

Brain Injury Association of MS
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Brain Injury Association visits Choctaw Indian Reservation

On December 5, 2006, The Brain Injury Association visited the Choctaw Indian Reservation to present our Ride and Roll Sports Safety and Injury Prevention Program. During our stay at the Reservation, we serviced 6 elementary schools and several preschools and head starts. The following schools participated in our program and each child from Preschool through the sixth grade was presented with a helmet:

- Tucker Child Care and Tucker Elementary: 139 students
- Standing Pine Head Start and Standing Pine Elementary: 134 students
- Bogue Chitto Child Care and Bogue Chitto Elementary: 190 students
- Crystal Ridge Child Care and Boyce Ioma Child Care: 17 students
- Red Water Child Care and Red Water Elementary: 124 students
- Conehatta Child Care and Conehatta Elementary: 249 students
- Pearl River Head Start, Child Care, Early Head Start, and Pearl River Elementary: 725 students

After fitting all 1,580 students, we called it quits and returned to Jackson on December 07, 2006. We presented the program to 3 schools each day we were there. We thoroughly enjoyed our time at the Choctaw Reservation. We would like to thank Mrs. Sherry Tubby as well as Mrs. Nancy Sullivan, Administrative Assistant to Chief of the Choctaws Phillip Martin. We would also like to Mary Lou Matthews (board member) and her husband Jim for coming and volunteering while we were there. Photos enclosed.

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Mission Statement

The Mission of the Brain Injury Association of Mississippi is to enhance the quality of life for survivors of traumatic brain and spinal cord injuries and their families, and to develop and support programs that prevent brain and spinal cor injuries.

Policy Disclaimer

The Brain Injury Association of Mississippi does not support or recommend any person, method, treatment, program, products or firms mentioned in this publication. *Association News* is published quarterly by the Brain Injury Association of Mississippi. The Editor reserves the right to edit materials for style and space. Address all contributions to BIA of MS, P.O. Box 55912, Jackson, MS 39296. (601) 981-1021. Fax: (601) 981-1039. National Brain Injury Information Center 1-800-444-6443

Purpose of the Association

The purpose of the Brain Injury Association of Mississippi is to serve all Mississippians by providing support, education and resource information to survivors and their families; providing education to professionals with the intent of increasing public awareness of the special needs and concerns of brain injury and spinal cord injury survivors; maintaining an information and resource center; sponsoring and encouraging support groups statewide through programs and financial assistance; sponsoring educational conferences, workshops, seminars, and training programs and developing and implementing prevention programs.

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Changing What You Can After TBI

It is now 2007 and we all have an opportunity to reflect on our lives and think about possible New Year's Resolutions. Brain injury survivors and their families often tell me that they feel as though they have been given a second chance at life. It is not uncommon, however, for me to observe them getting stuck trying to "get their old life back" with a different set of personal strengths and weaknesses than before. Instead of being resistant to changing course and finding a new direction, consider that embracing a new "identity" may be more rewarding. Being flexible in problem solving and open to new ways of doing things are two key elements of positive change.

The first step involves taking an inventory of personal strengths post-injury. Survivors often report having greater empathy/compassion for others, stronger spiritual foundations, and feeling closer to parents/children/spouses. Try "exercising" your new strengths by volunteering in your local community. Many of our former MRC brain injury patients can be found volunteering in libraries, schools, hospitals, and nonprofit organizations in Mississippi. They report a sense of achievement and personal fulfillment in helping others without the pressures and demands of paid employment positions.

Second, consider relative weaknesses post-injury and how they are impacting your home and work environments. Assess what changes might be made in either the environment or in the survivor to help them compensate for weaknesses. Environmental changes can have a big impact. Home environment changes might include: using chore checklists, reassigning family roles/responsibilities, and purchasing adaptive equipment (one-handed cutting boards, hands free phone devices, safety equipment for the bathroom, etc.). Work environment changes often include adding structure via day planners, checklists, and organizational strategies (color coded files, bins, labels) to help place less demand on memory. Decrease your distractions at work by shutting your door to discourage chatty co-workers, and returning emails/phone calls at only specific times. However, even with these support systems in place, TBI survivors sometimes need to reduce job duties or work fewer hours because of decreased cognitive and physical endurance.

