



La Voz

The Voice

Summer 2012

a Newsletter

VOLUME 3, ISSUE 2

Letter from the Executive Director:

Delfy Peña Roach



This has been one of the longest summers in recent memory! Okay, I admit it - I hate summer. Fall and winter are my seasons. However, the long hot summer has brought with it a whole new, although familiar to me, areas of commitments and contracts so this is where I should start:

On June 30th our Brain Injury Partner (BIP) program ended. The State of New Mexico has chosen to no longer fund this much needed and requested program which supported individuals living with brain injury to navigate the system of healthcare, legal, housing, social supports, etc. The NMBIA feels strongly that this program should continue and we are seeking funding sources to make that happen. The end result is that we can no longer provide one on one peer supports. Susan Erickson, Bryan Patterson, and Marilyn Holtsoi were excellent BIPs but are no longer with us. Matt Nañez is still our intake and referral person and Alicia Sisneros-Schobel returned as a temporary employee to assist with other contract deliverables. Their service & work was and is greatly appreciated!

Most recently, the NMBIA was not awarded the Information and Referral Contract with the State of New Mexico. We will be handing over the "reigns" to the selected contractor sometime in September. Please know that **WE ARE STILL IN BUSINESS** as the lead Brain Injury Advocacy organization in New Mexico. We will be reinventing ourselves so that we can continue to be available for supports. We will still be here doing what we do best, just a little bit differently.

On a more positive and exciting note, the State of New Mexico's Children Youth and Families Division (CYFD) has awarded us a contract to provide Families -- Advocacy, Support, Access Project (F-ASAP). This program will provide advocacy and support services and educational opportunities for families with children and youth with neurobiological (mental illness), emotional or behavioral differences, and/or brain injury. This will include advocacy in the schools, hospitals, juvenile justice, child welfare and through whatever door a child and their family enter through. We will be using the wraparound approach to care. The NMBIA is very enthusiastic in this program as a vast number of children living with these illnesses have gone un-served or are underserved. Eventually these individuals reach adulthood and life only gets rockier.

We are also in the talking stages with OptumHealth regarding the System of Care Federal Grant transitioning to NMBIA. The System of Care grant is located in three NM sites -- the Highland High School cluster in Albuquerque, the communities of Silver City and Santa Clara Pueblo. The grant brings with it a Statewide Family Coordinator and three local site coordinators. **"A system of care is defined as a coordinated network of community-based services and supports that is organized to meet the challenges of children and youth with serious mental health needs and their families. Families and youth work in partnership with public and private organizations so services and supports are effective, built on the strengths of individuals, and address each person's cultural and linguistic needs. A system of care helps children, youth and families function better at home, in school, in the community, and throughout life."**

With change comes the need to move in to larger office space and we HAVE MOVED to 3232 Candelaria NE. The NMBIA is now located ONE BUILDING west of our old location, sharing our same parking lot. Signs will be posted for directions. Once everyone is hired and settled in, we will be hosting an Open House.

Stay tuned.

Delfy

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With this newsletter, NMBIA strives to provide accurate, up-to-date information and support to persons with brain injury, professionals, and family members seeking services. Opinions and information transmitted in this newsletter do not necessarily reflect the views of our Sponsors. We do, however respect and appreciate those sponsors tremendously. **Thank YOU!**

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What You Should Know



by: Glenn Ford

The terms “**Mild, Moderate and Severe**” are derived from several different eras and medical models, one of which is even formula based on the acute care setting and the **Glasgow Coma Scale** (one of several determinant scales). This author is NOT going to delve into the origins other than to say that the scales, regardless of type or name, have been used to “**classifying TBI severity, grades a person's level of consciousness on a scale based on verbal, motor, and eye-opening reactions to stimuli**”. Real life long term effects of a trauma as to outcomes of that trauma have so many variables that the scales “go out the door, as does the patient”. As with all unknowns; the outcomes from the classifications are usually conservative, and are considered with cautiously guarded with pessimism. As a resultant, the military and other institutions have begun to develop new severity guidelines based on loss of consciousness, loss of memory (amnesia), imaging to detect lesions, swelling, etc. and the Glasgow Scale. Unfortunately cutting edge detection is still in development, limited in access and available at only a few sites worldwide. Science is years out from predicting long term effects in behavior, cognition and resultant brain function after trauma with the visual detection methods, let alone having ready access to such equipment in every Emergency Department.

