

MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION

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ROLL NUMBER

DESCRIPTION

1458

2001 HOUSE HUMAN SERVICES

HB 1458

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1458

House Human Services Committee

☐ Conference Committee

Hearing Date January 30, 2001

Tape Number	Side A	Side B	Meter #
Tape 2	X		2450 to end
Tape 2		X	0 to 1155
Committee Clerk Signature <i>Corinne Easton</i>			

Minutes:

Chairman Price, Vice Chairman Devlin, Rep. Dosch, Rep. Galvin, Rep. Klein, Rep. Pollert, Rep. Porter, Rep. Tieman, Rep. Weiler, Rep. Weisz, Rep. Cleary, Rep. Metcalf, Rep. Niemeier, Rep. Sandvig

Chairman Price: Open hearing on HB 1458.

Rep. Cleary: Presented Bill. (See written testimony.) The bill would help the Department of Human Services provide grants or contracts with nonprofit organizations for counseling and education services for victims with traumatic brain injuries and their families. Please give this bill a good discussion and then vote to DO PASS.

Rep. Weiler: How many traumatic brain injuries do we have in North Dakota?

Rep. Cleary: I don't have that number, but someone here can answer that for you.

Rep. Lloyd: Cosponsor of the Bill. Rep. Lloyd testified in behalf of the education aspect of the bill. Short term memory is the biggest problem facing these individuals with traumatic brain

injuries. This certainly isn't enough money to do what is needed, but it might be enough money to generate individuals who can take advantage of early education in the early period of TBI injuries when it is most affective.

Rep. Klein: How many people statewide do we have in this situations?

Rep. Lloyd: This last year, approximately two dozen - this is about average per year.

Avis Dissell: Former Spouse and Advocate for TBI. (See support of HB 1458 in written testimony.) We have no records of TBI victims. My goal is to set up something to document these numbers. Agencies or hospitals don't have this. Our hands are tied unless we get data. We ask for your support of HB 1458 which would be a start toward this goal.

Chairman Price: Your testimony is geared toward creating a data bank, both for the number of injuries and where to go for services as opposed to Rep. Lloyd talking about education. Do you see them working together?

Avis Dissell: I think we need the education, but we also need the data.

Dr. Carol Krause: Physiatrist, Crystal Clinic. (See support of HB 1458 in written testimony.) I am asking you to consider a bill that would increase awareness of TBI. We need more education about the effects and treatment options for TBI people.

Chairman Price: You're talking about the school system. What do you see is the best way to address that issued as far as education in the schools of teachers, staff, and individuals with TBI?

Dr. Carol Krause: It is a problem to get education, because school system does not understand the issues with TBI.

Chairman Price: Is there a national organization that has anything in this area as far as recognizing the problems relating to TBI in the school system?

Dr. Carol Krause: Maybe I will get some information from the national meeting I will be attending in September.

Joyce Gress: Social Worker and Case Manager, Prairie Learning Center. My son has TBI. (See written testimony.) I would like to see a TBI information office developed to help address some of these problems.

Rep. Metcalf: Have you worked with TBI centers?

Joyce Gress: I have worked with other families because of my situation.

Rep. Metcalf: Is the benefit of experiences people have had been passed around.

Joyce Gress: Organization is power and you can't do it without a hub.

Mary Zentz: Employee, Dakota Alfa. I see this bill as a beginning to help families. It can change a families life in a second. \$253,200 is only a start. Our program can be successful if we have cooperation. I am truly in support of this bill.

Ann Carnes: I am a mother of a son who has had a brain injury. My son attended Alfa, but they lacked the training to meet the needs of my son. There is no help for TBI victims.

Tim Schwann: I had a brain injury. There wasn't any information for me. I strongly urge you to pass this bill. \$253,000 is a stepping stone.

Evelyn Hanson: My son's brain injury is from a tumor. I am glad to see all this support for something like this. We all need more training. I support this bill. We need education for everything from diet, to emotional trauma, to physical trauma. I definitely support HB 1458.

