

ALASKA LEGISLATURE COMMITTEE FILES 2007-2008 SHES 12441

LICENSE AND PRIVILEGES

Psychology License in Alaska 1997 to present
Expert Witness in Alaska Court
Allied Health Privileges
Central Peninsula General Hospital

PROFESSIONAL MEMBERSHIPS:

Alaska Psychological Association, 1991 - Present
Western Psychological Association, 1990 - Present
Psychology Graduate Students Association, University of Alaska, Anchorage, 1990 - 1992
Psi Chi, National Honor Society in Psychology, University of Alaska, Anchorage Chapter, 1991 - Present

ACTIVITIES:

Fund Raising, Pickle Hill Public Broadcasting, 1990 - 1996
Executive Board Member, VISTA, Seattle Pacific University Public Relations Team, 1986 - 1987
Alpha Kappa Psi, academic business fraternity, 1986 - 1987

PUBLICATIONS AND PRESENTATIONS:

- Turner, P.E., Turner, L.C., & Nyce, E.S. Validation of Inwald Personality Inventory Critical Item Tool. Paper presented at the Western Psychological Association, Phoenix, Arizona, April 2004.
- Turner, P.E., Turner, L.C., & Nyce, E.S. Validation: Use of Hilson Background Investigation Inventory Critical Items. Paper presented at the Western Psychological Association, Phoenix, Arizona, April 2004.
- Turner, P.E., Turner, L.C., & Turner, K.L. Inwald Personality Inventory Validation: Predicting Law Enforcement Selection. Paper presented at the Western Psychological Association, Vancouver, BC, Canada, May 2003.
- Turner, P. E., Turner, L.C., & Turner, K.L. Validity of the Inwald Personality Inventory and Inwald Survey 5. Paper presented at the Western Psychological Association, Vancouver, BC, Canada, May 2003.
- Turner, P.E., & Turner, L.C. Contributions of the interview in validating a personnel selection program. Paper presented at the Western Psychological Association, Irvine, California, April 2002.
- Turner, P.E., & Turner, L.C. Validation of the Inwald Personality Inventory in law enforcement selection. Paper presented at the Western Psychological

Association, Irvine, California, April 2002.

- Frost, S., Turner, P.E., & Turner, L.C. Alaska native adolescent sex offender treatment outcomes in residential treatment. Paper presented at the Western Psychological Association, Irvine, California, April 2002.
- Turner, P.E., Turner, L.C., Paschane, A., Wilson-Schoessler, S. Self-injurious behaviors: Differences in adolescent residential and substance abuse populations. Paper presented at the Western Psychological Association, Maui, Hawaii, May 2001.
- Turner, P.E., Frost, S., Turner, L.C. Treatment outcomes in adolescent residential sex offender treatment. Paper presented at the Western Psychological Association, Maui, Hawaii, May 2001.
- Turner, P.E., Turner, L.C., Paschane, A., Wilson-Schoessler, S. Self-injurious behaviors in an adolescent residential treatment population. Paper presented at the Western Psychological Association, Portland, Oregon, April 2000.
- Turner, P.E., Turner, L.C., Paschane, A., Kvasnikoff, B. Substance abuse and self-mutilation in adolescence. Paper presented at the Annual School on Addictions, Anchorage, Alaska, May 1998.
- Turner, L.C., Turner, P.E., Mailloux S. Multicultural issues in a residential treatment center for Alaskan native adolescent sex offenders. Paper presented at the Behavioral Science Conference of the North, Anchorage, Alaska, April 1996.
- Turner, P.E., Mailloux S., Turner, L.C., Martini, J. Arousal reduction techniques in adolescent sex offender treatment in a rural residential setting. Paper presented at the Association for the Advancement of Behavior Therapy in Washington, D.C., November 1995.
- Wells, L.C. Sexual attitudes and inappropriate sexual contact in residential treatment. Paper presented at the annual Western Psychological Association Convention, Portland, Oregon, April 1992.
- Turner, P.E. & Wells, L.C. Assessment of psychopathology in residential treatment staff applicants. Paper presented at the Annual Western Psychological Association Convention, Portland, Oregon, April 1992.
- Wells, L.C. Relationship between sexual attitude and the assessment of inappropriate sexual contact in residential treatment. Presentation at the Behavioral Science Conference of the North, April 1992.
- Jones, L. & Wells, L.C. Stress in children. Workshop presented at the Anchorage Association for the Education of Young Children 1991 Conference, Anchorage, Alaska, October 1991.

Turner, P.E. & Wells, L.C. Getting the most out of psychological, neuropsychological, and psychiatric evaluations. Workshop presented at the third Annual Statewide Conference on Disabilities, Anchorage, Alaska, May 1991.

Wells, L.C. A cognitive-behavioral conceptualization of panic. Presentation at the Behavioral Science Conference of the North, Anchorage, Alaska, April 1991.

Turner, P.E., Wells, L.C. & Miles, P.L. What to do when your child has been molested in placement - Sexual abuse by staff: The crisis and after. Symposium presented at the Alaska Out-of-Home Care Conference, Anchorage, Alaska, April 1990.

Turner, P.E., Wells, L.C. & Miles, P.L. Interventions for sexually abused children of adolescent residential treatment staff. Paper presented at the Western Psychological Association Convention, Los Angeles, California, April 1990.

Wells, L.C. & Turner, P.E. Mental health care in Alaska: A history. Paper presented at the Arctic Science Conference of the Arctic Division of the American Association for the Advancement of Science, Fairbanks, Alaska, September 1989.

Turner, P.E., Wells, L.C. & Miles, P.L. Intervention alternatives: Sexual abuse by staff in adolescent residential treatment. Paper presented at the Joint Rocky Mountain and Western Psychological Association Convention, Reno, Nevada, April 1989.

