



**BRAIN INJURY  
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Non-Profit 501 (C) (3) 02-0397683  
Phone: (603) 225-8400  
Fax: (603) 228-6749  
Family Helpline: (800) 773-8400  
Office Hours: 8:30 - 4:30 (M-F)  
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**THE VOICE OF BRAIN INJURY –  
Help, Hope and Healing  
ISSUE #79, WINTER 2021**

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

N E W S L E T T E R



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## Brain Matters Series: Invisible Disability with Dr. Robert Karol

*By Sarah Kilch Gaffney*

On February 9, 2020, Robert Karol, PH.D., L.P., ABPP-RP, CBIST will present “Invisible Disability: The Conundrum” as part of BIANH’s Brain Matters educational series. The Brain Matters series was created by BIANH in 2016 to provide education, resources, and connection for New Hampshire’s brain injury community, including professionals, survivors, and caregivers. Due to COVID-19, all Brain Matters presentations are currently being held virtually.

A long-standing expert in the brain injury field, Dr. Karol co-founded the Minnesota Brain Injury Alliance in 1984, and he served on its board for 14 years. He is the President of a group practice, Karol Neuropsychological Services & Consulting, located in Minneapolis, that provides program development, workshops and staff trainings, counseling for brain injury survivors, neuropsychological and rehabilitation evaluations, and case consultations. Dr. Karol is a board-certified Rehabilitation Psychologist, a Certified Brain Injury Specialist Trainer (CBIST), and he has been on the Mayo Clinic TBI Model Systems Regional Advisory Council.



*Dr. Robert L. Karol, PhD, ABPP*

In addition, Dr. Karol is on the Board of Trustees of the United States Brain Injury Alliance and is a past-chair of the Minnesota Department of Human Services TBI Advisory Committee. In 2015, he received the American Psychological Association Rehabilitation Division Lifetime Practice Excellence Award for “excellence in clinical practice and contributions to the field of rehabilitation psychology,” and in 2017, he received the Cifu Lecturer Award for “distinguished contributions to the field of brain injury” from the Virginia Commonwealth University School of Medicine.

Dr. Karol’s Brain Matters presentation, “Invisible Disability: The Conundrum,” will explore the challenges of living with an invisible disability, how one can respond to having a disability, and how disability affects one’s identity. He will also discuss how grieving a brain injury differs from the standard grief model and how changing the way we acknowledge disabilities can have a huge impact on response.

*Continued on page 3*

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**Publisher** Brain Injury Association of New Hampshire

**Editor** Renee Fistere

**Design/Layout** Cantin Design, LLC

**Printer** Upper Valley Press

## PRESIDENT'S MESSAGE

### TIME TO REFLECT

by Robin Kenney, Ed.D., BIANH President



Here we are in January 2021, with the most challenging year in memory behind us. Those of us holding the fort at the Brain Injury Association are hopeful, along with literally billions of others, that the distribution of effective vaccines will commence and the frightening statistics that have dominated the headlines for the past year will slowly become yesterday's news.

Yet, I'm still sitting in my home office, where I have worked remotely since March, reflecting on the multiple manifestations of the COVID-19 pandemic on our community. In the tele-health phone calls I make to brain injury survivors on a daily basis, I encounter many of the same struggles I would expect to hear from friends and family members: anxiety about the future; fear of contracting the virus; the boredom and social isolation that accompany the shutdown of businesses, restaurants and entertainment opportunities. The difference is that our community members can be less prepared mentally to cope with these feelings, and are often more physically vulnerable to illness.

All of us struggle at times to carry out the basic required mitigation activities – mask-wearing, hand-washing, maintaining six feet of distance in public spaces, or avoiding indoor gatherings altogether. How much more difficult would it be to accomplish these things

if your memory or your initiation ability was impaired to begin with?

One sub-group of our brain injury population – those traumatically injured by opioid abuse – face particular vulnerabilities to COVID-19 due to often compromised immune systems, disrupted living conditions, and social supports. This is a population that will continue to be a focus and priority of the Brain Injury Association as we move through this (hopefully) last phase of the pandemic toward the normal life that we hope widespread vaccination promises us.

One upside that will forever stand out to me as I think about the events of 2020 is the example of courage and commitment on the part of those who work on the front lines with brain injury survivors and caregivers across the state of New Hampshire. Whether they continue to show up every day in person or work remotely, they have devised creative ways of reaching out to clients safely and successfully, keeping alive the critical links of day-to-day support for those who depend on it. These case managers and other direct support professionals have gone above and beyond the call of duty; their work is something we can all be proud of and for which we can never say thank you enough.

## EXECUTIVE DIRECTOR'S MESSAGE

### BIANH Celebrates the 45th Anniversary of the IDEA 1990 Amendments Added Traumatic Brain Injury

by Steven D. Wade, BIANH Executive Director



The Brain Injury Association of New Hampshire is proud to join with other disability advocates and organizations in NH in celebration of the 45th anniversary of the Individuals with Disabilities Education Act (IDEA). On November 29th, 1975, President Ford signed the "Education for All Handicapped Children Act" into law. In 1990, amendments changed the law's name to IDEA.

This landmark federal legislation guarantees a "free, appropriate public education" to all children and young adults with disabilities aged 3-21. Of particular interest to the brain injury community, is the law's 1990 amendments which added traumatic brain injury (TBI) as an eligible disability for special education and related services.

Following TBI's federal adoption in 1990, the NH State Legislature adopted TBI as a new category of eligible disability for NH schools in 1993. Later, in the 2005, the NH Disability Rights Center and BIANH worked together to change NH law, expanding the definition of brain injury disability for special education from TBI to the much broader definition of ABD – acquired brain injury.

Inclusion of brain injury in IDEA at the state and federal levels is critically important because children and young adults sustain the greatest incidence/annual number of brain injuries - more than all other age groups.

**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: Brain Matters Series: Invisible Disability with Dr. Robert Karol

When Dr. Karol first began studying psychology, he knew that he was interested in helping people who had health challenges in addition to mental health needs. His first experience working with brain injury survivors occurred during a pre-internship year at the Harry S. Truman Memorial Veterans' Hospital in Columbia, Missouri. Through his time there working with veterans, Dr. Karol began to recognize the tremendous impact that psychologists could have in supporting brain injury survivors during their recoveries. Following this experience, Dr. Karol completed an internship at the Minneapolis VA and participated in a variety of rotations, including brain injury/neuropsychology, epilepsy, and dementia care.

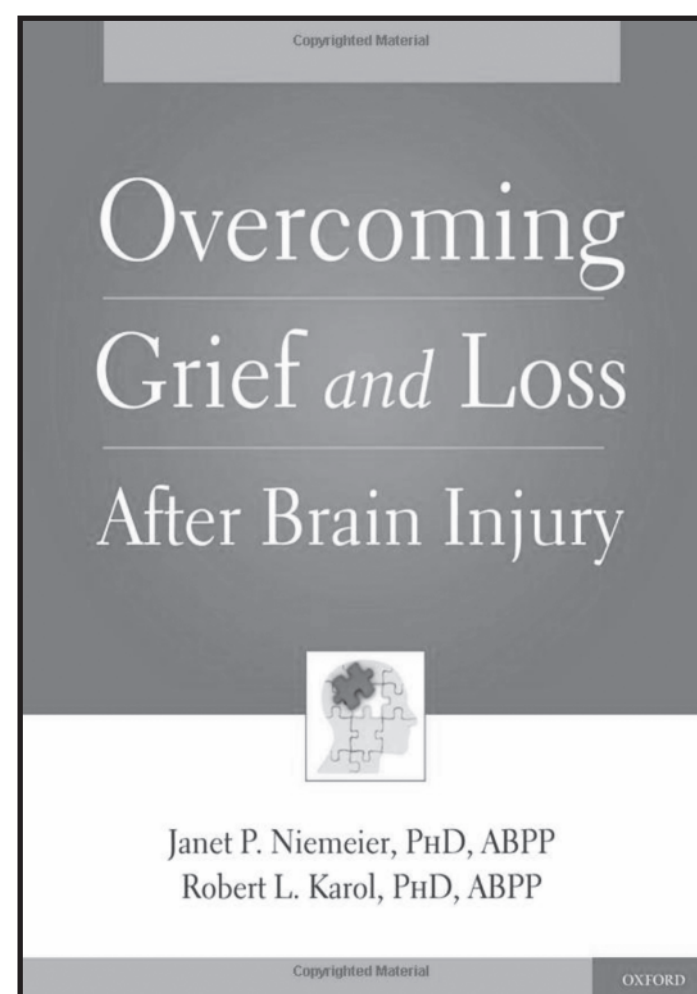
In his distinguished clinical career working with brain injury survivors, Dr. Karol has authored four books, as well as many book chapters and journal articles. One of his books, *Overcoming Grief and Loss After Brain Injury*, which was co-written with Janet Niemeier, provides information and resources for brain injury survivors coming to terms with the effects of their injuries. Utilizing self-assessment, along with information about coping strategies and skills, hand-outs, and work sheets, Dr. Karol's book provides a supportive resource for brain injury survivors navigating their changed lives after their injuries.

