



# BI-INSIDE *Magazine*

THIRD ISSUE

BRAIN INJURY AWARENESS

Come Take a Stroll With Us

## FEATURES:

*Unmasking Brain Injury*

*Eating Habits and Healing the Brain after Injury*

*Uncovering a Problem: Brain Injury in Prisons*

*Upcoming Events in the Mark Schmitt's Creativ Edge Studio*

*Obtaining a Referral from Your Doctor*

*Is There a Brain Injury Survivor in Your Church?*

*Survivor Story: Micki Scherwinski \*UPDATE\**



## Message from the Executive Director

March is Brain Injury Awareness Month. However, we believe that every month is another opportunity to raise awareness and provide education to the public.

Did you know that Merriam-Webster dictionary defines “unmasking” as “to reveal the true nature of?” With that being said, our organization has partnered with Hinds’ Feet Farm in North Carolina to join the Unmasking Brain Injury Project.

The mission of Unmasking Brain Injury is to promote awareness of the prevalence of brain injury; to give survivors a voice and the means to educate others of what it’s like to live with a brain injury; to show others that persons living with a disability due to their brain injury are like anyone else, deserving of dignity, respect, compassion and the opportunity to prove their value as citizens in their respective communities.

Watch for the masks to be displayed in libraries, community centers, or other public venues throughout Wisconsin. Watch our website for more details about this awesome project! [www.bircowwi.org](http://www.bircowwi.org)

*Lois York-Lewis*

**Lois York-Lewis**

**Executive Director and Co-Founder of the Brain Injury Resource Center of Wisconsin, Inc.**

### **BI-INSIDE Magazine Team:**

**Bari L. Rieth (TBI Survivor, Daughter, Grand-daughter and Wife to Brain Injury Survivors, Board Secretary, Editor and Writer)**

**Lois M. York-Lewis (Mother and Mother in-law, Wife and Daughter to Brain Injury Survivors, Pres. of Board of Directors for the BIRCoFWI, Editor and Writer)**

**Kathy Richardson (TBI Survivor, Vice. Pres. of Board of Directors for the BIRCoFWI and Writer)**

**Denise Meagher (Family member of brain injury survivors, Writer and Editor)**

**Dr. Nathan Glassman (Neuropsychologist, Board of Director for the BIRCoFWI and Writer)**

**Sandy Rieth (Mother and Mother in-law to Brain Injury Survivors and Editor)**

**Micki Scherwinski (TBI Survivor and Writer)**

**Linda Scherwinski (Mother to a Brain Injury Survivor, Writer and Board of Director for the BIRCoFWI)**

**Steve Maday (Photographer)**





# **Your Donation will go a Long Way!**

## **THANK YOU!!**

### *In Honor of...*

**Castellion, Kyle**  
**Dudzik, Mark**  
**Erickson, Reneé**  
**Franke, Rick**  
**Fromader, Tony**  
**Koenig, Robert**  
**Kraemer, Noelle**  
**Lee, Grace**  
**Marshall, Katie**  
**Rieth, Bari\*\***  
**Rieth, Gary\*\***  
**Scherwinski, Micki**  
**Schmitt, Mark\***

**Everyone who has worked so hard to keep BIRC strong! (Sincerely, Kathleen McGillis Dryna)**

### *In Memory of...*

**Foster, Donna**  
**Franke, Rick \*\*\***  
**Gebert, Elliot**  
**Kasprzak, Loraine**  
**Koehler, Loie (Lois Ann)**  
**Lozak, Margaret (Peggy)**  
**Malueg, Mark**  
**Rieth, Bethany\***  
**Robinson, Derek\***

*\*Indicates additional recognition*

## **Participation in Thrivent Choice® Makes a Difference**

As eligible Thrivent Financial members direct Choice Dollars® to Brain Injury Resource Center of Wisconsin, Inc. the momentum continues to build. The funds we receive from Thrivent are used to help support our efforts to assist brain injury survivors and families locate needed resources, obtain information, and to further our education awareness and prevention efforts. Thank you to Thrivent and its members who helped make this possible! Together, we can strengthen communities and change lives.



# UNMASKING BRAIN INJURY

March is Brain Injury Awareness Month. The theme for the 2020 Brain Injury Association of America national campaign is "CHANGE YOUR MIND."

We, at the Brain Injury Resource Center of Wisconsin support this idea and we know you do too! Therefore, we are proud to announce that we have collaborated with the Unmasking Brain Injury Project to represent Wisconsin in this effort to awareness.

## Unmasking Brain Injury - In the beginning

When Marty Foil, Executive Director of Hinds' Feet Farm, received his February 2015 edition of his National Geographic subscription, a light bulb went off in his head. In that edition, there was an article (from the National Intrepid Center of Excellence) describing an art project geared toward soldiers who had sustained a traumatic brain injury.

