



BIRC Bulletin

Special points of interest:

- Is it time for your teeth cleaning? Call Dr. Ristow today! Pg. 3
- Garrett Rieth reminds us about helmet safety on pg. 5
- Jojo's Diner is right off of HWY 141 in Lena! Stop by Today! Pg. 9
- Glassman Neuropsychology, the very best! pg. 10
- Craft Masonry will get the job done! pg. 11
- Take a look at our Survivor Stories on pgs. 18-20!

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September 2018

Volume 8, Issue 2

Sibling Torment

Every parent knows that at some point, siblings will torment each other. Sometimes it is in a good-natured way, but sometimes its sole purpose is to illicit a negative reaction.

What ensues when the recipient of the action is a brain injury survivor that has a catastrophic breakdown when the sibling rivalry occurs?

After a brain injury, it is very common for other children in the

family to feel angry, jealous, and confused. Many times, brothers

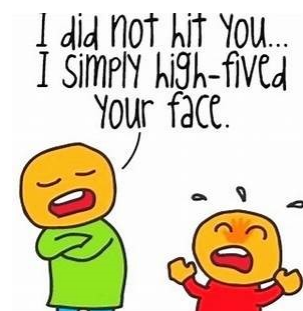


Image courtesy of <https://quotesgram.com/funny-quotes>

and sisters hold these feelings inside and may feel guilty for even thinking them.

They could be afraid to talk about

their emotions to their parents.

They could be focusing instead on particulars such as how much time is spent at the hospital, how much money has been spent, how tired their parents are, or the cancellation of plans or activities.

Remember, recovery takes years and not every family member (including a

*Continued on Pg. 4

Happy Holidays!

"Not that she didn't enjoy the holidays: but she always felt—and it was, perhaps, the measure of her peculiar happiness—

a little relieved when they were over. Her normal life pleased her so well that she was half afraid to step out of its frame

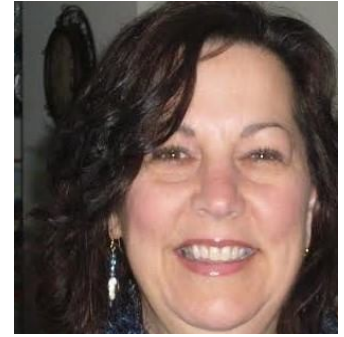
in case one day she should find herself unable to get back."
— Jan Struther, Mrs. Miniver

*Continued on Pg. 16

What is Alexithymia? *Written by: Kathy Richardson*

The symptoms of alexithymia are:

- Difficulty identifying different types of feelings
- Limited understanding of what causes feelings
- Difficulty expressing feelings
- Difficulty recognizing facial cues in others
- Limited or rigid imagination
- Constricted style of thinking
- Hypersensitive to physical sensations
- A lack of impulse control
- Violent or disruptive outbursts
- Detached or tentative connection to others
- Difficulty identifying feelings and distinguishing between feelings and the bodily sensations
- Difficulty describing feelings to other people
- Limited imagination and, therefore, little or no fantasies and



Kathy Richardson, TBI Survivor, Resource Facilitator and CBIST

"There are two types of Alexithymia: State and Trait."

Alexithymia is a disorder characterized by the inability to identify, process, describe and work with one's own feelings. It often includes a lack of understanding of the feelings of others, difficulty distinguishing between feelings and physical sensations of emotional arousal, restricted imagination (few dreams or fantasies) and logical thinking.

There are two types of alexithymia: trait and state. State alexithymia has a specific cause, such as a traumatic event and is often a temporary condition.

Trait alexithymia is be-

lieved to be a characteristic inherent in a person's personality.

Trait alexithymia may be caused by genetics or events in early childhood development such as neglect or abuse. Approximately 60% of traumatic brain injury survivors experience "state" alexithymia.

Alexithymia occurs when a brain injury causes disruption to brain regions and neural networks responsible for processing emotions, which can lead to disconnections between emotional responses and whether an emotion can be identified and expressed appropriately. Alexithymia frequently co-occurs with neurological disorders, personality disorders, psychiatric disorders, substance abuse disorders, anxiety disorders, sexual disorders and physical illnesses.

limited dreams

- An unawareness of what is happening in their own mind and a very concrete way of thinking
- Disorders that may cause/present with alexithymia

State Alexithymia can have a devastating effect on relationships if left untreated. Treating this condition can be very challenging as survivors are not likely to seek emotional support from family, friends or a professional.

Once in therapy, they may not be able to accurately describe their emotions or have

*Continued from Pg. 2, What is Alexithymia?

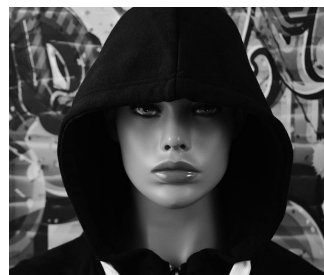
any insight into their emotions, making it harder to benefit from therapy. Some therapies that have shown promise are Short Term Interpersonal Therapy, Dialectical Behavior Therapy, and Cognitive Mindfulness Training.