The COVID-19 pandemic has been especially challenging for brain injury survivors and caregivers, many of whom were already experiencing isolation before the pandemic hit earlier this year. With winter coming and the pandemic's restrictions lasting longer than expected, Dr. Karol offered his recommendations for tackling isolation in the coming months. So much of it, he explained, is how we manage our expectations. "Human beings don't cope well with the unknown because you can't adjust for what you don't know," he pointed out.

Dr. Karol's recommendations for tackling isolation are multi-faceted. "First," he said, "make sure you are investing time in maintaining the contacts you have, whether through the phone or Zoom, and make a point of working harder to maintain those." He added, "Now is a good time to work to develop new contacts as well. Keeping internet safety measures in mind, you could seek out a

virtual book or movie club, a group that talks about sports, or something else you are interested in." Last but not least, Dr. Karol recommended that we remind ourselves that this situation should be temporary. "It's important to adopt the idea that you'll get through this, it will get better, and it won't be permanent, but it might last longer than you'd like it to. With vaccines coming, this should ultimately be temporary, and it won't last forever." Finally, Dr. Karol advises do not hesitate to seek out professional counseling from someone who knows brain injury—you do not need to cope by yourself.

To register for Dr. Karol's presentation, "Invisible Disability: The Conundrum," please visit BIANH's website at <https://bianh.salsalabs.org/idtc> or call the office at (603) 225-8400. There is a cost of \$30 per person to register.



**BRAIN INJURY  
ASSOCIATION  
OF NEW HAMPSHIRE**



**NEW HAMPSHIRE  
CHARITABLE FOUNDATION**

The Brain Injury Association of New Hampshire is pleased to be the recent recipient of a \$25,000 grant from the New Hampshire Charitable Foundation. The money will be used towards purchasing new technology that will allow us continue providing the best possible level of care and support to those we serve, especially during the pandemic. Although this funding could be used in many ways, one of the most important to us is helping survivors, clients, family members, and caregivers stay connected to one another and to us. It is especially critical during this time of social isolation and the additional stresses that it puts upon individuals that are already feeling stressed and isolated.



**WALK**  
*By The Sea*  
**& PICNIC**

**Sunday, June 6, 2021**  
Hampton Beach State Park, Hampton, NH  
Registration—11:00 Walk Begins—Noon  
For more information, please call 603-225-8400

**INDEPENDENT CASE  
MANAGEMENT/  
SERVICE COORDINATION**

The Brain Injury Association of New Hampshire offers this **Conflict Free/Conflict of Interest** services for all 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



**You are not alone!**

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).



52 Pleasant Street – Concord, NH – 03301  
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**New Hampshire Alcohol & Drug Abuse Counselors Association**

is offering the following two trainings:

Virtual: Recognizing & Accommodating Brain Injury in Your Practice  
A 6-hour training with Carolyn Lemsky, Ph.D. C.Psych. ABPP-CN  
9:00 am -12:15 pm daily, on **February 9 & 10, 2021**  
For more information or to register click on the following link:  
<https://www.nhadaca.org/event-3962010>

Virtual: Brain Injury and Overdose: Evidence-Based Care & Case Management  
A 6-hour training event with Carolyn Lemsky, Ph.D. C.Psych. ABPP-CN  
9:00 a.m. – 12:15 p.m. daily on **March 16 & 17, 2021**  
For more information or to register click on the following link:  
<https://www.nhadaca.org/event-3962043>





## VIRTUAL BRAIN MATTERS 2021

### Tuesday, January 26 ~ The Neuropsychology of Opioid Use in Individuals with Traumatic Brain Injury

*Presented by Anthony M. Podraza, Ph.D., ABPP*

Since the advent of the opioid epidemic in the 1990s it has become increasingly clear that individuals who have a history of traumatic brain injury (TBI) are particularly vulnerable to developing an opioid use disorders (OUD) and experiencing adverse neurocognitive effects from opioid use and nonlethal opioid overdose. Individuals with TBI, particularly in those who experience significant multi-trauma, are more likely to be prescribed opioid pain medication during acute care. These individuals have higher rates of chronic pain after a TBI which can often lead to the long-term use of opioid medications for pain control. In addition, premorbid substance misuse in individuals with traumatic brain injury has been shown to increase the potential for post-injury substance misuse. Individuals with a history of TBI often present with a number of neurologic, cognitive, and/or behavioral changes after injury that increase their risk for medication mismanagement, addictive behaviors, and substance misuse. Nonlethal opioid overdose can result in anoxic brain injury secondary to respiratory arrest. This often leads to a host of potential neurobehavioral and cognitive difficulties that can negatively impact close personal relationships, the ability to work, or even to live independently. This talk will examine the impact of the long-term use of opioid pain medication on cognition in individuals with TBI and the impact of nonlethal opioid use in anoxic brain injury survivors.

Dr. Podraza was recruited by Eastern Maine Medical Center in 1998 to develop a neuropsychology practice at the hospital. He is a past president of the Maine Psychological Association. He is board certified in Clinical Neuropsychology by the American Board of Professional Psychology and a member of the American Academy of Clinical Neuropsychology. He completed an American Psychological Association approved Master of Science Degree in Clinical Psychopharmacology from Fairleigh Dickinson University in 2015. He works at Northern Light Health's Maine Rehabilitation Outpatient Center in Bangor and offers clinical neuropsychological evaluation and consultation services to children and adults.

9:00am – 10:00am

**To register go to: <https://bianh.salsalabs.org/notbi>**

**Cost \$30** 1 Contact Hour

### Tuesday, February 9 ~ Invisible Disability: The Conundrum

*Presented by Robert L. Karol, Ph.D. ABPP-RP, CBIST*

Having a disability that may not be immediately apparent to others generates unique issues regarding personal conceptualization, response of others, and self-disclosure. This talk will address the issues involved in self-concept and response to disability. It will also address disclosure decision making and self-awareness. At the end of this talk you will have an understanding of the challenges of invisible disability, be able to explain the difference between acceptance and response to disability and be able to describe a continuum of disability identities.

Dr. Karol is President of a group practice, Karol Neuropsychological Services & Consulting, in Minneapolis, that specializes in program development consultation for organizations, workshops & staff training, counseling for persons with brain injury, neuropsychological and rehabilitation evaluations, and case consultation for providers, insurers, attorneys, etc. He has authored four books and four book chapters, in addition to journal articles. Dr. Karol is Board Certified by the American Board of Professional Psychology (ABPP) as a Rehabilitation Psychologist and is Certified by the Academy of Certified Brain Injury Specialists (ACBIS) as a Certified Brain Injury Specialist Trainer (CBIST).

10:00am – 11:30am

**To register go to: <https://bianh.salsalabs.org/idtc>**

**Cost \$30** 1.5 Contact Hours

### Tuesday, March 16 ~ Brain Injury 101

*Presented by Jennifer Parent-Nichols, DPT, EdD, PCS, CBIS*

Using typical brain function as a basis for understanding brain changes following neurologic injury, this introductory course serves as a basis for understanding challenges commonly experienced by individuals with brain injury. Learners will explore the science of brain injury and develop evidence-based strategies aimed at supporting recovery.

Dr. Parent-Nichols serves as the Director of Student Affairs and core faculty in the Doctor of Physical Therapy Program at Tufts University School of Medicine. She is certified as a Pediatric Clinical Specialist by the American Board of Physical Therapy Specialties, where she also serves as a board member. She has earned certification as a brain injury specialist and provides educational trainings. She has worked extensively in the area of pediatrics with experience in early intervention, school-based, and outpatient therapy, and adolescent sports medicine. Dr. Parent-Nichols has taught in higher education for over seven years. Her areas of research include pediatric bracing, pediatric and adolescent sports medicine, and education. Dr. Parent-Nichols has five peer-reviewed publications, and 19 peer-reviewed national and international presentations, ten invited presentations, and one book publication.