Price Chairman: Close hearing on HB 1458.

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1458 A

House Human Services Committee

☐ Conference Committee

Hearing Date February 6, 2001

Tape Number	Side A	Side B	Meter #
Tape 1		X	3140 to end
Tape 2	X		0 to 500
Committee Clerk Signature <i>Connie Easton</i>			

Minutes:

COMMITTEE WORK:

CHAIRMAN PRICE: Mr. Gilmore is here from the Health Department. Let's go to 1458.

ROD GILMORE: Coordinator for Office of Injury Prevention, State Health Department. In 1987 the North Dakota Head Injury Association had a bill introduced which established Traumatic Brain Injury Registry in North Dakota. Physicians were required to complete a report card and send it to the Health Department on any individual that they treated and met the definition of traumatic brain injury. That system remained in effect into the '90s. There was no penalty if physicians did not report. We found out that the reporting was very sporadic. In 1993 the Head Injury Association had a bill introduced that designated the Department of Human Services as a lead agency for traumatic brain injury in North Dakota. The bill also required the Health Department send the Traumatic Brain Injury Registry to Human Services. They in turn would contact the individual or family and inform them of services that were available. We

developed a brochure to that affect. From 1993 through 1999 that was the intent of this legislation was to exchange and share information. From 1995 on, our federal funding for maintaining the registry was discontinued. We applied for another grant. One was strictly looking at agricultural related injuries. We maintained the registry through 1997, just using internal resources. The reporting dropped off significantly. It got to the point where hospitals and clinics didn't have time to fill out the reports and we need to develop another system. During the 1999 session the Department of Health and Department of Human Services asked to repeal the 1987 and 1993 law repealing the requirement to maintain a registry - repealing the requirements that physicians report, repealing the designation of the Department of Human Services as a lead agency. We are looking at a system to access existing data sets to try and identify the number of TBI individuals in the state and start accumulating data. We looked at funding sources. I wrote a grant which gave us \$75,000 a year to set up an office of injury prevention, with the primary purpose of looking at surveillance activities for the state. We are looking at three primary data sets: State Trauma Registry, Hospital Based Discharge System, and the Death Certificate Information Data.

REP. CLEARY: Could you see this bill providing some of that to your department - the parents were looking for counseling and education services?

ROD GILMORE: There is a very strong need out there for those types of services. Just from reading the bill it was hard to ascertain if there was going to be any involvement on the part of the Department of Health. We will be able to provide statistics and information, but again we would need some type of legislation to be able to get around the confidentiality issues of extracting someone's medical records. I'm not sure how they intend to set up counseling centers or get the information out to these individuals across the state.

CHAIRMAN PRICE: Don't case managers have that information for the families right now?

ROD GILMORE: Yes, at the hospital level they should have it.

REP. METCALF: In discussion with others I have heard there is plenty of counseling out there. I am in complete sympathy with families that have traumatic brain injury individuals, but I kind of wonder if we do run into a problem of what is the definition of traumatic brain injury? In my opinion I can't support this.

REP. WEILER: Is there some type of a center in Valley City, Rep. Metcalf.

REP. METCALF: Yes there is, it is the High Soaring Eagle Ranch, which is a facility for full time care for traumatic brain injuries.

REP. WEILER: There is also a Dakota ALFA in Mandan. Why aren't these facilities able to get the information that people are asking for. Why aren't these centers that are already there providing information? What do we need to do to get them to provide it?

REP. TIEMAN: I think there are other resources out there that do a pretty good follow-up.

CHAIRMAN PRICE: The majority of the people who testified had older brain injuries. Hopefully, the social workers are doing their jobs.

REP. PORTER: As we continue to develop the trauma system in North Dakota, and identify rural hospitals and train rural facilities with the trauma standards, these patients are going to be in central points and when they are discharged from acute care aspects, the patients are going to be moved into rehab centers. It is going to just streamline a process that is already in place to make sure they get the necessary care. The communication that needs to take place is between the hospitals and centers. I think the Health Department is taking care of the collection and data. I don't think at this time this agency is needed and I would move a DO NOT PASS.