In addition, you can work on expanding your emotional awareness and vocabulary on your own. If you think you you're feeling angry, ask yourself what two other emotions you might be feeling and then consider why you are feeling that way.

You can also start journaling your emotions. Participating in a formal emotional self-awareness treatment program can also help. New apps have been developed to expand emotional vocabularies and emotional awareness:

My Emotional Compass (\$3.99) by Create Ability Concepts, Inc. This app was developed by Dawn Neumann, PhD, Indiana University School of Medicine and Rehabilitation Hospital

of Indiana. It helps people navigate their emotions by breaking them



Alexithymia:
How are you feeling?

down into pleasant vs. unpleasant and levels of emotional arousal.

It helps people navigate their emotions by breaking them down into

pleasant vs. unpleasant and levels of emotional arousal.

The Mood Meter (free) by Emotionally Intelligent Schools LLC. This app was developed by The Yale Center for Emotional Intelligence. This app uses colors to label your feelings and emotions and teaches effective strategies to help you regulate your feelings.

"If you think your feeling angry, ask yourself what two other emotions you might be feeling..."

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Keep Your Smile Happy and Healthy!

Sibling Torment

Written by: Lois M. York-Lewis

*Continued from Pg. 1

An article featured on psychologytoday.com addresses the issue and offers some great advice. While not all suggestions were applicable, a few held good insight and advice.

clearly have a limited repertoire of engagement strategies.

Unfortunately, this may not change just because a

brain injury has occurred.

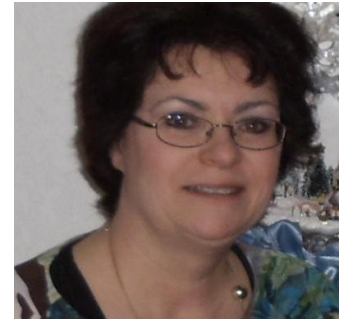
sibling) is willing to tolerate and understand it. The sibling may become angry due to the continued loss of attention, the special treatment that the sibling perceives happening, or even the lack of control over the situation in general. While siblings may feel angry, the anger may really be about how the situation has disrupted their family and the uncertainty about the future.

Acting out is a normal part of adolescence, but what happens when the sibling becomes a rival? What happens when the sibling appears to enjoy provoking bad behavior such as hitting, swearing, and biting?

- Bear in mind that you and your siblings each had different relationships with your parents before the brain injury occurred; not only that, but your parents were different people when each of you were born.
- Siblings who always want to "one up" you, even in adulthood,

- Parents need to acknowledge that this rivalry may be driven by childhood feelings of insecurity and a reaction to perceived scarcity. Some siblings will continue to fuel such a rivalry well into adulthood. If this happens in your family, keep the conversation moving forward and do not let yourself be antagonized into responding. As parents often tell their children, "It takes two to start a fight" the recipient of the action may no longer be able to respond as they did before.

"What ensues when the recipient of the action is a brain injury survivor that has a catastrophic breakdown when the sibling rivalry occurs?"



Lois York-Lewis, Caregiver of TBI Survivors and Executive Director

The reaction might now be more catastrophic in nature and harmful.

- If a sibling simply cannot move past the past, perhaps the parent should have a face-to-face, heart-to-heart discussion with him or her.
- It is said that, "adulthood turns rivalry into envy." The sibling that has become envious is clearly displaying low self-esteem. Parents must be aware of this and try to find ways to help the sibling build up their self-esteem levels.
- If all else fails, parent must limit time with a rivalrous sibling. The best way to avoid a fight is often to refuse to engage in the first place.

Start with the Right Size:

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BRING THE BIKE RIDER

Bring your child or teen with you when buying a new helmet to make sure that you can check for a good fit.

HEAD SIZE

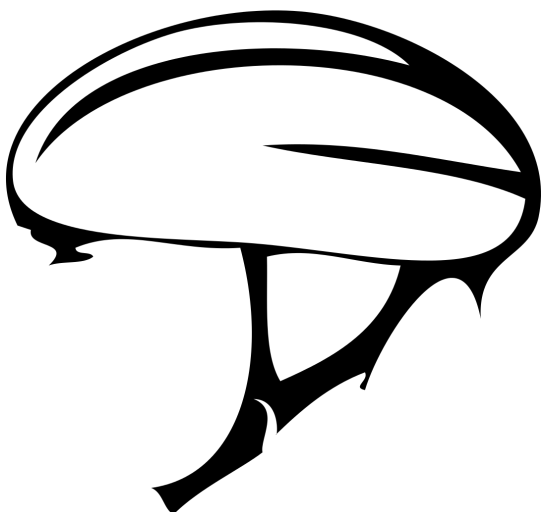
To find out the size of your child's or teen's head, wrap a soft tape measure around his or her head, just above their eyebrows and ears. Make sure the tape measure stays level from front to back. (If you don't have a soft tape measure, you can use a string and then measure it against a ruler.)

SIZES WILL VARY

Helmet sizes often will vary from brand-to-brand, so it's important to check out the helmet brand's fit and sizing charts to find out what helmet size fits your child's or teen's head size.



