



**BRAIN INJURY  
ASSOCIATION  
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**THE VOICE OF BRAIN INJURY –  
Help, Hope and Healing  
ISSUE #74, SUMMER 2019**

**THE BRAIN INJURY ASSOCIATION OF NEW HAMPSHIRE**  
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# HEADWAY

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## MOTHER-DAUGHTER DUO RECEIVE AWARD

*By Sarah Kilch Gaffney*

At the 36th Annual BIANH Brain Injury and Stroke Conference, held on Wednesday, May 15, 2019, in Concord, NH, BIANH Board President Freddi Gale presented Brooke & Stephanie Mills with the 2019 Ellen Hayes Award. The Ellen Hayes Award is BIANH's top award and is given for exceptional volunteer work on behalf of people with brain injury, their families, and caregivers.

Ellen Hayes was a founding member of BIANH, becoming involved after her son Curtis suffered a traumatic brain injury, and she gave generously of her time and talent to help other parents challenged by brain injury. BIANH gives the Ellen Hayes Award annually to individuals who best embody Ellen Hayes by giving of themselves to help others.

On March 13, 2014, at the age of 13, Brooke Mills was struck in the head during her high school gym class and lost consciousness. She was diagnosed with a concussion and subsequently post-concussive syndrome, but at the time no one understood how severe the impact would be on Brooke's physical, cognitive, and emotional health. Long after it was anticipated that her symptoms would resolve, Brooke still suffered from debilitating fatigue, headaches, dizziness, and



light sensitivity. She struggled with academics and her personality changed. Some of her teachers were critical as her symptoms lingered for months, and she lost friendships and faced teasing from her peers. Brooke's entire life had been turned upside down by her concussion.

Concussions are a type of mild traumatic brain injury that affect how your brain functions. For many, symptoms are mild and temporary, but for some, like Brooke, their symptoms can last for years and possibly even be life-long. "I knew so little about concussions," Brooke explained, "I was a dancer and had never played competitive sports. Everyone around me lacked the knowledge: my mom had to research symptoms; my teachers didn't know how to handle the situation; and my dancing friends didn't understand what I was going through." After it became clear that Brooke's symptoms were not resolving, her family supported her to find the care she needed, eventually traveling to the Carrick Brain Center in Atlanta for treatment.

Lack of knowledge across the board—from her initial medical team, family, and

*Continued on page 3*

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## PRESIDENT'S MESSAGE

### "CHANGING OF THE GUARD"

*From Robin O. Kenney, Ed.D., BIANH President*



Let me begin my first column as BIANH President by saying how much I appreciate the support of the Board of Directors, and how much I look forward to working with all of you over the next four years. I would also like to salute the leadership and many accomplishments of outgoing President Freddi Gale. She will be a hard act to follow!

As many of you know, for the past twenty-six years, my professional career has been dedicated to serving individuals in New Hampshire with intellectual and developmental disabilities, including acquired and traumatic brain injuries.

Ironically, in 2006, what had been a professional focus became quite personal when my younger daughter was struck by a car in Oregon and sustained a severe traumatic brain injury. It became apparent to me very quickly that her injury not only changed the course of her life, but also the lives of everyone in our family. Nothing has ever been the same for any of us. We are, as they say, living a "new normal."

That is the principal reason that I wholeheartedly embrace the challenges ahead, and why I am eager

to do everything I can to support the brain injury survivors and their families who find themselves struggling to adapt to their own new normal.

I see the BIANH playing that critical support role through our excellent programs of education and advocacy. It is a particular source of pride that we have been one of the leading voices in the face of the statewide opioid crisis, helping state officials, legislators and citizens understand that there is a growing number of opioid survivors who sustain a hypoxic or anoxic brain injury as a consequence of their overdose. This is an aspect of the addiction crisis that carries a very high cost – both in human and dollar terms – one that the state and the BIANH will need to address in the coming years.

As we address this crisis and the many other issues that face us, we are fortunate to have Executive Director, Steve Wade at the helm. The energy, expertise, and optimism of Steve and the team he has assembled continue to inspire me to do my best for this organization and for the brain injury community of New Hampshire. Thank you for entrusting me with the job.

## EXECUTIVE DIRECTOR'S MESSAGE

### In just one year there are 7,502 TBI emergency department discharges in NH

*by Steven D. Wade, BIANH Executive Director*



Thanks to the work of Joanne Miles Holmes and her team at the NH Division of Public Health, we know that in 2016 there were 7,502 hospital emergency department discharges in New Hampshire. Few policy makers in our state are aware of New Hampshire's high annual incidence of traumatic brain injury.

The NH Division of Public Health recently produced a TBI hospital data map by county:

	<u>TBI Count</u>	<u>Rate</u>
Coos County	172	542.8
Carroll County	201	422.6
Sullivan County	274	632.8
Grafton County	347	358.8
Belknap County	484	801.3
Cheshire County	566	741.9
Strafford County	1,086	860.6
Merrimack County	1,194	808.2
Rockingham County	1,375	455.4
Hillsborough County	1,803	443.6
<u>Total 7,502</u>		

The highest rate of TBI emergency department discharge is in Strafford and Merrimack Counties. Nearly double the injury rate of Hillsborough and Rockingham Counties. Again, this is just for one year!

**Submission & Editorial Policy:** HEADWAY is published by the Brain Injury Association of New Hampshire. The Editor invites and encourages contributions in the form of articles, special reports and artwork. BIA of NH reserves the right to edit or refuse articles submitted for consideration. The Association does not endorse, support, or recommend any specific method, facility, treatment or program mentioned in this newsletter. Please submit items to: Editor, Brain Injury Association of NH, 52 Pleasant Street, Concord, NH 03301. For advertising rates please call 603-225-8400.

Continued from page 1- Mother-Daughter Duo Receive Award



peers—made Brooke want to spread the word about concussions and raise awareness about the signs and symptoms. Fast forward five years and Brooke, along with her mother Stephanie, have taken Brooke's accident and experience and turned it into a way to teach the world about concussions and brain injuries. In addition to their education and awareness efforts, they are also working to instill hope in other brain injury survivors and families. The message that survivors and families are "not alone" is key to Brooke and Stephanie's mission.

In 2014, just a few months after her injury, Brooke created "Lessen the Impact," a volunteer program through which she has offered peer-to-peer education, outreach, fundraising, and awareness efforts. She has presented to students, run outreach tables at local events, been interviewed on the radio, and created public service announcements. One of her latest presentations even includes "concussion goggles," which give participants the opportunity to experience a simulated concussion.