REP. POLLERT: Second.

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House Human Services Committee
Bill/Resolution Number HB 1458
Hearing Date February 6, 2001

CHAIRMAN PRICE: Further discussion? The clerk will take the roll on a **DO NOT PASS.**

12 YES 2 NO 0 ABSENT CARRIED BY REP. POLLERT

Date: 2-6-01
Roll Call Vote #: 1

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1458

House Human Services Committee

☐ Subcommittee on _____
or
☐ Conference Committee

Legislative Council Amendment Number _____

Action Taken DO NOT PASS

Motion Made By Rep. Porter Seconded By Rep. Pollert

Representatives	Yes	No	Representatives	Yes	No
Rep. Clara Sue Price, Chairman	✓		Rep. Audrey Cleary		✓
Rep. William Devlin, V, Chairman	✓		Rep. Ralph Metcalf	✓	
Rep. Mark Dosch	✓		Rep. Carol Niemeier	✓	
Rep. Pat Galvin		✓	Rep. Sally Sandvig	✓	
Rep. Frank Klein	✓				
Rep. Chet Pollert	✓				
Rep. Todd Porter	✓				
Rep. Wayne Tieman	✓				
Rep. Dave Weiler	✓				
Rep. Robin Weisz	✓				

Total (Yes) 12 No 2

Absent _____

Floor Assignment Rep. Pollert

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE (410)
February 6, 2001 12:49 p.m.

Module No: HR-21-2470
Carrier: Pollert
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

HB 1458: Human Services Committee (Rep. Price, Chairman) recommends DO NOT PASS (12 YEAS, 2 NAYS, 0 ABSENT AND NOT VOTING). HB 1458 was placed on the Eleventh order on the calendar.

2001 TESTIMONY

HB 1458

Madame Chairman and members of the Human Services Committee,

For the record, I am Representative Audrey Cleary, from District 49 here in Bismarck.

HB 1458 is a bill that asks for help for traumatic brain injured persons and their families. This appropriation would help the Department of Human Services provide grants or contract with non-profit organizations for counseling and education services to traumatic brain injured persons and their families.

Every year there are two million traumatic brain injuries. 70 – 90% are left with life-long disabilities. The majority are under 30 years of age. They can live for a long time. To care for these persons is a trying and fatiguing job. This bill would not only help the brain injured but their families as well.

Please give this bill a good discussion and then vote to pass it.

Traumatic Brain Injury -- TBI

Chairman Price and members of the Human Services Committee.

My name is Avis Dissell Peet - advocate and former spouse of a TBI. My connection with brain injury began in 1973 with my husbands very serious head injury. He is taken care of so now after my many years of struggle I would like to use all the things I have learned and the materials I have collected be of use to others. I feel very strongly that creating awareness of TBI could do much in bringing the TBI's out of the closet and keep them from " Falling Between the Cracks."

I am supportive of the ND Head Injury Assn. but feel there is a serious lack in western ND.

Our goal is to establish an office in Bismarck, a web site, compile and maintain a source of information for TBI's and their families, schools, students in nursing, therapy, police depts, employers and others to make a better life for the TBI's and their families and to get materials and information to other areas of the state.

The fifty-third Legislative Assembly passed SB 2473 that would assess and additional \$25. on each DUI fine and go into a head injury fund only to have it thrown out by the supreme court. Another let down for those that had spent time and money getting this passed.

There seem to be no good records kept of traumatic brain injury's so we have had a hard time finding data. In this age of computers there should be no reason why anyone treated for brain trauma could not be listed.

Mild --- Moderate --- Severe -- Need of followup - and to make this available for those trying to compile necessary data.

