

Brain Injury Association of Oklahoma

Newsletter August 2009

President's Letter

The BIA-OK hosted another excellent Camp Sunrise in April this year. Participants had the opportunity to spend a couple of nights sharing their stories. You will find more information about the camp in this newsletter.

We received several contacts from survivors and family members over the last few months seeking information. One of the areas of inquiry related to finding appropriate legal representation and services for individuals who are incarcerated and have traumatic brain injury. Brain trauma in the prison population has been studied and there are challenges of brain trauma survivors in finding adequate legal representation and unmet needs while incarcerated. An article in this newsletter outlines some of the statistics.

A second area of inquiry has been related to finding nursing home care for a TBI survivor. Under any circumstances this is a deeply personal experience but for the loved ones of a TBI survivor it can be especially difficult because of the lack of specialty facilities available in Oklahoma. We have included an article this month to assist you in your search.

Finally, the BIA-OK was contacted by representatives from Real Sports with Bryant Gumbel who were seeking statistical information for brain trauma in sports in Oklahoma. Look for their upcoming show on August 18th where they will be covering a story on Concussion and Second Impact Syndrome among High School Players.

I hope you are having a fun and safe summer. Don't forget to buckle up!

*Lori McMillin, PT
President, BIA-OK*

Visit us online at:

braininjuryoklahoma.com

Traumatic Brain Injury in Prisons

For those who work in the area of brain trauma, it comes as no surprise that individuals in our prisons and jails have a higher incidence of traumatic brain injury than the general public. Studies have shown that 25-87% of inmates report having experienced a head injury or traumatic brain injury 1 in comparison to the general population in which 8.5% of the population report experiencing TBI 1. It has only been in the last 20-30 years that it was recognized that individuals with mental conditions had a higher incidence of incarceration than the general public and required a different kind of support or treatment in the legal system.

The recognition that people with acquired brain injury may have needs for support and treatment in the prison system is really just coming to light in the last decade or so. The impact of brain trauma manifests itself in ways that are not always easy to identify as effects of brain trauma and therefore are overlooked. Left untreated, things like impulsive behavior, anger management, communication difficulties, impaired decision making and inappropriate behavior can result in acts that lead to incarceration.

Here are a few interesting statistics from the Center for Disease Control:

- o Women inmates who are convicted of a violent crime are more likely to have sustained a pre-crime TBI and/or some other form of physical abuse.

- o Among male prisoners, a history of TBI is strongly associated with perpetration of domestic and other kinds of violence.

- o Children and teenagers who have been convicted of a crime are more likely to have had a pre-crime TBI and/or some kind of physical abuse.

- o Inmates who reported head injuries are more likely to have disciplinary problems during incarceration.

- o Among male inmates, a history of TBI

is strongly associated with perpetration of domestic violence and other kinds of violence during their lifetimes.

Individuals with TBI, may experience additional problems:

- o Attention deficits may make it difficult for the prisoner with TBI to focus on a required task or respond to directions given. This can be interpreted as deliberate defiance on the part of the prisoner.

- o Memory deficits can make it difficult to understand or remember rules or directions, which can lead to disciplinary actions by prison staff.

- o Irritability or anger might be difficult to control and can lead to an incident with another prisoner or correctional officer. Slow verbal and physical responses may be interpreted by correctional officers as uncooperative behavior.

- o Uninhibited or impulsive behavior, including problems controlling anger, and unacceptable sexual behavior, may provoke other prisoners or result in disciplinary action by prison staff.

These impressive statistics should be important to all of us. First, these stats reflect startling and painful reflections of a society where physical abuse and drug abuse lead to life changing conditions that have negative effects for all of us. Failure to recognize and treat the brain injury can result in increased negative behavior both within the penal system and once they are released back into society. Second, it is an accepted fact that there is lack of appropriate treatment for individuals with mental and substance abuse issues both in the general population and in the penal system, which increases the probability that individuals who have been incarcerated will abuse alcohol or drugs again when released. Persistent substance abuse problems can lead to homelessness, return to illegal drug activities, re-arrest, and increased risk of death after release.