8:30am -12:30am

**To register go to: <https://bianh.salsalabs.org/bi10103>**

**Cost \$15** 4 Contact Hours



# SPOTLIGHT ON KREMPELS

## Headway: Zoom lunch connects brain injury survivors at Krempeles Center

By: Sarah Lovell, Krempeles Center

PORTSMOUTH - Prior to COVID-19, the cafeteria at the Community Campus in Portsmouth, New Hampshire, buzzed with activity and conversation when Krempeles Center members gathered to enjoy lunch together. For Krempeles Center members, lunch at the café offered opportunities to socialize with peers, interns and staff while enjoying delicious meals and freshly baked treats from Café Services. For many individuals living with brain injury, a social lunch hour also offered opportunities to work on their social, communication and executive function goals.

As with many other community-based programs, to maintain the health and safety of the community amid COVID-19, Krempeles Center shifted to a virtual program using Zoom. Krempeles Center continues to offer 8-10 groups designed specifically for individuals living with brain injuries on each program day over Zoom. Members can choose to attend Zoom groups including yoga, meditation, brain games, music, creative expressions, aphasia and communication support, book club, and men & women's brain injury support groups, among many other offerings.

Zoom lunch is “sandwiched” in the middle of the group choices and continues to be an important part of Krempeles Center's daily routine for members, staff, and interns alike. Social connection is something we all benefit from in our current social distancing climate, but it is especially important for individuals living with brain injury who often experience chronic social isolation. Krempeles Center's Program Director Barb Kresge explains, “Lunch allows for some non-structured time together. It offers an outlet for chatting, developing relationships, and sharing interests and stories.”

While eating lunch on Zoom may lack the ability to see people in-person, it does not lack connection, energy or excitement. Instead of spreading out across 15 or so tables in the cafeteria, Krempeles Center members gather on one giant Zoom screen, with the ability to join breakout rooms for smaller group or one-on-one discussions with peers, interns and staff.

Krempeles Center member Brie Bourn has been attending Krempeles Center since 2006 after sustaining a traumatic brain injury in 1997 when she was hit by a drunk driver. Better known as “BumbleBrie,” Bourn is a social butterfly (or bee) at lunch at the Community Campus. She is known for her bright smile, love of coffee and



Photo 1: Aerial view of Krempeles Center members gathering for lunch at the Community Campus in Portsmouth, NH prior to the program shifting 100% virtual in the wake of COVID-19 restrictions.



Photo 2: Krempeles Center members can continue dining together at lunch on Mondays, Wednesdays and Fridays using the video platform Zoom.

beautiful handmade weavings. Bourn says about Krempeles Center lunch, “You simply go to chat with a friend...and we choose to be together.”

The ability to make choices following a brain injury is often diminished. Krempeles Center is all about choice: members choose when they want to attend, what groups they want to participate in, and how they want to be part of the community.

Bourn is a regular at Krempeles Center's Zoom lunch. She can often be seen on screen working on one of her weavings while in the comfort of her home and the virtual presence of her Krempeles Center community. When asked why she chooses to attend Zoom lunch, Bourn explains, “I don't really know how to eat my meal any other way!”

In addition to social connection, lunch also offers members an opportunity to ask questions and receive support from staff and interns. Kresge explains lunch is also, “an opportunity to get business done.” Interns and staff assist members with any technology challenges, offer suggestions to improve the Zoom experience and connect members with

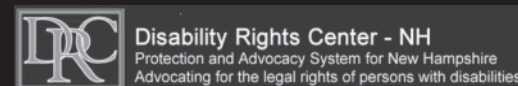
resources in the community, including problem solving concerns around voting most recently.

Program Coordinator and Occupational Therapist, Kelly Redwine-DePierre added, “Before when we would eat lunch at the Community Campus, you were limited to who you were sitting with for conversation, now we dine with everyone.”

*Krempeles Center's mission is to improve the lives of adults living with acquired brain injury. Established in 2000, Krempeles Center has built a reputation for offering high-quality, therapeutic programs for brain injury survivors. Krempeles Center is unique to the seacoast; in fact, it is the only service of its kind in New Hampshire, and only one of a few in the country.*

Visit [www.krempelescenter.org](http://www.krempelescenter.org) to find out more about Krempeles Center.

# DISABILITY RIGHTS CENTER



64 N. Main St., Suite 2, Concord, NH 03301-4913 • [advocacy@drcnh.org](mailto:advocacy@drcnh.org) • [drcnh.org](http://drcnh.org) • (603) 228-0432 • (800) 834-1721 voice or TTY • FAX: (603) 225-2077

## New Hampshire Disability Rights Center Advocates for all

By Krysten Godfrey Maddocks for *Stepping Stones NH 2020-21*

The attorneys at the independent organization can help you with a variety of issues

October 16, 2020

**Krysten Godfrey Maddocks**

For those New Hampshire citizens who can't afford an attorney, but need special education services for their children, face employment discrimination or require community based support services, the Disability Rights Center – New Hampshire can help.

The organization provides information, referrals, advice, legal representation, and advocacy to individuals with disabilities on a wide range of disability-related challenges.

Staffed by attorneys, representatives of the Disability Rights Center are able to pursue legal, administrative, and other remedies on behalf of the individuals they serve. The federally funded statewide organization is independent from state government or other service providers, according to Courtney Lockwood, an intake attorney who joined the DRC in 2005.

“Most people are surprised (we offer these services) because they have never heard of us,” Lockwood said. “Someone might call us to say they are having trouble trying to figure out how to get something. Our intake staff will talk to them and set up an appointment. Then, they can then talk to one of our attorneys for free.”

Most cases don't lead to litigation.

Instead, depending on the situation, DRC attorneys can help clients complete paperwork, make calls on their behalf, or provide free legal advice, Lockwood said. The DRC serves New Hampshire residents of all ages and advises on a variety of issues — from barriers to receiving special education accommodations to housing, insurance and Medicaid issues.

### Remote learning

“We've had plenty of calls on remote learning, which doesn't work for every child,” she said. “The NH DOE and governor have made it clear to districts that you have to provide an individualized program to service these students.”

Because students with disabilities have been most affected by the pandemic, Lockwood said the DRC has prioritized helping parents navigate remote learning accommodations right now.

While the Concord office is not physically open now due to the pandemic, residents are encouraged to call 603-228-0432 (Monday-Friday 8:30 a.m. to 4:30 p.m.) or email the office at [mail@drcnh.org](mailto:mail@drcnh.org) to schedule an appointment to speak to an attorney.

### Assistive technology

One of the key ways in which the DRC can help residents with disabilities is by



helping them get the assistive technology (AT) they need to support their success at home, school or work.

AT includes any item, piece of equipment, or product that increases, maintains, or improves the ability of individuals with disabilities to function. It can be useful for people with either physical or cognitive impairments.

As part of the Assistive Technology Act of 1998 (reauthorized in 2004), the DRC receives federal Protection and Advocacy for Assistive Technology (PAAT) Program funding to help residents secure AT and related services. The Board of Directors sets priorities every year, and most cases are settled without litigation, Lockwood said.

“We hear a lot of employment cases, where someone needs AT to access their job — it could be anything from a standing desk to voice-to-text software,” she said.

### Some examples of assistive technology devices

#### the DRC can help residents obtain include:

- voice-activated computers
- tools to use to reach or pick up things
- speaker phones and text telephones (TTY)
- devices that help pull zippers, light switches, turn on/off buttons, etc.
- wheelchairs
- braces or hand splints
- beeping or vibrating prompts and alerts
- walkers
- personal computers
- augmentative communication devices
- adjustable workstations
- hearing aids

The DRC encourages residents to contact them to get help rather than wade through the unknown or miss out on access to needed devices, resources, or services. Assistive technology, in particular, is a broad area of focus and it's likely the DRC will take your case if it has merit, Lockwood said.

“We focus on areas in which we know someone wouldn't be able to get an attorney otherwise,” she said. “We want to make sure that people get the access to technology and community-based services necessary to deal with their disability.”