It was very sad for me to read about the young man who died in the car fire west of Mandan. He had suffered a head injury nearly 30 yrs ago. His mother testified many times about head injury issues and when her son was sentenced to jail for some aggressive behavior -(which many times is caused by the brain injury) was finally able to find an attorney who understood brain injury and was able to help him. Now he had lost both his mother and father and probably felt very alone.

"He Fell Between the Cracks."

Many times when there is a serious injury or sickness in a family, there is a divorce. The mother's and wives are usually the caregivers. We are appealing to you as men, fathers or husbands to give us the support we need to make a success of the project we propose.

We ask your support of HB 1458 which would be a start toward this goal.

The Minnesota Head Injury Assn., have a very good article in their newsletter about conducting home visits with TBI's and legislators and it does tell a story.

"Persons with brain injury and their families explained to legislators the barriers they face in keeping or finding employment often due to a lack of understanding about brain injury by employers and the outward invisibility of brain injury. They expressed their frustration with the lack of proper information, support, and resources provided to them after being released from the hospital and their frustration with the limited access to social services.

By conducting these home visits, persons with brain injuries and their families, and professionals were able to identify that there is a general lack of funding, transitional services, vocational support, and education in schools about how to help persons with brain injury meet their goals.

A person with a brain injury who attended the meeting summed up the main theme running throughout saying, "Sometimes I wish I had a scar. Maybe then others would understand and be aware that having a brain injury is a disability that needs to be recognized by others" Many of the survivors of brain injury agreed that they were frustrated with the silent discrimination that they faced because of lack of a visible sign that they have a disability".

COMMON SIGNS AND SYMPTOMS OF TRAUMATIC BRAIN INJURY

1. Headaches;
2. Memory problems;
3. Attention and concentration problems;
4. Personality change;
5. Irritability, anger and/or frustration;
6. Difficulty with organizing tasks, planning the day, preparing meals, planning a work day or planning and organizing activities;
7. Fatigue or inability to get going;
8. Inability to fall asleep or remain asleep;
9. Balance and dizziness problems;
10. Difficulty with reading or watching television;
11. Speech and communication problems with inability to find the right words, inability to express thoughts and misunderstanding of what others are saying;
12. Difficulty in noisy environments, like the grocery store, restaurants, kids watching television in the next room or work environment, which difficulty might not have been present before;
13. Difficulty in social settings, like parties, church and such, following multiple conversations;
14. Depression, which can be related to the traumatic brain injury itself, or as a reaction to the changed abilities.

PRINCIPAL POINTS

The principal points are:

1. That a person does not need to be "knocked out" or in a coma to have sustained a traumatic brain injury;
2. The fact that a person may be walking and talking at the scene of a collision does not rule out the presence of traumatic brain injury;
3. The fact that a person is not diagnosed as having a brain injury in the hospital does not rule out a traumatic brain injury;

4. The fact that the injured person, as well as family members, do not immediately appreciate the significance of changes in the injured person's mental function does not rule out the presence of a traumatic brain injury;
5. The fact that there are normal neurological examinations, normal CT scans, or normal MRIs or other tests, does not rule out the presence of a traumatic brain injury;
6. The fact that there might not be a head strike, or a known head strike, does not rule out the presence of a traumatic brain injury with brain damage.
7. There may be real long-term and permanent consequences associated with what may otherwise be described as a "mild" traumatic brain injury.
8. That a "mild" traumatic brain injury can result in permanent brain damage and have far reaching and significant consequences in terms of work, family life, social life, and recreational endeavors;
9. That a person may have "islands of memory," in a sea of post traumatic amnesia;
10. That lack of motivation or organization or ability to follow through on something, may be related to frontal lobe injury;
11. The fact that the injured person, as well as family members, do not immediately appreciate or understand the significance of changes in the injured person's mental functioning, does not rule out the presence of a traumatic brain injury.
12. Persons may complain of vision or hearing problems following a traumatic brain injury, even though vision and hearing tests may be normal, because the problem is in the processing of information in the brain, and not in the information gathering equipment like the eyes and the ears;
13. Depression is a very common consequence of "mild" traumatic brain injury.