Open to thinking BIG! What about considering moving to a new city or living arrangement to increase your independence and options for community involvement? Larger cities offer more opportunities, community resources, and public transportation systems for persons with disabilities. There are also Brain Injury Support Groups that can help survivors and families cope with adjustment issues and share information about recovery. Finally, moving in to a smaller or larger home, or one with modifications for persons with disabilities may improve quality of life for survivors and families. You have the opportunity to make 2007 mean something. May this year bring positive changes in your life!

By: Clea C. Evans, Ph.D., Neuropsychologist, Methodist Rehabilitation Center

The TBI Model System of Mississippi is one of only 16 TBI Model Systems programs funded by the National Institute on Disability and Rehabilitation Research (NIDRR). The TBI Model Systems program conducts research on recovery and rehabilitation after traumatic brain injury and disseminates information about traumatic brain injury to persons with brain injuries, family/significant others, healthcare professionals, and the community at large. The TBI Model System of Mississippi is housed at Methodist Rehabilitation Center, 1350 E. Woodrow Wilson, Jackson, MS 39216. For more information about the TBI Model System of Mississippi, call 601-364-3448.



From the Desk of the Executive Director

Paul N. Gospodarski, Ed.D. FAAMA, FAAM

It is hard to believe that 2006 is almost a part of history. The year has gone by very quickly indeed. We are all grateful that Mother Nature did not bring another storm to the gulf coast. Many families are still suffering and many are still waiting for grants so that they can start to rebuild their homes and businesses.

The staff of the Association has been exceptionally busy with our prevention programs especially the Ride and Roll Safety Fairs. Since the beginning of the new grant year on July 1, 2006, staff has already completed 14 safety fairs at our schools in Mississippi and has fitted and distributed more than 5,000 sports helmets to our children. We accepted an invitation to visit schools on the Choctaw Reservation and implement our prevention programs for these students as well. More than fifteen hundred helmets were fitted and distributed to these students.

With the passing of the mandatory seat belt law in Mississippi, we anticipate a reduction in the incidence of traumatic brain injuries, especially for our teenage drivers. However, even with the use of a seat belt, if you drink alcohol and drive, you are at a much higher risk of being involved in or causing an automobile accident and either being killed or sustaining a TBI. One drink can impair your ability to safely drive.

The Staff and all the members of the Board of Directors extend the warmest of holiday greetings to all our friends, clients and so many who support us throughout the year. We thank all of you for your support and friendship. Please have a very joyful and a safe holiday season.

Survivor's Corner

Dr. Greg Little

On June 17, 1972 my life changed forever. Graduating from high school just three weeks earlier, I was involved that evening in an automobile accident in which I was not found for six (6) hours. I survived an eight-day coma, neurosurgery, two-weeks of paralysis and had to relearn how to walk and talk.

After being discharge from hospital care 40 days later, my struggles began with the "hidden" consequences of TBI. During the first few days after discharge, sleep was difficult at best. Short-term memory problems, anxiety and depression were constant companions. However, no one told me what to expect. Often when a TBI patient, who is post-surgery, is able to walk, it is considered by the neurosurgeon to be a leap. Consequently, many times the patient has to go through life knowing he is "different" but is unable to explain this to others. No wonder. The very thing that is used to explain everything, the brain, is damaged.

A year after being discharged from hospital care, I began my college studies. During that time I earned a BS in therapeutic recreation and a M.Ed. in special education from the University of Southern MS.

It was not until visiting a neurologist after experiencing my first grand-mal seizure in 1985 that I learned of my issues with anxiety and depression; though I knew I had consistently experienced these issues following my TBI.

In 1989 I began presenting workshops/seminar on a national level and completed a Ph.D. in adult and continuing education in 1992. I have presented seminars in the majority of the Untied States.

I have come to the realization that though TBI comes with life-changing consequences, people are often limited by their ability to adapt. Like most TBI survivors, I have to cope with the usual long-term consequences, i.e., short-term memory issues, sizing-up social situations, poor impulse control, anxiety & depression, seizures, being tired at the end of the day, etc. However, by regular visits with a neurologist, taking medications as prescribed and researching the consequences of TBI, I have been able to have a successful career in the mental health field. I encourage all survivors, who have access to a TBI support group, to get involved as much as possible.

I have recently retired from state employment after more than 25 years experience working in mental health. I am currently the associate administrator of Rolling Hills Developmental Center in Starkville.