*Krysten Godfrey Maddocks is a longtime contributor to ParentingNH magazine, Krysten won three awards — gold, silver and bronze — for writing from the Parenting Media Association in 2020.*



# INSIGHTS

Life Perspectives From a Brain Injury Survivor David A. Grant



## GRATITUDE DURING TOUGH TIMES

Our world continues to change in ways none of us expected. Every day, the seemingly endless drumbeat of doom gets louder and louder. It's far too easy to get swept away in a tide of negativity and fear. But today I want to bring us back to a couple of human elements that seem to have become lost amidst the din of the pandemic.

Let's talk about hope and optimism.

Years ago, I learned a tough life lesson. My mind is like a giant magnifying glass. Whatever it focuses on gets disproportionately large. If most of my focus stays on the increasing numbers, the incomprehensible loss of life, and the fact that we are far from out of the woods, it's all too easy to fall into the type of despair that makes simple tasks like just getting up in the morning difficult.

Thankfully, I don't have to dig too deep to find gratitude.

Just a couple of weeks ago, my wife Sarah and I had a conversation about the timing of the pandemic. Both of us came away from that conversation brimming with gratitude. I am now over ten years out since my traumatic brain injury. These days, I do quite well for a TBI survivor. I work full-time, have meaningful relationships in my life with family and friends, and have accepted my life as it is today, and not as I would have it.

Had I been in early recovery when the pandemic struck, it would have been disastrous. Early on, my executive function skills were lacking. I may not have understood the importance of masking up. Let's add to this the debilitating memory challenges that defined my first few years. I can say with absolute certainty that I would need to be reminded that we are living in a pandemic most every day. My response would belie my challenges, "Oh yeah, I forgot about that." Only to need to be reminded again the next day... and the next.

Think I am kidding? Think again.

Gratitude runs deep when I think about where we are in the linear timeline of human history. Tech tools like email and Zoom help me to stay connected with those I love. A pandemic a few decades ago would have meant close to complete isolation from others. As tough as that would be on anyone, brain injury survivors would suffer in ways unimaginable.

These days, life has a new rhythm to it, one that is okay most of the time. Every morning during the week, Sarah and I head into our respective offices for a full day of work. I ruefully admit that we spend a bit more time meal planning than we used to.

Occasionally we'll take a break for a food delivery or to take a midday ride to clear our heads. Early on in the pandemic, we picked up a new activity – nighttime cemetery walking. We have two favorite cemeteries, one in Salem, and

the other in Derry, New Hampshire. Unlike our town's rail trails which have become packed with walkers, our cemeteries are consistently empty. We've seen deer, listened to owls overhead, and had countless hours of just being together outdoors.

Maintaining my mental and emotional health are as important as being mindful of my physical health. I don't want you to come away with the feeling that I think any of this is a cakewalk. We are walking through a dark chapter of human history, one that will continue for the foreseeable future. There are days that I really struggle with all that is going on. How can you not?

But as some of my closer friends come to me and share their fears, frustrations, and concerns, one comment seems to help bring just a bit of peace, something that I'll share with you now.

*We are closer to the end than we are the beginning.*

As long as I keep this top-of-mind, even the tougher days are more bearable. Be careful out there and be safe. Your life really does depend on it.

# FREE!

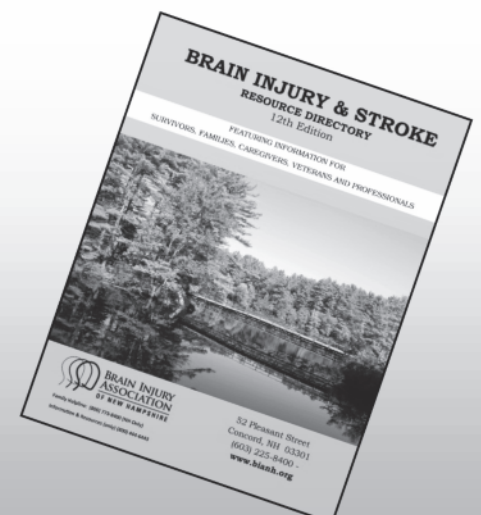
BIANH has several copies of the 12th edition of the *Brain Injury and Stroke Resource Directory* available to anyone — family, survivor or professional.

If you would like a copy (or several copies), please contact the

office:

603-225-8400

or [mail@bianh.org](mailto:mail@bianh.org)





# Why Should New Hampshire Return to Business as Usual?

*By Romy Eberle for the Disability RAPP*

Months have passed since Governor Chris Sununu's original stay-at-home order went into effect in response to the pandemic. The order, which closed the physical workplace and barred in-person operations of all non-essential businesses, caused many employers to adopt accommodations that allowed their employees to work from the safety of their homes. By forcing people all over the state to shelter in place, the coronavirus introduced Granite Staters to what many people with disabilities have long required to work successfully.

This past summer marked the 30th anniversary of the passage of the Americans with Disabilities Act (ADA); an historic event that deserves consideration as we take steps to reopen the economy. The employment section of the ADA is meant to reduce or eliminate the barriers that prevent people with disabilities from obtaining and maintaining employment. The ADA requires covered employers to provide reasonable accommodations to qualified people with disabilities so long as the employee can still do the essential functions of the job. The accommodation must also not create an undue burden for the employer. Examples of a possible undue burden would be if the requested accommodation is excessively difficult for the employer to implement or is prohibitively expensive.

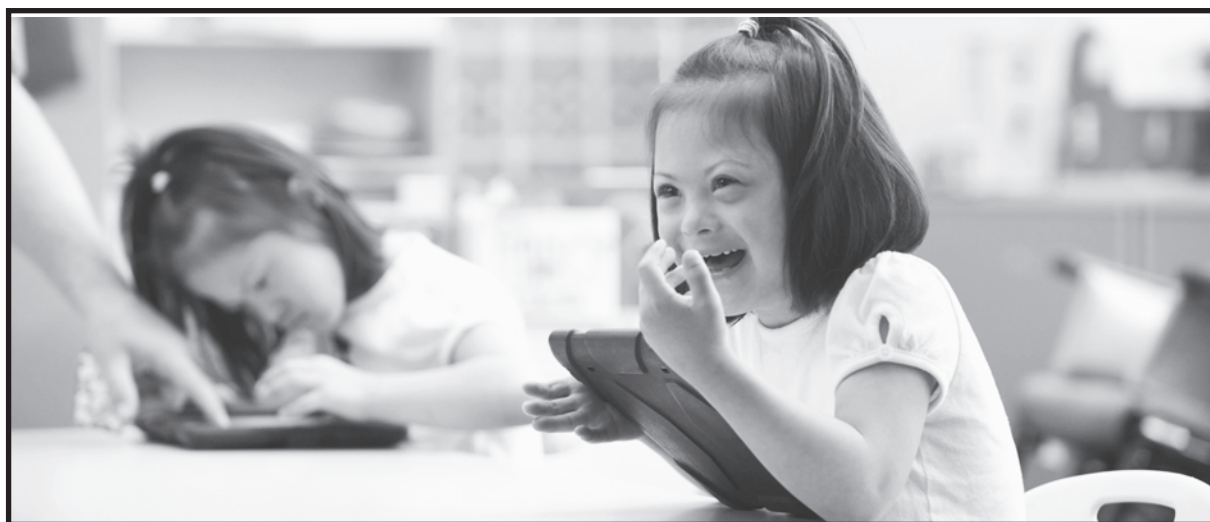
Individuals with disabilities have long fought for – and often been denied – flexibilities that have become a “new normal” during the coronavirus: flexible work hours, remote working environments, and alternative communication formats. This leaves advocates and workers with disabilities wondering if this could mark a turning point for the Granite State by offering more flexible work accommodations. Or, once the pandemic is over, will we return to business as usual?

Tim Sink, President of the Greater Concord Chamber of Commerce, believes the new norm will likely be somewhere in the middle. “I think it will be a mix of how we used to do business and combining it with the best of what we've learned during this crucial period,” says Sink. Like the rest of the country, the Greater Concord Chamber of Commerce made several adjustments to

remain open during the pandemic, such as hosting virtual board meetings, using Zoom in place of in-person meetings, and offering flexible work hours to employees. “We had to scramble,” says Sink, “but we did it, and now that it's in place, we can do it again.”

The ability to work from home has been particularly impactful for those with mobility challenges. Chad Payette, a dedicated and talented office assistant in Concord, says, “Working from home is great.” Although he does miss his colleagues, Payette has saved significant time by telecommuting. “It's easier to work more hours from home for somebody like me who needs an aid to drive me to work and help set up my station.” Payette imagines that some of the employment barriers that people with spinal injuries often face, such as reliable transportation and physical workspace adjustments, may be lessened if working from home is more widely offered.