Oops

By M. William Ellingson

I slipped and fell
my God, so this is Hell
Where was the love
did anyone care, at all

Each was going their own way
few were they with much to say.
It was I who had fallen
and forgotten, the very next play.

I'd slipped between the cracks
and broken my crown (head)
Jesus Christ, Lord
why wasn't I dead?

I guess there was God
but he seemed gone too
Until I saw 'shining'
Proceeding from You.

For Yours was the Hand
that rocked me to sleep.
The first gentle kiss
a treasure to keep.

Please don't expect much
I'm just learning how,
what life would be like
if I were more like You.

So give "us" some time
as we climb this last hill.
For though we are damaged
'twas simply God's will.

*Mr. Ellingson, from Bismarck, North Dakota,
suffered a traumatic brain injury 25 years ago.
In this poem he expresses the frustrations of
many brain injured who feel they have "fallen
between the cracks."*

Man killed in car fire identified

A Mandan man died in a car fire Friday, shortly after the car in which he died was reported stolen.

The patrol said Mark William Ellingson, 55, was killed.

According to the North Dakota Highway Patrol, a Mandan woman left her car running while she prepared for work. When she went outside to leave, it was gone. She reported the car stolen around 5:20 a.m.

About 40 minutes later a Mandan police officer found it burning in a ditch on a county road three miles west of the city.

The patrol said Ellingson was apparently trying to drive the car out of the ditch when the engine became overheated, caught fire and the car burned with Ellingson inside.

The fire was caused by the overheated engine. The incident is still under investigation and a patrol spokesman said he is not sure what Ellingson's intentions were.

He said Ellingson has two children, but they live else-

HB 14/58

TBI CASE MANAGEMENT REPORT

- ◆ 84 TBI individuals have been identified through records and referrals.
- ◆ 64 of these individuals live within the area specified in the grant.
- ◆ 8 reside in an institution or outside the defined boundaries, or refused to participate in answering questions.
- ◆ 12 have not been located.
- ◆ 17 individuals and families are currently receiving case management services on an ongoing basis.

TBI'S PER COUNTY/OPEN CASES IN THAT COUNTY

- ◆ Burleigh: 36 identified TBI individuals/12 receiving case management services
- ◆ Morton: 18 identified TBI individuals/3 receiving case management services
- ◆ Stark: 8 identified TBI individuals/2 receiving case management services
- ◆ Hettinger: 1 identified TBI individual
- ◆ Slope: 1 identified TBI individual

Final Report

12/98

Also, I hope these statistics
help. They were gathered by our
TBI Case manager.

Kirk



HEADLINES

Legislators Learn by Listening People with Brain injury Share Personal Stories

Public Policy Director Bob LaShomb and Community Organizer Shannon Robins are very excited about the constructive dialogue that occurred during the legislative home visits between persons with brain injury and their families and state legislators over the past couple of months. Persons with brain injury and their families met with state representatives and senators at home visits held throughout the state in preparation for the 2001 Legislative Session.



State Representative Dan McElroy and State Senator David Knutson listen to persons with brain injury

The purpose of the home visits was to encourage dialogue between persons with brain injury and their families, service providers, and legislators so that persons with brain injury could educate legislators of the barriers they are facing and make legislators aware of issues that are important to them.

With the help of state senators and representatives, professionals, and persons with brain injury and their families, Public Policy Director, LaShomb, felt they were able to meet the goals they had set for the home visits. According to LaShomb, the goals of the home visits were the following: to encourage more consumer choice for persons with brain injury; to find ways to fight for the least restrictive environment for persons with brain injury; to discuss ways to promote access to a spectrum of services for persons with brain injuries; and finally, the main goal underlying all others, to encourage persons with brain injury to advocate for themselves and have a role in creating the system that affects them so the system can better serve their needs.