The masks produced were vibrant and healing works of art. *The goal of the Unmasking Brain Injury Project is community awareness and education.*

This occurs when the masks are displayed in the community for the public to see.

## Where can the masks be displayed:

- Hospitals or Rehabilitation Programs
- Art or Community Museums

- Banks, Schools, or Public Buildings
- Conferences and Workshops

## How are the masks displayed:

- Mask are displayed using a stand, which holds eighteen masks with their stories.
- Two or more stands can be put together to create a larger display.
- Our website will house the Wisconsin Mask Gallery of creations at:

<https://www.bircofwi.org/unmasking-brain-injury.html>

The mission of Unmasking Brain Injury is:

- to promote awareness of the prevalence of brain injury;
- to give survivors a voice and the means to educate others on what it's like to live with a brain injury
- to show others that persons living with a disability due to their brain injury are like anyone else, deserving of dignity, respect, compassion and the opportunity to prove their value

After the Unmasking Brain Injury project was first launched the official international website was created that allows anyone to view the completed masks (USA, Canada, and Argentina) and their explanations ([www.Unmaskingbraininjury.org](http://www.Unmaskingbraininjury.org))

How can I contact the Brain Injury Resource Center of Wisconsin Unmasking Brain Injury Project to request Wisconsin masks to display or exhibit in my community or to join a group to create a mask?

1. Contact our organization via our website at <https://www.bircofwi.org/contact-us.html>
2. Email us at [admin@bircofwi.org](mailto:admin@bircofwi.org)
3. Call us at 262-770-4882

The project will kick-off in Waukesha on April 15, 2020 and will be held in other locations throughout the state of Wisconsin.



Mask example found at: [unmaskingbraininjury.org](http://unmaskingbraininjury.org)





Lois M. York-Lewis

*Did you know that IRON and ZINC are important nutrients for brain function?*

Some vitamin deficiencies are very common among people with depression, highlighting the importance of particular nutrients in maintaining optimal mood. These include vitamin B12, folate, iron, zinc, selenium, and magnesium.



Your blood needs iron to carry oxygen to your cells to obtain energy. Fatigue after a brain injury is common.

**Eating a well-balanced diet and limiting the intake of junk food can help rebuild energy levels.**

## Eating Habits and Healing the Brain after Injury - Part 2

Sources of Iron are animal and plant foods.

- Meats
- Poultry
- Seafood
- Beans and peas
- Dark green vegetables
- Prunes and prune juice
- Raisins
- Whole grain, enriched, and fortified cereals and breads

Did you know that iron found in plant foods are harder for the body to absorb? However, eaten with a source of Vitamin C allows for more efficient absorption.

- Broccoli
- Brussels sprouts
- Cantaloupe
- Citrus fruits and juices (e.g., oranges and grapefruit)
- Kiwifruit
- Peppers
- Strawberries
- Tomatoes and tomato juice



Optimal brain function requires zinc in large amounts. Zinc deficiencies can cause problems with learning, memory, and attention.

Sources of ZINC are animal and plant foods

- Beans and peas
- Beef
- Dairy products
- Fortified cereals
- Nuts
- Poultry
- Seafood (e.g., clams, crabs, lobsters, oysters)
- Whole grains

**Beef and Vegetable Soup Recipe on next page.**



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# Eating Habits and Healing the Brain after Injury - Part 2

One easy way to have your IRON and ZINC and eat them too is a delicious Beef and Vegetable Soup!

## INGREDIENTS:

1 ½teaspoons Canola or Olive Oil – for beef  
 1 ½teaspoons Canola or Olive Oil – for onion and garlic  
 2/3 pounds of chopped, fat trimmed, boneless chuck steak  
 1 leek or 1 yellow onion finely chopped  
 2 cloves crushed garlic or 1 teaspoon jar garlic  
 1 carrot, halved and sliced  
 2 stalks of celery thinly sliced  
 3 finely diced medium sized tomatoes or 14 ½ oz can diced tomatoes  
 2 cups low sodium beef or vegetable stock  
 2 cups of water  
 1 bay leaf  
 1 zucchini, halved and sliced  
 1 cup shredded cabbage  
 2 tablespoons chopped fresh parsley

## Utensils:

Measuring Teaspoons  
 Measuring cups  
 Knives for cutting and slicing  
 Cutting Board  
 Large Sauce Pans  
 Crockpot  
 Large Cooking Spoon  
 Bowl or plate for cooked beef