The pandemic has generated real solutions for better employment opportunities for people with disabilities, and our successes should be leveraged, not forgotten once the state reopens



## Further resources:

- NH DHHS COVID-19 Tools for Businesses and Employers  
<https://bit.ly/31ruUIY>
- SourcesAmerica (2020). How COVID-19 is Reshaping the Future of Work for Persons with Disabilities  
<https://bit.ly/2Vu27zw>

Disclaimer: This article does not contain legal advice and should not be relied upon as legal advice.

*Contributor:* Tim Sink, President, Greater Concord Chamber of Commerce

*Contributor:* Chad Payette, Office Assistant, University of New Hampshire Institute on Disability

*Romy Eberle is the Marketing and Communications Specialist at the UNH Institute on Disability.*

**Sign-up for the Disability RAPP via the portal at [drnh.org](http://drnh.org)**



# 2021 Virtual Brain Injury & Stroke Conference

Wednesday, May 13

Thursday, May 14



**Wednesday, May 13**  
**Keynote Speaker -**  
**John D. Corrigan, Ph.D.**  
***What Substance Use***  
***Disorder Professionals***  
***Should Know About***  
***Traumatic Brain Injury***

John D. Corrigan, PhD, is a Professor in the Department of Physical Medicine and Rehabilitation at Ohio State University and Director of the Ohio Valley Center for Brain Injury Prevention and Rehabilitation. He is Editor-in-Chief of the Journal of Head Trauma Rehabilitation. Dr. Corrigan has been the PI and co-PI of the Ohio Regional Traumatic Brain Injury Model System since 1997 and chaired the Executive Committee of the TBI Model Systems Project Directors from 2007-2017. He is the Director of the Ohio Brain Injury Program, which is the designated lead agency in the state of Ohio for policy and planning related to living with brain injury. Dr. Corrigan is a member of the Board of Directors of the Brain Injury Association of America and has previously served national organizations, including CARE, the Injury Control Center at CDC, the Veterans Administration and the U.S. Department of Defense, Defense Health Board. He has more than 160 peer reviewed publications and has received many awards for his service and research in brain injury rehabilitation, including the Brain Injury Association of America's William Fields Caveness Award, the 2007 Robert L. Moody Prize and the Gold Key Award from the American Congress of Rehabilitation Medicine.



**Thursday, May 14**  
**Keynote Speaker -**  
**Abby Maslin**  
***The New Normal:***  
***Gratitude, Growth, and***  
***Transformation after***  
***Brain Injury***

Abby Maslin is the bestselling author of *Love You Hard: A Memoir of Marriage, Brain Injury, and Reinventing Love*, a powerful story of transformation and resilience in the wake of tragedy. Award-winning journalist Maria Shriver praises *Love You Hard* as, "inspiring, touching, and beautifully written... a testament to choosing joy during the toughest times."

A special educator and yoga practitioner, Maslin's work has appeared in the Washington Post and alongside acclaimed essayists in the anthology, *Nothing But the Truth So Help Me God: 73 Women on Life's Transitions*. In addition to her advocacy work in the brain injury and caregiving communities, Maslin is a regular contributor to the website Brainline.org. She lives in Washington, D.C. with her husband and two children.



# NCIL HAPPENINGS!

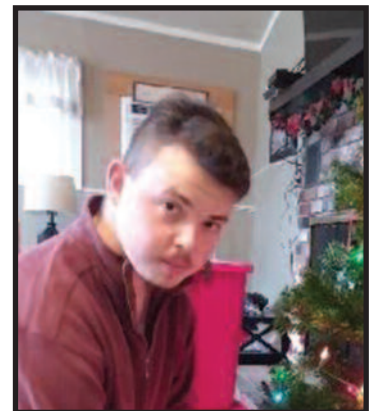
Thanksgiving is behind us; it was vastly different than years past when many residents would have a visit and spend time with family members enjoying all that there is to be thankful for. Exceedingly difficult decisions had to be made this year to keep everyone safe during this pandemic which meant that no one traveled to be with family whether in state or out of state. Thanksgiving was held with the NCIL family of employees and residents alike, great meals were prepared, with wonderful recipes shared.

When this article is read, winter will be upon us and Christmas will be past. Another holiday will have been celebrated quite differently once again. NCIL has long had a tradition of hosting a Christmas party for all the residents at a local restaurant with a fine meal, gifts to open, holiday music, and yearly awards for those who have attained the most Personal Growth and a Spirit of Giving award to name a few. This year the NCIL management team visited each residence. The staff still brought a meal with gifts, and enjoyed the comradely of residents and staff alike. Yes, we found ways to celebrate the season in a much different fashion.

NCIL has great appreciation, along with immense gratitude, for the deserving employees who initiate creative activity ideas which help everyone stay safe. Stacey C. has taken on the ZOOM recreation challenges of providing an online baking class, playing Bingo, and

enjoying crafting while still virtually connecting the residents with each other. The NCIL staff found the holiday decorations in the surrounding area to be more profound this year when they took residents on drives to view the holiday decorations, lights, and views of the beautiful surroundings.. The Loudon Racetrack lighting festival was a wonderful, safe destination to drive through.

We at NCIL wish everyone a healthy Happy New Year and look forward to a return of some semblance of normalcy in the near future. Stay safe and be well. We must thank the leadership of Garry and Patsy Sherry along with the management team for their steadfast goal of safety for residents and employees alike.



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## SHOULD WE ACCEPT CHRONIC TBI AS A PERMANENT DISABILITY?

By Bijan Nejadnik, M.D., Chief Medical Officer and Head of Research, SanBio Co., Ltd.

*“This article originally appeared in Vol. 14, issue 3 of THE Challenge!, the quarterly newsmagazine of the Brain Injury Association of America. It is reprinted with permission from the Brain Injury Association of America, Inc. ©2020. Copies of the original issue can be downloaded at [www.biausa.org](http://www.biausa.org).*

Recovery from a moderate to severe traumatic brain injury (TBI) can be limited and may leave individuals with long-term disabilities. Many of the treatments available today focus on prevention of further injury, but they do not address the potential to heal the injured part of the brain. However, some physicians and scientists believe it is possible to repair the brain after a TBI. The challenge is to develop



new treatments that have the ability to repair the brain, address long-term disabilities, and improve the lives of individuals with brain injury.

The medical costs of treating TBI in the U.S. are extremely high, and are estimated to be \$76.5 billion a year. Once the trauma occurs, the patient is admitted to the hospital where they are treated and most likely recover, but many are left with long-term disabilities. For example, some survivors may be unable to regain full use their limbs, including difficulty walking, which in turn affects their ability to function in their daily lives. Others may experience loss of memory, sight, hearing, swallowing, or speech, or they may experience emotional or behavioral problems such as depression and aggression. The effects of brain injury may be life-long and can impair an individual's ability to work or live independently.

Currently available drugs and rehabilitation services such as physical therapy may improve mobility, but often do not change the course of TBI. However, we should not accept that disabilities due to TBI are permanent. There is a huge potential for treatments that change the biology of the TBI-affected brain by replacing or repairing damaged brain cells and structures. One treatment that has the potential to successfully treat TBI and its associated chronic disabilities is stem cells. Stem cells are found in small numbers in the human body; but, when needed, they have the ability to change into different cells to help treat various conditions. For example, they can become skin cells, blood cells, bone cells, brain cells, or any other cell type in the human body.

Although stem cells are found in small numbers, they are present in organs throughout the body, where they can use their ability to change into different cell types to help repair damaged cells and replace old cells throughout our lives. Using this ability of stem cells to change into other cell types, stem cell treatments for TBI are being studied in clinical trials using donated adult stem cells from several sources, including bone

marrow, with the aim of showing that stem cells can replace or aid in the repair of damaged brain cells. Stem cells are also being studied in clinical trials for their effect on other neurological conditions such as stroke, Parkinson's disease, seizure, and cerebral palsy.