Are you wondering what issues arose from these legislative meetings? The following are detailed accounts of two of the legislative home visits that occurred during the past months and the issues that arose during them:

On October 17, 2000, persons with brain injury and their families met with State Senator Becky Lourey, and discussed issues regarding the extra burden individuals in Greater Minnesota face as a result of the great distance they have to travel to access rehabilitation services. According to a couple of attendees, the far distance of these services creates a problem for those who cannot drive or who find it over stimulating to drive because of their brain injury.

Persons with brain injury and their families also explained to legislators the barriers they face in keeping or finding employment often due to a lack of understanding about brain injury by employers and the outward invisibility of brain injury. At this meeting individuals expressed their frustration with the lack of proper information, support, and resources provided to them after being released from the hospital and their frustration with their limited access to social services.

On October 25, 2000, State Senator Don Samuelson listened to persons with brain injury tell him about their concerns. Participants in this meeting discussed issues regarding the difficulties they face within their family structure as a result of their brain injury, the difficulty of employment after a brain injury, and the challenges they have faced due to the complexity of the insurance and service systems.

Persons with brain injury and their families at this meeting helped to raise awareness about the need for educating employers and school personnel about brain injury.

See Home Visits page 4

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**Brain Injury
Association
of Minnesota**

HEADLINES

Wondering how to continue to participate in public policy during the legislative session? You can become an active participant and make others aware of the issues affecting persons with brain injury by following a couple of helpful tips.

1. Monitor our website for policy issues and bills affecting persons with brain injury that have been introduced during the legislative session. Pay attention to the bill's purpose, author, and status so you can contact legislators about bills that are important to you!

2. Read our newsletter and identify articles that focus on an issue that is important to you. Circle the article and send it to your Legislator with a concise, personal handwritten note explaining why the issue is important to you and how it affects your everyday life as a person with a brain injury. Legislators are much more likely to pay attention to letters from people who send them something concise, personal, and memorable.

3. Contact us at the Brain Injury Association of Minnesota and let us know if you have talked to your legislator about an issue important to you. We want to follow up with that legislator and reemphasize your issue.

4. Work in groups! Gather a group of people who feel the same way you do and contact your legislators or educate others in your community about issues that matter. Power in numbers!

5. Sign up to be a citizen advocate today and call us to find out more about public policy meetings and programs going on in your area.

BRAIN INJURY ASSOCIATION OF MINNESOTA

Home Visits

Continued from front page



Pat Baker shares his experience with a brain injury

State Representative-Elect Ruth Johnson, State Representative Julie Storm, State Representative Kevin Goodno, State Representative Dan McElroy, State Representative Fran Bradley, State Senator Sheila Kiscaden, State Senator David Knutson, and State Representative Lynda Boudreau, also met with persons with brain injury and their families at other legislative home visits scheduled in October, November, and December.

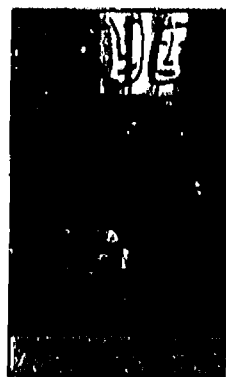
By conducting these legislative home visits, persons with brain injuries and their families, and professionals were able to identify that there is a general lack of funding, transitional services, vocational support, and education in schools about how to help persons with brain injury meet their goals.

Pam Walsh, a person with a brain injury who attended the meeting, summed up the main theme running throughout saying, "Sometimes I wish I had a scar. Maybe then others would understand and be aware that having a brain injury is a disability that needs to be recognized by others." Many of the survivors of brain injury agreed that they were frustrated with the silent discrimination that they faced because of lack of a visible sign that they have a disability.

The Brain Injury Association of Minnesota hopes to continue to create dialogue between persons with brain injuries their families and legislators. We will continue to keep you updated about upcoming public policy events such as the legislative home visits and hope that you will continue to take an active part in sharing your perspectives and personal stories with legislators throughout the entire year. The Association hopes to continue to put persons with brain injury at the forefront of their public policy efforts. If you would like to become a citizen advocate or would like more information about participating in our public policy program contact Bob LaShomb or Shannon Robins at (612) 378-2742 or (800) 669-6442 or email them at RobertL@braininjurymn.org and ShannonR@braininjurymn.org.