<https://cincyshopper.com/slow-cooker-vegetable-beef-soup/>



# Eating Habits and Healing the Brain after Injury - Part 2

Serves approximately 4 (Per serving: 206 calories, 22g protein, 9g fat (2 are saturated fat), 10g carbohydrates (9 g of sugar), 5 g fiber, 665 mg sodium,

What to do:

- Prepare in the morning to have a delectable soup for supper!
- Put the crockpot on the desired setting:
- Low is recommended for slow "all-day" cooking. One hour on High is equivalent to approximately 1½ to 2 hours on Low
- Place 1 ½ teaspoons of oil in a large sauce pan over medium high heat
- Add the chuck steak – stir often and cook until brown and tender (about 2-3 minutes)
- Transfer cooked beef to a bowl or plate to re-use the saucepan
- Place 1 ½ teaspoons of oil in that same large sauce pan and reduce to low heat
- Add the onion and garlic – cook on low heat until soft (about 3-5 minutes)
- Transfer beef, onion, and garlic to the crockpot
- Add the carrots, celery, tomatoes, stock, bay leaf, 2 cups water to the crockpot
- One hour before serving , add the Zucchini and cabbage until tender
- Sprinkle parsley on the soup then serve

References:

<http://www.fda.gov/nutritioneducation>

BrainPower Cookbook, Readers Digest

My Name is Lois York-Lewis. I am the mother, wife and daughter to brain injury survivors, Co-founder, Executive Director and a Board Member of the Brain Injur Resource Center of Wisconsin.



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For More Information Contact:  
Brenda Jordan, Admissions Coordinator  
(920) 593-3535

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

**Program Offerings:**

- ☞ Structured Environment
- ☞ Provides Support
- ☞ All Categories of brain injuries are included
  - Traumatic
  - Acquired
  - Congenital
- ☞ As well as other neurological impairments

**Program Includes:**

- ☞ Classroom Instruction
- ☞ Social Activities
- ☞ Community Volunteering



# Uncovering a Problem: Brain Injury in Prison

As the Mother of a TBI survivor, I am very aware of the many individuals who have suffered from traumatic brain injuries. I see, first hand, some of the difficulties that individuals, with traumatic brain injuries (TBI) face on a daily basis.

Some of these problems include: dealing with transportation, communication, housing, enrolling for classes, shopping, doctor appointments and the list goes on and on. I am thankful that I am able to be here to help my daughter deal with issues that may arise in her life and we have always tried to help others in need.

I have often wondered about individuals who have no or few resources that they can turn to. Sometimes they don't know what to do, which leads to unwanted behavior or bad behavior and can result in spending time in prison, for severe cases.

My sister, Colleen Frey, has been working in the prison system for many years as a social worker. In light of this, I decided to try to uncover the real reason why some brain injury survivors end up in prison is it because they have sustained a brain injury or do they sustain this injury once they are in prison?

In order to obtain this answer, I asked some background questions first, such as what motivated Colleen to become a social worker. Her response was that she wanted to work in a helping profession other than the

medical field.

With wanting to work in a "helping profession," I further asked if she has had the opportunity to work with or "help" any inmates that have brain injuries and according to Colleen she has and they are becoming more frequent. This answer indicates to me that these inmates have sustained their brain injury prior to their imprisonment.

With the number of inmates with brain injuries on the rise, I assumed that since this statement is true that social workers would receive training on brain injury. Unfortunately, according to Colleen, the bulk of the information they learn is about how to work with people who have "cognitive impairments" which translated to mentally challenged individuals."

As a result of brain injury, an individual can have cognitive impairments, but that just skims the surface especially when these cognitive impairments are not dealing with brain injury.

There is still a lack of information about brain injury specifically with prisoners. According to Colleen, her interactions with brain injury on a prison level have been more of how to survive in prison with a brain injury.

Sadly, prisoners who have sustained a brain injury often come back once they are released.

Prisoners with a brain injury often returning to prison may be due to the lack of resources that the prison offers them. "The inmate is afforded every service they need, that is available, depending where they



Linda Scherwinski

are at in their treatment of the TBI" Colleen said.

Colleen continued this thought by explaining that "it is difficult for brain injured inmates to get the time and attention that they require due to the ratio of inmates to staff."

The problem of brain injury in prison is apparently a bigger issue than I realized. Look for an additional article in an upcoming BI-INSIDE magazine that will try to "Uncover" this issue.

My Name is Linda Scherwinski. I am the mother of a brain injury survivor and a Brain Injury Resource Center of Wisconsin, Inc. (BIRCoWI) Board Member. I have been an active supporter of BIRCoWI since 2012.