The development of stem cells for the treatment of TBI is just beginning; however, early clinical trials of stem cells for the treatment of patients with a moderate-to-severe disability caused by TBI are promising. For example, a clinical trial has shown that unconscious patients with severe TBI who were treated with stem cells shortly after injury experienced better preservation of important brain structures and were more likely to wake up from a coma than patients who did not receive stem cells. Two other clinical trials enrolled individuals with a TBI who were injured at least one year before entering the trial and who had suffered a moderate-to-severe TBI with long-term physical disabilities. In the trials, the patients who were treated with stem cells experienced greater recovery of upper and lower limb use, balance, and sensation than patients who did not receive stem cells. Importantly, patients who were treated with stem cells in these clinical trials did not experience greater side effects than patients who did not receive stem cells.

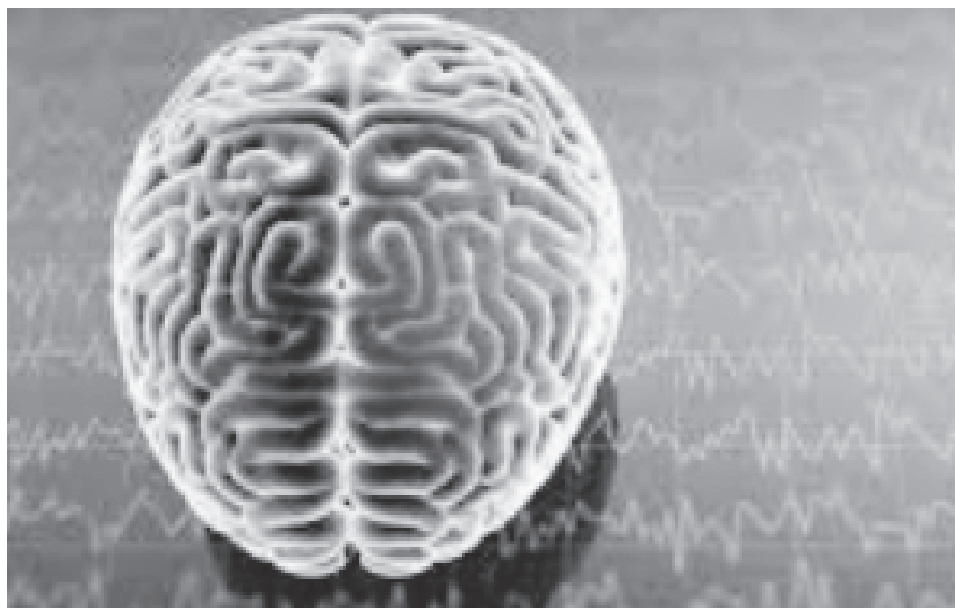
Early clinical trials of stem cells are beginning to show that it may be possible to change the biology of the brain and the course of TBI, and that there is hope that chronic TBI does not have to be a permanent disability.

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



## TBI AND POST-TRAUMATIC STRESS DISORDER

### Tips for Communicating with People with Traumatic Brain Injury and Post-Traumatic Stress Disorder – *America's Heroes at Work*



Not everyone has experience communicating with people with disabilities. However, it should not be intimidating. Appropriate etiquette when interacting with people with disabilities is based primarily on respect and courtesy.

Listed below are some general suggestions for communicating with people with disabilities, as well as things to keep in mind when interacting with those with combat-related conditions such as Traumatic Brain Injury (TBI) and Post-Traumatic Stress Disorder (PTSD). These tips can apply both inside and outside of the workplace to veterans and non-veterans alike.

#### General Tips for Communicating with People with Disabilities

- If you offer assistance to person, wait until the offer is accepted. Then listen to or ask for instructions.
- Treat adults as adults. Address people who have disabilities by their first names only when extending the same familiarity to all others.
- Relax. Don't be embarrassed if you happen to use common expressions such as "See you later," or "Did you hear about that?" that seem to relate to a person's disability.
- Don't be afraid to ask questions when you're unsure of what to do.

#### Tips for Communicating with People with TBI

(Note: Many people who have TBI don't need any assistance.)

- Some people with TBI may have trouble concentrating or organizing their thoughts. If you are in a public area with many distractions, consider moving to quiet or private location, and try focusing on short-term goals.
- Be prepared to repeat what you say, orally, or in writing. Some people with TBI may have short-term memory deficits.

- If you are not sure whether the person understands you, offer assistance completing forms or understanding written instructions and provide extra time for decision making. Wait for the individual to accept the offer of assistance; do not "over-assist" or be patronizing.
- Be patient, flexible, and supportive. Take time to understand the individual—make sure the individual understands you and avoid interrupting the person.

#### Tips for Communicating with People with PTSD

(Note: Many people who have PTSD don't need any assistance.)

- Stress can sometimes affect a person's behavior or work performance. Do your best to minimize high pressure situations.
- People experience trauma differently and will have their own various coping and healing mechanisms, so treat each person as an individual. Ask what will make him or her most comfortable and respect his or her needs.
- Be tolerant if the person repeats his or her stories and experiences, and avoid interrupting the person.
- In a crisis, remain calm, be supportive, and remember that the effects of PTSD are normal reactions to an abnormal situation. Ask how you can help the person and find out if there is a support person you can contact (such as a family member or your company's Employee Assistance Program). If appropriate, you might ask if the person has medication that he or she needs to take.

#### Remember

- Relax.
- Treat the individual with dignity, respect, and courtesy.
- Listen to the individual.
- Offer assistance but do not insist or be offended if your offer is not accepted.
- Don't be afraid to say "I don't know," or "Let me check." You can be clear about the limits of your authority or ability to respond to a person's needs or requests.
- Be mindful that symptoms of TBI and PTSD may fluctuate and are influenced by many factors – there may be periods of ease and comfort as well as more challenging times.
- Support: patience and understanding go a long way. Be generous with these.

*Continued on page 14*

*Continued from page 13 - TBI and Post-Traumatic Stress Disorder*

### **The Words We Use**

Positive language empowers. When writing or speaking about people with disabilities or combat-related injuries, it is important to put the person first. Group designations such as “the blind,” “the retarded” or “the disabled” are inappropriate because they do not reflect the individuality, equality, or dignity of people with disabilities. Further, words like “normal person” imply that the person with a disability isn’t normal, whereas “person without a disability” is descriptive but not negative. The accompanying chart shows examples of positive and negative phrases.

From America’s Heroes at Work: [www.americasheroeswork.gov](http://www.americasheroeswork.gov)

*This fact sheet was developed in cooperation with the U.S. Department of Labor’s (DOL), Office of Disability Employment Policy, the Job Accommodation Network the Veterans’ Employment and Training Service, the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, and the Defense and Veterans Brain Injury Center.*

Affirmative Phrase: Person who has Post-Traumatic Brain Injury (TBI)

Negative Phrase: A victim of TBI

Affirmative Phrase: Person who has Post-Traumatic Stress Disorder (PTSD)

Negative Phrase: Afflicted by PTSD

Affirmative Phrase: Person with an intellectual, cognitive, developmental disability

Negative Phrase: Retarded; mentally defective

Affirmative Phrase: Person with a psychiatric disability

Negative Phrase: Crazy, nuts

Affirmative Phrase: Person who is blind, person who is visually impaired

Negative Phrase: The blind

Affirmative Phrase: Person with a disability

Negative Phrase: The disabled; handicapped

Affirmative Phrase: Person who is deaf

Negative Phrase: The deaf; deaf and dumb

Affirmative Phrase: Person who is hard of hearing.

Negative Phrase: Suffers a hearing loss

Affirmative Phrase: Person with epilepsy, person with seizure disorder

Negative Phrase: Epileptic

Affirmative Phrase: Person who uses a wheelchair

Negative Phrase: Confined, restricted to a wheelchair

Affirmative Phrase: Person with a physical disability, physically disabled

Negative Phrase: Crippled, lame, or deformed

Affirmative Phrase: Unable to speak, uses synthetic speech

Negative Phrase: Dumb, mute

Affirmative Phrase: Person who is successful, productive

Negative Phrase: Has overcome his/her disability; is courageous (when it implies the person has courage because of having a disability).



# ADA SERVICE DOG LAWS

For more information: <https://www.servicedogregistration.org>

Service dog owners are afforded special rights and protections under the Americans with Disabilities Act (ADA). It is essential for every service dog handler to understand what their legal rights are and how to exercise them. It is also important for staff members at establishments such as restaurants, stores, hotels, schools and other public locations to understand how they can properly verify a service dog without running afoul of ADA rules.