If there is a way to get the word out about concussion awareness, Brooke is game, but she enjoys the direct outreach to students and schools the most and being able to speak to high school and middle school students and share her story in a way they can relate to has been a huge part of her efforts. "I love giving presentations to students," Brooke said. "My favorite part is when students come up after a presentation to share their own story or ask about how they can better support others. That's how I know I've really made an impact."

Both Brooke and Stephanie are enthusiastic beauty pageant participants. Stephanie was crowned Ms. America in 2014 and spent her 2014-2015 year of service promoting concussion awareness. Brooke has competed in the Miss New Hampshire competition for three years and holds the title of Miss Winnepesaukee. Through her pageant competitions, Brooke has



received scholarship funds to support her academic endeavors and she often uses the pageant stage as another platform to speak publicly about brain injury.

Later in 2014, Stephanie and Brooke also started the "Beauties Bowling for Brain Injury" event, now in its sixth year. Since its inception, the event has raised thousands of dollars for research, education, and the funding of a high school pilot program in New Hampshire. For Brooke, it's been a great way to bring together her two passions: beauty pageants and concussion awareness. The sixth annual "Beauties Bowling for Brain Injury" event will take place on July 21, 2019, at Boutwell's Bowling in Concord. The event is a great way to come together and spend an afternoon bowling for a good cause.

Determined to continue increasing awareness around concussions, in 2015 Brooke worked with New Hampshire Governor Maggie Hassan's office to declare a "New Hampshire Concussion Awareness Day." Next she set her sights on the national level and, in 2016, she partnered with the Brain Injury Association of America to declare a "National

Concussion Awareness Day," which now takes place in September of each year.

In addition, for the last two years in a row, Brooke and Stephanie have traveled to Washington, D.C. to participate in "National Brain Injury Awareness Day," spending time talking with senators and congress people about brain injury advocacy and awareness. Brooke, now 20, is a neuroscience and behavior major in her junior year at the University of New Hampshire and plans to continue her studies to follow in Stephanie's footsteps and become a chiropractor.

Despite the immense impact Brooke and Stephanie have had on concussion and brain injury awareness both in New Hampshire and on a national level, they were both shocked to receive the 2019 Ellen Hayes Award. "I've been a volunteer my entire life," Stephanie said, "it's a way of life for me and I've tried to teach my children that as well." She added, "When you're enriching other people's lives, it enriches your own. When you're volunteering and helping to bring light to others, it also helps you work through things in your own life. Brooke's concussion was so severe and life-changing, and we had to make something positive out of it."

The New Hampshire brain injury community is fortunate to have Brooke and Stephanie's energy, dedication, and inspiration to show how the actions of volunteers can have an extraordinary impact on individuals and the community. Congratulations to Brooke and Stephanie Mills, recipients of the 2019 Ellen Hayes Award.

You can learn more about Brooke and Stephanie's efforts at [www.lessentheimpact.org](http://www.lessentheimpact.org) and more information about the "Beauties Bowling for Brain Injury" event can be found at [www.bianh.org](http://www.bianh.org).

## 36TH ANNUAL BRAIN INJURY & STROKE CONFERENCE

On Wednesday, May 15th the Brain Injury Association of New Hampshire held its 36th Annual Brain Injury and Stroke Conference at the Courtyard Marriott and Grappone Conference Center in Concord.

This morning began with a Keynote given by Francis Sparadeo, PhD. Dr. Sparadeo spoke about *The Opioid Crises & Issues Related to Acquired Brain Injury*. He discussed how the intersection of opioid addiction and brain injury presents a challenging and complex set of circumstances for both acute and long-term treatment and touched upon its many facets. This was a very relevant topic given today's opioid epidemic in New Hampshire.

The rest of the day was filled with equally exceptional presentations including The Effects of Prenatal Drug and Alcohol Exposure; Recovering and Healing After a Brain Injury; Chronic Traumatic Encephalopathy; Current Understanding of Neuroinflammation after TBI; Extending the Window for Stroke Treatment; What the Latest Stroke Trials mean for Bedside Care; Reaching for the Positives, and many other brain injury and stroke related topics.

As is customary, the winners of the Ellen Hayes award were announced and presented during lunch. This award is the highest honor the Brain Injury Association of New Hampshire bestows upon an individual or organization for their outstanding efforts in support of individuals with brain injuries. This year there were two recipients – mother/daughter duo – Stephanie and Brooke Mills, who were awarded this honor for their incredible efforts around concussion education and awareness. They have taken a challenging and terrifying experience and turned it into a way to increase brain injury awareness, give back to the brain injury community, and put a little more hope back into the world.

A special thank you to all of our presenters: James Andriotakis, DO; Nicola Beauregard, PT, DPT, MSHA; Angela Butler, MS, OTR/L; John Crampton, PsyD; Jason Czarnosz, PT, DPT, APL; Emily Dubas, MS, CCC-SLP; Kathleen Earle, MS, CCC-SLP; Francesca Gilli, PhD, MS; Natalie Gilmore, MS, CCC-SLP; Jason A. Johns, MPAS-PA-C; Kate Kennedy; Bonnie Kothari; Rikhav Kothari; Thabele Leslie-Mazwi, MD; Keri Milori, MS, CCC-SLP; Joanne Morello, DPT; Zoe McLean, OT; Kristopher Prescott; Lesley Raiser-Becker, PhD, CCC-SLP; Donald Robin, PhD; John Richards, MSW, MBA; Francis Sparadeo, PhD; Christina Swanberry, MSN, RN, CCRN-K, SCRN; Keith Walsh; and Ross Zafonte, DO.

We would also like to thank all of our sponsors & exhibitors. Your support enables us to continue providing one of the largest and most comprehensive brain injury and & stroke conferences in New England.

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“You can't teach the level of compassion they showed me.  
They always went above and beyond.”  
- James Zaniboni, Brain Injury Survivor

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# 36TH ANNUAL BRAIN INJURY & STROKE CONFERENCE





## NCIL HAPPENINGS AND CELEBRATING 25 YEARS!

This past spring, although chilly and rainy, it did not dampen the spirits of residents and staff alike who took part in many community activities and adventures. Many staff were determined to beat our fundraising efforts last year when we came in second place for the donations collected for the annual Walk by the Sea. This year's venture began with staff and residents visiting the Mount Washington Valley businesses with the fundraising letter in hand to ask for raffle prizes and or donations for the Brain Injury Association of NH. The community once again was welcoming and generous in donating many items: cash or gift certificates. On May 2nd, The Shannon Door Pub again hosted the "Dine to Donate" event with a portion of the pizza sales going towards our cause. What a night it was! Families, friends, and local businesses came out to support this fundraiser and to enjoy delicious pizza while purchasing raffle tickets for chances on the assortment of donated items.