Garrett Rieth is wearing a helmet at 20 months old! If he can wear a helmet and enjoy it you can too!



While there is no concussion-proof helmet, a bike helmet can help protect your child or teen from a serious brain or head injury. The information in this handout will help you learn what to look for, and what to avoid when picking out a helmet for your child or teen.

*This information has been taken from the "Get a Heads Up On Bike Helmet Safety Poster created by the CDC's Headsup Program.

A Mind at Peace *Written by: Denise M.*



Denise M., Volunteer and Writer

"If you would have a mind at peace, a heart that cannot harden; go find a door that opens wide upon a lovely garden."

It's been proven through various studies and observations that getting away from where most of us live; urban dwellings, city life; surrounded by buildings and roads and cement with a limited amount of green affects us in negative ways and those who get out and spend time with nature are much better for doing so.

Taking a walk in a park or garden soothes our minds and in the process changes the workings of our brain in a positive way. Our mental health is improved.

Our moods are altered and lifted up. We're more attentive and happier.

Brooding and fretting are dispelled as is despair and depression. Anxiety is reduced; we're more focused.

Our creativity is improved. When we disconnect with technology and plug into nature our blood pressure is lowered, our bodies produce vitamin D and other serious health concerns are also lessened including obesity, heart disease and even cancer.

There are a number of lovely places to explore within a reasonable distance from the Milwaukee area; all beautiful places to disconnect from stress and reconnect; gardens with their beneficial enriching effects for our minds, bodies,

spirits and emotions. Here they are:

Bookworm Gardens, 1415 Campus Drive, Sheboygan, WI. This botanical garden, inspired by children's literature and a lovely excursion for children AND adults is a delightful destination. Its, "Once upon a time there was an idea... that idea took root and became Bookworm Gardens," is open May

"limited amount of green affects us in negative ways."

thru October and hosts events including summer camps, weekend events and classes for learners of all ages or just for the joy of visiting. There's no admission price, though donations are appreciated. A gift shop and restroom are available and Bookworm Gardens is handicapped accessible. It's a picnic friendly, trash free zone. Private rentals and field trips for

educators is also an option. Please see their website, bookwormgardens.org for further details and calendar of events.

Boerner Botanical Gardens, 9400 Boerner Drive, Hales Corners, WI, is "an internationally renowned horticultural showplace in the Milwaukee County Parks, offers gardeners plant lovers and students the opportunity to take in the colors and scents of a variety of collections." Offered are History and Tours of the Formal Gardens, Specialty Gardens, Catering and Dining at the Gardens; concerts, programs and continuing education opportunities and more. A small entrance fee is required and there are wheelchairs available at the reception desk. Boerner Botanical Gardens is handicapped

accessible. For Garden Hours (which are subject to change) and specific fees please go to their website via entering the name. It's listed under county.milwaukee.gov.

Rotary Botanical Gardens, 1455 Palmer Drive, Janesville, WI is another, "award winning 20-acre, non-profit botanic showcase with over 24 different garden styles and 4,000 varieties of plants." Visitors can feast their senses by enjoying guided garden tours, shopping and a variety of educational classes and programs,

rentals for special occasions, and is well-worth the drive! This garden is lush with internationally themed gardens including Scottish, French Formal, Italian, Japanese and English Cottage. For more details, visit their website: rotarybotanicalgardens.org.

Olbrich Botanical Gardens, 3330 Atwood Avenue, Madison, WI welcomes you to, "Stroll 16 acres of outdoor gardens featuring stunning landscapes and Midwest-hardy plants. Outdoor Gardens are free and open daily. Visit the tropics in the Bolz Conservatory, filled with exotic

plants, fragrant flowers, orchids, free-flying birds, and a waterfall. \$2 admission; free for Olbrich Members. income. Free to all on Wednesdays & Saturday mornings." Olbrich's offers educational opportunities and various events, a gift shop and other delights as well as the beauty and joy of gardens; sharing the wonder and beauty of plants and is globally renowned and locally treasured. See their website: olbrich.org, for more details. They're open to serve people of all ages, abilities and income.

Life began in a garden. The Master Gardener himself created our minds, hearts and lives to stay in touch with our roots and be better for them.

Take a walk among all these gardens contain. Explore and renew. Be strengthened, inspired and restored. Be at peace; go find a door that opens wide upon a lovely garden. . .

Extreme Trip *Written by: Micki Scherwinski*

Most of the time, I feel like I live a somewhat boring life. So when a friend of mine from school, that knows how active I am, asked me to go on an "Extreme Trip", hiking the Appalachian Trail, I said "YES!"

Our trip was planned to be a lot of hiking, always with a bible and we would have daily bible discussions. Some of our items would be carried in vans and some in a trailer, while we were hiking, the rest would be carried in a back-

pack on our backs.

I didn't know what all to bring exactly and what I should go out and buy. At this point having a brain injury, made keeping track of my supplies a bit difficult. My aunt Colleen helped me out by...



Micki Scherwinski, TBI Survivor and Writer

My aunt Colleen helped me out by letting me borrow items of hers from her previous trips. It was very nice of her to let me borrow those items.