## 1. What is a service animal?

The ADA defines a service animal as a dog that is individually trained to do work or perform tasks for someone living with a disability. These tasks may include things like alerting people who are deaf, guiding people who are visually impaired, calming a person during an anxiety attack, reminding someone with depression to take prescription medications or protecting a person who is experiencing a seizure. Service dogs are remarkable canines capable of a wide range of tasks that help

make independent living possible for their handlers. These unique working animals undergo specialized training to learn tasks that mitigate the difficulties caused by specific disabilities. Service dogs are working animals – not pets. They must be trained to perform a task that is directly related to the handler's disability.

## 2. How does the ADA define a disability?

ADA Service Dog Laws prohibit discrimination against disabled people with service animals in employment, public accommodations, state and local government activities, public transportation, commercial facilities, and telecommunication. In the context of the ADA, "disability" is used as a legal term as opposed to a medical one and has a specific definition:

*Under the ADA, a person with a disability is someone who has a mental or physical impairment that substantially limits at least one major life activity. This includes individuals who are regarded as having a disability even if their disability is not physically visible. A person is also protected by The ADA if they have a history of a disability.*

## 3. What disabilities qualify for a service dog under the ADA?

In the context of the ADA, "disability" is used as a legal term as opposed to a medical one and has a specific definition: under the ADA, a person with a disability is someone who has a mental or physical impairment that substantially limits at least one major life activity. A disabled person can also be a person who has a history or record of such an impairment or a person who is perceived by others as having such an impairment.

The ADA does not specifically list out every type of impairment that qualifies as a disability. The disability can be a physical disability such as blindness or impaired mobility, or it can be an invisible disability in the form of a mental condition such as PTSD or severe depression or anxiety.

## 4. Where are service dogs allowed?

Businesses, nonprofit organizations, and state and local governments that serve the public are generally required to allow service dogs to accompany people with disabilities in any areas that are open to the public. This would include places such as restaurants, grocery stores, retail stores, hotels, office buildings, school campuses, parks and other establishments open to the public.

## 5. What questions are you allowed to ask a service dog owner?

The staff or employees at a public establishment such as a restaurant, bar, store, hotel, office building or school may only ask two limited questions if it is not obvious what service the dog provides:

- Is the dog a service animal required because of a disability?
- What work or task has the dog been trained to perform?

The staff member cannot require a doctor's note, inquire about the handler's disability, ask for an identification card or training certificate, and/or demand medical documents.

In addition, staff members are not permitted to ask the handler to have their service dog demonstrate its ability to perform work for the owner. It is important to note as well that the two questions above are only allowed if the disability is not apparent. So for example if the service dog is being used as guide dog for a blind person, it would not be appropriate to interrogate them about their service dog.

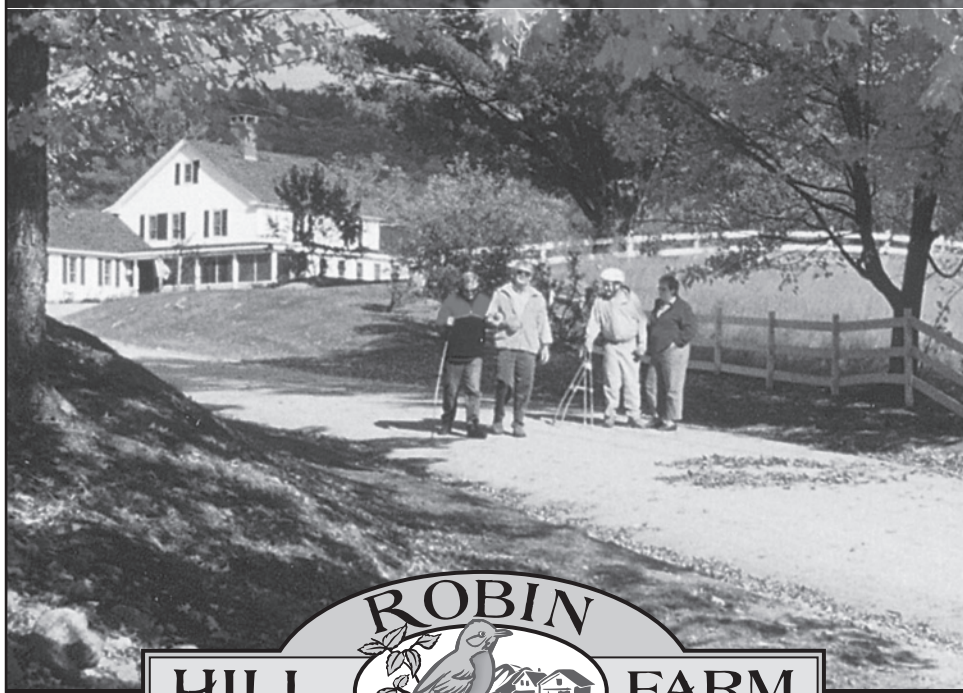
## 6. Do I need a professional trainer to train my service dog? Can I train my service dog myself?

ADA service dog rules do not require that service dog owners use a professional trainer. In order to make your dog a service dog, you do not need to complete any specific training program. Service dog handlers are allowed to train their dog

*Continued on page 16*

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

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*Continued from page 15- ADA Service Dog Laws*

themselves without the help of a professional trainer or training program. Service dog owners should note that under ADA rules, service dogs in training are not considered to be service animals. That means that before a service dog owner can enjoy all of the rights afforded to service dog owners under the ADA, their dog must be fully trained to perform the task that assists with the handler's disability. Some state and local laws may however give rights to dogs that are still in the training stages.

### **7. Which breeds can be service dogs?**

Under ADA rules for service dogs, a service dog can be any type of dog breed. A public establishment or landlord is not allowed to prohibit entry for a service dog solely because it is a certain breed. The service dog may be asked to leave the premises if it is not under the control of the handler or acts in a way that threatens the health and safety of others. Staff members and landlords at an establishment or apartment complex cannot however ask a service dog to leave simply because they are afraid of the dog solely due to preconceived notions about the dog's breed. ADA rules also take precedent over local rules regarding breed restrictions. For example, if your city bans a certain breed of dog, that ban cannot be categorically applied to service animals.

### **8. Are emotional support animals the same thing as service animals?**

No, emotional support animals, or ESAs, are not the same thing as service animals. The ADA does not recognize dogs who solely provide emotional support or comfort as service animals. Unlike service dogs, emotional support animals do not require any special training.

Emotional support animals are intended to provide support for mental and emotional disabilities through companionship. ESAs have more limited access rights than service dogs. Emotional support animals are allowed in residences and on flights, but do not have a right to be in places such as stores, hotels or restaurants that prohibit pets the same way service dogs do.

That does not mean a service dog cannot assist with a psychiatric condition. For example, a service dog can be used to remind a depressed individual to take their medication. Or for someone with anxiety, a service dog can be trained to sense an impending anxiety attack and take actions to prevent the attack or minimize its impact. However, if a person with anxiety is just using the dog's companionship as a source of comfort for their condition, the animal would not qualify as a service dog.

### **9. When can a business ask a service dog and its handler to leave an establishment?**

A disabled person with a service dog can only be asked to remove their animal from the premises in limited circumstances. It is appropriate for staff members to ask a handler to remove their service dog if the dog is out of control or the dog is not housebroken. A service dog handler may also be asked to leave if their service dog's actions are threatening the health and safety of other people.

It is not appropriate to ask for a service dog to leave due to allergies or a fear of dogs. Under ADA guidance, if someone is allergic to a dog and needs to share space with a disabled person and their service dog, both people should be accommodated by assigning them where possible to different locations within the room or facility.

### **10. Do you need a vest, ID card or special harness for a service dog?**

Under ADA service dog rules, items such as vests, ID cards or special harnesses are not required for service dogs. However, many service dog owners utilize these accessories as helpful tools that signal to the public that their dog is a service dog. By using a service dog ID card, vest or harness, a service dog handler can clearly indicate to members of the public that their dog is on duty and should not be

disturbed. These accessories help to set proper boundaries so handlers can avoid invasive inquiries and interactions.

### **11. How do you certify or register a service dog?**

Service animals do not need to be certified or registered to qualify as service animals. Employees and staff are not permitted to require documentation from a handler that the animal is certified, trained or licensed as a service animal as a condition for entry. Some service dog owners will certify or register their dogs through an organization to help notify others that their animal is a service dog. However, these documents are optional and do not by themselves convey legal rights under the ADA.