The Barrington Residence folks planned and hosted bake sales at the Farmington and Barrington Irving Stations on May 18 & 19th. Residents and staff baked wonderful goodies, made tie dye t-shirts, and collected money at many other locations in the southern locations. NCIL participant Jessie C. was voted fundraiser extraordinaire!

For the 12th year, NCIL participated with the community Valley Pride Day on May 4th taking on routes in the Conway/North Conway area picking up trash and then celebrating at the community barbecue hosted at The Hampton Inn. NCIL employee Sandy S. has helped organize the residents and staff to participate within their abilities for this event every year. Thank You, Sandy!

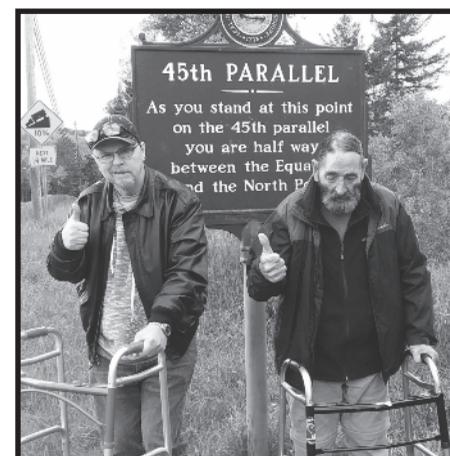
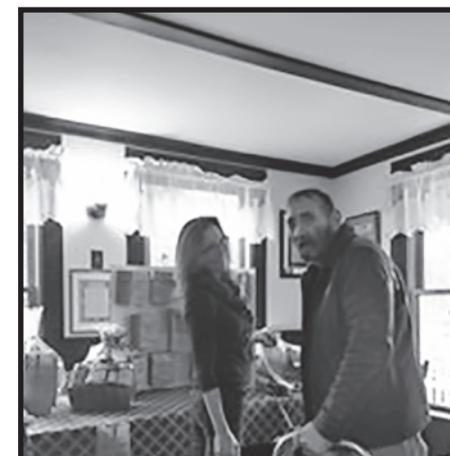
Team NCIL INDY'S participated with the Walk by the Sea at Hampton Beach on June 2nd, the rain held off for this annual event when all participants come together and enjoy camaraderie, walking, and a picnic lunch which followed. NCIL came in **FIRST** place with fundraising almost \$2,500.00!!!! Thanks to everyone who helped, donated, baked, collected, and participated.

A three-day trip to Tall Timbers was enjoyed by Tom, Allan, Lisa, and Linda. Plenty of wildlife viewing with moose and deer being spotted, but unfortunately the weather did not cooperate to go fishing.

The annual Meals on Wheels volunteer luncheon held at the Gibson Center for Senior Services was attended by NCIL volunteers, staff, and management. NCIL volunteers have logged over 3500 hours this past year!

The races are now underway at Oxford Plains Speedway, many of the individuals are once again enjoying watching these races while routing for their favorite cars.

**North Country Independent Living** is celebrating 25 great years of providing services to individuals who have sustained a traumatic brain injury, stroke, neurologic impairment, or developmental disability. The story began in 1982 when Patsy Sherry's brother sustained a severe traumatic brain injury. After an exhaustive search for an appropriate program the family decided to develop their own program which is still in place today in Michigan. Garry and Patsy Sherry moved to the Mount Washington Valley in 1994 with two young daughters and by June of that year the first resident was accepted. NCIL has grown, developed, and is held with high regard for individualized programs and services. The communities have been welcoming and supportive.





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# INSIGHTS

Life Perspectives From a Brain Injury Survivor David A. Grant



## Brain Injury Treatment – A Holistic Approach

My life was forever changed back in 2010 when I was struck by a newly licensed driver. Later this year, I will celebrate my nine-year accident anniversary. My broken bones have long since healed. My dark bruises faded away, the torn ligaments mended, and my lacerations from being thrown through a windshield have long since healed; but my brain injury remains.

Early on, I heard a phrase that horrified me, “Brain injury recovery is lifelong.” I wanted to stomp my feet and cry foul! I desperately wanted an end date that I could circle on my calendar, a date when I would be fully recovered.

The ONLY treatment recommended to me after my injury was to rest for a few days. That was it – just rest, and nothing more.

Now in my ninth year as a brain injury survivor, I’ve learned more about brain injury than I ever imagined. Such is the nature of “on-the-job” learning. I know today that recovery is indeed lifelong, something that no longer bothers me. I’m doing better today than I was doing a couple of years ago. A couple of years from now, I’ll be doing better than I am today. Such is the inevitable march of recovery.

The emergence of brain injury treatment options beyond “just resting,” over the last few years seems to be accelerating. In my case, I was left with both a TBI and severe PTSD after my injury. The PTSD was often the cause of more discomfort than my brain injury.

Earlier this year, after several failed attempts to seek effective treatment for my PTSD, I found a local doctor in Salem, NH who specializes in Eye Movement Desensitization and Reprocessing (EMDR) treatment for PTSD. I started treatment as a willing skeptic, wondering how watching lights could possibly have any impact on PTSD. Three months later, 99% of my PTSD symptoms disappeared. No one was more surprised than me. This unconventional (and sometimes controversial) treatment literally changed my life.

Over the last few years, there has been a virtual wellspring of non-mainstream, non-pharmaceutical holistic approaches to brain injury treatment that have been proven to improve the quality of life for people like me. Yoga programs, like those put on by the LoveYourBrain Foundation, have positively impacted the lives of thousands. Practicing meditation and embracing mindfulness have proven results, something that I can attest to personally.

Let’s not forget one that is near and dear to me – support groups. While not considered “treatment” in the traditional sense, peer-to-peer support

does help to end the isolation that so many survivors live with. Over the last few years, under Ellen Edgerly’s watch, our statewide network of support groups continues to grow and flourish. Lives are made easier.