Not only are the definitions of levels of severity changing but the definition of “Traumatic” is subject to review. A **Clinical Assessment Working Group** comprised of both military and civilian researchers in the field of neurology, neuroscience and neuropsychology have redefined TBI “...**as an alteration in brain function, or other evidence of brain pathology, caused by an external force.**” A position statement released from the working group reported that “**A clear concise definition of Traumatic Brain Injury (TBI) is fundamental for reporting, comparison, and interpretation of studies on TBI. Changing epidemiology patterns, an increasing recognition of significance of mild TBI, and a better understanding of the subtler neurocognitive neuroaffective deficits that may result from these injuries, makes this need even more critical.**” According to Dr. Wayne Gordon of the Mount Sinai School of Medicine, who serves in this group: “**The new definition incorporates the emerging evidence that signs and symptoms of the injured brain may emerge over time.**”

What does this mean to us in lay terms? Severe is still a “severe condition” where a person may lay in a coma, have surgical removal of portions of, or repairs of the brain and/or have significant brain matter altered. The person may have significant detectable damage, open skull trauma or other obvious signs of brain damage. What is now becoming clearer is that ALL OTHER forms of “lesser brain injuries” can have similar influences on the brain: whether it is in the initial stages, going without proper treatment, or no treatment, or multiple “minor” insults, or with accumulative insults and/or events to the brain spanning months or even years.

[Continued on page 9]

NEW MEXICO BRAIN INJURY ALLIANCE

3232 Candelaria NE

Albuquerque, New México 87107

(505) 292-7414 office • (505) 271-8983 fax

Free line 888.292.7415 (New Mexico only)

<http://www.braininjurynm.org>

The 'Head to Head: Promoting Brain Injury Awareness' Conference

By George Peknik

At the March 22 New Mexico Brain Injury Alliance-hosted Statewide Conference, "Head to Head: Promoting Brain Injury Awareness" at the Albuquerque Hotel, three of the most distinguished American healthcare and social service professionals spoke about the rising number of brain injuries to a large audience of New Mexican educators, law enforcement, judges, attorneys, and survivors of brain injury and their families. The all-day conference dealt with the best practices for; identification and diagnosis of brain injuries, treatment, clinical interventions that focus on wellness and recovery, and the impact of brain injuries on individuals, their families and their community.

According to a [New Mexico Department of Health report](#), injuries are the leading cause of premature death in New Mexico. New Mexicans are more likely to die from an injury than from any other cause. In 2004, 1,756 New Mexicans had injury-caused deaths and 14,000 people were hospitalized. While in 2004 the injury death rate per 100,000 people in the U.S. was 56.2, the injury death rate for New Mexicans was much higher at 92.6 per 100,000, and New Mexico.

The first speaker at the Conference, Dr. Jeffrey T. Barth, Professor and Co-Director of the Neurocognitive Assessment Laboratory at the University of Virginia, spoke about the two groups of people living with brain injury which have dominated media coverage in recent years in his talk ***Sports and Combat Concussion: Assessment, Intervention, and Return-To-Play/Duty***. "Concussions are one of the most common sports-related brain injuries, especially for children and adolescents because the symptoms of concussions may not appear immediately following the injury; they can often go untreated, leading to more serious, long term effects," said Dr. Barth. "If an athlete returns to play prior to a full recovery, they are at higher risk of experiencing multiple concussions, which can lead to more severe and potentially catastrophic injuries." He discussed the meanings of "mild," "moderate," and "severe" brain injuries.

Concussions in school sports are the most common type of brain injury. Multiple concussions pose a more complex problem. There is a growing literature and case examples of more severe trauma associated with multiple concussions in sports, as well as a lowering of the threshold for incurring additional concussions. Although rare, returning to play before complete recovery from concussion and sustaining a second concussion can result in a catastrophic neurological injury referred to as second impact syndrome (SIS).

PTSD can affect service members, veterans and civilians. Blast injuries in the military have exposed veterans to mild brain injuries or concussions or more severe traumatic brain injuries. These books describe the causes, symptoms, effects and treatment of post traumatic stress disorder and blast injury as service members return to home and family.