### **12. My city requires dogs be registered and licensed, are service dogs exempt?**

No, service dogs are not exempt from local registration and licensing requirements that apply to all dogs. This is different from organizations that register and license dogs as service animals. As discussed earlier, these organizations do not confer any official status on service dogs and their services are optional. If your city however requires all dogs to be licensed and registered, your service dog must also comply.

### **13. My city requires that dogs be vaccinated, is that applicable to service dogs?**

Service dogs are not exempt from local rules regarding animal control and health. If your city requires vaccinations for all dogs, then your service dog must also comply.

### **14. Can a service dog be off leash?**

Under ADA rules, a service dog must always be under the control of its owner. Service dogs must be tethered, harnessed or leashed unless the owner's disability prevents them from using these items or these items interfere with the dog's ability to safely and effectively perform its tasks. In situations where a tether, harness or leash is not suitable, the handler must maintain control of their animal through voice, signal or other means of control. An establishment can ask a handler to remove their service dog from the premises if the handler does not have control of their animal.

### **15. Can a restaurant or hotel force my service dog to remain in a certain area?**

No, under ADA Rules for service dogs, handlers with service dogs cannot be isolated from other customers or treated less favorably than other customers. The establishment cannot have a special area for service dogs and limit the handler's activities to that one area. For example, a hotel cannot limit guests with service dogs to designated "pet friendly" rooms.

### **16. Can a hotel charge me for staying with a service dog?**

No, a business can never charge a deposit or fee in connection with service dogs. If the hotel charges a fee for pets, it must waive that fee for a guest who is staying with a service dog. Hotels are also not allowed to charge service dog owners cleaning fees to clean up hair or dander shed by the dog. However, if the hotel or other business usually charges guests for damages, a handler can be held responsible for paying for any damage caused by their service dog.

### **17. Are service dogs allowed in self service restaurants, such as buffets?**

Yes, service dogs must be allowed to accompany their owners through self-service food areas such as salad bars and buffets. Service animals are also allowed in cafeterias such as those found in the workplace or on school campuses.

### **18. Are restaurants required to allow service dogs to be seated on chairs or be fed at the table?**

No, seating at a restaurant and the food served at the establishment are for patrons only. A service dog owner is allowed to have their animal companion next to them, but they cannot expect the restaurant to allow the dog to be seated or fed at the table.

For more information: <https://www.servicedogregistration.org>



## BIANH SERVICES & SUPPORTS

### *Specialized Care Coordination*

Brain injury specific specialty care coordination/case management for the post acute and chronic stage of brain injury – often requiring life-time coordination of care and services.

### *Family Support*

Family support is the Association's free Neuro-Resource Facilitation (NRF) service; helping families and survivors access needed services and supports in their own home and community.

### *Financial Assistance*

Provide direct financial assistance for special needs not covered by other sources through the Brain Injury Community Support Program.

### *Community Care Waivers*

*Choices for Independence (CFI), Acquired Brain Disorder (ABD), Intellectual Developmental Disabilities (IDD), In Home Supports (IHS)*  
Provides home and community-based services that help people with disability to live independently in their own home and community.

### *Transition Program*

Assisting individuals who have experienced a brain injury or stroke, and are able to transition from a facility back into the community.

### *Support Groups*

Helping people with brain injury and their families to know that they are not alone and that there is a whole network of other families and resources within the New Hampshire brain injury community.

*Helpline (800) 773-8400 – Information & Resources (only) (800) 444-6443*  
Our Helpline is available to persons with a brain injury, family members or friends, professionals, and the public.

### *Education*

We provide a wide variety of educational services for persons affected by brain injury and their family caregivers.

### *Prevention*

Prevention is the only cure for brain injury. Our prevention efforts are geared towards schools, teens, and young adults – those most at risk for traumatic brain injury.

### *Support for Family Caregivers*

The annual Caregivers Conference provides respite, information, and sharing for caregivers statewide.

### *Advocacy*

Individual advocacy for persons with a brain injury to help meet their needs in the community. Statewide advocacy; the brain injury community working together for persons living with a brain injury and their needs.

### *Veteran Supports*

Provides service coordination through our NRF Program, financial support, and website ([www.nhveteran.com](http://www.nhveteran.com)). Assist with navigating the civilian and veteran service system.

### *School Services*

Education available to staff and students; assist with development of Individual Educational Plans (IEP).

### *Provider/Professional Training & Education*

Training programs to enhance provider skills and expertise in the brain injury field.

### *Hospital Clinics*

Hospital-based clinics provide outreach to newly injured and give assistance in navigating the system of care in New Hampshire.

**Choose Northeast Rehabilitation**

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We are certified by The Joint Commission and our four rehabilitation hospitals have earned Disease-Specific Care Certification in Brain Injury and Stroke rehabilitation.

For information, call (603) 893-2900

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**NRH**  
Northeast Rehabilitation Hospital Network

# What is the *Brain Injury Community Support Program? (BICSP)*

⇒ **Are you a brain-injury survivor finding yourself in financial need?** ⇐

The *Brain Injury Community Support Program* provides short-term financial assistance for people living with brain injury, stroke, MS, or Huntington’s who meet BICSP eligibility requirements.

**Pending approval by the BICSP Review Committee, approved applicants may receive funding for requests up to \$2,000.**

Individuals currently supported through the Acquired Brain Disorder Waiver (ABD) may apply for financial assistance for dental needs only.

Applications can be found on our website ([www.bianh.org](http://www.bianh.org)) or by calling the main office. If you need assistance completing the application, please call BIANH. Completed applications received by 2:00 PM on the last Wednesday of each month will be reviewed the following Wednesday.

Services that funds could be used for include (but are not limited to): *Assistive Technology, Dental Work, Financial (fuel/rent); Home Modifications, Respite, Therapies*



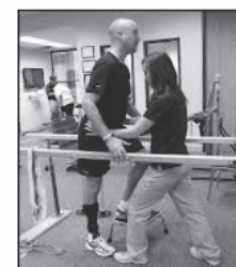
Assistive Technology

Medical/ Dental Work



Home Modifications

Therapies



Respite Care

For further questions or to request an application, please contact (603) 225-8400



# SUPPORT GROUPS IN NEW HAMPSHIRE

(Times and places may change without notice – please call in advance)  
Revised September 21, 2020

## 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:** Currently suspended; for more information, call Laura. 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:

The Brain Injury Association of New Hampshire will be hosting three statewide monthly support groups that will be held through a ZOOM Virtual Platform, all are welcome to attend.

These virtual support groups will not start until November 2020.

**Virtual Statewide Peterborough Brain Injury Support Group - Meets the 1st Tuesday of the month 6:00 pm-8:00 pm**

**Virtual Statewide Atkinson/Derry Brain Injury Support Group- Meets the 2nd Tuesday of the month - 6:30 pm-8:00pm**

**Virtual Statewide Concord Brain Injury Support Group- Meets the 3rd Tuesday of the month - 6:30 pm-8:00pm**

Please check the website at [www.bianh.org](http://www.bianh.org) for online registration. If you have any questions, please email Ellen Edgerly at [Ellen@bianh.org](mailto:Ellen@bianh.org) or call at 603-834-9570.

## CAREGIVERS SUPPORT GROUP (CAREGIVERS ONLY):

**Concord:** Caregivers Support Group – ON HOLD UNTIL FURTHER NOTICE

Concord: 2nd & 4th Thursday of the month, 7:00 pm, Primetime Wellness, 117 Manchester Street, Concord, NH

Contact: Erin McGovern Phone: (603) 608-6044

## MILD BRAIN INJURY SUPPORT GROUP:

**Salem:** Currently suspended; for more information call BIANH, Northeast Rehab Hospital,

Reception will direct you to the room, Salem, NH

Contact: BIANH Phone: (603) 225-8400

## STROKE AND BRAIN INJURY:

**Dover:** Expected to restart in June; Call Lindsey.

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 even-numbered months (Feb, Apr, Jun, Aug, Oct, Dec), 10:00 - 11:30 am, DHMC Aging Resource Center, 46 Centerra Parkway, 2nd floor, Lebanon, NH.

Contact: Shawna Malynowski, Phone: (603) 653-1117

Contact: Sarah Braginetz, Phone: (603) 650-5104

Contact: Aging Resource Center Phone: (603) 653-3460

**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, 2020 to present)

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**BRAIN INJURY  
ASSOCIATION  
OF NEW HAMPSHIRE**

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