No longer do I await the day that I am “over” my injury. I have found that learning to coexist with my TBI is the key to a happy post-injury life. Treatment sometimes involves things I never expected – like watching colored lights. And sometimes just being in the presence of a fellow survivor and being able to say, “I know EXACTLY how you feel,” is one of the biggest parts of the healing process. Every story has value, and all of us have the ability to share our experience to serve a greater good.

### INDEPENDENT CASE MANAGEMENT / SERVICE COORDINATION

The Brain Injury Association of New Hampshire offers this **Conflict Free** service for all disability populations:

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

We are a consumer and family directed non-profit organization, founded by New Hampshire families who came together to strengthen individual and system-wide advocacy.

For additional information about Independent Case Management, contact Erin Hall at 603-225-8400 or email at [erin@bianh.org](mailto:erin@bianh.org)

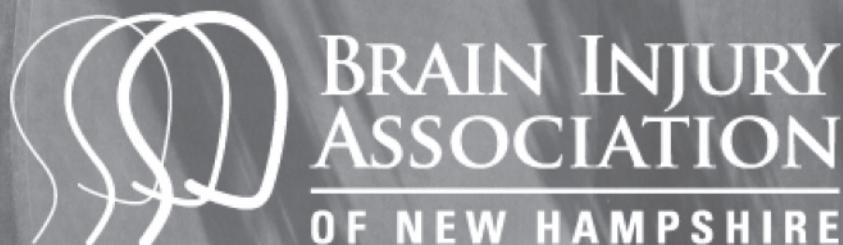


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**Wednesday, August 21, 2019**

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# Bowling for Brain Injury

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**All proceeds benefit the Brain Injury Association of New Hampshire**

# MEET THE ARTIST: SHAWN HIERS, VIDEO GAME REVIEWER

Interview by Rosalie Johnson

What do you know about video gaming? Video gaming has been a part of Shawn Hiers' life for many years. Here is a snippet of Shawn's life before and after his traumatic brain injury.

Shawn considers himself an "Uber Geek." His passion for gaming started in the 80's when his family received an Atari for Christmas. He played Pac-Man, Pitfall, and then progressed to Star Wars.

He joined the Navy and served for three years. Shawn stated, "I was not doing so hot and needed a little help. The Navy worked!"

"The first day I saw the PlayStation One, I was on board a Navy ship. I was watching a shipmate playing 'Resident Evil.' It was funny to see ten Navy guys scream like girls when the zombie dog attacked. It was that day I was hooked on the PlayStation brand." (Excerpt taken with permission from: [www.psnation.com/2015/08/20/hi-my-name-is-shawn-and-i-have-a-brain-injury/](http://www.psnation.com/2015/08/20/hi-my-name-is-shawn-and-i-have-a-brain-injury/).)

Once Shawn left the Navy he worked for a few companies traveling throughout the northeast inspecting telephone poles. While Shawn was working in the spring of 2012, he walked across a concrete floor when suddenly: "Both feet came out from under me. I landed on my back. I lost consciousness for only a few seconds."

After the fall, Shawn started feeling really tired on a daily basis and began drinking excessive amounts of coffee thinking it would energize him. He began to notice difficulties with his comprehension, and was told that he was post-concussive but would be fine. Well, he wasn't fine and returned to work too soon -- becoming depressed and suicidal.

"The first year was really hard and I almost died. Yep -- I said it -- I almost committed suicide. As you know, the brain controls everything in your body. Let's call it the CPU. With my brain injury I have trouble with reading comprehension, short term memory loss, anger management, and attention issues.

Along with that, I began my trouble with mental illness. I never had issues with depression, anxiety, and suicidal ideation, but with my injury I did. That's been hard. It was like a thousand ton weight dropped on me, and it still feels like that at times."

"So where do video games come in? There is an ongoing research that video games can be beneficial in rehabbing a person's brain. I won't bore you here with the research by listing all the benefits. Instead I'll tell you about my experiences."

See more of Shawn's experiences at: [www.psnation.com/2016/04/12/video-games-vs-mental-illness-the-hidden-fight/](http://www.psnation.com/2016/04/12/video-games-vs-mental-illness-the-hidden-fight/).

Shawn began treatment for Lyme Disease that summer without relief of his symptoms. He continued through his



hospitalizations and learned that he had fractured his back when he fell. In November he had a neuropsychological evaluation and was diagnosed with a traumatic brain injury. He stopped trying to work, stating: "I couldn't do it."

Shawn was out of work for four years and feeling really lost. His wife was working three jobs to support him and their four daughters. He said that his wife, Katie, insists that their relationship had improved even though he still felt grouchy and didn't enjoy life. Being supportive of her husband, Katie found information about the Peterborough Brain Injury Support Group. Shawn connected with Tom, a support group facilitator, and started attending the meetings. Life was changing.

What also helped Shawn through this time were the video games. Shawn feels that they have helped to improve his memory and comprehension, "Playing the games helped me be secluded and lessened outside distractions."

He began writing for PS Nation, the longest running PlayStation podcast in the world! At first he wrote news posts on video games, and then moved on to reviewing games. He was quite prolific for about a year until he needed a break due to health and family changes.

At this time, Shawn is a stay-at-home dad caring for his family. He has resumed writing for PS Nation a few hours a week. He also has the companionship of "Jack"

his emotional support dog. Shawn would one day love to have a true service dog, but acquiring one is almost impossible. He feels his old self has died and he was never able to grieve in the early days as his mental issues were too severe. Fatigue remains a daily struggle. August 2019 will be a huge accomplishment for Shawn: not being hospitalized for a year!

Along with his family, Shawn was able to take a dream vacation to Disney World, and he is able to support his wife and daughters in the merchandising booth for a roller derby event.

Wanting to start working again, Shawn interviewed with Vocational Rehabilitation to look into career options. He would like to explore becoming a chef as he loves cooking for his family. He has difficulty reading due to comprehension and memory issues, but is able to listen to podcasts to learn. He would also like the opportunity to look into writing.

Shawn is looking forward to filling in as a co-facilitator for the support group during vacation weeks. As technology for diagnosing traumatic brain injuries is improving, he would like to be more involved. "I want to be a sponsor for new survivors. That's my end goal. I wish for more awareness and better outreach programs."

For the immediate future, Shawn hopes to attend his 25th Navy Reunion in Norfolk, Virginia.