The other speakers at the conference were [Dr. Christine L. MacDonald](#), Washington University School of Medicine, ***The Development of Novel Therapeutic and Diagnostic Strategies for Traumatic Brain Injury***; [Dr. Bob Thoma, Neuropsychologist](#), University of New Mexico, ***The Identification and Diagnosis of Brain Injury Using Brain Imaging, MEG, Neuropsychological and Functional Tests***; [Dr. Mark Pedrotty](#), Rehabilitation Psychologist at Albuquerque's Carrie Tingley Hospital, ***Multimodal Issues of Psychological, Neuropsychological, Social and Spiritual Recovery from Brain Injury***; and [Dr. Michael Shaughnessy](#), Professor at Eastern New Mexico University, ***The Impact of Brain Injury on Survivors, Families and Communities: a Rural Perspective***.

Head to Head: Brain Injury Awareness Conference March 22, 2012



Recovery Stories, Part 8: THE QUESTION: "How you been able to help yourself in recovery through an 'out of the box' (unusual) therapy or thinking?"



GH

"I have had a lot of trouble getting any medical care in NM after TBI. The doctors don't want to see me, they don't know what to do, and the insurance carrier insists I have to take whatever they want to give me despite my danger--and so on.

"One surprise out-of-the-box solutions came from the New Mexico Medical Insurance Pool. The state and federal pools are administered through Blue Cross and Blue Shield, and the premiums are significantly lower than my COBRA. If I change to NMMIP, they will pay customary and ordinary charges from BC/BS providers in Dallas, where my doctor and his colleagues practice and willingly care for me. This provision in NMMIP means I should never again have to pay out of pocket for CT scans or other tests that doctors up here omit but that are immediately ordered in Dallas. Depending on individual situations, I wonder if other individuals who receive services from UNM or programs could also transfer to NMMIP and receive out-of-state coverage." [To be continued...]



George

"My 'off the wall' wellness regime is the same one used by all healthy people, yet often ignored by people who are unwell, who die early deaths, or have multiple brain injuries. It is to emphasize PREVENTION rather than cure or therapy. I want to protect every single neuron and synapse in my damaged brain to stave off dementia and, more importantly, another brain injury by giving up alcohol (I know that it weakens my brain); giving up mountain-climbing and bicycle riding (my balance is off since my TBI); and avoiding driving by myself unless that's impossible (my wife Sabina is a fine co-pilot)." [To be continued...]



Glenn

"After my intensive rehabilitation and while continuing my out-patient treatment, I was encouraged to challenge my brain with new tasks. I taught myself how to use various software programs on the computer such as Word, Power point, Excel, Publisher, Corel and Adobe photo shop. Immersion into helping others, starting a support group and non-profits for people such as ourselves helped too. I think that the key to improvement of my altered brain was to learn, support others, and push myself – then know when to back off. Constant learning and volunteering has been my passion, which most likely has stimulated my brain hugely.

"Balance of life with these activities has been: good rest; regular exercise; eating properly; develop interesting hobbies; social activities and continued visits to my doctors. In other words, learning to relearn, to enjoy my life and to appreciate that I am alive has been my therapy." [To be continued...]

A heart felt note from the Publisher:

As I finally find the finishing touches on **La Voz – the Voice**, I looked for two of our contributors for this page. They were nowhere in sight or by phone. Alas, one is now in the hospital with life threatening (though stable) medical conditions and yet another 'significant' brain injury. He was severely beaten to within an inch of his life. I am truly saddened. He is a person with a bright spirit and always a smile on his face. He is my friend. This individual, despite his previous brain injuries and loss of nearly everything in his life, always has spirit and hope. He was positive and continued doing the things that he loved - to the best of his abilities. The other individual, another friend, was involved in a serious accident earlier in the Summer; yet another serious brain injury and is now in rehabilitation getting much better.

People living with brain injury are ten times more likely to sustain yet another serious one. I know from experience that the next one and then the next one just make living with brain injury all the more difficult. Please consider your actions, life style choices, encounters and surroundings. Life is difficult even under the best of circumstances. Moving on has always been my belief, yet is a very different thing to do when we all just want to be and do like everyone else. Alas, we are very vulnerable...