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Newsletter August 2009

TBI in Prisons Cont'd

The following recommendations have been made by TBI experts for addressing the problem:

Routinely screen jail and prison populations to identify a history of TBI.

o Screen inmates with TBI for possible alcohol and/or substance abuse and provide treatment for these co-occurring conditions.

o Conduct additional evaluations to identify specific TBI-related problems and determine how they should be managed. Special attention should be given to impulsive behavior, including violence, sexual activity, and suicide risk if the inmate is depressed.

For prisoners with TBI who will be released:

o Community re-entry staff should be trained to identify a history of TBI and have access to appropriate consultation with other professionals with expertise in TBI.

o Transition services should be capable of accommodating the effects of an inmate's TBI upon their release and return to the community.

o Released inmates with mental health and/or substance abuse problems should receive case management services and assistance with placement into community treatment programs.

If you would like additional information on correctional system health the following link may be of interest to you. www.cdc.gov/correctionalhealth/

References:

1 & 3: Center for Disease Control. Traumatic Brain Injury in Prisons and Jails: An Unrecognized Problem.
2. Brain Injury Association of Queensland Inc. Prison – Our Best Treatment for Acquired Brain Injury? – Fact Sheet. Available from URL: <http://braininjury.org.au/portal/statistics/prison--our-best-treatment-for-acquired-brain-injury---fact-sheet.html>

BIA-OK

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Guide for Selecting a Nursing Home for Your Loved One

Anyone who has been faced with the reality of selecting a nursing home for a loved one knows what a painful and personal process it is. Few are prepared to make the decision and therefore don't know how to go through a selection process.

Thankfully, through oversight from the federal and state governments and other "watchdog" groups, data is finally available to use as a tool in decision making.

Some of general things you should consider include: location, cost, cleanliness, physician oversight, nursing staffing, and security. The Center for Medicare and Medicaid provides an indepth guide for selecting a Nursing Care Facility. It can be located on the web at: www.medicare.gov/nhcompare/home.asp

Ratings systems have been developed by a number of organizations to determine how facilities compare to national standards of care, how they respond to safety hazards and a variety of other measurements. While there are many sites that provide comparison information for a fee the sites provided below provide free information:

Oklahoma Health Care Authority: The nursing home ranking system uses multiple measures to score each nursing home on a level of one (lowest) through five (highest). The nursing home ratings are based on 10 separate "Rating Factors." A complete description and explanation of the Rating Factors are displayed on the Description of Rating Factors page.

Link: <http://www.oknursinghomeratings.com/>

Center for Medicare and Medicaid: This tool has detailed information about every Medicare and Medicaid-certified nursing home in the country. Link: www.medicare.gov/nhcompare/home.asp

Nursing Homes Ratings: nursing-homes-ratings.com hosts information about nursing homes in your area. We provide data on the each nursing home's inspections and resident ratings.

We partner with ElderCarelink to provide a FREE referral service to help you find everything from Home Care and Assisted Living to Financial Planning and Personal Emergency Responses.

In an article from USA Today (http://www.usatoday.com/news/health/2008-12-18-nursing-home-database_N.htm), it was reported that based on the data collected in 14 states, residents choosing a home randomly have a more than 25% chance of picking a nursing home that, overall, rates one star, the lowest ranking on Medicare's new system. USA TODAY also found that:

- Louisiana led the nation in the percentage of one-star homes: 39% of its 285 homes are in that category.
- Nationally, 23% of homes received one-star ratings for overall performance.
- Homes associated with hospitals ranked higher than those that were not.
- Delaware had the largest percentage of five-star homes, 13 of 45, or 29%. Alaska, New Hampshire, Maine, Hawaii and Alabama also topped the five-star list, having at least 20% of their homes in that category.

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Newsletter August 2009

Camp Donors and Sponsors

The BIA-OK would like to give a special thank you to our sponsors for Camp Sunrise 2009. It would not be possible to provide the camp without the ongoing support and generosity of these individuals and organizations.

Major Sponsors:

Dr. Roxie Albrecht
Dyncorp-Trendwestern Employee Community Aid Program, Vance AFB
RehabCare at St. Mary's Regional Medical Center, Enid
Sarah K. Miller, Neuropsychologist
Valir Rehabilitation Hospital
Brookhaven Hospital, Tulsa
OU Medical Center
Brain Injury Association of Oklahoma

Other Generous Donations were made by:

Northwest Neurology, Enid
St. Mary's Rehab Care for the NW Oklahoma
Brain Injury Support Group
Julie Braden - Avon Sales for the NW Oklahoma
Brain Injury Support Group
Dr. Herman Jones
Gary Bulmer for the Oklahoma City Brain Injury Support Group
J.C. & Charlie Bowen
Ronald & Paula Young

And the Winner Is...