# DISABILITY RIGHTS CENTER



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

## Self-Advocacy is for Everyone

By Kathy Bates

Photo courtesy of NH Council on Developmental Disabilities

*I learned a long time ago the wisest thing I can do is be on my side, be an advocate for myself and others like me. Maya Angelou*

I've been advocating for myself and others with disabilities since I was in grade school. This was before the passage of the Education of All Handicapped Children Act in 1975 and there weren't many kids who had obvious disabilities in public school during the late sixties and early seventies. I learned how to advocate for myself by watching my parents fight for me to have typical learning experiences.

Advocacy has always been a natural fit for me. Over the course of my career, I have had years of experience working with children and adults with disabilities. Helping others to find their voices and advocate for themselves is a passion of mine. Advocacy is about self-awareness, understanding your needs, and being able to ask for the help you need to achieve your goals.

I am currently the facilitator and a member of the Self-Advocacy Leadership Team (SALT). Originally a task force of the New Hampshire Council on Developmental Disabilities, SALT now consults with other advocacy organizations as well. In our most recent project, we helped to rewrite New Hampshire's

Adult Protective Services laws to make them easier for everyone to read and understand. We also created a brochure to educate the public about this project. SALT has chosen to work on issues that are important to the wider community, not just those that concern people with disabilities.

Given my personal history and work with SALT it might surprise you to know that I really don't like the term self-advocate and how it has become synonymous with the word disabled. For example, if I am at a conference, I'm labeled a self-advocate along with every other person with a disability who is in attendance. The rest of the people

at the conference are referred to as participants. Aren't we all participants? Here's the kicker, this isn't just something that happens at a conference or an event, I am forever labeled a self-advocate. I think that's strange because people without disabilities advocate for themselves all the time, yet they are never called self-advocates. Self-advocacy skills are very important for everyone to learn and disability should have nothing to do with it.

There is nothing wrong with having a disability. I use a wheelchair to get around and I'm not embarrassed by it at all. I also understand that there are times when labels are necessary. A diagnosis of a disability is a label that provides access to the equipment and services I

need. My label of Cerebral Palsy gives me the right to have my really cool powerchair, my adjustable bed, and my accessible house. It also lets me take advantage of personal care services and physical therapy. I could not imagine my life without these tools; they are critical to my ability to live as independently as possible.

The funny thing about a label –

whether it is a disability diagnosis or the term self-advocate - is that it doesn't tell you anything about the person who has been labeled. If there are fifty people in a room who have CP or who are labeled self-advocates, their strengths and challenges will all be different. For me, I would rather be known as Kathy the blond chick who gets around in really cool wheelchair! We don't need another word that is code for disabled. It really is okay to have a disability. It's the only minority that anyone can join at any time. Maybe, I could just be known as Kathy Bates, the writer who likes to give people something to think about.



*SALT members getting down to work.*

## SPOTLIGHT ON KREMPELS

Brain injury does not wait for a person to be ready. It does not care about age, ethnicity, gender, race, religion, sexual orientation, or socio-economic status. It can happen to anyone, anywhere, at any time. As a community, the best way we can respond is by providing comprehensive and accessible support for individuals living with brain injury, creating an impactful scope of services for all stages of recovery.

On April 4th, Krempels Center, a nonprofit organization in Portsmouth, New Hampshire, dedicated to improving the lives of people living with acquired brain injury, received a NH Center for Nonprofits Impact Award for its innovative and collaborative approach to addressing the complex needs of brain injury survivors in New Hampshire. With professional staff who understand brain injury survivors' unique needs, Krempels Center delivers therapeutic programming that results in improved quality of life. Interactive classes and peer-driven discussion groups create opportunities for members to develop social connections while working on personal goals and skill development; all within a supportive, vibrant community setting.

When accepting the Nonprofit Impact Award, Lisa Couture, Executive Director of Krempels Center, took the opportunity to educate the audience of fellow nonprofit leaders and supporters about the impact of brain injury on an individual and their family, and why Krempels Center is such an important service in the community:

*"[Experiencing] an acquired brain injury means that someone's life was on a trajectory free of disability, and that trajectory came to a sudden halt, due to a car accident or fall, stroke or brain tumor, or a lack of oxygen to the brain from drug overdose or heart attack. Careers suddenly end, families struggle financially, and many loved ones and friends retract or disappear, unsure of how to relate to this very changed person. Much of those changes are invisible and difficult to understand, leading to isolation and despair. Krempels Center is a place for brain injury survivors to be with others who really get what they are going through, rebuild skills, and get the support they need."*



John Burns - SOS Recovery Community Organization; Julie McConnell, Laurie Harding, and Kathleen Reardon - NH Center for Nonprofits; Ken Norton - of NAMI-NH; Lisa Couture - Krempels Center, and Jane Difley.

Krempels Center's unique program was established in 2000 by founder David Krempels, who recognized he and his peers living with brain injury needed "more than a monthly support group" as they navigated their new life. Early on, the Center partnered with UNH, creating a learning lab for allied health and social service interns, which in turn allowed the Center to offer a wide-range of groups for participants. With a strong supervision curriculum in place for the students, this symbiotic partnership helps ensure services continuously evolve and improve, and remain evidence-based.

Ms. Couture spoke at the awards night about the growth of Krempels Center since its inception, and also recognized that stories about sports concussions and combat traumatic brain injuries have grown public awareness. What hasn't changed over the years is the need for Krempels Center. Every nine seconds, someone in the US sustains a brain injury. In a country with more than 5.3 million Americans who are currently living with brain injury-related disabilities at a cost exceeding \$76 billion each year, the comprehensive community care is imperative. (<https://www.biausa.org/>).

"At its heart, Krempels Center is a place of belonging and hope. Brain injury survivors are seen and understood, which allows them to let their shoulders down, be who they are right now, and develop new plans and goals for their future. Feeling you are part of a community—truly belonging—is something all human beings yearn for," Couture states.