Our thoughts go out to these individuals and our many other friends who live with brain injury. GF

The Federal Standards of General Care in Traumatic Brain Injury (TBI)

By Gail Hanscom

Nationwide and local standards of care for TBI have been uneven for some years. At this time there is a major impetus to improve standards of care for brain injury patients. One national agency that is closely involved with the care of military members who have suffered BI is the [Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury](#) (DCoE). The director of DCoE is Michael T. Handrigan, M.D., F.A.C.E.P., whose background includes training in emergency medicine, traumatic hemorrhage, and resuscitation. The scope of his agency includes emergency BI care, ongoing medical and psychological care, and integrative care.

It is interesting to note that the first DCOE link under both the 'For Warriors' and 'For Families' tabs is "suicide prevention." The National Suicide Prevention Lifeline is available 24/7 by phone (1-800-273-TALK), or [on the web](#). Suicidal ideation in TBI may occur as part of the physical injury process, as a reaction to medications that may be used in treatment, or as part of the psychological process of loss and despair that often follows TBI.

- The DCoE link also contains a link to the web page for the Defense and Veterans Brain Injury Center (<http://www.dvbic.org>), a state-of-the-art diagnostic and treatment center for military members in Texas, Colorado, and California. Research into basic processes of TBI (e.g., neuro-imaging with spectroscopy, PET, and MRI) is intended to help both military members and civilians injured in motor vehicle and other accidents.
- The DVBIC "Bibliography" link leads to a collection of scholarly articles published since 1991, with a preponderance of articles since 2000 (<http://www.dvbic.org/Research/DVBIC-Bibliography.aspx>).
- The DCoE "[For Health Professionals](#)" link contains an extensive collection of case management tools and guidelines appropriate to all levels of TBI care. The "nationally accepted" definition of case management includes "advocacy, assessment, planning, communication, education, resource management, and service facilitation" [I.pdf](#)
- [The definition of mild TBI](#), which qualifies an individual for ongoing case management at 4-6 weeks after concussion is: "a traumatically induced structural injury and/or physiologic disruption of function as a result of the external force that is indicated by new onset or worsening of at least one of the following clinical signs, immediately after the event:
 - ✓ Any period of loss or decreased level of consciousness
 - ✓ Any loss of memory for events immediately before or after the injury
 - ✓ Any alteration of mental state at the time of injury (confusion, disorientation, etc.)
 - ✓ Neurological deficit(s) (weakness, loss of balance, change in vision, praxis, paresis/plegia, sensory loss, aphasia, etc.)
 - ✓ An intracranial lesion"

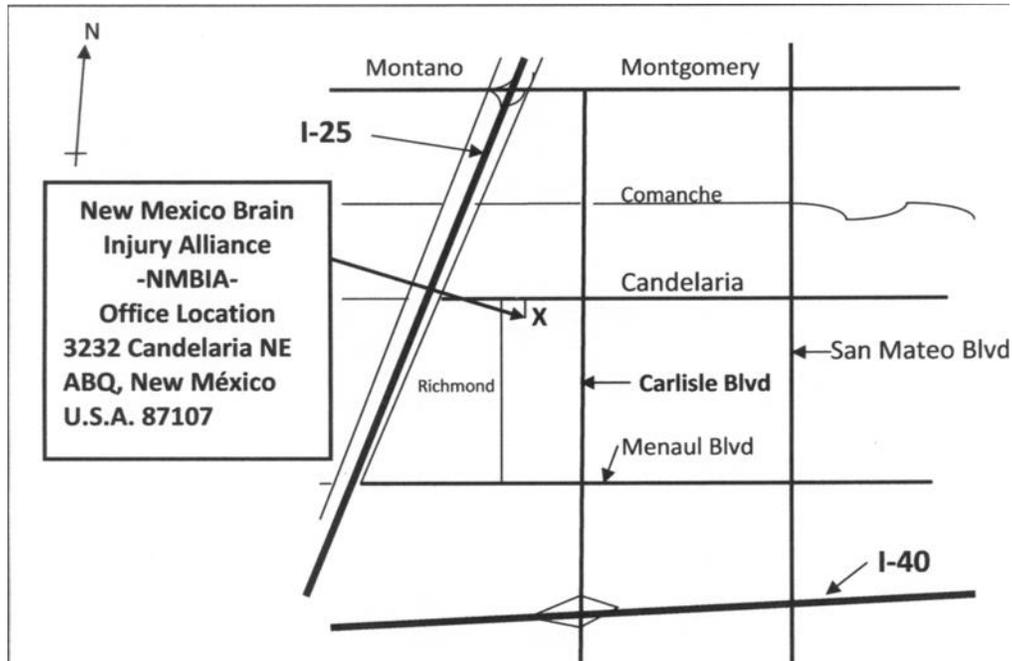
According to the [Federal Standards of Case Management of TBI](#), after qualification, the case manager assesses and guides recovery in these service domains including Injury Information; Evaluation/Screening status; Medication; Physical Symptoms, Cognitive/Behavioral, & Psycho Social; Services: Rehab (CR/PT, OT, SLP/VT, etc.), Medical (PCP, Med Monitor, SZ Control, Audiology, ENT, Ophthalmology, Imaging); Behavioral: Psychology, Psychiatry, & Social Work; Social Services: Housing, Transport, Educational, Community, & Support Groups; and Benefits/Entitlements, and Financial Help.