In the last newsletter, the BIA-OK challenged the Support Groups to raise money for Camp Sunrise with the winning Support Group receiving a Pizza Party for their efforts. Two of the support groups took up the challenge with vigor and the winner of the challenge is....drum roll please....the Oklahoma City Support Group!

The Brain Injury Association is currently seeking Professionals to join our Board of Directors. We are especially interested in finding individuals with experience or interest in fundraising, accounting and/or tax experience, and an attorney, however any professional individuals with knowledge or interest in brain injury will be considered. Please contact the Board via email at brainhelp@braininjuryoklahoma.org if you have questions or would like to be considered for this board.

Camp Pics!



The BIA-OK would like to give a special thank you to the AMBUC's clubs Oklahoma through whose generosity, five Camp Sunrise attendees were able to obtain AMTRYKE's to assist them with independence and mobility. Thank you for your time and effort and generous hearts!

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Camp Sunrise 2009

"This could have been me" was all I kept thinking. "This could have been me."

Such was my initial reaction to the wonderful people at Camp Sunrise, an annual weekend retreat held each April at Central Christian Camp in Guthrie, OK, for those who have suffered traumatic brain injuries. I was one of 35 counselors who had the distinct privilege of spending three days with the 40 campers who had gathered for this year's festivities.

Camp Co-director and life-long friend Tracy Lynn Grammer asked me to serve as a counselor in February of this year, an invitation which I readily accepted though I knew almost nothing about TBI's. At least, I didn't think I knew anything about TBI's until I began considering my own brush with death over 20 years earlier.

Three days before Thanksgiving in 1985, Robbi, my pregnant sister, Ryan, her four year old son, and I, were traveling in my old VW Bug on US Hwy 289 outside of Vernon, TX. Not long after sunset we met blanket-like fog and then we met - and struck - a jack-knifed 18 wheeler that was stalled in the middle of the highway. I woke up three hours later in a Vernon hospital with 30+ stitches in my face and forehead, a set of broken teeth, and a mind-numbing concussion. The first thing I saw when I opened my eyes was an ER doctor picking broken pieces of glass out of my sister's face with a pair of forceps while a nurse tried to comfort my traumatized nephew.

When the dust settled, all of us escaped with relatively minor injuries and my niece was born three months later without complications. Robbi and I had cuts, bruises, stitches, and concussions. Though my concussion was severe, I never took that diagnosis very seriously and all but ignored the not infrequent headaches and bouts of dizziness for almost two decades. The only reminder of fateful night was the big "V" shaped scar and a raised bump, both of which resided in the middle of my forehead. A friend who's a plastic surgeon told me in 2004, "The scar gives you character but the bump needs to be examined."

Turns out the "bump" was actually two pieces of embedded windshield glass, one piece 3/4" long and the other 1" long. Apparently, according to my doctor, I hit my head with such force that it drove those shards of glass through the first two layers of my skull, and they had been fused next to the inner hard layer of my noggan for the last 19 years. "Just a fraction of an inch more, Randy, and you would have been in a wheelchair - or dead." When the first camper in a wheelchair entered my cabin, I thought, "This could have been me."

I thought about my accident when I met Dennis and Stephen and struggled to understand their speech. I thought about that fraction of an inch as I laughed with partially paralyzed Joel, as I danced with the lovely Gerri,

and as I sang "I'll Fly Away" with Cindy. I thought about being unconscious for three hours as I chatted with Gary and Phil, two men who've suffered TBI's but now drive on their own and hold down jobs. "This could have been me" I kept thinking. Initially, Camp Sunrise made me feel guilty that it wasn't me.

I confess that I traveled to Oklahoma last April preparing to answer the difficult questions that would surely be posed to me, a minister, such as "Why did God let this happen to me?" And I had planned to offer spiritual counseling to the campers and their families as they sought to cope with their unenviable situation. I actually believed that the primary reason for my going to Guthrie was to teach and to counsel. "This could have been me," I thought, "so I need to help where I can."