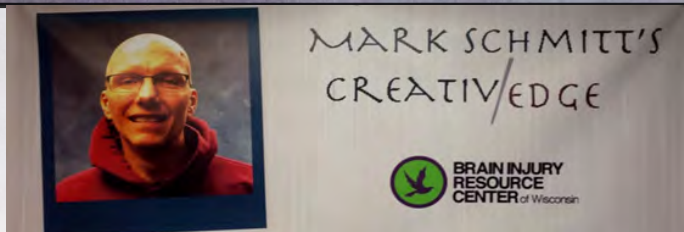


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## Summer of 2020 Studio Sessions

Join us and be creative, find inspiration, make new friends, and bring out the artist in you

### INSTRUCTOR:

- ▶ Dawn Pekel – BIRCoFWI Art Instructor
  - Denise Meagher (Instruction Assistant)
  - Becca Zemanovic, OTF, CBIS (Instruction Assistant)

SESSION LOCATION (Some Classes in the BIRC Courtyard, weather permitting):

- ▶ BIRCoFWI, 511 North Grand Ave, Waukesha, WI 53186

DATES / TIMES / DESCRIPTIONS (See detailed information on the website)

- ▶ June 17 (1:00 pm – 4:00 pm) - Birdhouse Art
- ▶ July 15 (1:00 pm – 4:00 pm) – Stepping Stone Mosaic
- ▶ August 12 (1:00 pm – 4:00 pm) – Whitewash Pots and Corks
- ▶ September 16 (1:00 pm – 4:00 pm) – “Reach for the Stars” Hand Collage
- ▶ October 14 (1:00 pm – 4:00 pm) – TBD
- ▶ November 18 (1:00 pm – 4:00 pm) – Stovetop Hat, Holiday Decor

### COST:

- \$ 10.00 per session to cover the cost of materials (Cash or Checks Payable to BIRCoFWI)

### REGISTRATION:

- Register online at [www.bircofwi.org](http://www.bircofwi.org), Call 262-770-4882, or use the form on the page 17.

## How Counseling Can Help After a Concussion

(Taken with permission from Northwestern)

Northwestern | THE FAMILY INSTITUTE

A lacrosse player takes a blow to the head from an opponent's stick but remains conscious and keeps playing. A parent hits their head on a cabinet door while making school lunches but has no time to slow down. An elderly person becomes dizzy and falls, landing on their knees, but the force involved jostles their brain.

They may seem minor, but each of these injuries could lead to a concussion. Without treatment, a concussion can have lasting effects on a person's mental, physical, and emotional health.

A mental health counselor can support someone in the aftermath of a concussion and guide people in their support networks—family, friends, coaches, teachers, and employers—helping them better understand what a concussion is and how they can be of assistance.



# How Counseling Can Help After a Concussion

(Taken with permission from Northwestern)

Northwestern | THE FAMILY INSTITUTE

## What is a Concussion

A concussion is a kind of traumatic brain injury that can happen when an individual receives a blow, bump, or jolt to the head. External link according to the Centers for Disease Control and Prevention (CDC). A concussion can also happen when a blow to the body shakes the head back and forth, damaging the brain.

## What are the Psychological and Emotional Effects of a Concussion?

According to the Mayo Clinic, symptoms of a concussion can show up immediately or be delayed, External link and there is no set period of time for how long symptoms can last.

For some people, the psychological and emotional effects of a traumatic brain injury (TBI) External link can linger for a year or more. Symptoms could include any of the following:

- Mood swings
- Emotional outbursts (crying, laughing)
- Depression
- Sadness
- Irritability
- Anxiety
- Loneliness

Counselors call this condition post-concussion syndrome, in which symptoms last for three months or more. External link

The risk of post-concussion

syndrome is not associated with the severity of the initial injury. The individual does not require a previous history of mental health concerns to be at risk for these long-lasting symptoms, Dr. Kerulis said.

## How can Counselors help after a Concussion

Because a concussion affects the way an individual interacts with the world, recovery takes time and can involve making changes in daily routine and asking for support from one's community. A mental health counselor can be an important resource during concussion recovery.

An expert in sport and exercise psychology, Dr. Kerulis shared a number of ways in which counselors can offer support.

## Developing a Plan

Anyone who sustains a head injury should be thoroughly examined by a multidisciplinary medical team—which may include a physician, nurse practitioner, and athletic trainer—that will examine a patient's physical health.

The medical team should also include a mental health professional, who can develop a treatment plan in line with the individual's mental health history. A mental health professional can administer a neuropsychological test to understand how the concussion has affected the person, including assessing bodily impact and signs of depression.

## Sort Through Feelings

A counselor can work with an individual to examine different feelings—such as anger, shame, guilt, or fear—related to an injury. As the person names these feelings with their counselor, they can begin to understand their own reaction to the concussion and how it's affected their life. A signal that it's a good time to talk with a counselor is when the person starts feeling like they should be "over it."