Second Annual Consumer Guide Published

The Association has published its second annual *Consumer Guide to Brain Injury Resources*. This 100-page guide



covers recreational, medical, counseling, legal, financial, vocational, educational, housing and transportation resources, in addition to listing hundreds of service providers across the state. The copies will be distributed to people affected by brain injury and professionals dealing in the field throughout Minnesota. If you would like a FREE copy or if you would like to give someone a copy call the Association at (612) 378-2742 or (800) 669-6442. Service providers who did not advertise in the first or second edition of the guide and would like more

information about advertising in the third edition should call Meg at (612) 378-2742.



Crystal Clinic



1720 Burnt Boat Drive Suite 205
Bismarck, ND 58503

Carol L. Krause, MD

Telephone (701) 255-7443
Fax (701) 258-2427

TESTIMONY FOR HEAD INJURY BILL

My name is Dr. Carol Krause. I am a physiatrist, a medical doctor who specializes in physical medicine and rehabilitation. One of my areas of expertise is traumatic brain injury. I am also the mother of a 14 year old son who experienced a traumatic brain injury as a the result of a motor vehicle accident when he was approximately two years old.

Public awareness of the nature of traumatic brain injury is very limited. Most people do not have an accurate concept of head injury unless they have worked with brain injury patients or had a friend or family member affected by it. Movies and books usually portray traumatic brain injury either as a joke or as a case where a person gets amnesia only to recover full memory after a second blow to the head.

In fact, traumatic brain injury often results in a variety of cognitive and behavioral manifestations that can include impulsivity, poor attention, inappropriate behavior and language (including profanity and sexual remarks), perseveration (repeating the same statement over and over), problems with controlling the emotions including temper outbursts, depression and anxiety, poor judgment, reasoning and planning skills. In more severe cases, problems with memory, language and motor control can occur as well as coma or persistent ~~negative~~ states.

negative

As a mother of a head injured child, I struggled through 12 nightmarish years trying to get help for my son. I tried all treatments that I could think of both traditional and nontraditional. The toughest part of dealing with my son was that he had a violent temper and as he got older and bigger he routinely threatened to kill me or others. My biggest fear was that he would harm someone and end up spending his life in the state penitentiary.

It's also been a struggle to get good academic help for my son. The education system does not acknowledge traumatic brain injury as a valid classification. The only way that my son qualified for special services in school was to give him the label "emotionally disturbed". The attitude of some of the school staff was a problem at times. They thought he could control his behavior but just chose not to and blamed me and his dad for not disciplining him enough.

The good new for me is that after 12 years, I found help for my son and he is doing much better now. Last year I spent thousands of dollars of my own money and took him for a month of treatment with a psychiatrist in Denver, Colorado. The violent temper is gone and my son is

Page 2

Testimony Head Injury Bill

Dr. Carol Krause

January 30, 2000

functioning much better in school. He has passing grades for the first time in years and is spending very little time in the emotionally disturbed room at school.

I now realize that there has been a great gift given to me in my struggle with my son. I am in a position to help others who are struggling as I did. I have been working on bringing some of the treatments techniques that I learned about in Denver back here to Bismarek.

Avis Disell Peet is asking you to consider a bill that would increase awareness of traumatic brain injury in North Dakota. Our community including families, educators and care givers need more education about the effects and treatment options for traumatic brain injured people in our state. Thank you.

Sincerely,

Carol L. Krause, MD

Chairman Price and members of the Human Services Committee:

My name is Joyce Gress. I am a Licensed Social Worker and am presently working as a case manager at the Prairie Learning Center. My interest in traumatic brain injury is strong as I have the opportunity to work with adolescents whom have suffered traumatic brain injury and I have a brain injured son.