But I was wrong. Boy was I ever wrong. I couldn't have been more wrong. I did not teach or counsel, but rather was taught and was counseled, primarily in the areas of how to make the most with what you have, how to have joy when you're dealt a bad hand, and what's most important in life. I was taught how to laugh, really laugh, and I was counseled on how to be myself without fearing what others think. I learned how to sing without obsessing over notes, and to dance without fretting over rhythm. Want to know what I discovered at Camp Sunrise? People who've suffered TBI's don't want to be taught or counseled. They don't want pity or sympathy or alligator tears. They don't want to be treated differently or with condescension because of their injury. All they want is equality and to be treated like everyone else. That's it, and that's all.

If you and I tease and cut up with our friends, they want you to tease and cut up with them. If you dance, they want to dance. If you sing, they want to sing. If you fish, paddle boat, ride bikes, and play bingo, they want the same opportunities. They want to go on a hay ride, participate in a talent show, and, thanks to counselor Mary Jo Fisher, watch an agility dog performance on Sunday afternoon. Camp Sunrise provides these and other activities that everyone can enjoy, TBI or not, and that's what makes this annual retreat such an incredible experience for both campers and counselors.

Now that I've experienced Camp Sunrise, I am looking forward to returning next year, but this time with a rehabilitated perspective. I no longer feel guilty that the glass from my 1985 accident didn't penetrate another fraction of an inch. Nor do I feel the need to brush up on my extensive theological training to offer solace and comforting insights to the campers. I am looking forward to next year's camp because it's me who receives the blessing from people who can say, "It was me, but I am going on with my life because my tragedy doesn't define me. I am a brain injury conqueror, so treat me like you would anyone else."

*Randy W. Harris, Pastor
Crossview Community Church, Fayette, Alabama*

Brain Injury Association of Oklahoma

August 2009

Support Groups

Enid/Northwest Oklahoma Brain Injury Association of Oklahoma Support Group

Meets 3rd Tuesday of the month at 6:30 PM
at St. Mary's RehabCare Unit (5 South)
305 S. 5th in Enid OK 73701
Contact Lyle Rader at (580)548-5080 or (580)249-5533.

McAlester Head Injury Support Group

Meets on the 3rd Thursday of each month at 3:30 to 5:00 PM
Oklahomans for Independent Living Resource Center
601 E Carl Albert Pkwy
McAlester, OK 74501
Contact Person: Stephen Strickland (918) 426-6220, ext. 107

Muskogee Brain Injury Association of Oklahoma Support Group

Meets on the 3rd Tuesday of the month at 6:30 PM
at the Conference Room of Muskogee Regional Rehab,
300 Rockefeller Dr., Muskogee, OK
Contact Vinnie Payton Hoover at 918-682-9103.

Citywide Stroke Support Group - Oklahoma City

Meets on the 4th Monday of the month
from 6:30-8:30 PM at American Heart Association,
5700 N Portland, Room 110, Oklahoma City.
Call Mashell (405)948-2134

Brain Injury Association of Oklahoma

P.O. Box 88
Hillsdale, Ok 73743

Oklahoma City Support Group

MEETS TWICE MONTHLY
Meets on the First Tuesday of the month from 6:00 – 8:00 PM
Valir Rehabilitation Hospital
721 NW 7th St (Near St Anthony Hospital)
Park in lot south of the building from 6th Street
Meets on the Third Tuesday of the month from 6:00 – 8:00 PM
NeuroResources Rehab, 4120 N Portland Ave
(at NW 39th St & Portland on the NE corner of the intersection
on the West side of the strip mall)

Contact Gary Bulmer at (405)720-7980 or
Rod Davidson at (405)524-8953
write P.O. Box 60912, OKC, OK 73146-0912.

Tulsa Brain Injury Association of Oklahoma Support Group

Sponsored by Comprehensive Community Rehabilitation
Services Meets on the 4th Thursday of the month (except for
Holidays) at 6:30 PM at 7146 S. Braden Ave., Suite 500, Tulsa
74136. Please call Mary Dobbs at (918)488-6165 for questions or
to be added to the mailing list.