## Grieving

A concussion can have long-term implications. A person's life, including their career and relationships, may change in ways they don't want or expect. All change is loss, and these losses are something to grieve.

A counselor can guide the individual through the grieving process and move toward emotional healing. They can help their clients understand what they expect of themselves—and how the concussion alters these expectations.

Often the response to an injury is to shake it off and move on. But the healthy choice is to examine the meaning behind the changes in your life so you can heal.

## Learn how to ask for Support

Family, friends, and colleagues likely want to be an active part of a person's recovery from a concussion, but they may not know how. The injured person may not know, either. A counselor can help a client to articulate their needs and emotional



# How Counseling Can Help After a Concussion

(Taken with permission from Northwestern)

Northwestern | THE FAMILY INSTITUTE

goals so that loved ones and employers can work with the person to achieve them.

Here are some proactive ways to ask for assistance:

"I need you to help me navigate the grocery store."

"After this meeting, I need to take a cognitive break."

"Is there someone who can read my emails to me and dictate my responses?"

Dr. Kerulis offers further advice in these Bustle articles:

How to Talk to Your Friends About Your Mental Health:

<https://www.bustle.com/p/how-to-talk-to-your-friends-about-your-mental-health-9051021>

How to Talk to Your Parents About Your Mental Health:

<https://www.bustle.com/p/how-to-talk-to-your-parents-about-your-mental-health-9053071>

## Balancing Hope and Realism

Part of emotionally recovering from a concussion is having a clear picture for what healing looks like. A counselor can create hopeful yet realistic expectations. For instance, someone can learn to hope that the headaches will subside while acknowledging that headaches may be part of their daily experience for a while.

Healthy expectations can be freeing. Clients can move forward

in their lives with a sense of optimism and gratitude for the progress they have made. They will also have tools to use if struggles resurface. A vision of healthy recovery can propel a person forward.

## Understanding Medical Papers

Health care involves a lot of paperwork, some of which can be difficult to understand for people without a medical background. A counselor can guide a client through forms and literature they may receive and translate any jargon they don't understand.

## Adjusting Back to Life

Mental health counselors can help individuals integrate back into their daily routines and rhythms. Helping people move slowly into their routines can help them learn patience with the injury recovery process.

**For athletes:** A counselor will work with athletes, coaches, and athletic trainers to develop a graduated return-to-play plan. As a team, they will slowly get an athlete back to physical activity while continuously monitoring concussion symptoms, such as dizziness or memory loss. If symptoms increase, then activity has to decrease. A well-educated athletic staff can ease this process.

**For students:** A counselor will assist a student in slowly integrating back into the classroom. They can have conversations with educators to discuss why there may be a small delay in work. Together, they can develop a plan to keep the student up to date with the material without

overexerting themselves.

**For employees:** A counselor will work with an individual to understand which day-to-day responsibilities they can handle during the transition back into work. They can educate employers and workplaces on what concussion recovery looks like and the potential side effects—so that colleagues can be a better support system.

Though concussions can have far-reaching effects on a person's health, capable and caring counselors can help them adapt and return to a healthy, full life.

Citation for this content:

Counseling@Northwestern, the online Master of Arts in Counseling program from The Family Institute at Northwestern University.



## Differences in the brains of athletes who participate in contact sports compared to those who participate in noncontact sports

Written in a journal *Neuroimage: Clinical*

The differences were observed as both groups were given a simple visual task. The results could suggest that a history of minor but repeated blows to the head can result in compensatory changes to the brain as it relates to eye movement function.

Or it could show how the hundreds of hours that contact sport players spend on eye-hand coordination skills leads to a reorganization of the brain in the areas dedicated to eye movements.

While more research is needed, senior author Nicholas Port said the findings contribute important information to research on sub concussive blows -- or "micro concussions" -- that are common in sports such as football, soccer, ice hockey, snowboarding and skiing. Interest in sub concussions has grown significantly in recent years as the long- and short-term risks of concussions -- or mild traumatic brain injury - have become more widely known and understood.

"The verdict is still out on the seriousness of sub concussions, but we've got to learn more since we're seeing a real difference between people who participate in sports with higher risk for these impacts," said Port, an associate professor in the IU School of Optometry. "It's imperative to learn whether these impacts have an actual effect on cognitive function -- as well as how much exposure is too much."

To conduct the study, Port and researchers in the IU Bloomington

Department of Psychological and Brain Sciences scanned the brains of 21 football players and 19 cross-country runners using fMRI technology.

The researchers focused on these sports because football is a physical game in which small but repeated blows to the head are common, whereas cross-country is extremely low risk for such impacts. The contact sport players did not have a history of concussion, but these sports are known to lead to repeat sub concussive blows.