Information accessible through DCoE and related to TBI needs and services includes online trainings, podcasts, videos, and a blog. According to the [Federal Standards of Psychological Health in TBI](#), the mandate at DCoE may not be followed fully for psychological health after TBI, as evidenced in this very recent article: "Coordinating Authority Needed for Psychological Health and Traumatic Brain Injury Activities" at <http://www.gao.gov/products/GAO-12-154>.

Many New Mexicans with TBI are unable to adequately access either medical care or case management services in their local communities. The level of recommended medical supervision for TBI is 4-6 week intervals, while symptoms are present. Many local TBI patients have no regular medical follow-up, or are seen annually. People living with brain injury in rural and small towns do not have access to most care modalities.

- Local practice in New Mexico emphasizes the neuropsychological aspects of TBI. Adequate investigation and management of ophthalmological, auditory, and other sensory issues may not be provided.
- Alternative and holistic interventions (e.g., chiropractic, acupuncture, [craniosacral](#) treatment) are routinely offered to and may be helpful to New Mexican TBI patients—and these offerings agree with the holistic health perspective of DCoE. However, these services are appropriate only AFTER ruling out standard medical issues of intracranial lesions, clots, adhesions, and infections that could endanger the patient. Many times in NM such basic examinations may be lacking.
- Occupational therapy interventions such as [lrlen colored glasses](#) may be effective for as many as 70% of TBI patients, but they are often not covered by federal, private or state insurance, or by the New Mexico Trust Fund.

NMBIA Location



Map of Albuquerque, NM – Not to Scale

NMBIA OFFICE has MOVED: we are one building to the West of our old location. Same side parking lot!

Support Groups scheduled to meet at the old NMBI will meet in the New NMBIA offices.

We are NOT CLOSED –We are OPEN FOR BUSINESS!



**The Santa Fe Harley-Davidson and NMBIA have joined together to promote Brain Injury Awareness & Safety!
Buy a Harley-Davidson “Dream Capsule” at the Santa Fe Store and support the New Mexico Brain Injury Alliance to help bring awareness of Brain Injury!**



Mark Padilla of the Amerigroup Foundation presents to John Tiwald, NMBIA Board Chair, a donation check for \$2000, Thank you!!

New Mexico – Brain Injury Support Groups

Bernalillo • Sandoval • Valencia • ABQ

- **Retrain Your Brain Class**
Every Tuesday from 11:00am to 1:00pm
NMBIA 3234 Candelaria NE, Abq
Limited Space, Call: 505-292-7414
- **Thursdays Noon Support Group**
Every Thursday 12 Noon – 1:30pm at the
NMBIA 3234 Candelaria NE, Abq
- **ABQ Support Group (Survivors/Caregivers)**
3rd Wednesday of the month at 7pm
HealthSouth Rehabilitation Hospital
7000 Jefferson NE, Abq
Call: David Small 858-0939
- **ABQ Support Group (Survivors only)**
1st Friday of the month at 7pm
Lovelace Rehabilitation Hospital
505 Elm St NE, Abq
Call: Cardo Gallegos 288-1216
- **Caregivers, Loved Ones, Families and Friends of People Living with Brain Injury**
This Support Group is NOT organized for People who have recently sustained or endure Brain Injury Call NMBIA:
4th Thursdays of every month 7 PM – 9 PM
CaregiversSupportGroup@hotmail.com
- **Women Living with Brain Injury**
Contact the NMBIA for specifics.
- **Off Center Community Arts Center**
808 Park Ave. SW, Abq 247-1172
Every Wednesday between 2 PM – 7 PM
Gather to do Art and Crafts Projects