SOME THOUGHTS ON WHAT I FEEL IS NEEDED FOR HELPING OTHERS:

- A CRISIS-TYPE PHONE # THAT MEDICAL PERSONAL COULD GIVE OUT TO FAMILIES FOR SUPPORT THROUGH THE INITIAL DAYS AND NIGHTS THAT THE LOVED ONE IS IN CRISIS. THIS SUPPORT PERSON WOULD HELP THE FAMILY WITH WHAT THEY NEED AT THAT POINT IN ORDER TO GET THROUGH THE INITIAL CRISIS.
- A MONETARY SUPPORT FOR GATHERING MATERIALS TO DISTRIBUTE TO HOSPITALS ALONG WITH THE LOCATION OF REHABILITATION SERVICES AND HOW TO ACCESS THESE SERVICES.
- ALCOHOLISM IS A PRIMARY DISEASE KNOWN TO BE A SOURCE OF BRAIN INJURY TO PERSONS, AND THE TRADITIONAL TREATMENTS AVAILABLE ARE NOT AS EFFECTIVE AS SOME OF THE SPECIALIZED METHODS THAT ARE BEING IMPLEMENTED IN OTHER STATES. I HAVE FIRST HAND KNOWLEDGE OF A SITUATION WHERE A CASEMANAGER WAS HAVING EXTREME PROBLEMS UNDERSTANDING A CLIENT UNTIL RESEARCHING THE SPECIFIC BEHAVIOR CHARACTERISTICS OF A TBI AFFECTED PERSON. I OFFERED SOME OF THE INFORMATION I HAPPENED TO HAVE FROM MY OWN EXPERIENCE WITH MY SON AND FROM THIS INFORMATION AN EFFECTIVE TREATMENT APPROACH WAS IMPLEMENTED.
- THE OFFICE WE ARE PROPOSING WOULD WANT TO WORK CLOSELY WITH THE NORTH DAKOTA HEAD INJURY ASSOCIATION.

PERSONAL INFORMATION

My son was involved in an automobile accident on Nov. 10th of 1979. He had a closed head injury. He was comatose until Dec. 13th of that year. When he awoke he was paralyzed on his left side, and had no memories of his life for the 5 years previous to the accident. A week after he awoke he was sent to United Hospital in Grand Forks for rehabilitation. He spent the next year regaining most of what he had lost. Though he still suffers some problems the good news is that he was lucky and experienced great recovery and he is now an over the road truck driver.

I feel my family would have benefited from someone who had "been there, done that." This helper could be there as a source of support for the family as the weeks turn into months and the months turn into years, helping the family to deal with the dilemma of uncertainty regarding the progress and prognosis of the head injured family member. Having someone to 'walk the walk' with us would have been extremely helpful emotionally.

I remember how hungry I was those first few months for any literature or stories about people who had survived brain injury. I read every Readers Digest or magazine I could find with these types of articles at the hospital where my son was, and then later the rehab hospital. I realize now that there would have been some information available in Libraries, etc. but at that time the grief and fear can be so great that one can fall into a severe depression and sit and do nothing.

During the time the brain injured family member is under medical care in a facility, there is little the family can do for them. However the intense involvement for the caregiver begins when the person is discharged and sent home. I feel this is when having contact with someone else who has been in this situation would be most helpful. To be there the first week on a daily basis, and then 'checking in' regularly after that for physical help with the brain injured person or emotional help for the caregiver. When the brain injured person arrives home the caregiver is not able to run errands, shop, or 'get away' for one's own self care. It is often after the brain injured person returns home that the reality of the situation occurs to the caregiver and serious depression can result. Many times the experience of dealing with a brain injury in the family results in lifetime fragmented relationships among family members. It is known that divorce is many times partly the result of the hardship of living through brain injury trauma.

It is not clear to me just how this TBI Information Office could work, or how extensive the involvement would be, but I do feel from personal experience that I would have been most grateful for more help, knowledge and support than I received during that time in my life.