The researchers also scanned the brains of 11 non-college-level athletes from socioeconomic backgrounds similar to the football players to ensure their scan results were not rooted in factors unrelated to their sport.

The differences in football players' versus cross-country runners' brains were specifically seen in regions of the brain responsible for visual processing. These regions were much more active in football players versus cross-country runners or volunteers who did not play college sports.

"We focused on these brain regions because physicians and trainers regularly encounter large deficits in players' ability to smoothly track a moving point with their eyes after suffering an acute concussion," Port said.

Although there were clear differences between the brains of the football players and the

cross-country runners, Port said interpretation of the study's results is challenging.

"Everyone from musicians to taxi drivers has differences in brain activity related to their specific skills," he said. "The differences in this study may reflect a lifetime exposure of sub concussive blows to the head, or they could simply be the result of playing a visually demanding sport where you're constantly using your hands and tracking the ball."

The ideal way to find the root cause of these differences would be a similar analysis using only football players, he said. The next generation of wearable accelerometers to measure physical impact during play will greatly enhance researchers' ability to confidently sort players of the same sport into groups based on exposure to sub concussions.

Story Source:

Materials provided by Indiana University. Note: Content may be edited for style and length.

Journal Reference:

1. Derek Kellar, Sharlene Newman, Franco Pestilli, Hu Cheng, Nicholas L. Port. Comparing fMRI activation during smooth pursuit eye movements among contact sport athletes, non-contact sport athletes, and non-athletes. *NeuroImage: Clinical*, 2018; 18: 413 DOI:10.1016/j.nicl.2018.01.025





Lois York-Lewis

*It shakes your faith for more than just a moment. It makes you question why. The hurt runs so deep it takes your breath away and makes you wonder, "Could this really be part of God's plan?"*

As you sit in the ICU not knowing if your daughter will live or die, comfort comes in the form of a silent hug and you know that God is there to give you hope and strength. As her mother, you walk beside this precious child who has suffered a brain injury. You lean on God in a way you never imagined, praying that his power and love will strengthen you to face the impossible.

### **Prayer is a powerful privilege.**

When my daughter sustained her severe traumatic brain injury (TBI), I prayed continually to God for her recovery and boldly asked him to make her life beautiful. God answers prayers, but I needed to be patient. Faith is more than just a word or a theory. Faith is God's guide to living with, loving, and embracing someone with a brain injury.

**If God had healed her suddenly, I would not have had the opportunity to walk this path with her. I would not**

## Is There a TBI Survivor in your Church?

(Reprinted with permission from the Fall 2019 His Hands-WELS Publication)

**have witnessed the miracles that God would perform in her life. I would have missed helping her face the challenges. I would not have fully understood the importance of her survival and the impact it would have on others and on me.**

If there is a TBI survivor in your church, your life is one of those that will be impacted. Please take a little time to learn how to interact with them and how you can involve them in congregational life.

moment brings change and challenge. Each interaction presents an instance of learning and retraining. The obstacles are too numerous to mention and too complicated to explain, and they last a lifetime.

It's been fifteen years since my daughter's traumatic brain injury. She has been married for four years to another TBI survivor. Recently, they've welcomed a second child into their family. They belong to a congregation that embraces them and the gifts they bring; they serve as greeters and as an usher.

If your flock includes a TBI survivor, know that each individual brings a unique relationship into your life. Talking with them, getting to know them, and accepting the nuances are each a small part of helping them find a new path in life. Praying with them and for them brings blessing both to you and them. Find ways to use their abilities in congregational life. You will play a key role in their ongoing healing!

Lois York-Lewis and her daughter Bari Rieth co-founded the Brain Injury Resource Center of Wisconsin, located in Waukesha. Read Bari's story at [bircofwi.org](http://bircofwi.org). Lois is a member at St. Paul, Muskego, Wis. Bari, Gary, Garrett and Roseali are members of Calvary, Abrams, Wis.



(Pictured: Bari, Gary and Garrett Rieth)

When such a person enters your life you may say, "She looks fine to me." Our minds can accept a disability we can see, but we struggle to comprehend and accept the unseen.

Individuals with brain injuries live with cognitive challenges. They "look fine" until they speak, act, or interact with anyone who does not know them. Too often, fear and ignorance of their condition result in judgment and assumptions.

As survivors walk through life after brain injury, each





Since this article went to press their daughter, Roseali Louise was born on November 21, 2019.

## Obtaining a Referral from your Doctor

The following text contains information that you can take to your general practitioner when asking for a referral to specialist services.

It is vitally important that your doctor understands the difference in outcomes for people who do and do not receive specialist's help following a brain injury. The consequences for people who are persistently dismissed are dire and include: living with the long-term symptoms of brain injury and also long-term executive dysfunction which can seriously impact people's security and quality of life.