The NH Center for Nonprofits is a statewide nonprofit association dedicated to advancing the impact and visibility of the nonprofit sector and supporting the growth of nonprofits to reach their mission. Krempels Center's receipt of the Nonprofit Impact Award brings awareness to the living needs of brain injury survivors, and vital services in our community that meets those needs. For more information about Krempels Center, please visit [www.krempelscenter.org](http://www.krempelscenter.org)


**Krempels Center**  
New Life After Brain Injury



Neal Ouellett, President of the Board of Directors, Krempels Center; Lisa Couture, Executive Director, Krempels Center; Kathleen Reardon, CEO, NH Center for Nonprofits

# BIKE SAFETY RODEOS IN LOCAL TOWNS

## BEDFORD POLICE DEPARTMENT BIKE RODEO

The Bedford Police Department held their 7<sup>th</sup> Annual Bike Rodeo on Sunday, May 26<sup>th</sup> and it was a success! The helmets provided by the Brain Injury Association of New Hampshire helped many children as some had improperly fitting helmets, while other children had no helmets. Because of the generous donation, we were able to provide life-saving safety equipment to these children. The children rode their bikes through obstacle courses to teach them about bicycle safety. They learned how to proceed through an intersection, what to do if approaching a traffic light, how to safely come to a stop when riding fast, and much more. The children and parents were then invited to take part in the Bedford annual Memorial Day Parade in which they rode their bicycles along with the Bedford Police Honor Guard and Police Officers.



## HENNIKER BIKE SAFETY

The pre-K class at the White Birch Community Center in Henniker had a special visit from the Henniker Police Department! A big thank you to Chief French for allowing Officer Bossi and Sergeant Martin into our classroom. The officers talked about bike safety and the importance of helmets!

The kids were each fitted with their own helmet, given a badge, a coloring book, and they were able to sit in the officers' police cruisers!

A special thank you to the Brain Injury Association of NH for these amazing gifts and donations to our children!

Thank you!  
White Birch Community Center



## DUNBARTON BIKE RODEO

The Dunbarton Police Department held their 2<sup>nd</sup> Annual Bicycle Rodeo on Sunday, June 9<sup>th</sup> at the Dunbarton Elementary School. We partnered with the Dunbarton Volunteer Fire Department as well as the Dunbarton Parent-Teacher Organization to pass out popsicles to those in attendance. S&W Sports of Concord provided free bicycle tune ups and safety checks. Thanks to a Safe and Active Community Grant through the Children's Hospital at Dartmouth and the generosity of the Brain Injury Association of New Hampshire, we were able to outfit an estimated 35 local youth with brand new helmets and bicycle safety equipment. A skills and agility course was set up to challenge various riding abilities.



# STRANGULATION, DOMESTIC VIOLENCE, AND BRAIN INJURY: AN INTRODUCTION TO A COMPLEX TOPIC



*By Jerrod Brown, PhD., Concordia University*

**A**fflicting millions of individuals across the United States, intimate partner violence is the physical, sexual, or psychological harm of an individual by a romantic partner (Arroyo, Lundahl, Butters, Vanderloo, & Wood, 2017). Approximately one in four American women are the victims of severe physical violence perpetrated by their intimate partners at some point in their lifetime (Smith et al., 2017). Such intimate partner violence often takes the form of physical attacks including punching, shaking, hitting with an object, assaulting with a weapon, or near suffocation. The consequences of intimate partner violence can range from adverse physiological (e.g., broken bones and traumatic brain injuries) and mental health issues (e.g., post-traumatic stress disorder, depression, and anxiety) to homicide (Pritchard, Reckdenwald, & Nordham, 2017; Strack & Gwinn, 2011).

One particularly common yet destructive form of intimate partner violence is strangulation (Kwako, Glass, Campbell, Melvin, Barr, & Gill, 2011; Messing, Patch, Wilson, Kelen, & Campbell, 2018). Distinctly different than choking, strangulation is the application of pressure to the neck that restricts blood vessels and air passages.

This in turn results in asphyxiation, or the restriction of oxygen, where oxygen fails to reach the brain and other parts

of the body. It is thought that strangulation symbolizes the perpetrator's control over the victim and demonstrates the perpetrator's ability to kill the victim (Volochinsky, 2012).

There are two types of strangulation: manual and ligature. Manual strangulation is the process of using one's hands or forearm to strangle the victim and may be the most common form of strangulation employed in the context of intimate partner violence. In contrast, ligature strangulation refers to the use of a rope, scarf, belt, or other similar object to strangle the victim (Volochinsky, 2012). Regardless of the type, strangulation may or may not be accompanied by visible symptoms of the injury.

Depending on length of time without oxygen, the victim may experience a loss of consciousness, potentially permanent medical consequences (e.g., strokes, brain injuries), and even death. In fact, victims of intimate partner violence who have experienced strangulation are much more likely to die as a result of intimate partner violence than those victims who do not experience strangulation. Even if the victims initially survive the strangulation, they may eventually die due to other complications. In these cases, victims die in the coming days or weeks after the strangulation as a result of blood clots, arterial complications, respiratory issues, or other reasons.

*Continued on page 15*

In the absence of death, brain injuries are often one of the most devastating and long-lasting consequences of strangulation. Victims of intimate partner violence may also experience traumatic brain injuries (TBIs) from blows to the head and other assaults. (Prosser, Grigsby, & Pollock, 2018; Valera & Kucyi, 2017). Caused by open or closed injuries to the head, TBIs can be characterized as short- or long-term brain damage. This could include physical (e.g., loss of consciousness, headaches, and sleep disturbances), sensory (e.g., vision and auditory distortions and sensitivity to light and sound), cognitive (e.g., executive control and memory), and mental health (e.g., depression, anxiety, and mood fluctuations) symptoms. For a review of the injuries resulting from strangulation, please see Figure 1. As a result of these symptoms, individuals suffering from TBI could have difficulty functioning in daily life including performing regular tasks at home, school, or work.

The combination of psychological distress and brain injury can make it difficult to identify the presence of intimate partner violence. Specifically, the victims may have difficulty communicating the transpired events to authorities, physicians, and other professionals in a variety of contexts. For example, this could occur in conversations with police officers during criminal investigations or with mental health care providers during psychological assessments. The causes of communication difficulties may include short- and long-term memory impairments, post-traumatic stress disorder symptoms, or other intimate partner violence sequelae. The practical consequences of these communication difficulties are that intimate partner violence victimization is under-identified. As a result, the individual may be (a) exposed to further intimate partner violence in community settings, (b) viewed as an unreliable source of information in criminal justice and legal settings, and (c) undiagnosed or misdiagnosed in psychiatric settings.

To improve the identification of survivors of intimate partner violence, professionals must adopt advanced methods of screening and assessment (Pritchard, Reckdenwald, Nordham, & Holton, 2018). One consideration should be the manner in which screening and assessments are conducted. Specifically, interactions with clients should be characterized by slow pace, repetition, checks for comprehension, and frequent breaks. Beyond this, professionals should specifically screen for both intimate partner violence victimization and brain injury.