San Juan County Region

Friends Helping Friends

2nd Thursday of the month

Call: Missy Atchley 329-9746

Mark: xman3731@yahoo.com

McKinley County - Gallup Support Group

Every Friday from 1pm-3pm

San Juan Center

200 Rio West Mall, Gallup

Call: Ken Collins 505-726-2709

Santa Fe County – Santa Fe Support Group

Contact: NMBIA at 1-888-292-7415

Doña Ana County - Las Cruces Support Group

Every Friday from 9am – 12Noon

The Housing Authority 926 S. San Pedro, LC

Call: 575-526-5541 to confirm meeting

Eddy County – Carlsbad Support Group

1st & 3rd Monday from 10AM - 12Noon

Call: George Methola 575-302-3057

Grant County – Silver City Support Group

Every Tuesdays 4 pm- 5 pm

Billy Casper Wellness Center, Silver City

Call: James Knight 575-388-1100

- If you live in an area that does not have an established support group, please contact the NMBIA. We can help you to start up a group, gain local supports, find others who are experiencing brain injury and give you tools to garner the necessary supports!

1-888-292-7415 or (505) 292-7414

Albuquerque Stroke Support Groups

The Albuquerque Stroke Club has four Support Groups that meet from 10:00 am till 11:30 am at St. Andrews Presbyterian Church, 5301 Ponderosa Ave NE. Lenny Mangano facilitates the Monday Group, Carlos Diaz facilitates the Wednesday and Friday Groups, and Marvin D. Taylor facilitates the Thursday Group. The facilitators are all Stroke Survivors. Any questions may be addressed to mtayl787@aol.com or **505-268-1694**.

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Invisible Wounds: A Woman's Perspective on Brain Injury

By Anne E Ricketts April 6 2012

"There is in every true woman's heart, a spark of heavenly fire, which lies dormant in the broad daylight of prosperity, but which kindles up and beams and blazes in the dark hour of adversity." --Washington Irving

There are many social expectations put upon a woman. They range from her expected potential for motherhood to her unexpected abilities that often surpass social prospects in the workplace. When brain injury strikes, her promise across all aspects of life is diminished – but the expectations often remain...There is no line drawn in the sand between the pre-injured and post-injury woman. The expectations do not alter, but instead remain dominant in the force of those around her. It is believed that she can still fix breakfast, take care of the laundry, get the kids to school on time, bring home her share of the bacon, and love her husband with her natural passion. No one said that things will change and that this mother will now need to have help in achieving even the 'smallest' of tasks, like brushing her own hair or teeth. No one said that this previously reliable woman of tenderness and devotion to the needs of her family will disappear like a ship slipping away over the horizon.

When no definition is made between the 'before' and 'after' person, people around this mother, wife, friend, and colleague become confused, and even angry, without fully realizing why. They have no idea that they are in mourning, no idea that every role in the household needs to change with the totality, that would be required, if she were physically absent. There is no idea that whilst she is still there, that her previous responsibilities must now fall upon the shoulders of others...

People don't realize that it isn't only their expectations that need to shift, but also that they will have extra duties added within the family unit. Everyone will become a caregiver and everyone will have to play their part in taking up the slack. When there are young children in a family, inevitably outside help will be needed just to keep things ticking over. The mother, wife, daughter, friend, colleague has been replaced by a woman with invisible wounds. She may look great, but inside she is sinking beneath the depths of her imperceptible disabilities.

She may be firing on auto-pilot believing she can carry on as she once did, oblivious to everything but her physical pain, the blinding headaches, the debilitating fatigue, the imbalance in her hormones, her emotions, and her inability to actually function at all. She will keep trying, despite the fact that she has no idea what needs to be done, or what she used to do. She will see a pile of laundry and her brain will say, 'there is a pile of laundry.' She will see that the fridge is empty and her brain will say, 'the fridge is empty.' She will feel hungry and will set off to find something to eat, but when she gets to the kitchen, she will have forgotten why she is there...