However, by not owning these items, it made it a little difficult to keep track of what was all mine and what was hers. I also borrowed a sleeping bag from my sister-in law.

The first night with my group, it was a little wet for our campfire so we went and had dinner in town at 'Sonic'. Once we got back to the campsite, it was dark by that time.

Everybody had their tent set up by then already, I had left mine back at the trip organizers house because I had been told that I would be able to share

a tent with somebody.

So, I went on the search for a tent to share. I eventually did find a girl to share a tent with but now I had to get out all my "living essentials."

I got out my bags of clothes and then, just needed to find my sleeping bag. I was tired, just wanted to go to sleep and wanted my sleeping bag pretty bad.

A guy that was on the trip also, was helping me out. He came over and brought me a sleeping bag, assuming it was mine.

I looked at it and I didn't really think it was mine but I was so tired that I didn't care enough to go search anymore. If I had searched more, I don't know if I would have

even recognized the sleeping bag that I brought.

It wasn't familiar to me. I just wanted to go to sleep!

The next day, as we were eating our breakfast, a guy comes up to me and asks, "Can I have my sleeping bag back?" Oooops, I was thinking, I wasn't sure if it was mine.

I felt bad because I had taken his sleeping bag and he had to sleep in the car. He was nice enough to tell me that he slept well in the car and didn't seem mad at all.

I did feel really bad though and I assume that in a way, I ruined his first night of the "Extreme Trip". I believe that if I did not have a traumatic brain injury that, this incidence would never had happened.

I would not have used somebody else's sleeping bag and em-

barrassed myself that much. As I said before, everything that I brought was possibly in a different van or the trailer.

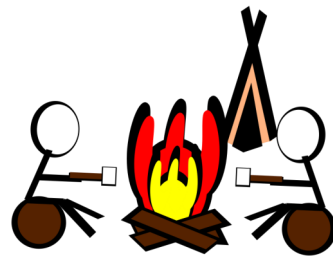
Originally, I brought two water bottles with me that had been on the list of things to bring. I believe it was the first hike of the trip already and I needed to find my water bottles to bring with.

While I was searching, I was having no luck. I decided that I must have lost them on the way, maybe at a bathroom that we had stopped at.

Water was important to keep with you when going on this "Extreme excursion". I told one of the "trip- leaders" about me losing my water bottles.

He was making sure that everybody was well prepared and had everything that they needed. When I couldn't find my bottles, he took the generosity of going out and buying me two new bottles.

The trip was going pretty well for the most part, after that. We did



*Continued from Pg. 8, Extreme Trip

a lot of fun things and lots of hiking.

Once we had gotten home and we were finished with the trip, we then unpacked the vans. By the time everything was unpacked, I found those two water bottles!

I had just lost them in the mess of everybody's luggage. I did feel pretty bad again, that nice guy had gone out and bought me two new bottles when mine had really just been

in a van the whole time.

This is another example of living with a traumatic brain injury, I bet if I didn't have to live with this, I would have been able to keep track of my belongings better and be more organized. I believe that living with a T.B.I makes life more difficult as I'm always second guessing myself.

I will always want to be adventurous and continue on with my exploring and my journeys no matter how difficult it may be. Most people on the trip don't know me and don't know that I am a T.B.I survivor.

They will never know the challenges that I faced in

making this trip possible for me.



Linda Scherwinski, Mother of a TBI Survivor and Writer

What TBI Means *Written by: Linda Scherwinski*

It has brought some serious change into the lives of my family, my friends and mostly to my daughter. July 7th 2011 will be a date that burns on in my memory like no other day.

That is the day that my then 17 year old daughter was involved in a serious roll-over crash that changed her life forever. Before this date I had

heard of the words Traumatic Brain Injury, but had no idea of what the impact of these words had on the survivors and their families.

It was something that happened to "other" people. For the past seven years we have gained a better understanding of what TBI means, to all of us. We have shed tears of joy, sadness, fear and relief. I have gained an understanding of the power

of prayer and faith.

I have seen the power of hard work and determination. And I have witnessed the life of my daughter take on a whole new path and outcome.

It has not been an easy road to recovery. I saw in my daughter things that I had not seen before as a teen

I may be new to the board of BIRC, but it has been seven years in July that I became familiar to the term "Traumatic Brain Injury." It is not a term that I take lightly anymore.

*Continued on Pg. 10

ager growing into a young adult.

There have been many proud moments along the way and also much sadness and frustration in the recovery process.

As a mother of a TBI survivor I struggle with the reason why this happened to her. She was a high spirited, outgoing busy teenager with many friends.

She also had a strong connection to God. After her accident her friends went on to live their lives and she was trying to recover and get her life back on track.

comes in and knowing that prayer is a powerful tool. We literally had people from all around the world praying for her recovery.

The problem is: what exactly did it mean – getting back to her life. She was going to have to make a new life for herself.

What was once her everyday life had now become a life of recovery: Months living in a rehabilitation home, acclimating to a life that was so different than what she was used to. Therein lies the problem for both her as well as all of her support system.

