Benefits all around: Mayo Clinic, Ability Building Center and PossAbilities of Southern Minnesota

by Tracy Will, Mayo Clinic Public Affairs

“The whole community gains when we give people an opportunity to use their talents and make the most of their lives.”

— Vicki Allen, marketing and development director, PossAbilities of Southern Minnesota

Jaime Stolp has a special passion for her work. As a staff member at PossAbilities of Southern Minnesota, Jaime serves as a job coach for adults who have developmental disabilities and teaches them skills so they can become active in their communities. She loves what she does not only because it’s valuable, but because she knows how it feels to have a disability.

In 1974, at age 4, Jaime had a stroke. She recovered, but occasionally experienced seizures. Decades went by. In 1998, Jaime joined the staff at PossAbilities. At work one day in April 2005, Jaime had a severe seizure. She fell and hit her head on a cement floor. The accident left her with a brain injury and a long road to recovery.
“Sometimes we don’t get to choose the path we’re on, but we’re still on it,” she says. “It’s a really long road. I want to make a difference for other people who are on it, too, and help them the way people helped me. We all need each other.”

Jaime received medical care through Mayo Clinic’s Brain Rehabilitation Program. PossAbilities and Ability Building Center (ABC) — another area organization that offers rehabilitation and employment services for people with disabilities — also provided resources as she worked to regain her health and independence.

Jaime’s story illustrates how, working together, Mayo Clinic, PossAbilities and ABC help people with disabilities live their lives as fully as possible — with plenty of benefits for everyone involved.

**Achieving outstanding results**

Mayo Clinic’s Brain Rehabilitation Program is one of 16 Traumatic Brain Injury Model Systems in the nation funded by the National Institute on Disability and Rehabilitation Research. When compared with the other programs for all the parameters on which they are measured, including return to work after a brain injury, Mayo has consistently ranked either number one or number two.

Thomas Bergquist, Ph.D., a Mayo Clinic neuropsychologist who works in the Brain Rehabilitation Program and who is the chair of ABC’s board of directors, knows what’s at the heart of that success.

“We have great people at Mayo Clinic,” he says. “But we also network with organizations like ABC and PossAbilities. They do what they’re good at. We do what we’re good at. In the end, because of these relationships, we achieve the best outcomes.”

For Jaime, those relationships meant she had access to the rehabilitation program at Mayo, job coaching from ABC and support from PossAbilities. As she recovered, she used those resources to get back into the routine of life.

“When I started feeling better, I began volunteering at Saint Marys Hospital,” says Jaime. “After the accident, I felt spiritually bankrupt. Volunteering helped. I served coffee in the waiting rooms. It was nice to be helpful.”

Later, Jaime began working part-time and when an opening came at PossAbilities, she was able to go back to her old employer with a new sense of purpose.

“Because of what I’ve gone through, I think I have more compassion and understanding for the people I work with than I might have had otherwise,” she says. “When we’re out in the community sometimes I see others react to them in hard ways, with stares and laughter. That hurts. I understand what that feels like. None of us want to be treated different.”
Putting talents to work

It’s not just people like Jaime — who go through the rehabilitation program or use the services of PossAbilities and ABC — that benefit, though.

“The whole community gains when we give people an opportunity to use their talents and make the most of their lives,” says Vicki Allen, the marketing and development director at PossAbilities.

PossAbilities and ABC partner with employers throughout the region, including Mayo Clinic, to find positions where their clients can best use their skills. They also provide job supervisors to serve as liaisons for the employees and employers.

“Businesses often get more out of it than they anticipate,” says Allen. “People with disabilities are happy to go work. In many cases, they love the repetition of a certain job that others may find too monotonous to do. We provide a great workforce. It’s definitely a win-win.”

From Dr. Bergquist’s perspective, much of the benefit comes from successful collaboration. “If you ask someone who has an acquired brain injury what they want, they’ll tell you they want to get back to living their lives. Medically they may be doing well, but if they don’t have a good quality of life, that’s not success. That’s why the outside organizations are so valuable. Mayo Clinic can’t do it alone.

Through her work and volunteer opportunities, such as coordinating a support group for people with brain injuries, Jaime is happy to be part of the effort to reach out.

“Sometimes we don’t get to choose the path we’re on, but we’re still on it,” she says. “It’s a really long road. I want to make a difference for other people who are on it, too, and help them the way people helped me. We all need each other.”
Jackie Micklewright, Ph.D. was chosen as the recipient of the 2010 Charles W. Haynes Fellowship Award. This fellowship recognizes promising new professionals that promote the mission of the North American Brain Injury Society mission.

As the recipient she received a cash award and free registration to this year’s conference which was held in Minneapolis, MN, October 2-5, 2010. Dr. Micklewright was formally recognized to the full body of the conference and presented her work at a specially recognized session.

The Mayo Clinic TBI Model System is pleased to announce that Crystal Ryan, has accepted the position of Clinical Nurse Specialist (CNS) for the neurosurgical and traumatic brain injury patient populations at Mayo. Crystal will be working closely with Anne Moessner, RN, in providing care coordination over the continuum of recovery and rehabilitation. Crystal received her Bachelors of Science degree in Nursing from Luther College in Decorah, Iowa and a Master’s of Science degree in Nursing from Winona State University in 2009. She has a clinical background in Child and Adolescent Psychiatry and Neurosurgery. Crystal is a certified CNS in Adult Health. Crystal lives with her husband and in her free time enjoys spending time with family and friends.

Anita Milburn, LICSW, has joined the outpatient team for the Mayo Brain Rehabilitation Clinic, taking the place of Walter Stobaugh who recently retired. Anita earned a Bachelors Degree in Social Work from Winona State University and a Master’s Degree in Social Work from the University of Minnesota. Anita previously worked in community and school settings and began her career with Mayo Clinic in 2004 in the Outpatient Social Services Clinic. This was followed by rotations through Mayo’s inpatient cardiology and rehabilitation units. Anita has served on various committees including the Graduate Student Intern Committee and chaired the Diversity Action Council. Anita lives with her husband, Jon, and two children Tanner age 5 and Tessa age 2. She enjoys spending time with family and friends.

Walter Stobaugh, LICSW, retired from the Brain Rehabilitation Program at Mayo Clinic following many years of service. Walter began his career in Medical Social Services in 1980 as a recent graduate with a Master’s of Social Work. His first assignment was to cover the kidney dialysis and transplant patient populations. In 1985 he transitioned to the Rehabilitation Unit and Liver Transplant programs. Walter ended his career in the Brain Rehabilitation Clinic where he facilitated support and education groups, provided individual psychotherapy, and served as a resource for hundreds of patients and families. Highlights during Walter’s 30 years included: development of the Clinical Social Work position for the Brain Rehabilitation Clinic helped develop
assessment tools, gave multiple presentations locally, regionally, nationally, and internationally, supervisory responsibilities, and Assistant Professor of PM&R in 2010.

When asked how he had accomplished so much during his career Walter replied “I tried to continuously improve my skills in order to keep growing. I have been fortunate to work with such talented colleagues”. Walter references Mayo Clinic’s three shields of Patient Care, Education and Research as a guide throughout his career. A sense of humor also helped greatly. Enjoy your well deserved retirement Walter!

Dissemination Efforts

Recent TBI Model System publications include:


A survey of very long term outcomes after traumatic brain injury among members of a population-based incident cohort

Allen W. Brown, MD, Anne M. Moessner, RN, Jay Mandrekar, PhD, Nancy N. Diehl, Cynthia L. Leibson, PhD, James F. Malec, PhD J Neurotrauma. 2010 Dec 1. [Epub ahead of print]

To assess quality of life and barriers to participation in vocational and community life for individuals with TBI in the very long-term, a population-based cohort was identified in Olmsted County Minnesota. 1623 individuals were identified as having experienced a confirmed TBI while a resident of Olmsted County, Minnesota during the period from 1935 to 2000. A survey was sent to eligible individuals that included elements of standardized instruments addressing health status and disability, and questions that assessed issues important to successful social reintegration after TBI. Of 1623 eligible participants who were sent surveys, 605 responded (37% response rate). Thirty-nine percent of respondents were female and 79% had mild injuries. Average age at injury was just over 30 years and average years since injury was almost 30. Overall, most people who were surveyed reported being married and living in the community, and the majority had achieved education beyond high school.

Problems with memory, thinking, physical and emotional health were most often reported as lingering areas of concern. People who were surveyed described low levels of depression and anxiety, and high levels of satisfaction with life. Seventy-three percent of people surveyed reported no problems that they would attribute to their TBI. More severe initial injury was associated with a significant risk for reporting injury-related problems. Those with a longer time since injury were less likely to report any TBI-related problems. These results indicate that self-reported outcomes and adaptation to impairment-related limitations improve as the time since injury increases. These findings highlight the importance of providing coordinated medical rehabilitation and community-based support services to promote positive outcomes over the life span after TBI.
Spring/Summer Conferences

**Mayo Clinic TBI Conference**
Friday, June 17, 2011
Siebens Building, Rochester, MN
The 2011 brain injury conference will feature a variety of dynamic keynote speakers including Dr. Michael McCrea, who will discuss evidence-based management of sports-related concussion, Dr. Robert Winningham who will present on executive functioning and overcoming psychological barriers, Mayo’s own Dr. C. Christopher Hook who will discuss persistent vegetative state and related issues, and Brigid Ruden, a survivor of brain injury who will share her personal story. Concurrent sessions on coping in children and families, assistive technology, music therapy, chemical dependency, and other topics will also be offered.
Registration is via the following link or by calling 1-800-545-0357
http://calendar.cne-registration.com/events/18th-annual-brain-injury-conference/

**Brain Injury Association of Iowa Annual Conference**
“From Concussion and Coma to Community”
March 10-11, 2011
Sheraton, West Des Moines, IA
Join professionals from around the Midwest for the 19th annual “Best Practices in Brain Injury Service Delivery” Providers Conference. The conference will feature: Dave Hovda, PhD, UCLA Brain Injury Research Center, Jeffrey S. Kreutzer, PhD, Virginia Commonwealth University, Debra Braunling-McMorrow, PhD, NeuroRestorative, Tina M. Trudel, PhD, Lakeview Healthcare Systems, Sara Sanders, Ph.D, University of Iowa and Rolf Gainer, PhD Neurologic Rehabilitation Institute at Brookhaven Hospital.
Visit biaia.org or call 1-800-444-6443 to register or for more information or exhibitor information.

**Brain Injury Association of Minnesota Annual Conference**
April 28-29, 2011
Northland Inn, Brooklyn Park, MN
The 26th Annual Conference for Professionals in Brain Injury “Celebrating the Journey” features topics on sexuality after traumatic brain injury, aging, grieving when a loved one has a brain injury, mind body healing approaches, seizures after brain injury, stroke, aphasia and many more topics by local, regional and national experts.
More information will be available mid February at www.braininjurymn.org or call 1-800-669-6442 for more information.

**Brain Injury Association of Wisconsin Annual Conference**
May 9-10, 2011
Wilderness-Glacier Canyon Lodge & Conference Center, Wisconsin Dells, WI
The 23rd Annual Wisconsin Conference on Brain Injury will take place May 9 & 10, 2011 at the Wilderness-Glacier Canyon Lodge & Conference Center, Wisconsin Dells. Keynote Speakers are Steven Benvenisti, Esq and Dr. Brent Masel. The theme of the 2011 Conference is Growth, Intimacy, and Independence.
For more information call 1-800-882-9282 or visit biaw.org
**Midwest Advocacy**

Want to get involved and learn more about improving brain injury services but not sure how to go about it?

Becoming a successful advocate is an important way to improve services for individuals with TBI, their family members, and significant others. The Brain Injury Associations of Minnesota, Iowa, and Wisconsin are partnering with the Mayo Clinic TBI Model System in a research study to identify how to best teach advocacy to people touched by TBI to improve their health and that of their communities. This groundbreaking study is expected to advance the science of TBI research.

If you are at least 18 years old and a person or family member/significant other affected by a moderate to severe TBI a year or more ago, you are invited to contact us about participating in this research study. You will be asked to attend four monthly training sessions in Minneapolis, MN, Des Moines, IA, or Madison, WI, depending on your state of residence. All participants will receive a research stipend upon completion of the four sessions.

Contribute to important TBI research and join with others eager to gain better advocacy skills and know-how.

Please contact:
BIA of MN at 800-669-6442 • BIA of IA at 800-444-6443 • BIA of WI at 800-882-9282

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**TBI Consumer Information**

The consumer materials listed below were produced through collaboration between the Model Systems Knowledge Translation Center and the TBI Model Systems. This health information is based on research evidence and/or professional consensus and has been reviewed and approved by an editorial team of experts from the TBI Model Systems.

- Understanding TBI: Four part series
  - Understanding TBI, Part 1: What happens to the brain during injury and in the early stages of recovery from TBI?
  - Understanding TBI, Part 2: Brain injury impact on individuals’ functioning
  - Understanding TBI, Part 3: The recovery process
  - Understanding TBI, Part 4: The impact of a recent TBI on family members and what they can do to help with recovery

- TBI and Acute Inpatient Rehabilitation
- Facts about Minimally Conscious States after Severe TBI
- Sleep and TBI
- Driving after TBI
- Cognitive Problems after TBI
- Emotional Problems after TBI
- Fatigue and TBI
- Seizures after TBI
- Returning to School after TBI
- Headaches and TBI

Handouts can be downloaded from the following web site.
http://msktc.washington.edu/tbi/factsheets/index.asp. New handouts are being created on a regular basis so be sure to save this link in your “favorites” and check back.
OUR MISSION:
The primary mission of the Mayo Clinic TBI Model System is (1) to study the course of long-term recovery after traumatic brain injury (TBI), and (2) to develop, provide and evaluate innovative services to address identified needs for service coordination and community reintegration for persons with TBI.