Brain Injury Association of Mississippi UPCOMING EVENTS AND ANNOUNCEMENTS FOR 2007

Brain Injury Association Support Group

Look for your support group flyer. All flyers are mailed 1 week in advance.
Jackson Support Group: 4th Monday of the month
Caregiver's Support Group: Last Thursday of the month
Vicksburg Support Group: 1st Monday of the month
Gulf Coast Support Group: Look for your flyer!!

Ride and roll

2007

The BIA will kick off another year planning our Ride and Roll Prevention Program. The Ride and Roll Sports Safety and Injury Prevention Program is designed to provide information to children and adolescents regarding safety and injury when they are participating in sports and recreational activities. At the completion of the program, each participant or student will be fitted with a multi-sport helmet. If your school would be interested in scheduling something for the school year of 2007, please let us know. Our calendars fill up fast, so get started planning for this event. Please contact Dana Pierce if interested at 601-981-1021 or biaofms@aol.com.

Upcoming Art Projects

A new art/activity project for TBI Survivors has been formed in Madison, MS. We will be using different medium collage, clay, painting, etc. Other activities will include games and community outings from time to time. You do not have to be artistic to be a part of our group. You just have to be a survivor who is interested in connecting with other survivors. You will make new friends, find your creativ□

601-856-6678 or email at caregivertbi@aol.com.

Art of Recovery

The Joely Corbin Brain Injury Awareness Project

This project is for TBI survivors in Mississippi only. We are asking you to paint, draw, or make a collage of what you are feeling from day to day. March of each year is National Brain Injury Awareness Month and your art contribution will be displayed at the opening s□

Please contact the Brain Injury Association at 1-800-641-6442 in Jackson, MS or the Gulf Coast Satellite Office at 228-452-3395 in Pass Christian, MS to request the pre-cut/primed boards for the project. Please contact us by January 31, 2007.

The Brain Injury Association of Mississippi Celebrates 20 Years of Service

Come join us for a night of celebration at our 20th Anniversary Brain Injury Association Gala. The Gala will be held at the Jackson Country Club in September 2007. The night is filled with awards, dinner, and great music. More information to come.

Look for your membership renewal in the mail. Don't forget to send your membership renewals in today! Your support is greatly appreciated.

ENTERING OR RE-ENTERING THE WORK PLACE AFTER BRAIN INJURY

Returning to work or finding that first job upon completion of school can be very challenging for individuals with brain injuries. Having a job is not only important for economic stability, but being employed increases self-worth and fulfillment. Persons with brain injuries are faced with unimaginable challenges to regain their places in society.

There are a variety of reasons people have difficulty re-entering the work force after a brain injury. The general public, as well as employers, have little understanding about how the brain is negatively affected by traumatic brain injury, particularly when appearance is unaffected. Cognitive impairments that impacts on memory, alertness, attention, problem solving skills, organization skills, judgment, visual perception, and language processing present major barriers to employment. Prior to the injury, these important capabilities were taken for granted and the employee could easily accommodate distractions, new job responsibilities, and disruptions that often occur in any job setting. Cognitive deficits are by far the most persistent and troublesome consequence of brain injury, and often prevent individuals from being successful in employment. Without adequate cognitive rehabilitation to develop strategies to compensate for deficits, many will find returning to their previous job out of the question and preparing for new employment equally challenging.

How then can the family assist an individual in regaining a fulfilling life that includes productive work activity? Family involvement in the rehabilitation process is critical to understanding ways the injury affects cognition and behavior. It is particularly important that the family and individual choices in the future. preparation for re-entering the work force and/or planning for the first job in the case of students leaving the school system.

The Rehabilitation Act in every state provides Vocational Rehabilitation (VR) services. Although the names may differ depending on the state in which a person resides, the services offered are the same. To be eligible for VR services, an individual must have a disability that impedes employment, an

When seeking assistance from VR, it is important that you take a family member or a friend with you to assist you through the process on intake interviews, appointments determined that may lead to the Hope Award services provided by VR may

- Training, such as training for a trade, technical or business school, college, or on the job training;
- Physical aids such as hearing aids, braces, or durable medical equipment (wheelchairs, grab bars, etc.);
- Assistive technology, such as computers or other devices and accommodation to help you perform a job;
- Tools or equipment to perform your job, and transportation or personal assistance; and
- Job placement assistance with leads, as well as help with filling out applications and interviewing

The VR counselor vital that all appointments are kept and all responsibilities be carried out. If the client does not cooperate with the planning, VR will terminate the case. That is why it is so important compliance.

Some people are concerned about the loss of Social Security benefits if they return to work; however, there is a plan whereby an individual can work for a period of nine consecutive months (a trial period) without loss of benefits. Arrangements can also be made to continue Medicare coverage even when Social Security disability benefits are terminated.

For some, return to work or entering the work force may not be an option due to the severity of the injury. However, even when presented with these barriers to employment for satisfying volunteer opportunities to ensure the individual is a productive member of society.

Work is an achievable goal for most after brain injury, but it takes some time and effort to find the right niche into which the individual can feel needed and proud of a job well done.

Russian artist Marc Chagall wrote, “Work isn’t to make money; you work to justify life.”

C. Rocchio, “Entering or Re-entering the Work Place After Brain Injury,” *Family News and Views*, vol. 5, no. 4, Brain Injury Association, June 1998.

Living with Brain Injury: A Resource Guide for Adults

Caregiver’s Corner

The Caregiver

by: Mary Lou Matthews

An incident of brain injury in a family immediately places someone in the position of being a caregiver, or caregivers as the case may be. Whether the care is 24/7, or minimal care, it is a tremendous responsibility, and one that most of us are not prepared for. Unfortunately, many people in our healthcare fields do not understand the needs of a brain injury victim and their families and therefore are unable to provide adequate guidance to families and their loved ones. In many instances the survivor is not the same person he or she was prior to the injury. Dealing with personality changes, anger and frustration is very difficult. In addition, you must also deal with your own agonizing feelings of hurt and anger over why this has happened to you and your loved one. When the reality of what you are facing finally settles in, and the ‘what do I do next’ questions flood your mind, it is time to thoroughly investigate your options. So what do you do to ease the burden for everyone involved?

First, contact the Brain Injury Association of Mississippi (or your state’s respective affiliate if they have one) and request information that is provided free upon request for families and survivors www.biaofms.aol.com. There are also large amounts of information available from the Brain Injury Association of America www.biausa.org Make it a point to explore every avenue and get every bit of information you can get your hands on. Talk with your physicians and therapists. Look into state rehabilitation sponsored programs. Don’t take “NO” for an answer.

Second, realize that families are seldom prepared to understand neurobehavioral issues that result from brain injury, much less managing those problems at home.

Third, dealing with brain injury is a journey and grief is part of that journey. The goal of grief is to learn to integrate the loss into your life and learn how to manage it. You must go through your grief to get beyond it. Go to support group meetings if they are available so that you can share with others who are or have been in a similar situation.

Fourth, develop a program that meets the needs of your survivor, and the caregivers. If you are going to manage the survivor in your home it requires education, guidance and direction for the entire family to manage a behavioral program in a home setting. Structured programs are absolutely necessary in caring for your loved one. Develop a program that is consistent but has flexibility for the unexpected. This helps with confusion and orientation. Everything should be scheduled. Structure compensates for lack of motivation and reduces frustration. It helps prevent overeating and weight gain. It reduces attempts to manipulate the caregiver, and allows for choices. Remember, that it is easier to change the environment than to change the person with brain injury. As caregivers, we become prosthesis for the injured person. We provide assistance with the skills lost and help repair those losses incurred by our injured loved one. You establish a new self-identity with a strong sense of purpose to the survivor.

So finally, and all important to the brain injured person, is that caregivers take care of themselves. You must have time to yourself, time to laugh and time to cry. A time to love others around you and time to take breaks from the stress of caregiving. And you must not feel guilty about these needs, because without them, your success, and the success of your brain injured loved one will not succeed.



Freda explains to the children the importance of wearing a helmet when riding a bicycle.



The children sit quietly as they wait on their classmates to be fitted with a multi-sport helmet.



This teacher lines up her students when fitted.



Volunteers begin to open helmets while a classroom lines up to be fitted.



Dana demonstrates how to wear a helmet properly!



Mary Lou and Dana make a great team!!



Mary Lou fits children with a multi-sport helmet to promote prevention of TBI and safety when riding bicycles!!



Volunteers write the names of each student once they are fitted with a helmet!



Thank you to all of our great volunteers which were provided by each Choctaw school.



A big thanks to Board Member Mary Lou Matthews and her husband Jim for all their time and hard work.