None of us knew what that was going to entail. No one could give us the answers we longed for.

What would happen next, what will she be able to do, what will her life be like etc...

I think she thought that she would step right back into high school, hang with her friends, go to parties and be the fun loving

busy go getter that she had once been. It really did not take her long to realize that that would not be the case.

It took so many hard, heartbreaking moments for all of us to come to that realization. It seemed like her friends were almost afraid of who she was and that they actually had to treat her differently because she was “injured”.

Even though all of her physical injuries had healed she was still different than she had been. She noticed it right away. This bothered her greatly.

She just wanted to be treated like she always had been treated. She had been a leader among her peers and now she needed patience from her friends.

She tended to hang back more and her self confidence was not what it had been. She was determined to bounce back– but she came to the realization that they were moving too fast for her.

She stepped back

Hold
On
Possibilities
Exist



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That is where having a strong faith in God

*Continued from Pg. 10 What a TBI Means

and let them go. So, as she continues on with her recovery, we now know who she has become since that devastating day in July 2011.

We have all learned and have made changes in our lives. We also know that she will continue to make progress, as we see it every day.

It has not been an easy road, but one of reflection, patience, understanding and thankfulness. God has not revealed to us what he has in store for Micki, but continues to show His great love in the healing and recovery of our daughter.

ery of our daughter.

If at any point in your life you become a

"God has not revealed to us what he has in store for Micki..."

caregiver or the recipient of a TBI you must stay focused on your faith. Know that God will bring you through this difficult time and reveal to you, in His own time, the plan that

He has set in place for you.



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Rejoice in *Hope* *Written by: Rev. Keith Perry*

I believe that if there is one thing nobody ever has enough of, it is patience. The ability to wait on anything is seemingly always difficult.

That is more true today than ever before, where we now live in a world of instant message and communication, and we want things to happen and come to fruition sooner rather

than later. There is a verse in the Bible that addresses patience in regard to going through a difficult struggle in life, found in Romans 12:12: "Rejoice in hope, be patient in suffering, persevere in prayer." In the case specifically of traumatic brain injuries, there typically is no quick fix.

Recovery is a process, which sometimes can be quite lengthy and even never-ending. So patience becomes the order of the day, waiting and waiting for the time to see visible, positive results. In an in perfect world, even though we don't seek pain or affliction, it often seems to find us, one way or the other.



Rev. Keith Perry, Retired Minister and Writer

But the verse also mentions the words hope, and prayer.

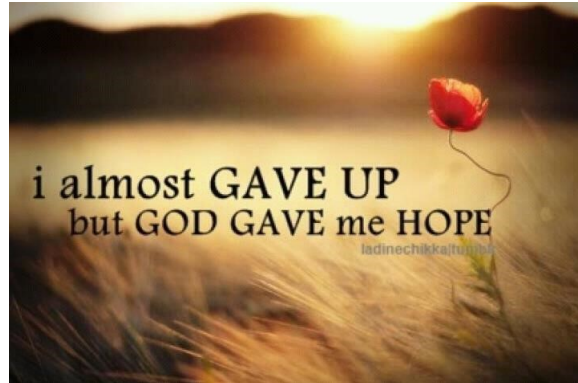
*Continued on Pg. 12

powerful tool that is constantly at our dis-

time and way--often requiring even more patience.

Yet we can always keep "rejoicing in hope," remembering that no mat-

One thing that we can always hang onto is *hope*. There is always *hope* for a better day tomorrow, next week or next month, or next year.



While it takes patience to get there, *hope* still remains, and for that reason, we always have reason to rejoice.

Finally, we are also reminded that we can persevere through suffering and affliction with prayer, a most

positional. Speaking to God every day with our innermost thoughts and needs is vital in keeping our spiritual connection to the Lord, who promises to hear and answer our requests, though in His

ter what affliction has found us, we can hang onto the promise that God gives us in Him and through His power, for He always provides *hope* for the future. So we remain patient--persevere in prayer--

"There is always hope for a better day tomorrow..."



Patti Punzi, Certified Teacher & USBORNE Books & More Consultant

*Continued on Pg. 13

Reading Strategies *Written by: Patti Punzi*

As we near the start of the school year, families and teachers alike are prepping for their first day of school. For some students (and families) that first day of school may be a bit more stressful, especially for those students

returning to school after sustaining a brain injury.

These students (and families) have concerns about how they'll perform at school and if they'll be able to handle all the tasks given to them in each of their classes. The common

element in each of their classes is reading.

After a brain injury, their reading ability will have changed; therefore, some accommodations will be necessary in regards to reading.

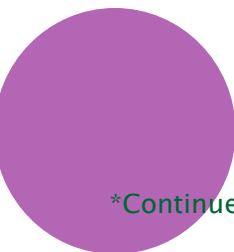
It's very important to assess the students'

reading level so they are given reading material that they can read independently without help in order to have immediate success. For example, if the student is in high school and was reading at their grade level prior to the brain injury, they may now have an independent reading level that could be as low as 3rd grade.

Why is this?