Her child becomes emotional and angry with her because his needs are no longer being met, but Mommy didn't see the little frustration that kicked this off; she was oblivious to the needs of her child, she is detached and unable to cross the divide. Where she would normally have automatically stepped in to help, she no longer physically sees the need. The nuances and subtle messages that she would once so easily have picked up on, no longer reach her mind. They bounce off the surface of her senses without ever penetrating the black hole of her unconscious brain. She no longer sees her own needs, let alone those of the people who are around her...

Sir: If your wife is no longer able to show her love or be intimate, know that this is not her, but is the emotional flattening caused by the damage inside her brain. This woman once had broad shoulders, a heart that wanted to listen and to help, nurture and care. Her previous devotion is buried beneath the surface of her rampaging disabilities, and no one can see this, they just think she has changed, they think she doesn't care anymore. They react to her on this basis, and the already fraught relations are impacted time and again, until they too become so wounded that it seems there is no way back from the perceived harm that has been done.

Those around her have no idea that there needs to be a complete change in every aspect of the former dynamics of the family. This woman, who previously knew all the answers, or at least knew where they could be found, no longer recognizes that she is even being asked to problem solve. She can't pick up on the nuance a question brings, doesn't notice the appealing looks for help, is blind to other people's emotions and issues; her external life has become black and white with no shades of grey.

To those on the outside, how she copes with daily life has changed, how she reacts has changed, apparently, how she thinks has changed. She is no longer the woman the husband married, no longer the same Mommy, no longer the same friend, and no one at work can understand why she is off sick when she looks so well – she must be malingering. People believe they should and can judge this woman based on what they see. They believe the changes are permanent so they need to either learn to love this 'new' woman, or to just put up with having a stranger in the house. What people often don't see is that she is still there; the 'authentic' woman is still beneath the surface of her disabilities. Her independent spirit is still fighting to find
[continued on page 9]

[What You Need to Know: continued from page 2]

Some individuals who have sustained “severe brain injuries” enter into their new and altered life with that brain injury especially “well” and can become as productive as can possibly be expected; especially with proper treatment, rehabilitation and supports. Many people, and they are the vast majority, who have sustained the so called “mild – moderate brain injuries” have not improved as well and often times spiral downward, sustain further physical traumas or cumulative insults to the brain, develop psychological complications, etc. More likely than not, these individuals do not receive the proper diagnosis, treatment, therapies and supports. As with all individuals, we are each unique and so goes the saying with brain injury, that injury is unique to the individual.

Thus said when we talk about the long term effects to the brain and the person: “Mild” or “Moderate” brain injury labels diminish as such factors of treatment (poor or lack thereof), additional brain injury or life style choices from the impaired brain. As research continues, case monitoring of the long term effects on people sustaining brain injury and statistical data is gathered; it is seriously doubtful that the “severe – moderate - mild” categories will stand the test of time without better diagnostic tools and historical data.

For now a “**Significant Brain Injury(s)**” appears to be a more descriptive term.

[Invisible Wounds: A Woman’s Perspective on Brain Injury, continued from page 8]

her own self again; it is still fighting to keep-a-hold of everything she knows she loves, even when she no longer knows why... The tenacity to keep trying is still there, but sometimes all some people see are the perpetual failures. The spirit is still there, but sometimes, all some people see is the aimless drifting and lack of achievement.

Sir: You may be told that there are changes in the personality and that these will be permanent and that nothing can be done. Don’t listen. Ask someone who has real experience. Find out everything you can and don’t take ‘no’ for an answer when you seek help. Try and step back and recognize what changes a broken brain has brought into your life, rather than what challenges your wife now brings by the damage inside her brain. Be aware that she may be incredibly vulnerable and that she will need the protection of all the adults around her. Her life experiences may be gone, and the awareness and astuteness she may once have had when dealing with the outside world, could be gone with it.

Sir: List everything about her that made you fall in love with them. **These aspects are still there – they are simply buried beneath the surface** created by the disabilities.

What people often don’t see is that she is still there; the ‘authentic’ woman is still beneath the surface of her disabilities. Her independent spirit is still fighting to find her own self again; it is still fighting to keep-a-hold of everything she knows she loves, even when she no longer knows why... The tenacity to keep trying is still there, but sometimes all some people see are the perpetual failures. The spirit is still there, but sometimes, all some people see is the aimless drifting and lack of achievement.