GRADUATE INTERNSHIP AND PRACTICUM EXPERIENCES:

January - April 1992, Pre-Masters Clinical Intern. Supervisor, Dr. David Shoemaker, Central Peninsula Counseling Services, Clinical Director.

January - April 1992, Men's sex offender group co-therapist. Supervisor, Dr. David Shoemaker, Central Peninsula Counseling Services, Clinical Director.

September 1991 - April 1992, Pre-Masters Clinical Inter. Supervisors, Dr. Chris Brems and Dr. Chris Kleinke, Clinical directors, Psychological Services Center, University of Alaska Anchorage.

September - December 1991, Oppositional disordered children's group co-therapist. Supervisor, Dr. Laura Jones, Pediatric Clinical Psychologist, Private Practice.

September - December 1991, Psychological Assessment evaluations with adolescents in residential treatment. Supervisor, Dr. Kathleen Dinius, Clinical Psychologist, Private Practice.

October 1991, Children of cancer patients group co-therapist. Supervisor, Dr. Laura Jones, Pediatric Clinical Psychologist, Private Practice.

January - April 1991, Women's therapy group co-therapist. Supervisor, Dr. James Donner, Director of Psychological Services, Elmendorf Air Force Base.

January - April 1991, Behavior therapy with panic disordered individual, Psychological Services Center. Supervisor, Dr. Peter Dowrick.

ADDITIONAL TRAINING/EDUCATION:

Law Enforcement Screening Conference, NCS. November, 2001

American College of Forensic Psychology. April, 2000.

The Calm before the Storm: Identifying symptoms preceding major disorders. Henry Hochberg. February 1999.

Risk Management with Potentially Dangerous Patients. American Psychological Association. January 1999.

Child Sexual Abuse: What Family & Children's Lawyers Need to Know. Alaska Bar Association. January 1998.

Ethical Dilemmas for Psychologist. Richard Slisz. September 1997.

Sandtray/Symbolism of the House in Dreams and Reality. An advanced Seminar for Therapists. Ruth Ammann. June 1993.

Assessment and Treatment of Depression. Alaska Psychological Association. September 1992.

General Theory of Addictions: Supporting Evidence and Treatment Implications. Durand F. Jacobs, Ph.D. February 1992.

Working with Sexual Offenders: Treatment Skills for Professionals. Training Seminar by the State of Alaska Department of Corrections and charter North Hospital. November 1991.

Competency To Stand Trial: Assessment, Review & Incompetency. Workshop by Ronald Roesch, Ph.D. March 1991.

The First National Conference on Hospice Volunteerism: Leadership and volunteer Management in the 1990's. San Diego, California, August 1990.

The 12th Annual Meeting and Symposium of the National Hospice Organization. Detroit, Michigan, November 1990.

LISA C. WELLS TURNER - VITA

Page 7

Qualified as an expert in the Alaska Superior Court, Third Judicial District

Revised 6/04



Dr. John DeRuyter

Clinical Psychologist

Clinical Director of Hope Counseling Center

John provides counseling and psychological services as the Clinical Director at Hope Counseling Center. He has provided counseling and psycho-educational services in church, community and institutional settings for over 14 years. In addition to providing counseling and assessment services to individuals, couples, and families in the Fairbanks area, John participates in research concerning mental health issues. John received his Doctor of Psychology degree from Wheaton College and is licensed as a Clinical Psychologist in the State of Alaska. He is a member of the American Psychological Association, the National Association for Rural Mental Health, and the American Association of Christian Counselors. He has developed a two-day workshop that assists stepfamilies dealing with the special issues they face. The workshop has been presented both locally and nationally. John has been an Alaskan resident since 1984. He and his wife Artha have 3 adult children living and working in the Fairbanks area.

Ivy Frye

From: Ron Meier [Ron.Meier@uhsinc.com]
Sent: Wednesday, May 23, 2007 3:18 PM
To: ivy_frye@gov.state.ak.us
Subject: Advisory board

Ivy Frye
Director of Boards and Commissioners

I was given your e-mail address by Wes Keller who is a friend and who is working with Fred and Jane Dyson. He explained that you are looking into information about an applicant for the governor's advisory board. Apparently Phillip Baker, a licensed psychologist, is being considered for this position. I do not personally know or know of him. Others I've asked do not know him either.

One person I would wholeheartedly nominate (I don't know if that's the right word!) is John DeRuyter. He is a licensed psychologist who works at a clinic in Fairbanks. I have had opportunity to interact with him and know he not only does good work, he's a great person character-wise. You can check his bio at his clinic's website at <http://www.hopencounselingcenter.org>

He would represent the needs of the profession well and provide great value-oriented perspectives on things. He can be reached at his office at 451-8208.

Thank you for your consideration of John. If you have any further questions, please feel free to contact me.

Ron Meier, MS LPA
Clinical Director
North Star Palmer Residential Treatment Center
P.O. Box 1587 Palmer, Alaska 99645
Tel. (907) 761-7403
Fax (907) 761-7435

ron.meier@uhsinc.com

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STATE OF ALASKA
 OFFICE OF THE GOVERNOR
 P.O. Box 110001, Juneau, AK 99811-0001
 Phone: (907) 465-3500 Fax: (907) 465-3532

BOARDS AND COMMISSIONS APPLICATION FORM

INSTRUCTIONS

A separate application is required for each position for which you apply. Complete and specific answers will aid in rapid and accurate processing of your resume. Please type or print legibly in ink. Forward to the above address. Be sure your answers are true. A willfully false answer may result in your disqualification or removal from office if you are appointed.

Board or Commission and seat for which I am applying: Board of Psychologists & Psychological Associate Examiners
 (For example, Board of Agriculture, public seat)

Please list any other State Boards or Commissions on which you currently or previously have served:

Name: John DeRuyter
 Mailing Address: P.O. Box 73511
 Residence Address: 3899 Murphy Dome Rd.
 City, State and Zip Code: Fairbanks Alaska 99709
 Home or Message Telephone: 452-4753 Business Telephone: 451-8208
 Fax Number: 451-8207 Cell Phone: 308-4287
 Email address: Jderuyter@hopecounselingcenter.org

AS 39-05-100 requires that a person appointed to a state board or commission be a registered voter prior to the last general election:

Are you a registered voter: YES X NO _____ Voter Registration Number (Optional): 04150322

Social Security Number (Optional, required if appointed for travel reimbursement etc.): [REDACTED]

Have you ever been convicted of a misdemeanor within the past five years or a felony within the past ten years?

YES _____ NO X if "YES", explain the circumstances on a separate sheet of paper and attach it to this application. A conviction is not necessarily grounds for disqualification. The number of convictions, nature, recentness, and relationship to the board position applied for, will be evaluated and a determination will be made after a review of all relevant facts.

CONFLICTS OF INTEREST: Certain boards and commissions require full disclosure of personal financial data under AS 39.50.010. If required for the board or commission for which you are applying, are you willing to do so?
 YES X NO _____

Could you or any member of your family be affected financially by decisions to be made by the board or commission for which you have applied? YES X NO _____

If "YES", explain: As a Psychologist licensed in Alaska, my ability to practice is controlled by this board.

TRAINING AND EXPERIENCE: (If resume attached, it is not necessary to complete items A-D)

- A. List any professional licenses, certifications, or registrations and dates obtained that may be used as qualifying criteria:

- B. List both formal and informal education and training experiences: (Use additional paper if necessary).

- C. List any community service, municipal government, and state positions held, and any awards received. Include both compensated and uncompensated positions (such as president of a service organization or a mayor). Include length of time serviced.

- D. Employment work history - paid, unpaid or voluntary: (Use additional paper of necessary).

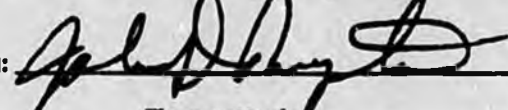
The Office of the Governor and the State of Alaska have an Affirmative Action Equal Employment Opportunity Program. To assist in the program, you are asked to voluntarily answer the following questions to provide the information necessary for reporting purposes. Under State and Federal law, the information you provide will not be used to illegally discriminate against you.

DATE OF BIRTH: 03/12/1951 SEX: FEMALE _____ MALE X _____

ETHNICITY:
 Alaska Native _____ American Indian _____ Asian or Pacific Islander _____ Black _____ Hispanic _____ White X _____

MILITARY SERVICE (if applicable, give dates): National Guard 8/69 - 2/77

CERTIFICATION: I swear the information I have entered on this form is true to the best of my knowledge. I understand that if I deliberately conceal or enter false information on the form my application may be rejected, I may be removed from the list of eligible candidates, or I may be removed from the position. I agree that the Office of the Governor may contact present or former employees or other persons who know me to obtain an additional information about my skills and abilities. I understand that the information on this application is public information and may be released through a legal request for such information.

Signature (in ink):  Date: 6/5/2007

Please attach a current resume with your application.

Curriculum Vitae John DeRuyter Psy D.

Home

3899 Murphy Dome Rd.
Fairbanks Alaska 99709
Phone: 907-452-4753
E-mail: ideruyter@hopecounselingcenter.org

Education

Psy.D. Wheaton College, Graduated 2003 (final GPA 3.82)
(Specialization: Clinical Psychology)
M.A. in Clinical Psychology, Wheaton College, 2000
B.A. in Psychology, University of Alaska Fairbanks, 1998,

Licensing

Psychologist, Alaska license #547, Effective 07/12/2005 Expires
06/30/2006

Research Interests

Effective group interventions for blended families;
Role of peer and parental support in adolescent attachment stability and
friend selection;
Factors that limit or enhance couple's participation in marital enrichment
programs;

Clinical Experience and Employment History

Clinical Director/Psychologist, Hope Counseling Center, 03/2004 to
present
Counselor/Psychologist, Hope Counseling Center, 06/2003 to 03/2004
Onsite Evaluator for the Sitka Tribe of Alaska Safe Start Program 2002 -
2004
Adjunct Professor University of Alaska Fairbanks 08/2002 to 07/2003
Predoctoral Internship, Hope Counseling Center, 05/2002 to 05/2003
Clinical Clerkship, Conley Outreach, 09/2001 - 05/2002
Clinical Clerkship, Hope Counseling Center, 05/10/2002 - 08/03/2002
Clinical Externship, Conley Outreach, 09/01/2000 - 05/05/2001
Clinical Externship, American Indian Health Service, Chicago, 09/01/1999
- 07/31/2000
Group coordinator and night monitor, Life Givers residential treatment

program, Fairbanks Alaska, 1997 - 1998
Part time pastoral counselor, Fairhill Community Church, Fairbanks
Alaska, 09/15/94 - 07/26/98
Owner, Flower Shop Downtown, Fairbanks Alaska 1995-1998
Pilot and Director of Flight Operations, Alaska Central Express, Fairbanks
Alaska, 1989-1996

Professional Memberships

Alaska Psychological Association 2004 - present
National Association for Rural Mental Health 1999- present
American Psychological Association 1998- present

Research Experience

Onsite Evaluator for the Sitka Tribe of Alaska Safe Start Program 2002 -
2004

Efficacy study of blended family educational workshops to increase
remarried couples marital satisfaction, Wheaton College, 2001 - 2003

Adolescent stress and peer group friend selection, University of Alaska
Fairbanks, 1997-1998

Teaching Experience

Adjunct Professor University of Alaska Fairbanks 08/2002 to 07/2003
Hope Counseling Center, Blended Family Workshop, 2001
Conley Outreach Community Services, Community Care Team training,
2001
Wheaton College, Teaching Assistant, 1999 - present

Administrative Experience

Small business owner and manager of The Flower Shop Downtown,
Fairbanks Alaska, 1992 - 1998

Director of Operations for Alaska Central Express, Fairbanks Alaska, 1989
- 1998

Academic/Professional Awards:

1998, selected as "Student of the Year" by University of Alaska Fairbanks
psychology faculty

Conference Presentations:

DeRuyter, J. (2000, August). *Training Mental Health Workers for Rural Practice*. Paper presented as part of a training symposium presented at the annual conference of the National Association for Rural Mental Health (NARMH), Portland Oregon.

Participated in a panel discussion concerning innovative training protocols for developing rural mental health professionals, annual conference of the National Association for Rural Mental Health, August 2000, Portland Oregon.

Continuing Education and Training:

Alaska Native Cross Cultural Studies and Substance Abuse Issues, Rural Providers Conference, June 7 -11, 2004 Seward Alaska. Rural Alaska Community Action Program Inc. 40 hours

Behavioral Health Conference, Providence Alaska Learning Institute, October 29, 2004. 7.2 hours

Imagery & Hypnosis, John Carpenter, PESI HealthCare April 8, 2005. 6.25 hours

Counseling Victims of Sexual Trauma, Jean Shinnors. Cross Country University, June 8, 2005. 6 hours.

Incorporating Spirituality into Psychological Treatment: Themes, Principles, and Interventions. Co-occurring Disorders Institute, October 14, 2005. 7 hours

Supporting Return: Options for Military and Their Families, Co-occurring Disorders Institute. February 27 – 28, 2006, 11 hours.

Supervisory Relationships: Exploring the Human Element, CE-credit.com. June 14, 2006, 7 hours.

Psychopharmacology, PESI HealthCare, August 23, 2006. 6.25 hours

Legal Issues in Behavioral Health, MEDS-PDN, November 3, 2006. 6 hours.

Ethics in Healthcare, National Association of Social Workers, April 3, 2007. 3 hours

References available upon request:

Dr John DeRuyter
 Hope Counseling Center
 P.O. Box 73511
 Fairbanks Alaska 99707
 907-451-8208

.....
Facsimile transmittal

To: Ivy Frye Fax: 465-8110

From: Dr. John DeRuyter Date: 6/6/2007

Re: Application for Board of Psychologist & Psychological Associate Examiners Pages: 6

CC:

Urgent For Review Please Comment Please Reply Please Recycle

Ivy,

This is the information you requested. If there is anything else you need or have any questions please give me a call at 451-8208 or email me at ideruyter@hopecounselingcenter.org

Thanks,



John DeRuyter Psy.D.

Clinical Psychologist

The information contained in this FAX is confidential and/or privileged. This FAX is intended to be reviewed initially only by the individual named above. If the reader of this transmittal page is not the intended recipient, or a representative of the intended recipient, you are hereby notified that any review, dissemination, or copying of the FAX or information contained herein is prohibited. If you have received this FAX in error, please immediately notify the sender by telephone and return this FAX to the sender at the address listed above.

2/6/08

PRESENT.:

ALASKA

BRAIN

INJURY

NETWORK



3745 Community Park Loop, Ste. 240
Anchorage, Alaska 99508
office: (907) 274-2824 fax: (907) 274-2826
www.alaskabraininjury.net

To: Senate HESS Committee Members
From: Jill Hodges, Executive Director, Alaska Brain Injury Network, Inc.
Date: Wednesday, February 6, 2008
Subject: Traumatic Brain Injury Presentation

Thank you for the opportunity to share Alaska-related TBI issues and highlighting the needs of Alaskans and returning service members experiencing traumatic brain injury.

There is a solution to 'a long-forgotten blow to the head.' The solution is the same for those who recently experienced a brain injury including children, civilian adults, and soldiers. And the solution lies in Alaska's ability to recognize the "common thread running through many cases of seemingly unrelated social problems." Brain Injury.

A coordinated system of care here in Alaska is possible, research shows it is essential, and the time is now. The many thousands of Alaskans who live with this disability (and their family members) will tell you that everyday living is WORK. Alaska can create the essential brain injury services that allow these same individuals the opportunity to redirect their energy...AWAY from the frustrating forgetful behavior, the substance abuse, and the suicidal thoughts...and TOWARDS providing for their families, paying taxes, and improving their communities.

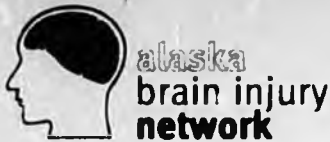
We can all agree that it is very possible for any of us to 'hit our head'; that in an instant, our life or a family member's success in life will be dependent on our knowledge of brain injury.

Alaska has one of the highest rates of brain injury in the Nation. This is currently being compounded by the number of Alaskans returning from the OIF/OEF wars with brain injury due to improvised explosive devices and trauma.

There are standard services for brain injury, let's continue to develop them in Alaska. Let's create a system that supports Alaskans living with brain injury and their families as they relearn life and create identities that are manageable, productive, and meaningful.

Presentation messages:

- Brain Injury in Alaska is epidemic
- The epidemic is being compounded by soldiers and veterans returning to Alaska from OIF/OEF wars.
- TBI has higher incidence rates relative to other disabilities; however, there are comparatively fewer services



Traumatic brain injury (TBI) has been described as the signature injury of the Iraq and Afghanistan wars. It has been an Alaska public health issue for several decades, with surveillance beginning in 1991. The Alaska Brain Injury Network has identified several fiscal and policy recommendations that will help solve the issues facing Alaskans with traumatic brain injury.

Please support:

1. Legislative Resolution
Traumatic Brain Injury Awareness Month, March 2008
2. FY09 GF/MH Governor's Budget
\$100.0 Brain injury training for providers
\$10 million Housing Trust

**Recommendations for additions to the FY09 GF/MH Legislative Budget
Priorities in the FY09 GF/MH Alaska Mental Health Trust Authority budget included:**

\$200.0	Brain injury services development: LT rehab support
\$175.0	Brain injury training for providers (not fully funded)
\$25.0	Brain injury outreach

ABIN recommends that there be increased funding for brain injury prevention and brain injury services. We are working with the Department of Health and Social Services on the implementation and prioritization of successful brain injury state-funded programs.

ABIN GF/MH Budget recommendations include:

\$200.0	Brain injury prevention
\$2 million	Brain injury services (to serve 1000 Alaskans)

Brain Injury Program Recommendations

1. In-State Brain Injury Post-Acute Rehabilitation
2. Targeted Case Management
3. Clubhouse and Day Programs
4. Vocational Rehabilitation Services for Person with TBI
5. Workforce Development and Training
6. Brain injury Screening, Referral, Assessment, and Treatment Protocol

The budget and program recommendations will benefit both the Civilian and Military populations. The issues we are working to solve are: quality of life, health, and safety for the TBI survivor, family, and community. Every recommendation is based on improving the lives of Alaskans and reducing fiscal and indirect costs.

Alaska Brain Injury Network, Inc., mission is to educate, plan, coordinate, and advocate for a comprehensive service delivery system for Alaskans with brain injury and their families.

For contact information visit www.alaskabraininjury.net

- TBI infrastructure is standard in other states, Alaskans are asking for services close to home.
- The disjointed TBI system is putting excess pressure on other resources by producing high numbers of TBI survivors that are abusing alcohol, creating violence, practicing unlawful behavior, destroying family infrastructure, and committing suicide.
- Need support and funding to create a continuum of care for survivors of brain injury and their families to live manageable, productive, and meaningful lives.

Recommendations:

- A coordinated rehabilitation system between community providers, military, and state services.
- A multi-disciplinary approach where all treatment providers are talking to each other regularly.
- TBI educational materials to be distributed to families and the individual regarding what is traumatic brain injury, symptoms and behaviors related to the injury, and the role treatment plays in the individual's recovery.
- A liaison between the military and the community providers to communicate to both parties and the individual accessing the services.
- Case management for the survivor to organize the treatment teams; provide access to financial supports, family supports, and community programs; and to follow up with the individual, confirming that he/she is making it to their appointments.
- Clubhouses/Day Programs for survivors who are not yet able to work to be in a productive/social environment; encourages vocational and volunteer activities, and appropriate social skills.
- Specialized vocational rehabilitation and employment services for person with traumatic brain injury.
- Workforce development and training to increase the number of providers in Alaska that can serve people with brain injury using evidence-based brain injury practices.
- Develop brain injury screening requirements among various State Departments and Divisions. In addition, create volunteer screening opportunities for military service members that may not have been identified in the system.

I hope you find the presentations informative and useful. I have included a packet of materials and articles for education and reference. The Alaska Brain Injury Network looks forward to working with the Alaska legislature in continuing to plan for Alaska's traumatic brain injury survivors and their families.

For more information on the Traumatic Brain Injury Task Force Report to the Army Surgeon General: (123 pages)

<http://www.armymedicine.army.mil/news/reports/TBITaskForceReportJanuary2008.pdf>

Alaska Brain Injury Network, Inc. mission to educate, plan, coordinate, and advocate for a comprehensive service delivery system for survivors of traumatic brain injury and their families.

Presenters contact information:

RICHARD BARKER, Capt, USAF, BSC
Clinical Psychologist
Elmendorf AFB, AK
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DSN: 317-580-2181
richard.barker@ELMENDORF.af.mil

RUSSELL S. CHERRY, Psy.D.
Neuropsychologist
Providence Behavioral Medicine Group - North
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Fax: 907 561-5478
russell.cherry@providence.org

JILL HODGES
Executive Director
Alaska Brain Injury Network, Inc.
Phone: 907 274-2824
Fax: 907 274-2826
jill@alaskabraininjury.net

SERGEANT TANNER AND STEPHANIE TANNER
TBI survivor and his wife
Ft. Richardson, AK
Phone: 630-888-7166
Scott.tanner1@us.army.mil

Alaska Brain Injury Network, Inc. mission to educate, plan, coordinate, and advocate for a comprehensive service delivery system for survivors of traumatic brain injury and their families.

ALASKA STATE LEGISLATURE

Session
State Capitol Building, Room 125
Juneau, Alaska 99801-1182
Phone (907) 465-2995
Fax (907) 465-6592

Interim
716 West Fourth Avenue, Suite 430
Anchorage, Alaska 99501
Phone (907) 269-0250
Fax (907) 269-0249



Chair
Senate State Affairs
Administrative Regulation Review

Member
Senate Judiciary Committee
Senate Resources Committee

SENATOR LESIL MCGUIRE

MEMORANDUM

To: Senator Bettye Davis
Senate Health, Education & Social Services Committee Chair

From: Senator Lesil McGuire 

Date: January 28, 2008

Re: Request for hearing, SCR 17 – *Brain Injury Awareness Month: March 2008*

I respectfully request that SCR 17 "*A Resolution relating to establishing March 2008 as brain injury awareness month*" be scheduled for a hearing at your earliest convenience. Attached you will find the most current version of the resolution and the sponsor statement.

If you have any questions or concerns please feel free to contact me personally, or my staff, Trevor Fulton at x3579. Thank you for your time and consideration.

ALASKA STATE LEGISLATURE

Session
State Capitol Building, Room 125
Juneau, Alaska 99801-1182
Phone (907) 465-2995
Fax (907) 465-6592

Interim
716 West Fourth Avenue, Suite 430
Anchorage, Alaska 99501
Phone (907) 269-0250
Fax (907) 269-0249



Chair
Senate State Affairs
Administrative Regulation Review

Member
Senate Judiciary Committee
Senate Resources Committee

SENATOR LESIL MCGUIRE

SPONSOR STATEMENT

SCR 170 – BRAIN INJURY AWARENESS MONTH: MARCH 2008

Traumatic brain injury (TBI) is damage to the brain that results when the head is hit, strikes a stationary object, or is violently shaken. Depending on what area of the brain is injured, people with brain injuries may suffer from poor short-term memory and difficulty with organization concentration and judgment. Since the personality of a TBI survivor may also change as a result of their injury, family members often say that brain injury is one of the hardest disabilities to deal with because the survivors may look the same, but act and behave completely differently.

Traumatic brain injuries often lead to severe disability or death. These injuries most often affect younger, more active people and are likely to have enduring physical, emotional, and financial costs.

Alaska is the number one state, per capita, for brain injuries in the nation. Over 800 TBIs were reported in Alaska in 2005 and an estimated 12,000 Alaskans have suffered a traumatic brain injury.

This resolution is to draw awareness to traumatic brain injuries and support those that have suffered a traumatic brain injury, their families, and their care providers.

My name is Scott Garland Tanner. I am 34 and live with a TBI.

Once I was an upcoming, successful, and responsible leader in my community. I trained and invented new ways to combat threats. After my experience with several blasts and not receiving imitate medical care, I returned after my tour to the US.

I found it increasing difficult to multi-task and concentrate on things that were once easy. I also couldn't see or hear good at all. The headaches were getting so increasingly bad that they were making me physically sick. I began loosing my balance more and more but still continued to operate in the same up-tempo manner as before, due to my military training, perseverance, and drive to succeed. My ability to recall recent events was declining and I had to be constantly reminded to do everyday responsibilities.

After getting the medical attention I need, some things are beginning to get easier, but still everyday needs to be taken as a major operation.

Quick reference

- **Came back from tour in Iraq**
- **Came to Alaska**
- **Lived with the affects of TBI for over a year (Aug 2005-March 2007)**
- **Went to seek help on post but Doctors didn't know what he had**
- **After 6 months of seizures he told the doctors he was having them (Jan 2007)**
- **B/c of seizures he had multiple MRI's and EEG's**
- **Diagnosed with TBI in May 2007**
- **His license was taken away**
- **We managed his appointments and medication with out help for over 6 months**
- **July 2007 the Warrior Transition Unit (WTU) found him**
- **He then received case management**
- **Taken away from previous job**
- **Mental capacity declined rapidly (Aug 07- dec07)**
 - **confusion, loss of depth perception, motor skills, and sudden vestibular dizziness**
- **Then receiving in excess of 7 medication at a time**
- **Started at Providence 2 times a week for Speech, Occupational and Physical therapy**
- **After 6 months of correct Meds and therapies he started to show progress**
- **Hard financially b/c wife couldn't work due to having to drive him to all appointments and work**
- **Hard on relationship, feels more like 'parent and child' rather husband and wife**
- **Unknown future; medically, financially, and personally**
- **He has become socially inept**
- **Can not function in society with out wife**
- **Deep depression b/c of being 34 and totally disabled**
- **Extremely hard on children b/c 'dad is broke'**
- **Went from being a professional hero to nothing in less than a year**



alaska brain injury network

Every 15 seconds someone sustains a traumatic brain injury (TBI) in the U.S.

Thirty years ago, only half of all people with brain injury survived; now 78% survive. This means that many individuals now live with significant disability requiring a full range of services.

Every year the Alaska Department of Health & Social Services reports about 800 traumatic brain injury (TBI) cases resulting in hospitalization or fatality. The Alaska TBI rate is 28% higher than the national average. The TBI rate in rural Alaska is one of the highest in the nation.

It is estimated that at least 10,000 Alaskans are living with brain injury today. The number keeps accumulating. Brain Injury can be a life-long disability

The Alaska Brain Injury Network, Inc. (ABIN) is a non-profit organization dedicated to Alaskans whose lives have been changed by brain injury.

ABIN's Board of Directors represent all regions of Alaska and the extended brain injury community – survivors, family members, service providers, health educators, researchers and those who write laws and policy.

ABIN works with the Alaska Mental Health Trust Authority, Department of Health and Social Services, and partner boards to advocate for policy changes, programs, and facilities to better serve the brain injury population.

ABIN connects survivors and family members with others. Please contact us to learn about brain injury programs in your region.

The goal for every brain injury survivor is the best possible recovery for a fulfilling and productive life. Achieving that goal requires full range of services close to home. This includes...

- Prevention
- Early identification and intervention
- Access to skilled specialists
- Community-based post injury services
- Continuing rehabilitation
- Brain injury support groups and in-state resources

What you can do...

- **Be aware of the fiscal and social burden of brain injury nationally and to the state of Alaska**
- **Become familiar with ABIN Priorities in the Governor's FY09 GF/MH Budget: Brain Injury Training for Providers.**
- **Support the Housing Trust, www.akhousingtrust.com**
- **Join Alaska Brain Matters listserve to meet Alaskans who have been touched by traumatic brain injury.**

ABIN Priorities

In-state rehab facility – many Alaskans are left in a hospital setting because there is no post-acute rehabilitation option in the State. Others are sent out of State. It is time for Alaskans to have treatment for their brain injury. Research shows outcomes improve with quality rehabilitation.

Brain Injury Waiver - recommendations for the current Medicaid waiver system to accommodate the services needed by brain injury survivors: neuropsychological assessment, cognitive and functional therapy, case management, counseling, home modifications, transportation, respite care, and more.



www.alaskabraininjury.net
3745 Community Park Loop, Ste 240
Anchorage, AK 99508
(907) 274-2824

Alaska Brain Injury Network, Inc. helps identify, develop, implement, and sustain needed programs and resources that promote prevention and expand treatment and service delivery to Alaskans who experience TBI and their families.

You KNOW us ...



The Public Health Burden of Brain Injury (prevalence)

5.3 million Brain Injuries

5 million persistent Mental Illness

4 million Alzheimer's

3 million Stroke

2 million Epilepsy

900,000 HIV/AIDS

500,000 Cerebral Palsy

400,000 Spinal Cord Injury

Brain injury accounts for more years of lost productivity than any other injury.

The Financial Burden of Brain Injury

- It is estimated that over a lifetime, it can cost between \$600,000 and \$1,875,000 to care for a survivor of severe TBI.
- Direct medical costs and indirect costs of TBI such as lost productivity totaled an estimated 60 billion dollars in the United States in 2000. *(Centers for Disease Control and Prevention)*
- Every dollar used for brain injury rehabilitation saves up to \$35 in future medical costs. *(Rhode Island Brain Injury Association)*

Prevention is the only cure for Brain Injury

- The three leading causes of brain injury nationally and in Alaska are:
1) motor vehicle crashes 2) falls and 3) assaults.
- One-third of all TBIs recorded in the Alaska Trauma Registry were alcohol related.
- The use of safety belts is the single most effective measure to prevent traumatic brain injuries.
- Helmets are estimated to be 37% effective in preventing fatal injuries to motorcyclists. *(National Highway Traffic Safety Administration)*
- Bicycle helmets are 85-88 percent effective in mitigating head and brain injuries. Every dollar spent on a bike helmet saves \$40 in direct medical costs and other costs to society. *(National Highway Traffic Safety Administration)*
- 60-67% of injured U.S. soldiers sent from Iraq to Walter Reed Army Medical Center have a TBI from blasts, severe falls and motor vehicle accidents. *(United Press International, July 2004)*. These soldiers are now returning home to Alaska for continuing treatment and rehabilitation.

Traumatic Brain Injury is a beneficiary group participating in the Alaska Mental Health Trust Authority "You Know Me" Anti-Stigma Campaign.

Traumatic Brain Injury:



**In an instant...for a
lifetime**



alaska
brain injury
network

...on to to
...ate for a
...tem for TBI



#1 Understanding

- Traumatic Brain Injury in Alaska is Epidemic
- The epidemic is being compounded by soldiers and veterans returning to Alaska from OIF/OEF wars.





Message 2

- TBI-specific programs are standard in other states, Alaskans are asking for services close to home.
- 10/17/2008 ABIN Public Testimony: Provider, who worked with a person with TBI, expressed that the one thing she finds consistent is that the tools that are needed are not available here in Alaska. She told the board that over and over again she sees families being torn apart because they have to send their people out of state to get the tools that they need.





Message 3

- TBI has higher incidence rates relative to other disabilities; however, there are comparatively fewer services
- Alaska has TBI rates 30% higher than national average, yet there are few State funded TBI services.

TBI Incidence rates capture only tip of iceberg

- 800 TBI cases resulting in hospitalization or fatality.
- 150 Alaskans die each year
- at least 10,000-12,000 Alaskans are currently living with brain



Undiagnosed
Head was hit hard, functioning
impaired. Substance abuse,
depression, suicide?
Homeless, Corrections, Juvenile
Facilities?

**TBI has higher incidence rates
relative to other disabilities;**



7.3 Million with Developmental Disability

5.3 million Brain Injuries

5 million persistent Mental Illness

4 million Alzheimer's

3 million Stroke

2 million Epilepsy

900,000 HIV/AIDS

500,000 Cerebral Palsy

400,000 Spinal Cord Injury

Screening in Behavioral Health AKAIMS Alaska Screening Tool Findings- FY 06

- 33% of persons screened at mental health centers- Positive TBI Screening (2080/6263)

	Alaska Natives	Whites
SA only	240	285
MH only	487	599
Dual	1168	1138
Neither	196	183
FASD	200	171
TBI	611 (29%)	774 (35%)

TBI Services and Funding are limited comparatively

Source: Gov. 2009 Proposed Budget

- AK Fetal Alcohol Spectrum Program
 - Gen. Fund 1,292.6

- Seriously Mentally Ill
 - Fed. 989.5
 - Gen Fund 1,194
 - GF/MH 11,474
 - MHTAAR 1,300.0

- Brain Injury
 - GF/MH 100.00
 - Limited Medicaid match

Alaska Mental Health Trust Authority supports Brain Injury Services Development

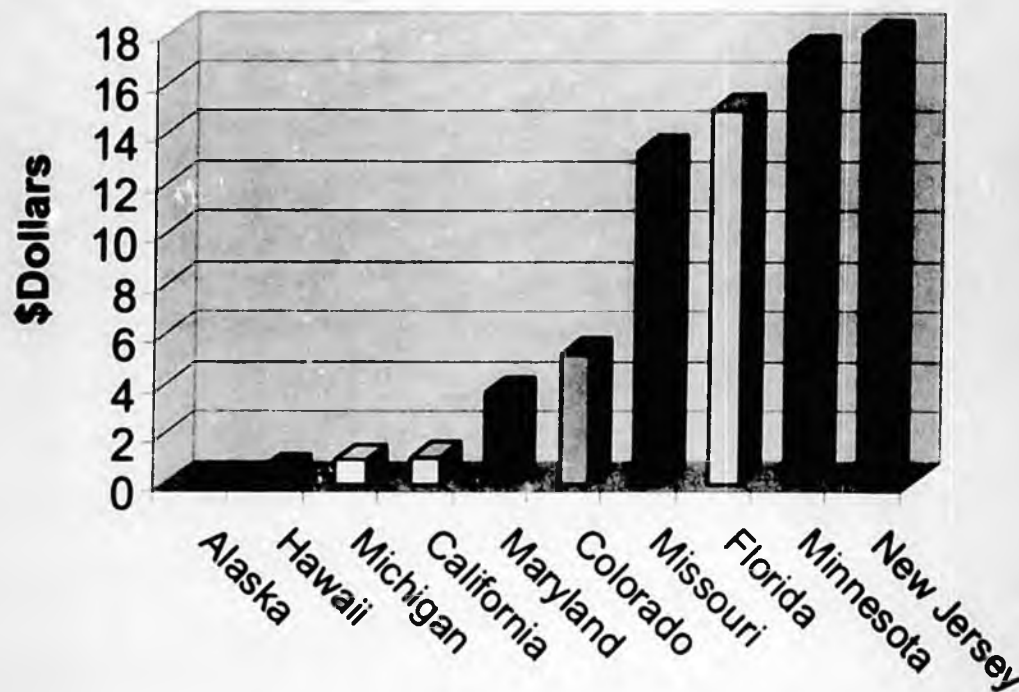
- Authority Grants \$286.0
 - TBI Advisory Board (ABIN)
 - Information and Referral
 - Brain Injury Outreach

- Housing Initiative \$75.0
 - Brain Injury: LT Services Development
 - FY09 GF/MH Recommendation \$200.0 not included in Governor's budget.

TBI Funding Comparison

TBI-Specific Funding (annual)

Millions



States

source: NASHIA

Virginia: FUNDING FOR TRAUMATIC BRAIN INJURY AMOUNTS TO ABOUT \$5.3 MILLION

- As a result of substantial increases since the start of the decade...
- State General Funds specifically for community-based brain-injury services account for approximately \$3.6 million of this amount
- \$1.4 million in State funds are available through fees assessed against those convicted of reckless driving.

Virginia Governor asks for study

- Report of the Joint Legislative Audit and Review Commission to the Governor and The General Assembly of Virginia: ACCESS TO STATE-FUNDED BRAIN INJURY SERVICES IN VIRGINIA, September 10, 2007

Full report:

<http://jlarc.state.va.us/Meetings/September07/TBI.pdf>

Virginia: Item 21F, 2006 Appropriation

Act: The Joint Legislative Audit and Review Commission (JLARC) shall report on:



- access to brain injury services in the Commonwealth
- causes and prevalence of brain injuries
- community based medical and/or rehabilitative services available in Virginia for treating individuals with brain injuries
- the extent to which private insurance pays for brain injury services
- how other states have addressed the needs of individuals with brain injuries for community services.



Message 4

- The disjointed TBI system is putting excess pressure on other resources by producing high numbers of TBI survivors that are abusing alcohol, creating violence, practicing unlawful behavior, destroying family infrastructure, and committing suicide.

Wall Street Journal
January 29, 2008

HIDDEN TRAUMA

- **Studies Cite Head Injuries As Factor in Some Social Ills**
- **Brain Researchers Link Mental Woes, Alcoholism To Long-Ago Blows**

**By THOMAS M.
BURTON**



Ultimate Message #5

- Need support and funding to create a continuum of care for survivors of brain injury and their families to live manageable, productive, and meaningful lives.



**WE all have a ROLE in
enhancing opportunities for
TBI Survivors and Family**

Provider
Community

Military

Individual

State of
Alaska

Please Support FY09 Brain Injury Funding

Legislative Resolution

- Traumatic Brain Injury Awareness Month, March 2008

FY09 GF/MH Governor's Budget

- \$100.0 Brain injury training for providers
- \$10 million Housing Trust

Military TBI



1) How many vets live in AK?



AK Population 670,053, veteran population 66,000, 10% of population. National average is 8%. Source:

- <http://www1.va.gov/opa/fact/statesum/akss.asp>

2) Enlistment rate for AK compared to national average per state?

Army, 222 new recruits for FY07, ranked
#10 per capita among 50 states.

Source:

[http://www.nationalpriorities.org/graph
militaryrecruiting2007](http://www.nationalpriorities.org/graph/militaryrecruiting2007)

3) Mild Traumatic Brain Injury Clinic

- On Base: Implementing clinic right now.
- Using in-state and out of state personnel.

The overall #s for TBI/PTSD in the military?

**As of 30 Jun 2007, DOD reported 3294
soldiers suffering from TBIs.**

3,094 (94%) OIF

200 (6%) OEF,

Blasts caused 2,279 (69%)

Source:

**[http://www.fas.org/sgp/crs/natsec/RS
22452.pdf](http://www.fas.org/sgp/crs/natsec/RS22452.pdf)**

5) What percentage of military members are/have been exposed to blasts?

- Every member deployed to a combat environment faces the risk of being exposed to blasts more than once.

6) Info about how members or their family have been impacted by TBI (difficulties in multiple areas)



- Families and Caregivers of Combat-injured soldiers are subject to multiple stressors and require significant supports as they traverse the continuum of care.
- <http://www.armymedicine.army.mil/news/reports/TBITaskForceReportJanuary2>

Testimony

+

- Sergeant Tanner and Stephanie Tanner