More than likely this same student can still read high school level text but would struggle with the higher level vocabulary and their ability to comprehend longer paragraphs would most likely be poor. If students with a brain injury do not receive accommodations, they could very well give up on reading entirely because it has become such a difficult task.

How can families and teachers help en-



*Continued from Pg. 12, Reading Strategies

sure the success of a student with a brain injury when it comes to reading? Here are just a few examples:

- Break down paragraphs and longer sentences to a much lower level so that the student will have success with comprehension.

In order to help with comprehension, one must first understand how the student learns. Are they visual, auditory, or tactile/kinesthetic learners?

⇒ For **visual learners**, it's important to make sure they re-

and more concrete chunks.

⇒ For **auditory learners**, it's helpful if they can record any lectures/class information so they can go back and listen as often as needed. Reading their notes aloud is also a helpful tool as this aids in optimal comprehension of what they need to learn.

For **tactile/kinesthetic learners**, acting out their notes and/or drawing pictures of what they're studying allows for movement which helps these types of learners succeed as it becomes a type of "muscle memory". digital text (on computers, smartphones, and tablets) to be read aloud



- Reading requires comprehension. Comprehension requires recall/memory. For anyone with a brain injury this tends to be a serious deficit.

ceive the notes from any class/lecture. They should also receive graphic organizers so that the student may organize the notes into simpler

After a TBI

Written by: Dr. Nathan Glassman

cational specialists, and a psychologist. The psychologist is often a specialist, and may be a neuropsychologist or rehabilitation psychologist.

The psychologist is often a specialist, and may be a neuropsychologist or rehabilitation psychologist.

The neuropsychologist will often do one or more assessments of a TBI survivor to document their status and progress in thinking skills and behavior, to make recommendations for treatment, coping with the injury, and plan for resuming activities and responsibilities as the survivor recovers. These recommendations may help the survivor, the family, and the treatment team.

WHAT IS NEUROPSYCHOLOGY?

Psychology is the study of human behavior and emotions. Neuropsychology is a specialty area within psy-

chology: it is the study of brain – behavior relationships, the relationship between the health and function of the brain and behavior.

Behavior” in neuropsychology is broadly defined to include many cognitive functions (attention, memory, language, visuospatial skills, math and academic skills, problem solving, processing speed), as well as sensory perception, motor abilities, emotions and behaviors.

WHY IS NEUROPSYCHOLOGICAL ASSESSMENT SO COMMONLY USED WITH TBI?

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



Nathan Glassman PhD, ABN, ABPP and Writer

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

Initial assessment is often done informally or by observation, to determine whether the survivor is aware of, or oriented to, time, place, environment, and situation. Why is this done?

Awareness is a general indicator of how well the survivor’s brain is functioning. In early stages of recovery, survivors at first may not recall being asked about this by

When an individual sustains a TBI, they may experience problems in virtually all areas of their life. Often, they have problems with thinking skills (cognition), such as paying attention, remembering, problem solving, speaking and understanding, moving or using their muscles, or finding their way around.

They may also have difficulty understanding what happened to them, and managing their behavior. If a hospital stay is involved, treatment will include a number of specialists, such as nurses and doctors, therapists, and psychologists.

Often the team includes medical, therapy (PT, OT, Speech), psychiatric, recreation, vo-

*Continued from Pg. 14 After a TBI

virtually all members of the treatment team.

When the Neuropsychologist does this assessment, often a brief, standardized test of orientation and awareness is used, such as the O-Log, or Galveston Orientation and Amnesia Test (GOAT). In addition, the Neuropsychologist will interview the survivor to assess the survivor's general thinking skills, understanding of their situation, emotional

state and behavior.

When the survivor is consistently oriented, consistently aware of time, place, and situation for at least several days, they are ready for more comprehensive neuropsychological testing.

"The psychologist is often a specialist, and may be a neuropsychologist or rehabilitation psychologist."



*Continued from Pg. 13 Reading Strategies

using a computer-generated voice. With this a student is able to see the text while it is being read aloud. This would be so helpful with any homework assignments that are assigned.

⇒ **Audiobooks:** this allows anyone to hear a book being read aloud. The best part is that

these are recorded by human voices which are so important in order to hear the proper tone of voice, inflections, etc... Event with an audiobook a student could have a copy of the book they need to read and follow along as it's being read to them.

⇒ **Reading Pen:** this allows any student to scan a word or line of text and it

will read to them. These handy devices can also be used with headphones/ear buds for privacy.

⇒ **Accessibility Options:** On any computer, laptop, tablet, and even smartphones there is the ability to change font size and style as well as magnification among many other options which

Can assist students.

Using these techniques students returning to school after a brain injury can reach their educational goals and go on to lead productive lives. With reading accommodations both at home and in the classroom students and their families will be able to learn what works best for them in order to have success.

Happy Holidays! *Written by: Mike Strand*

"Not that she didn't enjoy the holidays: but she always felt—and it was, perhaps, the measure of her peculiar happiness—a little relieved when they were over. Her normal life pleased her so well that she was half afraid to step out of its frame in case one day she should find herself unable to get back."

— Jan Struther, Mrs. Miniver

As the July Holiday weekend draws to a close and there is now a spacious break until Labor Day in September, this quote from "Mrs. Miniver" got me to thinking about the holidays. Specifically, why I don't really care for them.

There are a few reasons why I find them, on the whole, not as pleasant as one might imagine.

The first reason is that they disrupt my routine. Routine helps me manage life in general, even as my brain injury unnecessarily complicates it.

My otherwise ordinary day-to-day living is fraught with memory lapses and lack of occurrences, compromised foresight, and unanticipated happenstances. The sorts of minor swells and eddy's that make normal life not so boring can make my life a chaotic maelstrom.

By slipping comfortably into my coat of routines, I can compensate for my brain-injured lack of initiative and executive function deficits. If it's Monday, I vacuum and dust mop the

floors; if it's Tuesday, I clean the kitchen – and so on through the week.

By the end of the week, I have cleaned the whole house. I have not felt overwhelmed; and I have completed my chores.

Until a holiday appears, and my week gets thrown into confusion. Now I must anticipate what I will leave undone as I reprioritize tasks and alter my schedule to allow for other obligations.

Simple tasks can loom like specters and harass my peace of mind. This translates into fretting and worry, which fatigues me perceptibly, and THAT has a whole different set of challenges.

Communication is a challenge, and small talk is the hardest form of communication. It is hard enough for

me to say what I mean; it is doubly difficult to say what I don't mean.

Polite and proper conversation, breezy good humor, and disingenuous dissemblance converge to lay a minefield of gaffs. How many times must I apologize and "play the brain injury card?"

And the toughest requirement of all is being thoughtful. Of course, it's not a requirement, and yet it is.

It betrays how much someone means to you. The touching part of every holiday is when someone gives



Mike Strand, TBI Survivor and Writer

the perfect, and perfectly unexpected, gift.

Then there are the tender moments when someone says just the right thing, at just the right time. That's about as likely an event for me as medal-ing at the next Olympics!

Add to all this the inevitability of being surrounded by groups of people, with everyone in animated conversation and activities, activities from which I feel there is no escape, and you can well imagine why I do not look forward to the holidays. Oh, and these groups of family and friends may very well consist of several people who I do not see very often and whose names cannot remember, and who always seem to know things about me, but for whom I can't recall the slightest detail, or what details go with

what person.

Who got the new job, as opposed to who lost their job? Who just recovered from a broken leg, and who just got diagnosed with cancer?

I still go to all these holiday celebrations. I'm grateful for family and friends. Yet, I am loath and filled with trepidation at the same time.

Still, let me smile and wish you all, "Happy Holidays!"

"There are a few reasons why I find them on the whole, not as pleasant as one might imagine."



Telling of the Tale: Derek Robinson

Written by: Bari L. Rieth, PR & MKTG Specialist & Editor/Writer

It has been said that on July 7, 2001 Came-lot came to an end for Derek Robinson, according to his obituary that appears on trib-utes.com, when a 3-inch firework shell mis-fired and struck him in the head at close range.

From this Derek would sustain an open severe traumatic brain injury.

The word “open” indicates that an object has entered into a person’s skull and although these are not as common as “closed” head injuries the outlook with these types of injuries is not very positive.

There were many other complications, such as high blood pressure and blood clots that would be thrown into the mix.

Due to this brain injury Annie Tremaine, Derek’s ex-wife, had said that he had a major personality change. Annie commented fur-

ther about this change by stating that he was a very “genuine person and a real sweetheart,” unfortunately the person who would emerge she explained was a scary person to live with at times.

She recalled having to tell their children to hide underneath the bed sometimes, because of his unpredictable behavior.

Another symptom that emerged was being unable to initiate tasks, this is an occurrence that happens often after a brain injury is sustained and unfortunately Derek was not left out.

This new personality that emerged effected his work life as well. Multiple attempts were made to contact a postal employee that worked as a supervisor for Derek, but they were unable to comment at the time this article was published.

As was previously

stated Derek was a postal employee and health insurance was not a problem, he received great insurance with many benefits. Annie explained to me and commented further by stating that “he fell through the cracks of the healthcare system, because he couldn’t advocate for himself.”

Amber Robinson, Derek’s Daughter, contacted the Brain Injury Resource Center of Wisconsin, Inc., BIRCoWI, in an attempt to seek out services to help her father. Advocating for individuals is a main job responsibility of our resource facilitator, Kathy Richardson, but unfortunately, the brain injury verification form was never returned to us and without this our hands became tied and we cannot do much more.

Sixteen years after his injury on March 17, 2018 Derek would pass away due to complications of his severe traumatic brain injury. From all of us at the BIRCoWI we want to give our sympathies to Derek’s family.

We want to let anyone out there who is reading this article and thinking they have a similar story or know of someone with a brain injury, please contact us!

Our services are wide reaching and very available to brain injury survivors and their families.



Don't Judge a Book by its' Cover: Ashlyn Stricker

Written by: Bari L. Rieth, PR&MKTG Specialist & Editor/Writer

The date was May 6, 2012 and the Stricker family was on a tractor ride returning from the family farm that Chad Stricker, Ashlyn's Father, worked at. Keep in mind that this farm was not very far from their house and was only three or four miles away.