This could involve questions about concussions, blackouts, and loss of consciousness. Failure to adopt these suggestions and approaches may result in symptoms being misattributed to other ailments, misdiagnosis, and ultimately inappropriate and ineffective interventions.

A lack of recognition of the links between intimate partner violence, strangulation, and brain injury translates to under-treatment. This is troubling because of negative short- and long-term outcomes. When untreated, brain injuries can worsen over time and have permanent consequences on the victim's global functioning along with tremendous societal costs. As such, it is essential that the potential brain injuries be evaluated by a physician with referrals to appropriate treatment services as soon as possible.

In instances where professionals lack expertise in brain injury, it may be fruitful to call on the assistance of specialists. Those with expertise can help ensure the client has not only been adequately assessed and diagnosed, but also provide guidance in the development of the course of treatment. This should include a discussion of how to address the client's individualized needs throughout treatment with appropriate services and techniques. Further, professionals with expertise must also assist in the safety planning process. Such plans should clearly identify ways to minimize the risk of intimate partner violence and TBI along with safe places where the victim can receive treatment and recover from injuries (Murray, Lundgren, Olson, & Hunnicutt, 2016).

In light of the serious consequences reviewed in this article, there is an immediate and ongoing need for increased awareness of intimate partner violence and brain injury. This includes professionals working in law enforcement, forensic, criminal justice, mental health, medical, and social service settings. An essential path forward includes improving the accessibility of these professionals to education and training programs on the areas of intimate partner violence and brain injury, particularly programs that explore the intersectionality of these topics. In addition to broadening awareness, law enforcement agencies and organizations that serve survivors of intimate partner violence should adopt universal screening procedures for identifying brain injury.

*Any individual identified with potential brain injuries must be strongly encouraged to receive a thorough assessment and any necessary treatment.*

## SYMPTOMS OF STRANGULATION

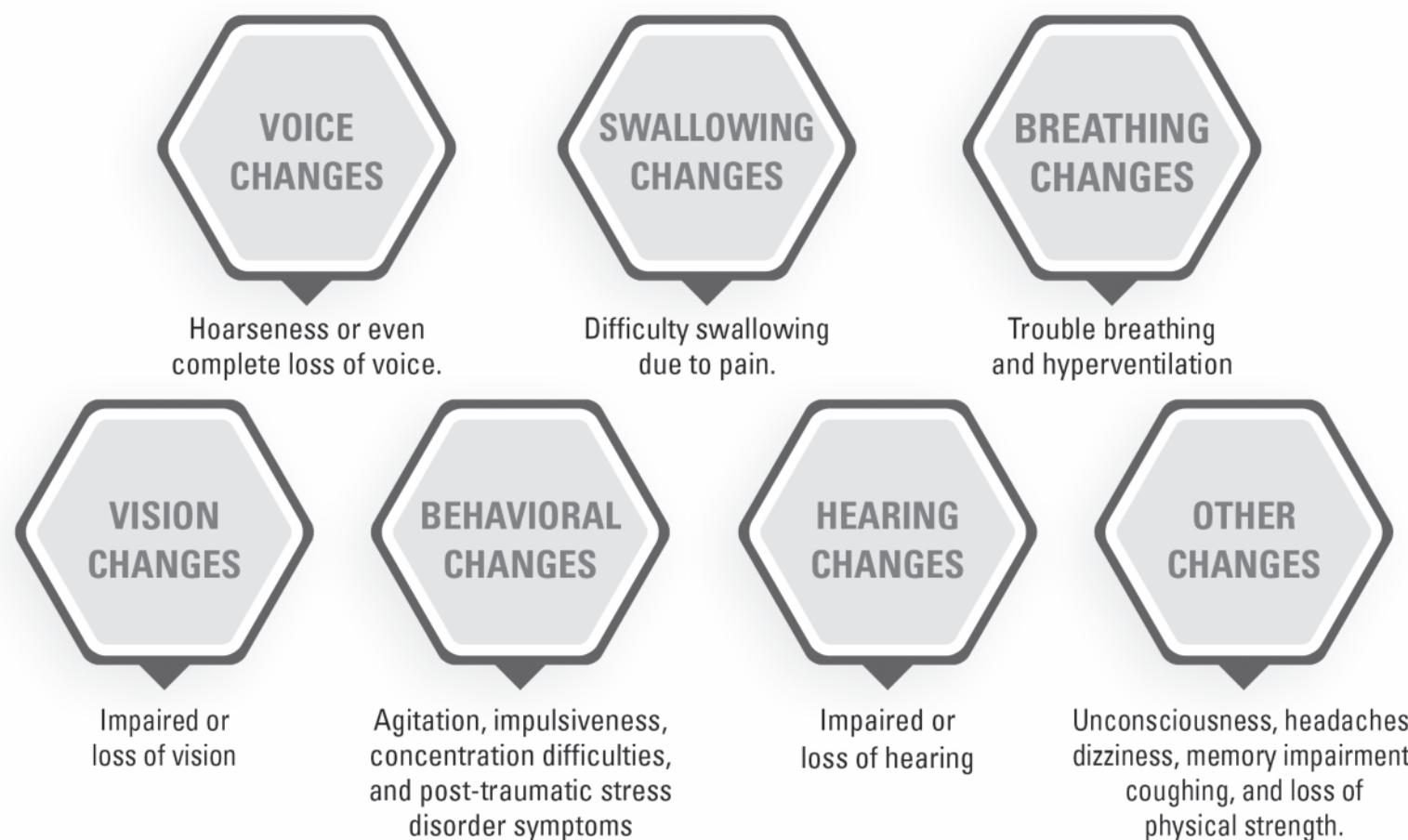


Figure 1: Categories and Specific Symptoms of Strangulation

### Author Biography:

Figure 1: Categories and Specific Symptoms of Strangulation. Jerrod Brown, PhD, is Assistant Professor, Program Director, and lead developer for the Master of Arts degree in Human Services with an emphasis in Forensic Behavioral Health for Concordia University, St. Paul, Minnesota. Jerrod has also been employed with Pathways Counseling Center in St. Paul, Minnesota, for the past fifteen years. Pathways provides programs and services for individuals affected by mental illness and addictions. Jerrod is also the founder and CEO of the American Institute for the Advancement of Forensic Studies (AIAFS), the editor-in-chief of Forensic Scholars Today (FST), and a Youth Firesetting Prevention and Intervention (YFPI) Mental Health consultant for the Minnesota Department of Health (MDH). Jerrod is certified as a Youth Firesetter Prevention/Intervention Specialist, Thinking for a Change (T4C) Facilitator, Fetal Alcohol Spectrum Disorders (FASD) Trainer, and a Problem Gambling Treatment Provider. Jerrod has completed four separate master's degree programs and holds graduate certificates in Autism Spectrum Disorder (ASD), Other Health Disabilities (OHD), and Traumatic Brain Injuries (TBI). Jerrod has published numerous articles and book chapters, and recently co-authored the book "Forensic Mental Health: A Source Guide for Professionals" (Brown & Weinkauff, 2018) with Erv Weinkauff. Email address: Jerrod01234Brown@live.com