Annie Ricketts lives on the Isle of Wight off of the coast of Great Britain. Visit: <http://www.mylatentself.co.uk/>

The New Mexico Brain Injury Advisory Council [BIAC]

The New Mexico Brain Injury Advisory Council is appointed by the governor. BIAC consists of 18-24 members to include people living with brain injuries, family members, healthcare professionals, and representatives from agencies that provide help for persons with brain injuries. Meetings occur throughout the year and are open to the public.

Section 24-20-3 creates the brain injury advisory council and defines its powers and duties:

A. The "brain injury advisory council" is created to advise the developmental disabilities planning council, the governor, the legislature and other state agencies.

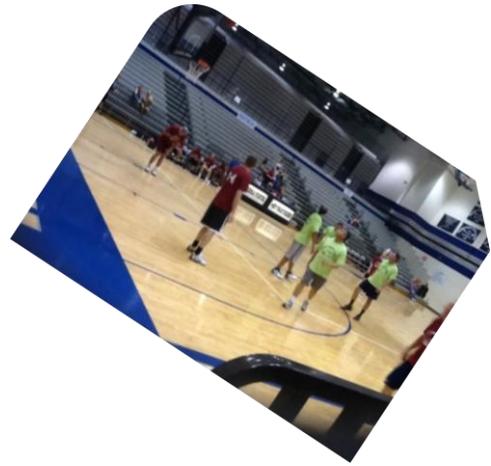
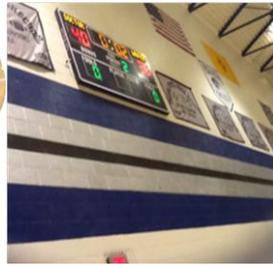
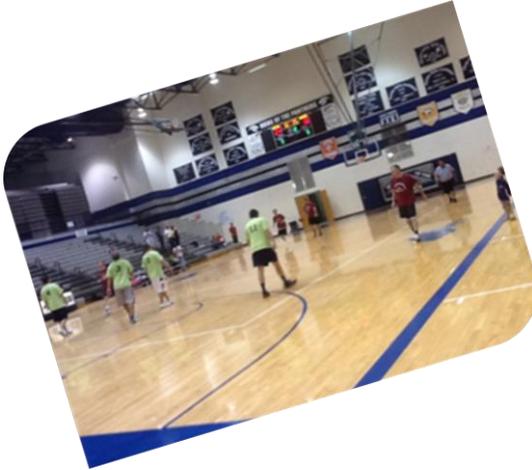
F. The brain injury advisory council shall:

(1) Study and make recommendations to the developmental disabilities planning council, the governor, the legislature and other state agencies concerning case management, community support systems, long-term care, employment, emergency medical services, rehabilitation and prevention and the improvement and coordination of state activities relative to the concerns of persons with brain injuries and their families or other care givers; and

(2) Advise appropriate state agencies and private organizations on the development of services and supports that meet the needs of persons with brain injuries.

For information and location and date of the next meeting visit: www.nmbiac.com or call 505-476-7328

Four Corners Support Group – Friends Helping Friends Raises Funds for Activities at the annual Doctors Vs. Lawyers Basketball Game!



...and in the end the Doctors won! But the real winners were:



Friends Helping Friends, Inc. is a support group for Traumatic brain Injuries, stroke survivors and spinal cord injuries and their family members whose primary purpose is support, education and prevention. The group meets Monthly and has potlucks throughout the year in Farmington, New Mexico

Memorial

Timothy Alden Lloyd (1954-2012)

Tim was a strong advocate, leader in the disability community, president of Friends helping Friends of Farmington, NM, and member of the Board of Directors, New Mexico Brain Injury Alliance. He was also a very nice guy and a true friend with a great sense of humor. *We will miss him.*



New Mexico Participates in the International Brain Injury Awareness Picnic



On June 30, 2012 Over 161 groups formed to participate in a Global Event worldwide to bring awareness to Brain Injury as the "Silent Epidemic". The NMBIA is proud to have been one of those groups! We wish to thank our many sponsors, those who supported and attended this momentous event. See you next year - June 2013!

Lovelace
Rehabilitation Hospital



REHABILITATION HOSPITAL
OF SOUTHERN NEW MEXICO

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Advocating for People and
Families Living with
Disabilities for 30 years.



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TO:

