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THE VOICE OF BRAIN INJURY –
 Help, Hope and Healing
 ISSUE #70, SPRING 2018

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Acceptance & Resilience After Brain Injury

Survivor story by Sarah Gaffney

Carole Starr's path to becoming a nationally recognized keynote speaker, author, and co-founder of the survivor-led brain injury advocacy group Brain Injury Voices has not been an easy one.

A Maine native, Carole had a vibrant career as an educator, grant writer, and amateur musician, playing the violin for 23 years and frequently rehearsing and performing with the Portland Community Orchestra. In July of 1999, Carole suffered a traumatic brain injury in a car accident on her way to work. It would be six weeks before Carole learned that she had a brain injury in addition to her other physical injuries, and it would be nearly a year before she received any brain injury rehabilitation. To this day, she wishes emergency personnel had asked her different questions that might have led to a diagnosis much sooner.



sounds, like those made by the instruments during orchestra practice, were now excruciating and unbearable. The loss of music from Carole's life was tremendous.

Carole only lost consciousness briefly during the accident and her brain injury was considered mild. While most people who suffer a mild traumatic brain injury will make a full recovery, "mild" feels like a terrible misnomer for Carole and other survivors for whom symptoms persist. For a long time, Carole blamed the effects of her brain injury on the pain medication she was taking for her physical injuries. Later, she thought if she just tried hard enough, she could make her brain injury disappear and get back to her old life. Adding to this stress was the fact that some of the people in her life did not believe her brain injury was real.

Everyone told Carole that she would be fine and that she would have no problem returning to work, music, and life as it was before. In truth, that was not the case at all and the year after Carole's brain injury was the worst of her life. Two hours of teaching would knock her flat. She couldn't remember her students' names or how to replace a string on her violin. She knew her home address, but not how to get there. She also developed *hyperacusis*, an extreme sensitivity to sound, and many

As she worked on managing her life post injury, Carole started attending an outpatient brain injury rehab program, where she met her mentor, Beverley Bryant. She also started attending a brain injury support group. In 2006, Carole and Beverley organized their first workshop for survivors and families, which was a great success. In 2008, they did another workshop, and in 2009, Carole delivered her first keynote at the Maine Brain Injury Conference.

Continued on page 3

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PRESIDENT'S MESSAGE

MARCH- BRAIN INJURY AWARENESS MONTH

by Freddi Gale, BIANH President



By the time you read this, Spring should have arrived with warmer temperatures and longer days of sunlight. No matter how long or brutal the winter may have been, nature reveals with buds of green popping up everywhere!

March shows itself as a green month along with St. Patrick's Day; it is a green light moving forward with an active month for the Brain Injury community. The delegation continues with education and awareness in every state while also showing support on Capitol Hill in Washington, DC on March 20th.

The Brain Injury Association of America's theme for the 2018 – 2020 campaign is "Change Your Mind About Brain Injury" - meaning to de-stigmatize brain injury, empower those who survived, and promote the many types of support available.

Some current statistics and facts:

- Every 9 seconds, someone in the United States sustains a brain injury
- An acquired brain injury (ABI) is any injury to the brain that is not hereditary, congenital, degenerative, or induced by birth trauma
- More than 3.5 million children and adults sustain an ABI each year, but the total incidence is unknown.

- Traumatic brain injury (TBI) is a type of ABI. A TBI is caused by trauma to the brain from an external force.

- The number of people who sustain TBI's and do not seek treatment is unknown.

- One of every 60 people in the U.S. lives with a TBI-related disability

This is just a brief list of statistics and facts, please visit many of the brain injury websites available online. www.biausa.org www.bianh.org

Mark your calendar for **Sunday, June 3, 2018** for the Annual Walk by the Sea at Hampton Beach! This will be our second year for the June date which seemed to be a successful transition, showing a great response from all. Join us, form a team, and be creative for the most original team name for a chance to win a prize. This annual event shows the whole brain injury community coming together celebrating the accomplishments and continuing the BIANH's efforts to create more public awareness about the "silent epidemic." See you there for a beautiful fun day at Hampton Beach while raising money to support the cause.

EXECUTIVE DIRECTOR'S MESSAGE

The Silent Brain Injury Epidemic within the Drug Overdose Crisis Unreported and Unrecognized

by Steven D. Wade BIANH Executive Director



While it is common to hear about the growing number of drug-related overdose deaths, most people are unaware of the "silent epidemic" of hypoxic/anoxic brain injury among overdose survivors that has the potential of growing into a major public health problem that the nation and people of (state) must face.

The growing number of brain injured overdose survivors has the potential to become a crisis within a crisis. Losing consciousness from a drug overdose is a hypoxic/anoxic brain injury event. The brain is deprived of oxygen and every second counts. The risk of permanent brain damage – anything from mild cognitive impairment and memory loss all the way to complete loss of brain function and long-term coma – is high. It has been reported that 90% of overdose patients suffer some kind of brain trauma. When a person experiences multiple overdoses and revivals, the risk of permanent brain damage grows exponentially.

Typically, the longer the brain is deprived of oxygen, the more damage is incurred.

For every single overdose death there are an estimated 50+ overdose survivors, but the risks and consequences of permanent brain damage from a drug overdose remain largely unreported and unrecognized. The drug overdose crisis has the potential to become a significant brain injury crisis.

The simple implication of improving emergency response and acute medical treatment at the critical "life-saving" stage of a drug overdose is that the number of survivors needing extended medical treatment, rehabilitation and lifelong supports for the complex and chronic conditions of anoxic/hypoxic brain injury is increasing at a rapid rate. In confronting the drug overdose crisis in all its complexity, brain injury is emerging as one of the most complex of all issues.

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Continued from page 1- Acceptance & Resilience After Brain Injury

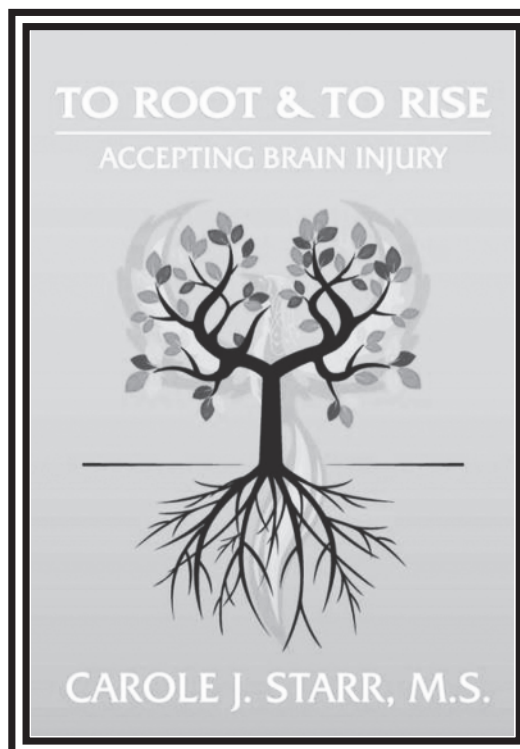
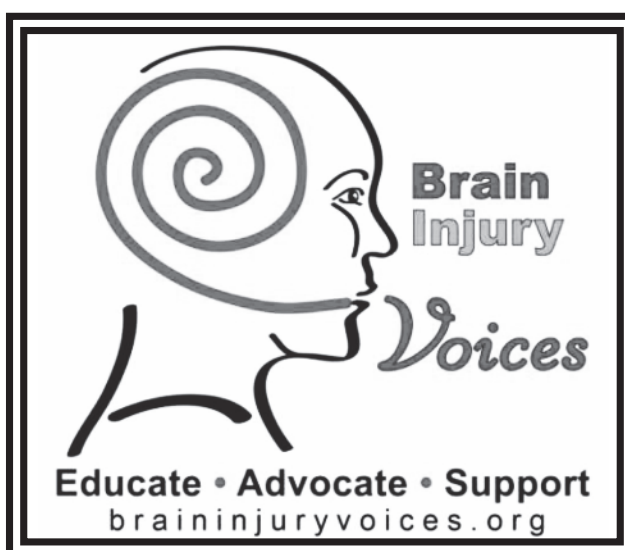
In 2010, Carole and Beverley formed Brain Injury Voices, a survivor-led organization that focuses on educating about brain injury from the survivor point of view, advocating for the importance of brain injury rehabilitation, and supporting survivors and families. This unique group relishes the opportunity to give back and pay it forward.

When Carole and Beverley first started Brain Injury Voices, Carole had little idea of what it could become and how much good the group could do together. They just knew that "we were bigger than traumatic brain injury, and wanted to use our experience to make a difference." The power of survivors working together is remarkable and their achievements are far greater than each of the individual members would be able to accomplish alone.

Brain Injury Voices is now a powerhouse of brain injury advocacy and awareness in Maine, and they hope to help establish similar organizations in other states. Brain Injury Voices now has ten active members and to date they have: volunteered more than 16,000 hours; provided 1,677 peer mentoring sessions; and given 163 presentations, workshops, and keynotes.

Beverley Bryant was Carole's friend and mentor, as well as a celebrated keynote speaker and author of two books. She passed away in 2014. "I wanted to be Bev Bryant. Seeing her deliver a speech gave me a model of what a survivor could do and I decided that's what I wanted to do. She gave me a guiding purpose." Although at the beginning she was uncertain of her abilities, over the years, Carole has taken Beverley Bryant's guiding purpose to heart and done just that.

Since 2009, Carole has developed three different keynotes, which have been delivered 13 times throughout New England and the country. She's created a photo essay and exhibit called "Resilience: Moving Forward after Adversity" and developed numerous workshops and presentations. She also recently published a book, *To Root & To Rise: Accepting Brain Injury*, which is designed to help people who are in the midst of that struggle to find their new life after brain injury. "I can do things in new ways and that's okay. Different isn't bad, it's just different," said Carole, "but that can take a long time to learn and accept." She added, "I didn't



think I could ever accept those changes and now I want to be that person to help others and share the strategies that I have learned."

To Root & To Rise is structured in chapters that can be read as needed or all at once, and it is an

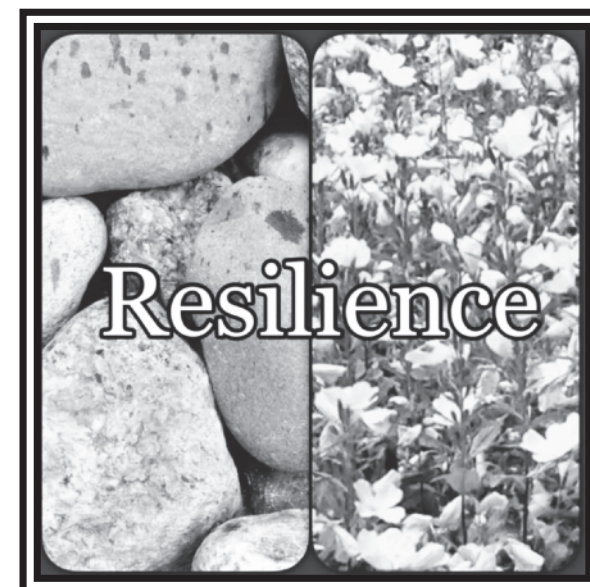
impressive resource for survivors and brain injury support groups. In addition to being a regular book, it is also a workbook with questions, space to jot notes, and the opportunity for readers to explore strategies and feelings within their own brain injury experiences.

This is not to say that Carole's struggles with brain injury are behind her. "I want to help other survivors in many different ways and have a national voice, while

still honoring my limitations and my own brain injury symptoms, which are very much still there," she said. It's a delicate balance, but one that Carole has successfully accomplished using the knowledge and strategies that she has accumulated in her nearly twenty years as a brain injury survivor.

Ultimately, Carole wants to give other survivors hope and the support to live their best lives. "Life may never be the same as before, but it's about focusing on what you can do, and the more you focus on what you can do, the better things get," she said, adding, "as a survivor, it's all about finding your people and support."

Carole Starr will be giving her keynote, "Weasilience: Handling Life's Wild Moments," at BIANH's 35th Annual Brain Injury & Stroke Conference, taking place May 16, 2018, in Concord. There's an unforgettable story behind her unusual speech title that you won't want to miss! You can learn more about Carole on her website www.carolejstarr.com and you can learn more about Brain Injury Voices at www.braininjuryvoices.org.



CONFERENCE – REGISTRATION IS NOW OPEN



35th Annual

**Brain Injury
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Wednesday, May 16, 2018

**2018
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Keynote Speaker: Carole Starr, MS

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Brain Injury Association of New Hampshire



Sunday,

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Mission: To create a better future through brain injury prevention, education, advocacy and support.

SPOTLIGHT ON KREMPELS

Meet Mike Smith - Krempels Center Member

Written and contributed by Mike Smith.



So there I was living in Kittery, Maine, age 67, when it happened. I don't remember much about the stroke. It was on Saturday, April 23, 2016. Apparently, my wife said that I didn't feel too well, so I went into the Portsmouth Hospital where I stayed about three weeks. I can't remember much about the weeks I was in the hospital. Then I was moved over to Northeast Rehabilitation for six weeks. I still couldn't talk very much. My wife was very good to me, especially after I was out of it; but she soldiered on.

I had a lot of problems. I had a chest tube and was relegated to a wheelchair, but the biggest thing was I had aphasia. Aphasia comes in many forms, but I had something called "expressive aphasia." "Expressive aphasia" is when you understand all that is coming at you, but nothing at all comes out, only a word or two, or not even a word. I was reading several books at home, like "Anna Karenina," but when it came to put it back out, I just couldn't; nothing came to me.

Then my wife heard about Krempels Center in Portsmouth. As soon as I was ready for it, we came over to check out the place so I could learn more. I came in August, 2016. It was all I could do to get through the

morning and afternoon classes, and then I would just go home and get on the couch and go promptly to sleep. I attended lots of other classes, but the one that I always attended was the aphasia class on Friday -- that was the high point of the week for me -- that was my big one. It has helped me improve on my speech.

I did 10 miles on a bicycle last year at the King Challenge. (The King Challenge is a fundraising event for Krempels Center.) But this year I couldn't because of a foot injury. There will be next year's ride: I can go even 30 miles or 60 miles.

When I first came to Krempels Center I could only say a few words here and there, and couldn't say complete sentences at all. But due to the community's hard work, I now have had a moderate level of recovery. I feel Krempels Center will help me get to a full recovery, at least 80% or 90% of my speech; and get my old job back: computer programming. There are some members at the Krempels Center, like me, who have come here to try and battle a speech deficit. I would like to thank everyone who has given me the opportunity to do this in a non-judgmental way, and hopefully we can do all we can do to achieve a complete recovery.

ThinkFirst
National Injury Prevention Foundation

**Schedule a ThinkFirst Presentation
for Your School Today!**

Show your students how easily one decision can lead to life-altering consequences, such as paralysis or brain impairment.

The ThinkFirst program addresses the ways to prevent injury while participating in age-specific activities. It will also give students the opportunity to speak with a brain injury or spinal cord survivor and get their perspective about how their life has changed.

The goal is to help students understand the impact of brain and spinal cord injuries and how they can be prevented. An emphasis is placed on helmet and seatbelt safety, fall prevention, and concussion. Presentations generally last between 1-1 ½ hours.

If you are interested, please contact Zoe at
zmclean@northeastrehab.com

 **Krempels Center**
New Life After Brain Injury

DISABILITY RIGHTS CENTER



Disability Rights Center - NH
Protection and Advocacy System for New Hampshire
Advocating for the legal rights of persons with disabilities

Conflict Free Case Management Helps People with Disabilities and Families

When you are struggling to get the supports you or your family member need to live independently, it's important to have an advocate who's knowledgeable about the disability service system. This is what a case manager (otherwise known as a service coordinator) is supposed to do. He or she is supposed to help you to understand the services you qualify for and how to access them, while maximizing your independence.

People who receive services from an area agency most often receive case management from the area agencies although they can choose to receive independent case management. Sometimes, those area agencies also provide direct services which can create a conflict of interest.

In another model in New Hampshire, people who receive CFI (Choices for Independence) services have independent case managers from a variety of case management organizations across the state.

In 2016, the federal Medicaid agency told NH's Bureau of Developmental Services that there are potential conflicts of interest with the current service delivery system for the DD and ABD waivers because most case managers for people with developmental disabilities are employed by area agencies that also provide services.

A conflict of interest occurs when there are situations where the case manager is caught between the needs/interests of the client and the needs/interests of the area agency. Conflicts for case managers can include:

- Promoting the over-or under-utilization of services, for example by not recommending costly services a person needs because the services are too expensive.
- Keeping individuals as their clients rather than promoting independence and educating clients about their freedom to choose an independent case manager because the area agency does not want to lose funding; and
- Advocating for a service delivery system and plan that is not person-centered, for example by advocating for services that are readily available rather than services the person really needs.

The federal Medicaid agency directed NH's Bureau of Developmental Services to come up with a plan to address the potential conflicts in the current case management system and BDS is working with a variety of stakeholders to look at the issue now.

Disability Rights Center believes that strong and independent case management is vital to a system of services that is person-centered and promotes the rights of the individual. This should include:

- Clearly defining the role and responsibilities of the case manager in the service delivery system.
- Holding all case management agencies responsible for ensuring their case managers are meeting these expectations.
- Prohibiting case managers from being assigned additional responsibilities that could create conflicts of interest.
- Outlining training and education requirements for case managers.
- Ensuring that individuals with disabilities are regularly educated about the choice of case managers and how to change case managers.
- Regularly publishing a list of case management agencies and make it available to people with disabilities.
- Clearly separating case management responsibilities from responsibilities regarding resource allocation and eligibility determination.
- Clearly separating case management responsibilities from monitoring and oversight of direct service providers. While case managers will be monitoring the quality of services provided to the individuals on their caseload, they should not be solely responsible for monitoring provider agencies.
- Ensuring reimbursement for case management services is reasonable.
- Educating people with disabilities about the responsibilities of their case manager and what to do if their case manager is not meeting these expectations
- Developing a robust system to monitor the quality of case management services including a process to solicit and investigate individual complaints by an independent agency

As New Hampshire examines its current system of service delivery for people with disabilities, it must not be bound by the status quo. It's important that we are open to changes to ensure we are providing the best quality services to people with disabilities.




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- James Zaniboni, Brain Injury Survivor

Northeast Rehabilitation Hospital Brain Injury and Stroke Recovery Programs

In addition to our overall hospital accreditation from The Joint Commission and CARE, our Stroke and Brain Injury specialty certifications represent our commitment to provide the highest quality care to our patients. For more information call (603) 893-2900.



INSIGHTS

Life Perspectives From a Brain Injury Survivor David A. Grant



Looking to the Future with Hope

Something quite remarkable happened last year, something I never thought possible. Late last year, I resumed working again on a full-time basis. To get a feel for how significant an accomplishment this is, I need only look back a few years to what my life was like immediately before and after my brain injury in November of 2010.

Before my accident, I was a marketing professional. My work was high-intellect work that required that I fire on all cylinders all day, every day. I worked in a professional capacity with clients worldwide developing websites, creating press releases, as well as a wide range of marketing and brand-building services.

I was on top of my game professionally, business was strong, and the future looked bright. Life was close to perfect – until it all crashed.

The young man who t-boned me while I was cycling was only sixteen years old, closer to a child than an adult. My injuries included broken bones, lacerations from an impromptu trip through his windshield, and a traumatic brain injury. It was not my best day.

The first-year losses were staggering. Close friends exited my life, unable to reconcile that I was a new person with a different personality. Close family members stepped back out of my life, my marriage was strained, and professionally, my business crumbled faster than a house of cards falling.

That first year, I fought the fight of my life, struggling just to stay alive. Most days, the thoughts of suicide were front-and-center. I was confused, unable to use my damaged brain to even begin to fathom what had happened. My sense of self was gone, and I saw no way out.

Thirteen months after my brain injury, I went on a fact-finding mission in the form of a neuropsychological examination. I intended to identify my deficits as a starting point from which to rebuild my fractured life.

“Your meaningful recovery is now over,” shared the doctor after my exam. “Any gains you experience will be minimal at best.”

My wife and I were devastated, any hope for a meaningful future now robbed from us both.

Time is a funny thing. Over time, I started to heal. Small steps taken over the course of many, many years can eventually lead to a lot of ground covered. And so it has been for me.

During that horrible first year, I was unable to tell you the day of the week, and hard-pressed to tell you what year it was. Word-finding challenges and aphasia turned me into a recluse. An unbalanced gait made small tasks like going to the market seem like a hike up Mount Everest.

I’ve learned that progress at glacial speed is still progress. Year after year, I found myself getting better. My speech challenges became less frequent. Thanks to assistive technology, I re-learned how to manage my time, and I pushed myself unrelentingly hard. I only get one life, and I was (and still am) determined to make the most of it. Over the last few years, my work started with a few small projects here and there. Today I find myself back to work as a marketing professional, again serving my clients. Over the years, I have embraced mindfulness as a way of life and now work mindfully. Clients who I have worked with both before and after my brain injury have said that my current work is the best I’ve done ever. I “blame” this uptick on my brain injury, one of the many hidden benefits of this new second life.

There are a couple of things that I try to keep in the forefront. The first is that brain injury recovery has no expiration date. Last year, my seventh as a survivor, was my biggest growth year. I am not even close to the person I was a year ago.

The other thing that I really don’t need to be reminded of is that I will be a brain injury survivor for the rest of my life. I will never “get over it.” While many of my symptoms are less than they were in the early years, I still have many unseen challenges. The good news is that I continue to learn to coexist with those challenges.

Sustaining a traumatic brain injury is the toughest thing I have ever had to deal with. Nothing can prepare you for such an all-encompassing injury. But as time has shown, even with a brain injury, life is still meaningful and rewarding. From this perspective, it’s hard not to be grateful.

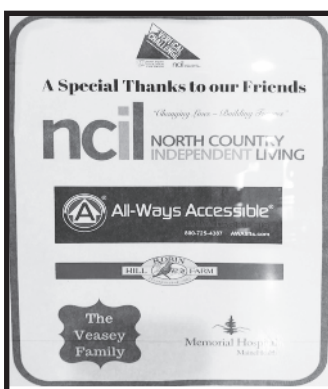
Every 9 seconds, one person in the US sustains a Traumatic Brain Injury.

— BIAA statistic

NCIL HAPPENINGS!

What a winter! Staff and individuals have certainly been busy. Beginning in **December** at the annual Christmas party, NCIL recognized two people with awards. **The Spirit of Giving Award** was presented to Richard C. who is always willing to help others while in the home and in the community, he welcomes everyone into his home with his favorite saying “Mi Casa, Si Casa” a smile, handshake and an offer of coffee or tea is his standard greeting. He has volunteered at the Salvation Army, fundraises for the Walk by the Sea, and continues to look for volunteer opportunities within his community. **The Personal Growth Award** was presented to Matt A., he has held a job at Attitash Mountain Resort for almost nine months as of this writing. His overall attitude and social skills continue to grow as he continues his path of success of becoming a mature person while learning the meaning of becoming a valued contributing member of his community.

A beautiful sunny day in **January** found the NCIL "INDY'S" team participating with the Vertical Challenge at Bretton Woods to benefit the Brain Injury Association of New Hampshire. What a great venue and a challenge to find the letters on the slopes to spell out and solve the puzzle. Thanks to Mike B., Dave A., Marissa A., and Matt A. for solving the puzzle and skiing for a great cause! We all look forward to what next year will bring.



NCIL House Coordinator, Terrie A. was looking ahead at fundraising ideas for the Walk by the Sea. She drafted a letter to the New England Patriots Charitable Foundation for the request of a personal appearance of any member of the team to be at the “Dine to Donate” evening on April 26th at the Shannon Door Pub event to benefit the Brain Injury Association. The response received in February stated that the 2017 season has come to an end with the players returning to their respective homes, so they were unable to fulfill the request.

February 12, 2018

Terrie Ayres
North Country Independent Living
52 Pleasant Street
Concord, NH 03301

Dear Terrie,

On behalf of the Kraft family and New England Patriots organization, we'd like to thank you for contacting us. We received your request for a Patriots player to attend this years Dine to Donate on April 26, 2018.

We appreciate your support of the New England Patriots and your organization's commitment to the Brain Injury Association of New Hampshire however now that the 2017 season has come to an end, those players who live locally have all gone on well-deserved and extended vacations and those who live out of state have returned home to spend time with their family and friends. This being said, unfortunately as much as we would love to have a player attend your event, we will not be able to honor your request as they won't be returning to the stadium until it is time for training and practice for the 2018 season.

We wish you the best of luck at your event and all future endeavors.

Thank you and Go Pats!

Sincerely,
The Patriots Foundation

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For those reading this, if you are in the North Conway area on Thursday, April 26th please come to The Shannon Door Pub for great pizza, raffle prizes, and genuine fun with a portion of the pizza sales going to the BIA.

Looking forward to the “Unmasking Brain Injury” project of which the Conway Area Brain Injury Support Group will be participating in. The group will be planning for the April and May meetings to work on this project, this is exciting, and we look forward to displaying the masks at the Annual Brain Injury Conference in May.

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2018 VERTICAL CHALLENGE FOR BRAIN INJURY AWARENESS

The winter-perfect Saturday morning drew several ski enthusiasts to the beautiful Bretton Woods Resort in New Hampshire as the Vertical Challenge for Brain Injury Awareness was held on January 27th.

It had been several years since the Brain Injury Association of New Hampshire hosted this fundraiser to support servicemen and women who are living with a brain injury or stroke. But after a number of years, it was time to resurrect that valued support to our veterans and family members of New Hampshire.

The day was crystal clear as skiers sported thick gloves, goggles, helmets, heavy jackets, and other sundry clothing for the slopes around 9:00 AM to compete in locating numerous letters to unscramble an anagram. Team 6 Kings completed the task by sorting their letters into the phrase "BRAIN INJURY HERO." Afterwards team

members, BIANH staff, and volunteers were rewarded a well-deserved pasta lunch.

We wish to thank our sponsors, donors, and raffle donors: North Country Independent Living, All-Ways Accessible, Robin Hill Farm, the Memorial Hospital of North Conway, the Veasey Family; Settler's Green, Yankee Magazine, Tanger Outlets, and special thanks to Jason Schreck for providing a nice ski jacket, pair of Fischer skis, and other items for our raffle prizes.

BIANH provides our veterans with assistance in accessing available services and short term financial assistance. Contact BIANH for more information about Vertical Challenge for Brain Injury Awareness or our veterans program. We hope you can join us next January 2019.



MEET THE ARTIST - ALISA MARIE – WAX ARTIST AND WRITER

By Rosalie Johnson

The art is everywhere! The colors pounce out at you – bright, bold, and vibrant colors draw one's eyes up, down, and across the walls.

But that is not the whole story.

As your eyes begin to focus in at the 60+ works of art in Alisa Marie's apartment, a pattern begins to evolve. At the center of each grouping is a prose written by Alisa Marie, exposing her stages of pain, healing, and moving forward. Each grouping creates a series, a time, and a place in her life.

"I begin my artistic journey in 2013 after my younger daughter showed me how to apply melted wax to canvas with a blow dryer. Brain injuries, mold toxicity, a painful divorce, family loss, and a lifetime of pain brought intense expression from my struggles which have shown me my 'true colors' on canvas. My art tells a story of a woman that has been a survivor in the depths of hell. In October 2013 I started attending Krempels Center in Portsmouth, New Hampshire, in their Brain Injury Adult Day Program. Attending there I participated in the art classes on Wednesdays and my creative expression was brought out. Evolution of my work has grown with each setback as my inner voice screams beauty during these storms," Alisa Marie writes.

Alisa Marie was diagnosed with a traumatic brain injury (TBI) in September 2013 after sustaining back-to-back concussions in the fall of 2012.

"One concussion seemed to waterfall to more. Each concussion seemed to lead to more creativity," she states.

Let's review Alisa Marie's art at the beginning with a set of eight series.

Series #1: "When the Melting Began" – May 2013-December 2014. A series of nine pieces with names like: *Serenity, Tears of Fire, Purple Storm, Breaking Free...* and others.

"My life was melting, melting, MELTING! Like Dorothy, I was off on a journey and instead of meeting the Scarecrow, the Tin Woodman, and the Cowardly Lion, I met multiple concussions, impending divorce, and loss of close family and friends. Then, instead of finding the Wizard of Oz, I found me. Rather than melting myself, I began melting Crayola crayons when Emily, my daughter, showed me how to apply wax to canvas using a blow dryer and a fork."

"This was all I could focus on for a while. This art therapy was beginning to help me. I could take physical and emotional pain and turn it into something colorful and bright. This is where I found my 'true colors' – "Somewhere Over the Rainbow."

Series #2: "The Battle of Barrington" – January 2015-October 2016. A series of eleven pieces: *Toxic, Brain Battle, Concussion....*

"I was so happy to find my own home in January 2015 for my daughter and me. Every breath I took, I thought was filled with freedom, but instead those breaths were starting to kill me.



I saw a wet wall near the floor – black mold toxicity! *Biotoxin Illness*, also known as Chronic Inflammatory Response Syndrome."

"With doctor's orders to vacate my premises, I lost my home and all of the belongings."

Series #3: "The Grind Series" – January 2017-May 2017. A series of twelve: *Battle of Detox, Queen of Roses, Masquerade, Lost Connection...* and more.

"I thought I would have some peace for a while preparing for 'The Learning Man' project, a multimedia play about brain injury and recovery. Some of my prints were digitally projected as back drops in the play. I also helped design the 'True Colors Survivors Art Gallery' displaying art from disabled artists worldwide."

"Series #4 was when my most powerful paintings were completed within just two weeks. The melted crayon wax became art!"

Series #4: "Out of the Darkness" – June 2017. A series of nine: *Battle Scars of a Warrior, Beautiful Disaster, Grateful Flower, Hope Survives...* to name a few.

"I started my journey out of the darkness, homeless on a friend's couch for a couple of weeks, driving me into one of the most prolific periods of my life. Then out of this darkness I began to see the light as my 'true colors' began to burst on canvas."

Series #5: "True Colors Bloom" – July 2017-August 2017. A series of sixteen: *Brain on Fire, Purple Evolution, Dance of Hope, Survivor Dance....*

"I rose from the ashes to meet my challenges head on and am still rising today. I want others to see and know there is beauty in the darkness; there is beauty in your pain, tears, and heartache. There is beauty in the ashes. There is a rainbow after the storm."

"Art saved my life. Art is my therapy where I take the physical and emotional pain I feel and turn it into something vibrant and healing."

Series #6: "True Color Awakens – The Chakra Series" – October 2017-December 2017. A series of many: *The 7 Chakras, True Colors, Hope, Wings of Transformation....*

"I have come to realize that we hold the power and energy within ourselves to heal. Today I am learning happiness, calmness, and patience. I am accepting the new me and learning to adapt to saying goodbye to the past and its old ways. I have gained wisdom, knowledge, self-confidence, and courage to look fear in the eyes, and realize what it truly means to be a survivor – to be a fighter – and not give up. I want to be able to awaken others to realize what their 'true colors' are, how to adapt, and how to accept themselves after a brain injury or a trauma."

Alisa Marie has displayed her art at a number of venues. A selection can be viewed monthly (the first Friday of each month) at the Dover Art Walk in Dover, New Hampshire. A large selection can be viewed at Inner Balance Pelvic Health & Wellness Center in Newington, New Hampshire, and at The

Gathering Place in Somersworth, New Hampshire. She has also designed Survivor Awareness pendants and a wide range of products from prints of her paintings.

More on Alisa Marie's art can be found at www.facebook.com/TrueColorsArtist, www.alisastruecolors.com, or by emailing Alisa Marie at truecolorsartist@gmail.com.

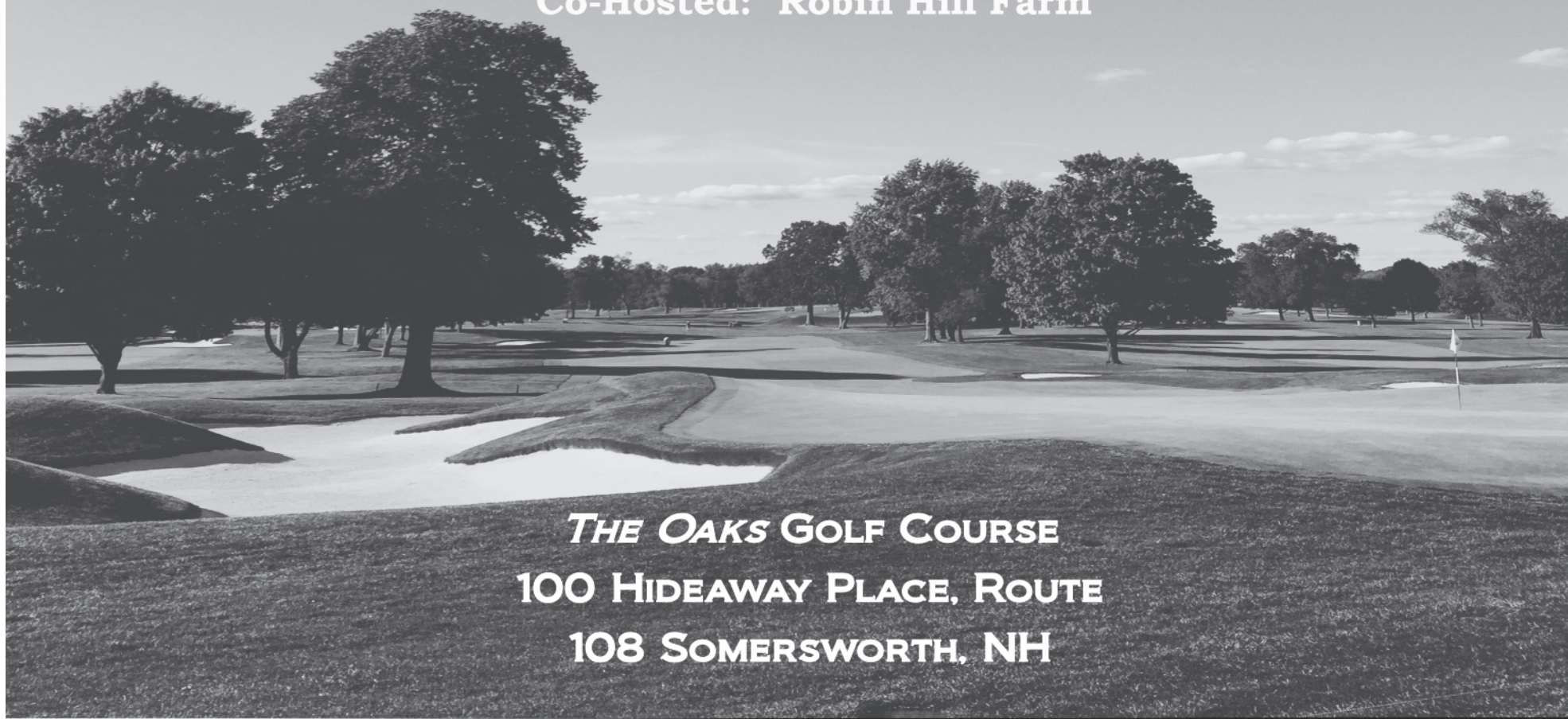
This article cannot be reproduced in any form prior to publication in HEADWAY newsletter, a publication of the Brain Injury Association of New Hampshire.

SAVE THE DATE!

**35th ANNUAL
GOLF TOURNAMENT**

**SAVE THE DATE
WEDNESDAY, AUGUST 15, 2018**

**Presenting Sponsor: Northeast Rehabilitation
Hospital Network
Co-Hosted: Robin Hill Farm**



***THE OAKS GOLF COURSE*
100 HIDEAWAY PLACE, ROUTE
108 SOMERSWORTH, NH**



**The Oaks
100 Hideaway Place, Route 108
Somersworth, NH**

For more information contact:
renee@bianh.org or call 603-225-8400

Scramble Format for both 2 & 4 person teams

Cost—\$135/player

\$540/team

Tournament Sponsorship available

Raffle/Prize Donations gladly accepted

REGISTER ONLINE—www.bianh.org



BRAIN MATTERS

Sponsored by

NH Bureau of Developmental Services & the Brain Injury Association of NH

Brain Matters 2018 Training

MARCH 29 – Compassion Fatigue – Donna White RN, PhD, CS, CADAC-II

The purpose of this program is to present how the process of caring for others can have a potential toll on the provider. We will illuminate the stressors that impact our own lives and often lay the groundwork for the quiet suffering of *Compassion Stress* and resultant *Fatigue*. The interactive seminar will identify common stressors that impact daily lives when caring for others. It will be an interactive training and will encourage storytelling and sharing. **The final portion will identify basic and identifiable methodologies to promote Wellness, Recovery and a renewed sense of identity as a caring person who places self care as a primary strategy.**

WHERE: Marriot Courtyard & Grappone Conference Center - Concord — Time: 9am – 1pm - Cost \$25/person

APRIL 10– Brain Injury 101 – Gina England, MA, CCC-SLP

This training will provide an overview and information on brain injury, including definitions, the rate of incidence and the cognitive, physical, and emotional consequences of brain injury. The effects of brain injury on families will also be discussed as well as strategies, tips, and available resources.

WHERE: Brain Injury Association of NH Office - Concord —Time: 9am – 1pm - Free - Limited to 15 - FREE

MAY 16 – 35th Annual Brain Injury & Stroke Conference

JUNE 6 – Substance Abuse – Frank Sparadeo, PhD

Recuperating from and living with the effects of a brain injury can be tremendously challenging and life-altering. In this one-day training the clinical criteria for substance abuse disorders and their relationship to the occurrence of acquired brain injury, as well as their neurocognitive impact, will be reviewed and discussed.

WHERE: Marriot Courtyard & Grappone Conference Center - Concord — Time: 8:30am – 3pm - Cost \$25/person

SEPTEMBER 11 – Brain Injury 101 – Erin Hall, MA, CBIS-T

This training will provide an overview and information on brain injury, including definitions, the rate of incidence and the cognitive, physical, and emotional consequences of brain injury. The effects of brain injury on families will also be discussed as well as strategies, tips, and available resources.

WHERE: Brain Injury Association of NH Office - Concord — Time: 9am – 1pm - Limited to 15 - FREE

OCTOBER 9 – Behavioral – Gina England, MA, CCC-SLP

Cognitive management vs. traditional behavior management techniques. The sequelae of traumatic brain injury often include emerging behaviors that challenge the survivor's quest for renewed independence. Behaviors such as impulsivity, aggression, depression and social inappropriateness become barriers to emotional, social and vocational recovery. Too often the survivor is defined by these behaviors which are attributed as a natural response to the "injury". In truth, many of the persistent challenging behaviors of TBI can be directly related to a specific cognitive deficit. Traditional behavior management techniques address the associated behavior, but not necessarily what is "driving" the behavior. Today's presentation will focus on those cognitive deficits that are most likely to "drive" these behaviors and will offer participants suggestions and strategies on how to neutralize the behavioral responses to these deficits in executive cognitive skills. Illustrative case histories will be incorporated to demonstrate how the right strategy can effectively assist the survivor to moderate their own behavior through improved cognitive functions.

WHERE: Marriot Courtyard & Grappone Conference Center - Concord—Time: 9am – 1pm - Cost \$25/person

NOVEMBER 6 – Brain Injury 101 – Scott Dow, CBIS-T

This training will provide an overview and information on brain injury, including definitions, the rate of incidence and the cognitive, physical, and emotional consequences of brain injury. The effects of brain injury on families will also be discussed as well as strategies, tips, and available resources.

WHERE: Brain Injury Association of NH Office - Concord — Time: 9am – 1pm - Limited to 15 - FREE

To register for any of these trainings, please go to our website at www.bianh.org
Click on **EVENTS** and then **Brain Matters**.

For more information—visit our website www.bianh.org.
For questions and to register, please contact Lori Sandefur 603) 568-8817 or lori@bianh.org

EMPLOYMENT SURVEY

The Brain Injury Association is interested in learning about the successes and challenges of employment after brain injury and would appreciate it if you would consider responding to this survey. This will give us an idea of what we should be thinking about and looking at moving forward, and what our role should be. Please feel free to write as little or as much as you wish and mail to:

Employment survey
 BIANH, 52 Pleasant St., Concord, NH 03301
 Or e-mail john@bianh.org.

We welcome family and caregiver perspectives on this questionnaire. The questions are posed as if directed to the survivor, but should be easy to translate your perspectives.

We will publish the results in the upcoming Headway.

- Are you a survivor, a family member, or a care provider?
- Are you back to work? Do you want to be?
- How easy or how difficult was it for you to get back to work after your brain injury?
- Were you able to go back to your former job or did you have to look for different employment? If you returned to work, are you putting in as many hours as you want?
- Did you need accommodations and if so, have you gotten them?
- Are you hoping to go back to work but it has not happened yet? What are the difficulties getting in your way?
- How supportive was your employer? (or not supportive?)
 - Did you feel that there was stigma involved?
 - Have your coworkers been supportive? If so, how?
- Have you had experience with Vocational Rehabilitation, and if so, how was that experience?
- If you are re-employed, how satisfied are you with your work level? Do you feel that the work is too easy or too difficult?
- If you feel that your return to work was successful, would you be willing to share your success story? What do you attribute to your successes?
- What role did your family and care providers play in this situation?
- Are there ways which the Brain Injury Association could be helpful in this process? And if so, explain.

Please include your name, address, and contact information.

RESOURCES TO REVIEW

Return to Work

Please visit our website:

<http://www.bianh.org/rtw.html>

Employment After Brain Injury

http://www.biausa.org/literature_43314/employment_after_brain_injury

Employment After Traumatic Brain Injury

<https://bianys.org/wp-content/uploads/2015/05/Employment-after-TBI.pdf>

For additional information:

Contact : John Richards – john@bianh.org

BIANH

603-225-8400 • 1-800-773-8400

STABLE NH

The ceremonial launch of STABLE NH was held on December 18, 2017, in the Executive Council Chamber. This is a program cited by the Executive Director Chuck Saia of the Governor's Commission on Disability as a "game changer because now those with a disability can now achieve greater financial independence."

At the end of the ceremony, the Governor said that "Today is a celebration of what NH does best – we work together... We also need to thank our advocates. They're the ones who have asked for this (STABLE NH) and began the process and shared how things could be made better for those with disabilities."

STABLE NH, which is co-administered by the New Hampshire State Treasurers Bill Dwyer and Chuck Saia, will offer ABLE Accounts to Granite Staters with disabilities, tax-free savings plan for disability-related expenses and save and invest without losing federal needs-based benefits. ABLE Accounts give people with special needs more independence and financial security. The Federal Government recently announced there are significant changes to ABLE that are anticipated to occur over the course of the year. "This is a program that is just getting better and better for those with disabilities," said Saia.

Changes include an increase to the annual contribution limit from \$14,000 to \$15,000; the ability to claim the Saver's Tax Credit; the ability to transfer funds in a 529 college savings account to an ABLE account; and the ability for account owners who are employed to contribute more money to their accounts.

Information on how to open an account with a \$50 minimum, eligibility requirements, benefits and more is available on <https://www.nh.gov/disability/> or <https://www.stablenh.com/>. If you can't find what you're looking for or need assistance, call 1-800-439-1653 or e-mail team@stableaccount.com.



Photo from left: GCD Executive Director Chuck Saia, Rep. Lynne Ober, Rep. Mariellen Mackay, Sylvia Dow of Visions for Creative Housing, Dept. of HHS Commissioner Jeffrey A. Meyers, Gov. Chris Sununu, COO Easterseals NH, VT, ME Nancy Rollins, NH State Treasurer Bill Dwyer, and members of the press. Chuck Saia and Bill Dwyer are co-administrators of STABLE NH.

GETTING BACK TO WORK AFTER BRAIN INJURY



by John Richards

Getting back to work after a brain injury is not easy. It is a long journey marked by many trials, experiments, learning things about yourself, and hopefully, the caring and active support of friends, family, and coworkers. Additionally, those who are most successful in RTW (return to work) are those who are persistent, motivated, and willing to accept feedback from others. These are critical ingredients for success.

As stated by the Brain Injury Society of Toronto, “As an ABI Survivor, one of the most important and challenging aspects of your recovery is the process of returning to work. This can both be something that causes great frustration and yet can aid in your rehabilitation and increase your quality of life.”¹

So many of us have so much of our identity - “who we are” tied up in what kind of work we do (or did) that getting back to work after the injury is an important part of putting ourselves back together.

Here on this page we try to give you an assortment of ideas and resources and we always encourage you to call us at (603) 225-8400.

What is the State Rehabilitation Council?

The State Rehabilitation Council (SRC) is Vocational Rehabilitation's (VR) central advisory group. This group advises VR on its policies and procedures. The SRC is a group of New Hampshire residents, more than half of whom are persons with disabilities, who are appointed by the Governor to advise him and the agency on issues related to the employment of persons with disabilities.

Who may participate in the Rehabilitation Council?

The Governor may appoint any of the following:

- You, any individual with a disability or your representative
- Other rehabilitation service providers
- Representatives from programs with which VR has cooperative agreements and groups from which VR would like to receive advice
- Business people

State Rehabilitation Council Officers at this time are:

- Chair: Nancy Rollins
- 1st Vice Chair: Charles Saia

Purpose

Providing Leadership on Behalf of Persons with Disabilities and Guidance to Vocational Rehabilitation Programs

Our Mission

To assist eligible New Hampshire citizens with disabilities to secure suitable employment and financial and personal independence by providing rehabilitation services.

Our Vision

NH Vocational Rehabilitation seeks to become an organization committed to fulfilling the needs of customers by providing continuously improving quality services through an effort of teamwork and professionalism.²

In brief, the goal of the SRC is to set policy and direction for the Department of Vocational Rehabilitation in terms of working with and supporting people with disabilities to gain meaningful employment. Their role involves working with people with disabilities, as well as employers, and to assist employers to understand accommodations and to be more open and welcoming of people with disabilities.

If you are interested in becoming more involved, please contact John at BIANH or email john@bianh.org and for more information, please see <https://www.education.nh.gov/career/vocational/index.htm>

Are you familiar with Ask JAN?

JAN is an acronym that is commonly used and which stands for Job Accommodations Network. If you or your loved one are trying to figure out accommodations that will enable you to do a job, or if there are legal aspects of accommodations that you need to research, JAN may be the place to look.

JAN provides free consulting services for individuals with disabilities that affect employment. Services include one-on-one consultation about job accommodation ideas, requesting and negotiating accommodations, and rights under the Americans with Disabilities Act (ADA) and related laws. Although JAN does not help individuals find employment, JAN does provide information for job seekers.

Working toward practical solutions that benefit both employer and employee, JAN helps people with disabilities enhance their employability, and shows employers how to capitalize on the value and talent that people with disabilities add to the workplace. Assistance is available both over the phone and online. Those who can benefit from JAN's services include private employers of all sizes, government agencies, employee representatives, and service providers, as well as people with disabilities and their families.

For more information, please go to : <https://askjan.org/index.html>

Resources You Can Use....

For a moment, let's think about the “return to work” question from the employer's point of view – your boss. Two months ago you were the star employee in your department. You knew what you were doing. You helped mentor new employees; you supervised some of them. – And then on one terrible day you were in a car accident and sustained a brain injury. You have been in the hospital, then rehabilitation and your boss keeps calling and asking when you are coming back to work. He has not found anyone else who could do the job as well as you could.

Now, you know, and I know, that you are not ready to go back to the kind of quality or quantity of work you used to do, but you would like to go back some, maybe get your feet wet, try it out a little bit.... What we often do not think about is that your boss does not know what to do either. He maybe never even had heard of brain injury until someone called him up and told him that you had one. And now, he hasn't got a clue what it means or anything about it. It's hard to think about, but he needs some resources too to help him understand brain injury and to help him understand how he can help you get back to work.

First of all, the Brain Injury Association is the place to call 603-225-8400.

Second, we have a wealth of people with expertise, reading materials, and we can offer a variety of trainings on the topic.

And third, please take a look at

<http://www.bianh.org/pdf/employ-bihandbk12016.pdf>

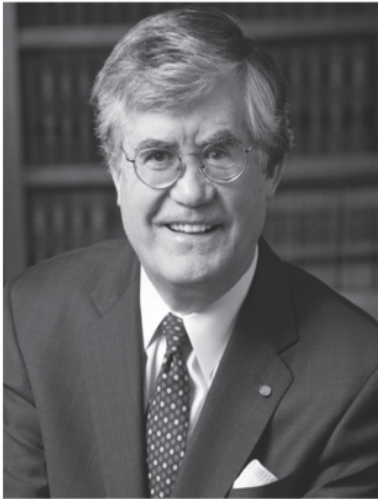
a handbook specifically for employers supporting survivors to get back to work.

¹ <http://www.bist.ca/returning-to-work-after-a-brain-injury/> the Brain Injury Society of Toronto

² <https://www.education.nh.gov/career/vocational/advisory.htm>

Save the Date!

The 12th Annual Statewide Caregiver's Conference
Keynote Retired Chief Justice John Broderick
"A Family's Journey Through the Valley of Mental Illness"



Wednesday, November 14, 2018
8:00 am to 4:00 pm

Courtyard Marriott, Concord, NH

For more information or to request a registration brochure contact: Ellen Ederly, Coalition of Caring, Phone 603-332-9891 or e-mail Ellenedge@metrocast.net, or visit the Coalition of Caring's website at www.coalitionofcaring.org. Facebook Like us: <https://www.facebook.com/CoalitionofCaring/> Twitter <https://twitter.com/coalitioncaring>



Bicycle Safety

Bicycle riding is fun, healthy, and great way to be independent. But it is important to remember that a bicycle is not a toy, it is a vehicle! **BE COOL!** Follow some basic safety tips when you ride.

- Wear a properly fitted bike helmet. Protect your brain. Save your life.
- Check your equipment. Adjust your bicycle to fit.
- See and be seen. Wear clothing that will make you visible. At night, wear something that reflects light.
- Control your bicycle. Always keep one hand on the handle bars.
- Bicycles in many States are considered vehicles, and cyclists have the same rights and the same responsibilities to follow the rules of the road as motorists.

When riding, always:

- Go With the Traffic Flow. Ride on the right in the same direction as other vehicles. Go with the flow – not against it.
 - Obey All Traffic Laws. A bicycle is a vehicle and you're a driver. When you ride in the street, obey all traffic signs, signals, and lane markings.
- Yield to Traffic When Appropriate. Almost always, drivers on a smaller road must yield (wait) for traffic on a major or larger road. If there is no stop sign or traffic signal and you are coming from a smaller roadway (out of a driveway, from a sidewalk, a bike path, etc.), you must slow down and look to see if the way is clear before proceeding. This also means yielding to pedestrians who have already entered a crosswalk.
- Be Predictable. Ride in a straight line, not in and out of cars. Signal your moves to others.

For more information on bicycle safety, visit the National Highway Traffic Safety Administration (NHTSA) Web site at: www.nhtsa.dot.gov

SPECIALTY CASE MANAGEMENT SERVICES OF NEW HAMPSHIRE

Did you know that Brain Injury Association of New Hampshire offers
Specialty Case Management Services?

We offer these services under the following programs

- Private Pay Case Management
- Choices for Independence (CFI) Community Care Waiver
- Acquired Brain Disorder (ABD) Community Care Waiver
- Developmental Disabilities (DD) Community Care Waiver

Brain Injury Association of New Hampshire specializes in supporting individuals living with a brain injury, stroke, tumor, and/or other neurological disorder.

If you would like more information how you can receive or transfer to the Brain Injury Association, please call Erin Hall at 603-225-8400 or email at erin@bianh.org

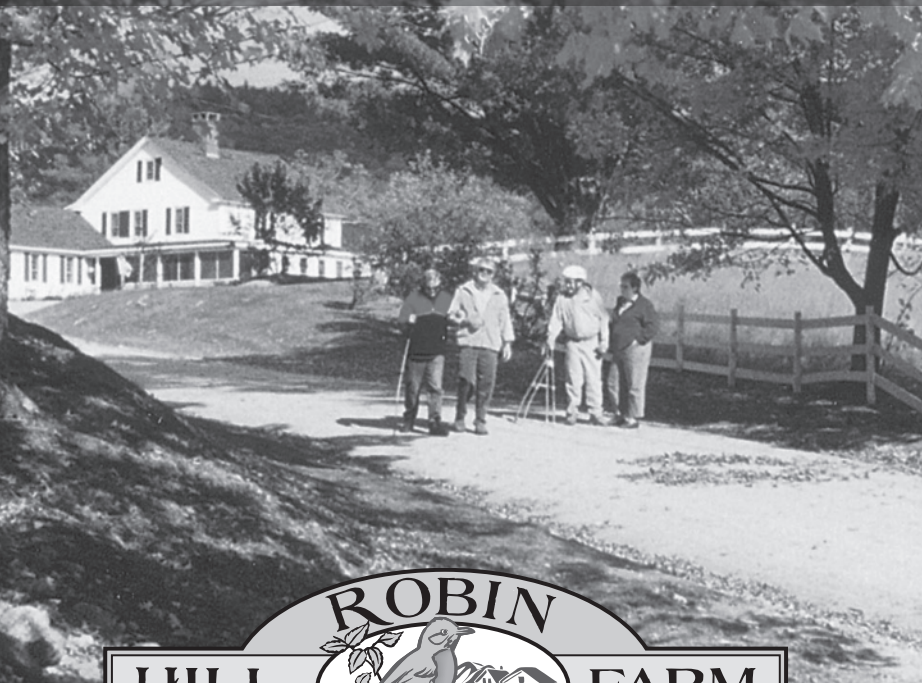
Our Mission: To create a better future through brain injury prevention, education, advocacy, and support.

52 Pleasant Street – Concord, NH – 03301
Phone: 603-225-8400 Helpline: 1-800-773-8400



Quality of Life... for adults with a brain injury

- Supported Residential Programs
- Residential Rehabilitation Programs
- Supported Apartment Programs
- 24 Hour Staffing for All Programs



www.robinhillfarm.com
55 Donovan Road, P.O. Box 1067, Hillsborough, NH 03244
Tel: 603-464-3841 Fax: 603-464-3851
e-mail: info@robinhillfarm.com

Rose Meadow



Rose Meadow Farm Rose Meadow Garden
Rose Meadow Acres

Specialized Supported Residential Programs providing long-term care and quality of life for adults who are medically compromised due to acquired brain injury, spinal cord injury or neurological disorder

Rose Meadow has been serving residents since 1995 who:

Require total care which may include ventilator management, trach care & tube feedings

Require 24 hour supervision for personal safety & well-being
Require nursing support, medical management & attendant care

Rose Meadow's services include:

Family style living

24 hour supervision and nursing support

Support with daily living activities & personal care

Physical endurance program

Daily leisure & recreational activities

Community involvement & integration

Rose Meadow has full access to community resources for all licensed therapies. Our programs are community based & individualized to meet each resident's specific needs.

37 Briar Hill Rd/336 Bedford Rd/539 Old Coach Rd
New Boston, NH 03070 603.487.3590

www.rosemeadowfarm.com

???? ASK JON ???? ?

by Jonathan Lanteigne



Brain Injury Awareness Month – March 2018

Every year in March the Brain Injury Association of America (BIAA) conducts an awareness campaign about brain injury (BI). The previous theme for the years 2015 – 2017 was #NotAlone.

The new theme selected for the years 2018 – 2020 is #ChangeYourMind.

Welcome to my essay on the Brain Injury Awareness Month – March 2018. By reading this, you will learn the many ways brain injury awareness is performed. Traumatic Brain Injuries (TBI) and Acquired Brain Injuries (ABI) are the key focus of this timeframe. Studies take place and the results are reviewed. Such education begins with particular incidences of brain injury.

During this month, we learn why inclusiveness is highly affected after a brain injury has taken place. We all must know that relationships vary. Such relationships include, but are not limited to parents, spouses, siblings, friends, employers, or educators -- the list goes on. As for those in the field of health, such individuals include one's neurologist, primary care physician (PCP), caregiver, and project manager.

Introduction is made on TBI and ABI sometimes being referred to as the "Unseen Injury." We all must be informed that a brain injury survivor may have no outward signs of a brain injury. Having a broken leg or arm is usually obvious because a cast or sling might be in use. Keywords are used for comparisons such as: internal/external, short-term/long-term, minor/severe. As we all are unique, so are the results of a brain injury or concussion(s).

'Emphases' plays a huge role in getting word out about brain injury occurrences. Emphases are made on a large scale and are used to focus on all ideal needs of brain injury recovery. Not only that, but emphases are also made on a firsthand-basis of the brain injury survivor's families/caregivers.

Statistical-studies of brain injury are highly performed within this monthly timeframe. Data is obtained on an occurrence population rationale. This is performed to a high mathematical standpoint, due to the limited timeframe we are given to perform these functions. As such, having restrictive results improves other's confidence in the field of brain injury. When we inform others of our success, we lessen our chance of failure, and gather great reputation in our findings. Strategic ways of gathering information are also obtained.

Interactions with others are a great example of productivity for brain injury survival. Begin by contacting your local Brain Injury Association, the Brain Injury Association of America, or local support groups. Use internet forums and print hard copy publications such as the Headway newsletter of the Brain Injury Association of New Hampshire. Many people will come to your location if you cannot go to them, for assistance.

We make an overview of what impact a current event may have had, or is currently having, and then ponder on what is yet to be learned from the outcome. If such a current event were to occur, it occurs in a manner of steps: the brain injury takes place; evidence is discovered; topics are researched then verified; reports are then performed with emphasis; word of the current event's outcome is discovered by the public; and, as a final result, opinions are made by all recipients hearing the word.

In conclusion, education is highly recommended for brain injury. We must know our abilities and what we are capable of accomplishing. A small conversation with another person can be very effective. Brain injuries affect many people in many ways. Brain Injury Awareness Month is, indeed, the best month of the year to conduct an awareness campaign about brain injury.

SUPPORT GROUPS IN NEW HAMPSHIRE

(Times and places may change without notice – please call in advance)
Revised February 28, 2018

APHASIA:

Manchester: 4th Tuesday of every month, 4:30pm – 5:30pm, (no meetings held in June, July, or December) Catholic Medical Center – Rehabilitation Medicine Unit, Level F, 100 McGregor Street, Manchester, NH.
Contact: Jean Manning or Larissa St. Amand Phone: (603) 663-6694

Nashua: 2nd Tuesday of every month, 4:00pm – 5:00 pm, (no meetings held in July, August or December). St. Joseph Hospital Outpatient Rehab Clinic, 75 Northeastern Blvd, Nashua, NH.
Contact: Laura Fonden Phone: (603) 882-3000 (x67530)
Contact: Lesley Hill Phone: (603) 595-3076

BRAIN INJURY:

Atkinson: Greater Salem/Derry Brain Injury Support Group for Survivors, Families and Caregivers, 1st Tuesday of the month, 6:30pm-8:00pm, Community Crossroads, 8 Commerce Drive, Atkinson, NH
Contact: BIANH Phone: (603) 225-8400

Concord: 3rd Tuesday of the month, 6:30pm-8:00pm, Granite State Independent Living, 21 Chenell Drive, Concord, NH
Contact: BIANH Phone: (603) 225-8400

Conway: 1st Wednesday of the month, 6:00pm-7:30pm, Northern Human Services, Center Conway, NH
Contact: BIANH Phone: (603) 225-8400

Dover: 3rd Tuesday of the month, 6:00pm–7:30 pm, Wentworth Homecare and Hospice, 9 Andrews Road, Somersworth, NH
Contact: Lara Coughlin Phone: (603) 692-0200

Keene: Monadnock Pacers 4th Tuesday of the month, 6:00pm-7:30pm – Southwest Community Services, Railroad Senior Housing Building, 63 Community Way, Keene, NH
Contact: BIANH Phone: (603) 225-8400

Lakes Region: Contact: BIANH for further information
Phone: (603) 225-8400

Manchester: Greater Manchester Brain Injury and Stroke Support Group; 2nd Tuesday of the month, 6:00pm-7:30pm, Catholic Medical Center, Rehab Medicine Unit F200, 100 McGregor Street, Manchester, NH
Contact: BIANH Phone: (603) 225-8400

Nashua: 1st Wednesday of the month, 6:00pm, St. Joseph Hospital (4th floor), Nashua, NH
Contact: BIANH Phone: (603) 225-8400

Peterborough: 1st Tuesday of the month, 6:00pm-8:00pm, Monadnock Community Hospital, 452 Old Street Road, Peterborough, NH
Contact: BIANH Phone: (603) 225-8400

Salem: 1st Wednesday of the month, 5:00pm-6:00pm, Northeast Rehab Hospital, Administrative Conf. Room, Salem, NH
Contact: BIANH Phone: (603) 225-8400

Seacoast: 1st Tuesday of the month, 7:00pm-8:30pm, North Hampton United Church of Christ, North Hampton, NH
Contact: BIANH Phone: (603) 225-8400

Upper Valley: 2nd Wednesday of the month, 6:00-7:30pm, Dartmouth Hitchcock Medical Center, Fuller Board Room, Lebanon, NH
Contact: BIANH Phone: (603) 225-8400

CAREGIVERS SUPPORT GROUP (Caregivers only)

Portsmouth: 3rd Wednesday of the month, 5:00-6:00 pm., Krempels Center Library, 100 Campus Drive, Portsmouth, NH.
Contact: Susette Milnor, smilnor@krepelscenter.org
Phone: (603) 570-2026, Ext. 24

CONCUSSION:

Concord: 2nd Wednesday of the month, 6:00-7:30 pm., Concord Hospital, 250 Pleasant Street, Concord, NH
Contact: BIANH Phone: (603) 225-8400

MILD BRAIN INJURY SUPPORT GROUP:

Salem: 2nd Wednesday of the month, 5:00pm-6:00pm, Northeast Rehab Hospital, Reception will direct you to the room, Salem, NH
Contact: BIANH Phone: (603) 225-8400

STROKE AND BRAIN INJURY:

DOVER: 3rd Thursday of the month, 2:00pm-3:00pm, Wentworth-Douglass Hospital, Federal Savings Room – Garrison Wing; Dover, NH
Contact: Lindsey Flynn Phone: (603) 740-2271

Kennebunk ME: 1st Tuesday of the month, 3:00pm, Upstairs small conference room, RiverRidge Neurorehabilitation Center, 3 Brazier Lane, Kennebunk, ME
Contact: Steve Fox Phone: (207) 985-3030 ext: 326

Nashua: 1st Wednesday of the month, 6:00-7:30pm, 4th Floor, St. Joseph Hospital, 172 Kinsley Street, Nashua, NH
Contact: Patti Motyka Phone: (603) 882-3000 x68034

Portsmouth: 2nd Monday of the month, 5:00pm-6:00pm, Northeast Rehab Hospital in Portsmouth, 1st floor Dining Area, Portsmouth, NH
Contact: Liz Barbin Phone: (603) 501-5572

BRAIN TUMOR:

Derry: 2nd Monday of the month, 5:30pm-7:00pm, Derry Public Library, Paul Collette Conf Room A, Derry, NH
Contact: Urszula Mansur Phone: (603) 818-9376

STROKE:

Concord: Community Stroke Support Group, 3rd Tuesday of the month, 4pm, HealthSouth, 254 Pleasant Street, Concord, NH
Contact: Susan Tanner (603) 226-9812 Phone: (603) 226-8843

Lebanon: 1st Friday of every even-numbered month, 10:00am-11:30am, Dartmouth-Hitchcock Stroke Support Group 1 Medical Center Drive, Lebanon, NH
Contact: Shawna Malynowski Phone: (603) 653-1117
Contact: Sarah Murphy Phone: (603) 650-5104

Salem: 1st Wednesday of the month, Northeast Rehab Hospital, Family Conf. Room, 70 Butler Street, Salem, NH
Contact: Jessica Anderson Phone: (603) 893-2900 x3218

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Thank you to all our members and donors!
(This list reflects donations received from January 1, 2018 to December 2018)

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