSELF

### In The Trauma Center

- Find out who is in charge
- Ask for updates from the nurses and doctors
- Stay in the room or area where medical personnel ask you to do that they can find you right away
- Ask if you can see your child
- Find out what tests have been done, are being done, will be done, and why. If you don't understand the answers, ask again-and again, until you do
- Ask doctors to explain terms as closed or open head injury or fracture, shearing of the brain, internal hemorrhage, intracranial pressure, blood clot, seizures, neurosurgeon, MRI, CT scan, EEG, post-traumatic amnesia, retrograde amnesia, anterograde amnesia, coma etc
- Know that brain injury is usually describes as mild, moderate, or severe. The length of time that a person is in a coma is one of the many factors that can determine the severity of an injury

To read more, *Unthinkable* can be bought from our web store at:

<http://shop.www.bircofwi.org>



The Milwaukee Center for Independence  
Nexday recovery program offers a personalized approach to meet individual needs and assist people who are:

- ♦ Recovering from brain injuries or stroke
- ♦ Living with neurological impairments
- ♦ In need of help to return to work
- ♦ In need of short-term outpatient therapies

For more information about the MCFI team, therapies and vocational rehabilitation services, or to request a tour, call 414-431-5422 or visit: [www.mcfi.net/brain.htm](http://www.mcfi.net/brain.htm)

Nexday is located in our newly renovated Bay View Campus, 3333 S. Howell Ave.

**NEXDAY**  
MCFI



## Contact us TODAY!

Find out about our great advertising deals  
by contacting Bari L. York  
(Director of Public Relations and Marketing)  
and request a media kit!

bari@bircofwi.org  
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### *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](mailto:admin@bircofwi.org)

[www.bircofwi.org](http://www.bircofwi.org)

[www.shop.bircofwi.org](http://www.shop.bircofwi.org)

### **Where DOES the Money Go?**

We use our dollars wisely to promote prevention, create an environment where awareness and education is available at every event, function, fundraiser, or meeting that our staff and/or volunteers participate in. Of course there are also operational costs associated with running every organization (everything from paper for the printer, to postage for the mailings.) We try to keep our expenses as low as possible to ensure all monies received are used for their intended purpose.

We focus on our goals and objectives knowing that brain injury survivors are the inspiration for our continued efforts:

1. The primary objective of our organization is to support brain injury survivors and families during the recovery process and beyond:
  - Resource Facilitation Service
  - Peer-Mentor Program
  - Spiritual Outreach Program
  - Pen-Pal Program
  - Support Group Program
2. The second objective is to educate, inform, and enhance awareness of the challenges faced by brain injury survivors, such as:
  - Return to Work - Employer Awareness and Employee Guidance
  - Assistance to Professionals
  - Education and "Awareness" Training
  - Prevention
3. The third objective is to allow the community to participate in taking care of its own and dismiss the assumptions and misguided thinking about brain injury and recovery by means of:
  - Friendship Network Gatherings (monthly or quarterly)
  - Brain Injury Picnics (annual)
  - Salute to Brain Injury Survivors Fashion Show (Annual)
  - Volunteer Program
  - Speaker and Presenter Bureau
  - Meet and Greet Sessions
  - Tote Bag Program



## 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

## Brain Injury Journey Magazine

The Brain Injury Journey Magazine is published 6 times/year. The magazine is 32 pages, 8 1/2 x 11, in full color and addresses a wide range of topics for families, survivors, caregivers and veterans living with brain injury as well as providers, clinicians and educators.

As the leading publisher of brain injury information, Lash Publishing and Associates have made a commitment to produce a world class, very informative magazine and offer it free by Email subscription or paid print subscription.

The **Brain Injury Resource Center of Wisconsin** is proud to be a distributor of this excellent magazine.





There is no better way to advertise your brain injury service or product than through the BIRCoFWI Bulletin. For rates and information, please contact our Director of Public Relations and Marketing, [Ms. Bari L. York](#) by calling 262-770-4882 or by email at [bari@bircofwi.org](mailto:bari@bircofwi.org).

### Want More Information?

Be sure to visit our website today! Archived copies of the BIRCoFWI Bulletin can be ordered via our web store at [www.shop.bircofwi.org](http://www.shop.bircofwi.org)

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

Look for our next issue coming out  
December 2013

*"Don't be concerned with the bridge you can't cross,  
instead build upon the one which you are destined to!"*

*Quote provided by Jay Baukin (Brain Injury Survivor)*