It is also important that your doctor understand the dangers and complications that can arise from repeated concussions.

A downloadable copy of this document will be available on our new website due to be released very soon. In the meantime, if you need any help please let us know

and we will support you in any way that we can.

Please copy and paste into a word document and take this information with you on your next visit to your GP.

### **Brain Injury – The 'hidden' disability.**

#### **A Guide for General Practitioners**

The Symptoms of a brain injury can be very subtle, and the fact that someone has a brain injury is often not obvious to others. Symptoms that may indicate the presence of a brain injury include:

#### **Physical and sensory problems:**

- persistent headaches
- feelings of dizziness
- nausea / vomiting
- visual disturbances (blurred vision, double vision, dislike of bright lights)
- being easily upset by loud noise

Sleep disturbances:

- altered sleep patterns
- fatigue

#### **Behavioral and mood changes:**

- being irritable or easily angered
- restlessness
- feeling frustrated or impatient
- impulsivity and self-control problems
- feeling depressed, tearful or anxious

#### **Cognitive problems:**

- difficulties with attention and concentration
- memory problems
- difficulties with problem solving
- taking longer to think

After a mild brain injury, most people experience post-concussion symptoms for several days, and are able to carry out normal activities within a few weeks. Full recovery from post-concussion symptoms



# Obtaining a Referral from your Doctor

usually occurs within three to six months of the injury; however, in some cases symptoms fail to resolve and a significant minority of patients continue to experience disabling symptoms for months or even years after their injury.\*

**Longer-term social and personal problems** that may come to light following a brain injury include:

- problems with personal relationships
- inability to cope with family demands
- difficulties performing routine domestic activities
- difficulties participating in conversations
- problems at work, e.g. inability to carry out previous duties effectively, slowness in carrying out tasks, finding work more tiring
- lack of motivation; loss of interest in previously enjoyed activities
- excessive sleeping
- altered sexual drive or function

## Missed diagnosis

It is estimated that as many as three quarters of mild brain injuries may go unreported and unassessed by medical professionals. \*\*This may be because:

- There is no loss of consciousness at the time of the injury

- Brief loss of consciousness results in failure to realize what has happened

- Symptoms do not become fully apparent until several days, weeks, or months after the injury

In these cases, the person may not attend hospital and the diagnosis is missed. Where people do attend hospital, the focus is often on other, more visible, physical injuries. CT or MRI scans may fail to pick up tiny areas of damage that can have major long-term consequences.

## Difficulties with diagnosis

Diagnosis of mild brain injury can be complicated by symptoms that overlap with those of other medical and psychological problems.

Stress and anxiety responses to brain injury can result in further secondary problems. Persisting psychological impairment may be due either to the brain injury itself, or a reaction to the traumatic event or the ensuing life disruption.

*Brain injury is commonly misdiagnosed as depression. Patients often do suffer a genuine depression as a result of their brain injury, but this can also mark other underlying symptoms.*

**If you suspect a brain injury** it is important to obtain a confirmation of the diagnosis. A referral should be made to a specialist trained in the assessment and management of

sequelae of brain injury.

This could be any of the following, depending upon service provision in your area:

- Clinical Neuropsychologist
- Neurologist
- Neurosurgeon
- Specialist in Rehabilitation Medicine

Once the brain injury is confirmed, *there are specialist brain injury rehabilitation services that can help patients to regain their functional and social skills.* Rehabilitation may involve developing strategies to help compensate for memory problems, advice about adapting a person's employment situation so that they can continue to work, or help in boosting confidence and regaining self-esteem.

*Families and caregivers of persons with a brain injury may also need advice and support.* The brain injury also impacts greatly on the lives of family members, and it is easy for their own needs and difficulties to be overlooked.

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[www.headway.org.uk](http://www.headway.org.uk) Registered Charity Number: 1025852

## References:

\*King, N.s. (1996). Emotional, neuropsychological, and organic factors: their use in the prediction of persisting post concussion symptoms after moderate and mild head injuries. *Journal of Neurology, Neurosurgery, and Psychiatry*, 61, 75-81.

\*\* Kay, T. et al. (1993). Definition of mild traumatic brain injury. *Journal of Head Trauma Rehabilitation*, 8, 86-87.



# Brain Injury Survivor Story:

## Micki Scherwinski \*update\*

The year is 2020 and I have come a long way since 20XX when I sustained my brain injury.

I am a young healthy 25 year-old lady who at the age of 17 was involved in a serious car accident. I don't remember this accident exactly, but have heard some of the people who were on the same road as they say my car roll over a few times.