Ashlyn, youngest daughter of Chad and Bobbie Stricker, was five at this time.

While on the tractor ride she lost her balance and her body was sent flailing into the air with her head contacting the ground first, Chad and Bobbie explained. As soon as this took place Chad hit the brakes and Bobbie, who previously worked at a pediatric clinic as a medical assistant, immediately jumped off and rushed to Ashlyn.

When Bobbie found Ashlyn, she was unconscious with shallow breathing and a weak pulse. Immediately Bobbie straightened out Ashlyn's limbs and looked for signs of

trauma.

Ashlyn gained consciousness and wanted to get up, but *Bobbie knew that Ashlyn should remain as still as possible.*

Bobbie instructed the family to go to the road and start praying, which they did. Their prayers were answered when a retired combat medic, Nick, pulled over. Next, he proceeded to hold Ashlyn's head and neck while he called 9-1-1.

Nick gave their exact location and told the paramedics to bring med flight. A local EMT came to the scene and redirected traffic to allow the med flight to land.

When Ashlyn arrived at the hospital it was discovered through various tests that she had a right temporal subdural hematoma, left frontal contusion, right temporal bone fracture and due to the

extent of these injuries she was placed in an induced coma.

That was six years ago and today Ashlyn is a vivacious 11-year-old who loves to play dress up, thrives being outdoors and with loving to be outdoors means there is almost nothing she is not interested in except for coming inside. When asked how well Ashlyn is doing, Chad has said that "she has come so

far and struggled every step of the way and we are extremely proud of her for doing so."

Chad and Bobbie cannot say thank you enough to all of the doctors, therapists and chiropractors (Dr. Cahill & Dr. Julie) for their various treatments to help Ashlyn get to where she is today.

One of the issues Ashlyn struggles

with is behavior. Chad continued this thought by adding that he knows she tries to control her anger and outbursts, but really struggles with properly venting this frustration. A neuropsychology report that was created in December of 2016 supports Chad by stating that "Ashlyn is often very angry and has a hard time controlling her anger" and she was working with a therapist to overcome this.

Also, according to this report Ashlyn is also struggling greatly with academics. According to an IEP report that was created in May of this year she appears to have support and accommodations; a reoccurring statement throughout her IEP is that Ashlyn does well if she is given enough time.

Brain Injury Resource Center of Wisconsin, Inc. Steps In

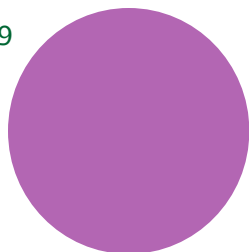
Kathy Richardson, Resource Facilitator, was asked to work on behalf

of Ashlyn to help the school and her classmates gain a greater understanding of what she has gone through and will continue to go through.

A general awareness of brain injury is lacking with the general public. This is a common complaint that we have heard from many of those who are or have been in a similar situation as Ashlyn was in.

In an effort to try to bring about more awareness of brain injury Kathy has been reaching out to Ashlyn's school to try to help them understand the severity of her brain injury. Kathy goes on to state that "The Blackhawk School District's superintendent, William Chambers, and the school staff were very eager to learn and implement techniques to help Ashlyn with her education and appropriate behavior goals."

For more information visit our web-



site at:
www.bircofwi.org

It is our vision to create a world where all preventable brain injuries are prevented, all unpreventable brain injuries are minimized and all individuals who have experienced brain injury maximize their quality of life. As well as our mission, which is to offer assistance, provide resources, and create a better future through brain injury prevention, education, and advocacy.

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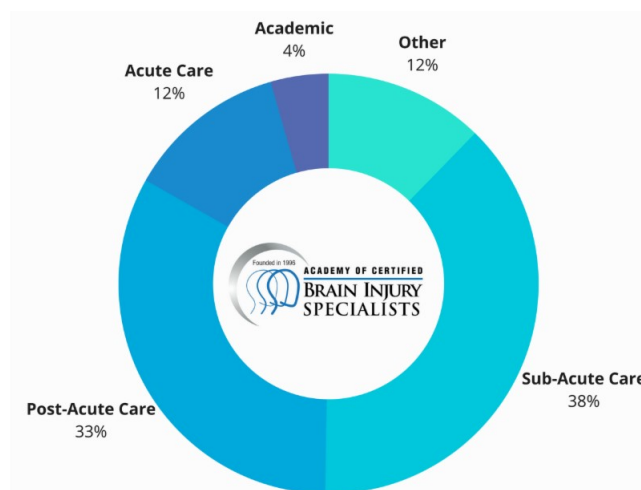
Where do Certified Brain Injury Specialists work?



The BIRCoFWI has its own CBIST, Kathy Richardson.

Certified Brain Injury Specialists work in many different types of facilities, ranging from universities to post-acute rehabilitation centers.

Where do you fit in?



ACBIS is a program of



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Thank you for reading!

**Be sure to look for the next issue of the BIRC Bulletin,
which will be released in March 2019!**



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