References available at [www.biausa.org/domesticviolence](http://www.biausa.org/domesticviolence)

Reprinted from *The Challenge*, Winter 2019

Save the Date!

**The 13th Annual Statewide  
Caregiver's Conference**  
**Keynote Dr. Donna McCarten White**  
**"Caregiver Compassion Fatigue:  
Building Resilience As We Care For Others"**



**Wednesday, November 13, 2019**  
**8:00 am to 4:30 pm**  
**Courtyard Marriott, Concord,  
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For more information or to request a registration brochure contact:  
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 e-mail [Ellenedge@bianh.org](mailto:Ellenedge@bianh.org) or visit the Coalition of Caring's  
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## PLYMOUTH BRAIN INJURY SUPPORT GROUP REOPENS!

**Meeting: 2nd Wednesday of each month**  
**The Whole Village**  
**258 Highland Street—Plymouth, NH**



For those who have never been to a brain injury support group, let us share with you a few reasons why they are important—even essential—steps along the road to recovery.

Participating in a support group provides you with an opportunity to be with people who are likely to have a common purpose and very likely to understand one another.

The common experience of brain injury among members of a support group often means they have had similar feelings, worries, everyday problems, treatment decisions and/or treatment side effects.

Benefits of participating in a support group include:\*

- *Feeling less lonely, isolated, or judged by others*
- *Reducing distress, depression, anxiety, or fatigue*
- *Talking openly and honestly about your feelings*
- *Improving skills to cope with challenges*
- *Staying motivated to manage chronic conditions or stick-to treatment plans*
- *Gaining a sense of empowerment, control, or hope*
- *Improving understanding of a disease and your own experience*
- *Getting practical feedback about treatment options*
- *Learning about health, economic, or social resources*

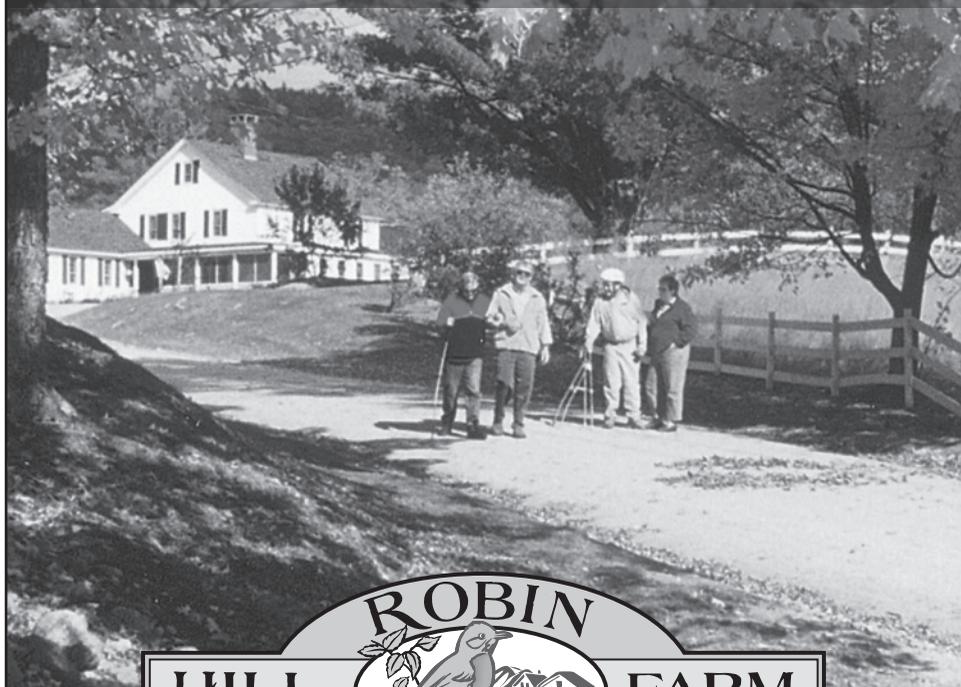
New friends who fully understand what you are coping with are often right beside you in the support group. All are welcome to attend!

For more information about BIANH Support Groups contact:  
 Ellen Edgerly—603-332-9891 or [ellen@bianh.org](mailto:ellen@bianh.org)

\*adapted from the Mayo Clinic

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

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# SUPPORT GROUPS IN NEW HAMPSHIRE

(Times and places may change without notice – please call in advance)  
Revised March 1, 2019

## 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, 5:00pm-6:30pm, Northern Human Services, Center Conway, NH  
Contact: BIANH Phone: (603) 225-8400

**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:** 1st Thursday of the month, 6:00pm-7:30pm, Lakes Region Community Services, 719 Main Street, Laconia, NH  
Contact: BIANH 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

**Plymouth:** 2nd Wednesday of the month, 6:00pm-7:30pm, The Whole Village, 258 Highland Street, Plymouth, 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

## CONCUSSION:

**Concord:** Contact BIANH for future meeting dates/times.  
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 ext: 67501

**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, 4:30pm, Encompass Health (formerly Healthsouth), 254 Pleasant Street, Concord, NH  
Contact: Shandra Plourde Phone: (603) 226-9812

**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

# 2019 MEMBERS AND DONORS

Thank you to all our members and donors!  
(This list reflects donations received from January 1, 2019 to present)

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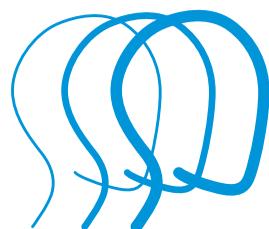
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**BRAIN INJURY  
ASSOCIATION  
OF NEW HAMPSHIRE**

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