Once I arrived at Froedtert Hospital (Milwaukee, WI), via flight for life, the doctors did not have to put me in a medically induced coma. Due to the extent of my injuries and the severity of my brain injury I was already in one.

Linda Scherwinski, my Mom, provided more information about my hospital stay. "Her hospital stay would start at Froedtert Hospital for three weeks and when she started to come out of her coma she was transferred to Columbia Saint Mary's (Milwaukee, WI)."

"Her stay at Columbia Saint Mary's would be nine weeks," my Mom explained. My Mom further explained that "while Micki was recovering they removed a portion of her skull (known as the bone flap) to help with the brain healing process."

*I don't remember much of it but when I see pictures, it draws back memories a little.*

At first when I came home, Boston Store gave me my job and later I started working at the YMCA a little, as well. Now that Boston Store is closed I only work at the YMCA hosting birthday parties and picking up other jobs when I can.

When I'm not working, I go to Moraine Park and use their "Student Success Center" as much as I can. I've become a "regular" there, I've gotten to know the instructors very well.

Some of the things that I used to enjoy are still something I do, like I always loved reading and now that I realize how much it helps my memory, I read even more than I used to. My mom and I are in a "book club" through the library.

We all read the same book and after we meet at a restaurant and talk about it. I love how much it's helped with my memory.

I'm able to remember things that I've read and talked about them with friends.

I probably didn't do this "goal setting" as much as I do now but I've made that a "thing" and it's very helpful. I have been able to "move out" of my parents house and I live in an apartment all by myself.



Micki Scherwinski

It makes me feel more "accomplished" and that I'm "growing up." It feels good.

I had one last thing I wanted to share about the Friendship Network, which is now called the Social and Skills Program, when I first got back home it was hard; I was not very social, not as before my injury. It is great getting to meet new people and it has definitely helped me socially.

Goal setting has been described by Mindtools.com as "a powerful process for thinking about your ideal future, and for motivating yourself to turn your vision of this future into reality." The concept of goal setting can be seen in many of the Brain Injury Resource Center of Wisconsin, Inc.'s Social and Skills Program gatherings.

*If Hope Is A Color?*  
 Will Hope be enough to sustain her?  
**OPEN HOUSE BOOK LAUNCH**  
 Where: Martha Merrell Bookstore 251 W. Main St. Waukesha, WI 53186  
 When: May 2, 2020 3:00 p.m. - 5:00 p.m.

With a war threatening to tear the world apart, Dottie is faced with a battle for survival at home. Life on the farm, like Dottie's emotions, has gone haywire. Her older brother has left to fight. Her mother battles depression as her father continues to make his nightly visits to the barn. The care of her youngest sister, Emmy, falls to her.

**Place your order today!**  
 There will be copies available at the book launch as well as online! Take a look at the preview of *If Hope Is A Color* on youtube.

Buy now at  




 <https://www.youtube.com/watch?v=UQrR1edr28c>

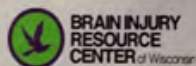


Watch your mail/email for more information on upcoming events such as Unmasking Brain Injury Events! If you are not on our mailing list, complete the information below and get added!

Contacts First Name:		Contacts Last Name:	
Mailing Address:			
City:		State:	Zip Code:
Cell # (including area code):			
Home # (including area code):			
(Choose One) Call me on this phone in case of cancellation: <input type="checkbox"/> CELL <input type="checkbox"/> HOME			
Email:			



MARK SCHMITT'S  
CREATIV/EDGE



## Summer of 2020 Studio Sessions MAIL-IN REGISTRATION FORM Only One Person Per Form

First Name:		Last Name:	
Mailing Address:			
City:		State:	Zip Code:
Cell # (including area code):		Email:	

Class Session(s) Selected (Class is limited to 8 participants per session – register early!)

- ☐ June 17 (1:00 pm – 4:00 pm) - Birdhouse Art
- ☐ July 15 (1:00 pm – 4:00 pm) – Stepping Stone Mosaic
- ☐ August 12 (1:00 pm – 4:00 pm) – Whitewash Pots and Corks
- ☐ September 16 (1:00 pm – 4:00 pm) – “Reach for the Stars” Hand Collage
- ☐ October 14 (1:00 pm – 4:00 pm) – Create with Clay

November 18 (1:00 pm – 4:00 pm) – Stovetop Hat, Holiday Decor

\$ 10.00 per session to cover the cost of materials

(Checks Payable to BIRCoFWI)

Total Number of Session Attending: \_\_\_\_\_

Total Payment Enclosed: \$ \_\_\_\_\_

Mail completed forms and payment to  
Brain Injury Resource Center of Wisconsin  
Attn: Subscription or Craft Session Coordinator

511 North Grand Ave

Waukesha, WI 53186-4916

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